
Sudan Regional Crisis

EMERGENCY SITUATION UPDATE
OCTOBER 5, 2023

OVERVIEW

Fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) is soon to enter its sixth month, with over 5.4 million people displaced within **SUDAN** or into the region. The total number of people internally displaced within Sudan, including prior to the current conflict, is now the highest IDP caseload globally. This figure will continue to grow if violence is unresolved.

While conflict is concentrated in Khartoum and Omdurman it continues to spread deeper into the country with occasional flare-ups in South Kordofan, areas close to Wad Madani, and South Darfur. Nyala and Zalingei towns remain the hotspot of armed conflict between SFA and RSF.

The violence is compounded by climatic shocks, with heavy rains and flooding reported in North Darfur, Northern and White Nile states. In North Darfur, heavy rains in El Fasher Town in early August destroyed the homes of over 1,300 IDP families, affecting approximately 10,000 people in Zamzam and AbSalam IDP camps.

RI operations have also been impacted; one RI-supported-health facility (Alwehda Gissan HF) in Blue Nile was badly damaged by flooding while another in North Darfur (Abushouk clinic) was hit by an air strike incident in early September.

In neighboring **SOUTH SUDAN**, Renk County continues to see significant arrivals through the Wunthow border point. To date 300,547 individuals, primarily returnees, have been registered, with more expected. An estimated 49,000 individuals are hosted in Renk with approximately 26,000 settling in the host community and 23,000 across different

locations including the Transit Center (TC). The situation and living conditions remain dire, with unmet needs across health, nutrition, food, and WASH. This is exacerbated by the poor health of returnees and refugees upon arrival, overcrowding of the TC and limited WASH facilities, slow onward movement of returnees, and flooding from the ongoing rain. In the first week of September, IOM temporarily stopped onward movement of returnees due to lack of funding and only resumed relocation services from Renk to Malakal of 2,000 people per week. It is unclear when onward movement of returnees from Palouch TC will resume, despite critical conditions and overcrowding. Transportation of refugees from Renk to Maban has also been seriously hampered by flood damage to key road networks.

In **CHAD**, over 423,657 newly arrived Sudanese refugees have been registered to date. The situation in eastern regions is compounded by shortages of food and basic items. Vulnerable host communities as well as refugees and returnees are being affected, with cross-border supply chains disrupted and prices of staple foods more than doubling since the start of the conflict. Prior to the recent influx, Chad was already home to over 1 million forcibly displaced people, including 407,000 Sudanese refugees in eastern Chad. The majority of newly arrived refugees (234, 426 people) are residing in the town of Adré (Ouaddaï). Despite significant progress made in the relocation to the newly established camps such as Ourang camp and the mobilization of WASH and health partners, the situation in Adre remains critical.



EMERGING NEEDS AND UPDATES FROM THE FIELD

SUDAN

The operating environment across Sudan remains challenging, including in the three states where RI is providing assistance. Funding, humanitarian and government capacity on the ground, fuel availability for transport and generators, banking systems for salary payments and visa processing for NGO staff are all key areas which require improvement and expansion.

Among affected populations in RI areas of operation, recent assessments continue to point to critical WASH needs as well as urgent need for rehabilitation of RI supported health facilities damaged by flooding (Alwehda Gissan HF in Blue Nile) and conflict (Abushouk clinic in North Darfur). Assessments in the Tawilla locality of North Darfur, approximately 60km from El fasher, indicate a severe depletion of functional water points due to looting or conflict. Similar scarcity of water is observed in IDP locations of Martal and Tabara. There is a significant demand particularly among IDPs for both immediate/temporary and permanent WASH facilities, including water supply, sanitation latrines, WASH supplies, NFIs, and hygiene sensitization. RI is poised to address these emerging needs with future funding opportunities.

Further assessments are underway in 7 health facilities in Al Jazira to pinpoint further priority needs.

SOUTH SUDAN

In neighboring South Sudan, the inflow of the returnees to Renk significantly outnumbers onward movement to other locations within South Sudan. This is increasing pressure on already heightened health, nutrition, WASH, and food needs of returnees and refugees and is driving up prices of goods and services. Disrupted supply chains from Sudan, on which Renk county depends, as well as the rainy season impacting delivery of supplies from Juba, compounds the situation further. Additional resourcing is urgent required to support the expansion of transit centers and provide services for a growing population.

Continuous pressure on increasingly limited resources points to risks and emerging needs, including potential intercommunal tensions

and conflicts between refugees, returnees and host populations, increased risk of water-borne disease outbreaks (particularly cholera) due to stretched WASH facilities during the rainy season, and elevated malaria incidence linked to limited availability of anti-malarial drugs and nets.

Increasing needs are also evident in Upper Nile where large proportions of returnees are settling alongside an additional caseload of returnees from Ethiopia. Increased assistance is needed to food insecure counties of Longechuk, Maiwut, Ulang and Nasir which have received considerable numbers in the last month.

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 – particularly issuing of government authorizations. Expanded services and repositioning of supplies in eastern regions is urgent required for both host and refugee communities, with critical needs spanning shelter and NFIs, health and nutrition, mental health and psychosocial support, food, WASH and protection.



