
Sudan Regional Crisis

EMERGENCY SITUATION
UPDATE OCTOBER, 2023

OVERVIEW

The devastating conflict in Sudan continues to deepen. To date, 4.6 million people have been internally displaced, hosted across all 18 states. Nearly 1.2 million have fled the country, with around 86,000 crossing into neighboring countries in October.

The situation in Sudan is compounded by acute food insecurity, disease outbreaks and loss of livelihoods. Healthcare continues to be severely constrained by conflict, displacement, and lack of access to essential medical items and safe water.

Over 1,400 suspected cases of cholera have been reported from Gedaref, South Kordofan, and Khartoum as of 17 October. Meanwhile, measles, malaria, and dengue cases and deaths are reported across 12 states. Across the country, an estimated 15 million people – 31% of Sudan’s population - will face acute food insecurity between October 2023 and February 2024, an increase of 7.2 million people from the same period last year.

Prior to the escalations seen in Darfur states towards the end of October and start of November, October had seen a slight decrease in conflict incidents compared to September. Main areas of hostilities remained in Khartoum, Omdurman, South Darfur, some areas of North Darfur and South Kordofan, with sporadic spillovers to neighboring states of the country.

Continued clashes between the Sudan People's Liberation Movement–North (SPLMN) and the SAF in South Kordofan State have elevated the risk for the potential

escalation of political violence and threaten to undermine the effort by Al-Burhan to establish an alliance with the al-Hilu led group against the RSF. Sudan also witnessed an uptick in inter-communal violence during the reporting period, particularly in East Darfur, South Darfur, North Darfur, and Kassala states.

In neighboring South Sudan, total arrivals from Sudan surpassed 351,000 by the end of October, with the majority continuing to be South Sudanese returnees. Towards the end of October a spike in daily crossings was seen due to the escalation of conflict in Sudan; in the final week nearly 21,000 arrivals were recorded. This is accompanied by a change in demography with a 50% increase in the proportion of Sudanese arrivals, presenting further demands on the response given refugees are more likely to remain for a longer period in Renk resulting in greater congestion at the Transit Center.

In Chad, 442,000 arrivals have been recorded to the provinces of Ouaddaï, Sila and Wadi Fira. The majority of arrivals continue to be via Adre, which has seen over 240,000 arrivals to date, compared to a town population of 68,000 inhabitants.

Within host communities and camps, access to essential health services is disrupted due to difficult physical access, limited human resources, lack of medicines and the inability to afford health care. The complex humanitarian situation continues to be exacerbated by ongoing epidemics including dengue fever and measles.



EMERGING NEEDS AND UPDATES FROM THE FIELD

SUDAN

As conflict persists and health concerns rise, it is increasingly urgent to support cholera preparedness and response with a major focus on awareness-raising sessions, infection prevention and control (IPC), provision of cholera kits, Personal Protective Equipment (PPE) supplies, and setting up cholera isolation and referral to cholera treatment centers (CTC).

Increased funding is also needed to support WASH and nutrition services in Blue Nile state in localities including Bau and Roseries. Blue Nile has not been directly affected by the conflict but is currently facing increasing pressure on existing services as a result of flooding and food insecurity risking water borne diseases and malnutrition.

In North Darfur, there is an urgent call to rehabilitate RI-supported health facilities (Zamzam A HF, Abushouk clinic and Alsalam clinic A in North Darfur) that sustained considerable damage due to flooding and air strikes, respectively. As of late October, North Darfur has seen a significant conflict escalation, placing health facilities at further risk of collateral damage.

In light of the evolving security situation, RI continues to closely monitor the trajectory of the conflict, particular in RI operational areas, and is taking timely measures to ensure Duty of Care for all staff. In addition to insecurity and active conflict, bureaucratic impediments continue to challenge the response with the visa situation still highly challenging for INGOs.

SOUTH SUDAN

Within South Sudan the situation in Renk is of high concern given the increase in Sudanese refugee arrivals. Humanitarian needs, particularly for shelter, health, nutrition, WASH, and food, remain critically high and unmet. Coupled with the inaccessibility of the Renk – Maban road due to flooding, longer stays and greater congestion at Renk Transit Centre is highly likely in the immediate term.

The second Renk Transit Centre is not expected to be operational until the end of November and Palouch Transit Centre in Maban cannot be fully utilised given access challenges.

Within the context of a rising humanitarian caseload, financial and host community resources and services are being further stretched, particularly healthcare. Given limited WASH facilities and flooding within Renk, and arrivals from Sudan where an outbreak is ongoing, potential cholera cases are likely.

While returnees, refugees and host communities are co-existing peacefully, the increasing pressure on resources and services heightens the risk of rising communal tensions or conflict. This is also critical in areas of final destination for arrivals, where the humanitarian efforts are comparatively lower compared to border areas.

The risk of flooding has slightly reduced as the end of the rainy season nears, but there still remains a the potential for heavy rainfall and sporadic flooding which would further compound needs and disrupt access. More broadly, prices of items on the local market remain high due to disruption of the Khartoum-Renk trade route.

CHAD

Chad's supply chain, communication networks and banking systems continue to function well, though bureaucratic delays still present obstacles to timely implementation of activities. Expanded services and prepositioning of supplies in eastern regions continues to be urgently required for both host and refugee communities. An increase in arrivals, particularly women and children, following the escalation in North Darfur will place further pressure on operations and host communities.



RELIEF INTERNATIONAL'S RESPONSE

SUDAN

Throughout October, Relief International continued to work with the State Ministry of Health (SMoH), Sudan Humanitarian Aid Commission (HAC), community members and other stakeholders to ensure the timely provision of Primary Health, Nutrition, and Water, Sanitation, and Hygiene (WASH) services to vulnerable populations in North Darfur, Blue Nile and Al Jazira states.

Support during October included:

- 76,578 patient consultations across RI supported health facilities (36,506 in North Darfur, 2,954 in Blue Nile, 612 in Al-Jazira). This includes communicable and non-communicable diseases, injuries and mental health.
- 3,376 pregnant women attended two antenatal clinics at health facilities supported by RI (3,153 in North Darfur, 133 in Blue Nile, 90 in Al Jazira) and 1,243 deliveries were attended by a skilled attendant (1,103 in North Darfur, 122 in Blue Nile, 18 in Al Jazira).
- 7,369 individuals screened for malnutrition (7,294 in North Darfur, 75 in Blue Nile)
- 26,794 people received hygiene support including WASH items, safe water and hand-washing facilities (25,594 in North Darfur, 360 in Blue Nile, 840 in Al Jazira).

Further support and capacity building was provided via training for 120 staff on first aid and clinical management of rape, and RI also conducted community accountability awareness sessions in both North Darfur and Blue Nile – including the gathering of complaints and feedback from beneficiaries.

RI Sudan continues to strengthen coordination in operational areas of North Darfur, Blue Nile, and Al Jazira, participating in state and national health, nutrition, WASH and protection clusters as well as various thematic working groups (trauma, mental health and psychosocial support) and the Sudan NGO forum.



SOUTH SUDAN

RI continues to provide critical integrated health, WASH and nutrition services across Renk, Melut and Maban.

Key support during October includes:

- 8,907 outpatient consultations (7,574 in Renk, 1,333 in Melut). Leading causes of morbidity include Acute Respiratory tract infection (ARI), Acute Watery diarrhoea (AWD), malaria and eye infections.
- Routine immunizations for 1,925 children to date (1,641 in Renk, 162 in Melut and 122 in Maban).
- Essential sexual and reproductive health services with 1,023 pregnant women receiving antenatal care services from experienced midwives (957 in Renk, in 66 Melut). 173 deliveries were attended by skilled birth attendants (172 Renk, 1 Melut)
- At least 2,872 children under five (2,118 in Renk, 663 in Melut, 91 in Maban) and 853 Pregnant and Lactating Women (486 in Renk, 350 in Melut, 17 in Maban) screened for malnutrition.