An RI medical assistant providing OPD consultations in Al salam IDP camp.



RELIEF INTERNATIONAL'S RESPONSE

SUDAN

Inside Sudan RI is working to ensure timely delivery of primary health, nutrition, and WASH services in North Darfur, Blue Nile, and Al-Jazira, and is scaling up procurement and delivery of additional medical supplies into Sudan, including cross-border from Chad. This will augment health and nutrition supplies already received from WHO and UNICEF.

Key support provided through RI-supported health facilities since mid-April include:

- Treatment of 2,621 trauma-related cases (2,354 in North Darfur, 197 in Blue Nile, 70 in Al-Jazira).
- 110,793 medical consultations including outpatient department visits, antenatal care consultations, and measles vaccinations (75,495 in North Darfur, 32,356 in Blue Nile, 2,942 in Al-Jazira).
- Malnutrition screening of 49,186 children under the age of five (38,317 in North Darfur, 9,563 in Blue Nile, 1,306 in Al-Jazira).
- Admission of 4,793 children under five to the Outpatient Therapeutic Program (3,996 in North Darfur, 670 in Blue Nile, and 127 in Al-Jazira)
- Admission of 407 children to the Stabilization Center for management of acute malnutrition (334 in North Darfur, 62 in Blue Nile, and 11 in Al-Jazira)

RI has also capitalized on the relatively stable security situation in Blue Nile, North Darfur, and Al-Jazira to deliver other services including emergency nutrition, outpatient department consultations, referrals, and outreach services at 4 healthcare facilities in Al-Jazira, 41 in North Darfur, and 6 in Blue Nile.

SOUTH SUDAN

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

In Renk, RI is delivering primary health care services through a clinic established in the transit center and the Renk Civil Hospital and has recruited clinical staff to support the transit

center clinic and to complement the understaffed Renk Hospital. This has ensured the provision of medical services at the Transit Center clinic on a 24-hour basis while maintaining a functional referral system with an ambulance stationed at the Clinic. In Melut RI continues to provide essential primary health services through the Palouch Transit Centre. Recruitment is ongoing to scale up health and nutrition staff to enable re-assigned staff to return to original projects. In Maban, RI continues to provide health and nutrition services to recently resettled refugees and asylum seekers in Doro, Batil, Gendrassa, and Kaya camps through existing Primary Health Care and Nutrition centers.

Key support to date includes:

- 30,748 outpatient consultations to date (23,800 in Renk, 6,948 in Melut). Leading causes of morbidity include Acute Respiratory tract infection, Acute Watery diarrhoea, malaria and eye infections.
- Routine immunizations for 7,048 children to date (5,438 in Renk, 514 in Melut and 1,096 in Maban).
- Essential sexual and reproductive health services with 619 pregnant women receiving ANC services from experienced midwives (490 in Renk, 129 in Malut).
- At least 7,802 children under five (7,244 in Renk, 558 in Malut) and and 1,618 Pregnant and Lactating Women (1,383 in Renk, 235 in Malut) screened for malnutrition. RI refers malnutrition cases to GOAL, the nutrition partner in Renk.

CHAD

RI teams in Chad continue to work to mobilize resources to expand lifesaving health, nutrition, and WASH interventions in Adré temporary refugee camp as well as in Sila region. Needs assessments will be conducted during October – November in both Ouaddai and Sila to identify primary needs and support response planning. Proposed activities will ensure WaSH is integrated in health facilities and nutrition centers for both refugees and host populations, as well as within the community, and that protection and gender-based violence is mainstream across the response.



Distribution of medical supplies and equipment to Al Salam clinics in Al Salam IDP camp, El Fasher, North Darfur.

RESPONSE COORDINATION AND PLANNING

Since the onset of the crisis, RI has been working closely with local, national and international organizations.

SUDAN

RI Sudan continues to strengthen coordination in operational areas of North Darfur, Blue Nile, and Al Jazira, working closely with the State Ministry of Health (SMoH), Humanitarian Aid Commission (HAC), Sudan INGO forum as well as local leaders in Zamzam and Abou Shouk camps to refine local planning and implementation. RI also continues to play an active role in both state and national-level WASH cluster coordination forums, several thematic working groups, and coordination meetings with local authorities, UN agencies, and local partners. Throughout, RI offers key updates pertaining to advocacy, progress in executing ongoing life-saving activities, security, and challenges to optimize information flow, bolster coordination, and prevent duplications.

SOUTH SUDAN

As lead partner for the health response in three counties, RI South Sudan is working 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 fora.

Particular areas of response coordination and planning during September include close working with WHO, UNCR and CHD to plan and deliver the measles reactive campaign in Maban and Melut. As focal point for clinical management of rape (CMR) in Renk County, RI is also closely coordinating with protection partners to enhance integrated response to Sexual Gender Based Violence (SGBV).

CHAD

RI Chad 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 staff members in Sudan

DONOR MESSAGING

Relief International would like to thank donors for their continued support, enabling RI to quickly respond where 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 for the movement of medical supplies from Chad to Sudan to enable the continuity of the humanitarian response in the Darfur region, and scaled up assistance to villages in Sudan along the Chadian border.

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 for Sudan 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.

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