RELIEF INTERNATIONAL'S RESPONSE CONTINUED

SOUTH SUDAN

South Sudan Humanitarian Fund and PRM funding have enabled recruitment to bolster staffing at critical health facilities including Renk Transit Centre, Abukadra primary health care centre, Renk hospital and Palouch Transit Centre in Melut. Prepositioning of pharmaceutical and medical supplies in both Renk and Melut also took place during October to support the smooth operation of health facilities. RI is scoping the establishment of a second clinic in the new Renk Transit centre, which would enable the urgently needed expansion of services as arrivals increase.

Given the ongoing cholera outbreak in neighbouring Sudan, RI is engaging with other health actors to develop cholera response preparedness plans. In Maban, measles cases also continue to be reported in RI supported camps, and RI is engaging with UNHCR, WHO, and CHD to develop a measles reactive plan targeting refugees and host communities.

RI South Sudan continues to work in close coordination with the health cluster, the State Ministry of health (SMOH) and the county Health Departments (CHD). RI remains an active member of ongoing health, WASH and Nutrition coordination meetings as well as in UNHCR, IOM and RRC-led interagency coordination for and the development of the 2024 Humanitarian Response Plan.



CHAD

RI teams in Chad continue resource mobilization efforts to implement lifesaving health, nutrition and WASH services in Ouddai and Sila provinces. RI programs will focus on provision of primary health care, provision of community-based management of acute malnutrition (CMAM) and Infant and Young Child feeding (IYCF) practice. Additionally, RI plans to integrate WASH in the health facilities and nutrition centers. Through cross border mobile clinics from Chad, RI plans to provide lifesaving emergency response to IDPs and Sudanese host communities on the Sudan side of the border. Protection and GBV will be mainstreamed in the proposed health, nutrition and WASH emergency response. Program design and implementation will be supported by needs assessments due to take place in both Ouddai and Sila in November.

RI's operations in Chad are also directly supporting the Sudan response, enabling the cross-border delivery from N'Djamena to North Darfur of internationally procured medicines and medical supplies.

RI Chad continues to engage in UNHCR coordination fora, 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.





DONOR MESSAGING

Relief International would like to thank donors for their continued support, enabling RI to quickly respond where most urgently needed.



USAID
FROM THE AMERICAN PEOPLE



unicef
for every child



AGENZIA ITALIANA
PER LA COOPERAZIONE
ALLO SVILUPPO



UNHCR
The UN Refugee Agency



World Food
Programme



OCHA

Relief International would like to thank donors for their continued support, enabling RI to quickly respond where most urgently needed. RI continues to advocate for an urgent and credible ceasefire to facilitate humanitarian access to each most vulnerable communities.

Given flood risks and unpredictable security situation in North Darfur, there is need to ensure the safe corridors for the delivery and prepositioning of medical supplies which are currently in short supply in the state. This includes internal routes as well as cross border routes from Chad to the Darfur region. Emergency funding is required to support cholera preparedness and response in affected and at-risk states, such as North Darfur.

In South Sudan, authorities need to ensure the forward movement of returnees from transit points to their areas of origin to avoid overcrowding at the transit centers. The government’s role is particularly critical in ensuring harmony between the host community and the returnees.

Additional resources are also required Renk and Maban where growing numbers of Sudanese refugees will be settled, paartiicularly to scale up provision of shelter, WASH facilities and food. This is critical as most agencies have little funding beyond December 2023. Further focus is needed within the response on settlement in areas of final destination, in addition to arrival areas and toward transportation. In the Eastern part of Upper Nile, this situation is worsening due to the influx of returnees from Ethiopia.

Within both Chad and Sudan, further coordination with OCHA and partners is needed to enable movement of supplies cross-border and ensure the continuity of the response in north Darfur.

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