

# SUDAN SITUATION

July 2023

## OVERVIEW

The conflict in Sudan continues unabated. The security situation in the country remains extremely volatile with continued clashes reported in Khartoum, Darfur, and Kordofan states. In White Nile State, the onset of rainy season is heightening the vulnerability of refugees in camps, particularly on the western side of the river, in addition to limited presence/access of humanitarian actors due to challenges with the ferry. Limited access to medication, medical supplies, electricity and water continue to hamper the delivery of various services especially health care across the country. According to the World Health Organization (WHO), [attacks on health care continue to be reported](#). Since the start of the conflict on 15 April 2023, WHO has verified 53 attacks on health care resulting in 11 deaths and 38 injuries. These are only attacks WHO has been able to verify through its [WHO Surveillance System of Attacks on Healthcare - SSA](#). The health care situation is also extremely worrying in the neighbouring countries of Chad and South Sudan that have seen huge numbers of refugees and returnees crossing the respective borders to extremely remote areas with limited, or often non-existent medical structures in place.

## Highlights

### Sudan

- Overall health situation in White Nile State refugee camps is **extremely dire**. Severe measles outbreak has left **36 children dead**, and at least another **1,551 suspected cases**, 75% are children under 5 years old.
- Increased malnutrition rates observed, with over **2,400 cases of severe acute malnutrition admitted** since the beginning of the year – only getting worse as there are no funds to provide plumpy nut.
- 316 deaths reported** between 15<sup>th</sup> of May and 17<sup>th</sup> of July mainly **children under 5** years of age, due to malnutrition and measles. Deaths observed in community graves.
- Staff from the State Ministry of Health are doing what they can but there is very little resources to ensure quality health care and medicines.
- High risk of severe cholera and malaria** in the coming months due to anticipated rains and flooding and shortage of WASH facilities.

### Chad

- As of 23 July, a total of **2,357 wounded refugees and returnees** have been registered in the eastern provinces of Chad. In June, the average number of **casualties admitted was 130 per day**.
- A total of **4,336 cases of moderate acute malnutrition (MAM)** and **1,666 cases of severe acute malnutrition (SAM)** have been identified.
- Screening of new arrivals has shown low vaccination coverage for measles of the children (60% of zero dose) and high proxy global acute malnutrition rate (> 20%), measles outbreak in Adre, 149 cases registered.

### Key Figures in White Nile

**316 deaths** reported reported between 15 May and 17 July, due to malnutrition and measles.

**36 children dead** as a result of measles since 10 March.

**1,551 suspected cases** of measles reported since 10 March.

**Over 2,400 cases** of severe acute malnutrition admitted since the beginning of the year.

## South Sudan

- In Renk alone, a severe measles outbreak has left **57 children dead of which, 15 have died in the last week**. The major cause of death remains measles and malnutrition.
- As of 28 July, a total of 106 measles cases were reported with 26 associated deaths that makes case fatality rate (CFR) 24 percent. About 88% of the deaths were of children below the age of 5.
- There is high malnutrition rates and the global acute malnutrition (GAM) in Renk was reportedly 24.1 percent, and 9% reported with SAM.

## Current Situation

### Sudan

- Health and nutrition service provision is provided through the State Ministry of Health in the 10 camps<sup>1</sup> of White Nile State. Resources and capacity were already lacking before the conflict but conditions inside Sudan have deteriorated even further. There is no community-based healthcare support system.
- MSF now supporting Um Sangour and Alagaya camps. MSF also plan to start supporting Al Kashafa camp ITFC<sup>2</sup> services this month, then scale up in this facility to include maternity and paediatric in-patient care services.
- Health indicators are poor, for instance Primary Healthcare facility coverage is estimated at 38,000 Ind/PHC<sup>3</sup> resulting in long lines and congestion and limited access to health care. Stock-outs and ruptured supply chains have resulted in lack of essential medicines, medical supplies, and equipment to operate.
- There is a chronic shortage of healthcare staff in all clinics, with consultation rate per clinician estimated at 70 patients per clinician per day<sup>4</sup>, compromising the quality of care.
- The camps have no Mental Health and Psychosocial Support (MHPSS) activities. Suicide-related data is being investigated. Many families report that they are concerned of lack of food and medicine.
- Lack of supplementary nutrition supplies (plumpy sup and plumpy doz) and community health and nutrition outreach programmes are having a severe impact. Implementation of Infant and Young Child Feeding (IYCF) practices is limited. SENS survey results for White Nile pre and post crises shows severe deterioration between 2018 and 2022 in nutrition indicators including GAM rates from 15.8% to 16.9%, SAM from 2.6% to 3.3%, Stunting from 9.7% to 15.5%, and anemia from 28% to 31%. Screening data among children visiting health clinics in Khor Alwarel, Dabat Bosin, and Algananaa locations indicate high malnutrition levels, with over 2,409 children admitted with severe acute malnutrition children been admitted to OTP (Outpatient Therapeutic Program) since January 2023.

White Nile SENS Survey 2018 Vs 2022									
SENS 2018					SENS 2022				
GAM	SAM	Stunting	Anemia (Children)	Anemia (Women)	GAM	SAM	Stunting	Anemia (Children)	Anemia (Women)
Very high/critical if >15%	Very high/critical if >3%	Very high/critical if >30%	Target <20%	Target <20%	Very high/critical if >15%	Very high/critical if >3%	Very high/critical if >30%	Target <20%	Target <20%
15.88%	2.67%	9.77%	39%	28.10%	16.90%	3.26%	15.50%	56.42%	30.84%

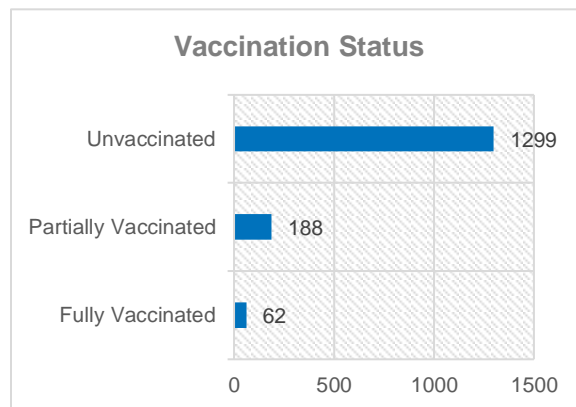
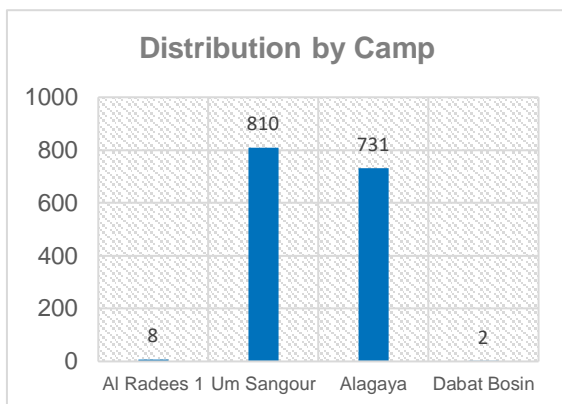
<sup>1</sup> <https://data.unhcr.org/en/documents/details/98131>

<sup>2</sup> In-patient therapeutic feeding centre

<sup>3</sup> Acceptable standard 1 PHC/10,000 population

<sup>4</sup> Acceptable standard is <50 consultations per clinician per day

- Since the 10 March there have been 1,551 suspected<sup>5</sup> cases of measles reported in White Nile, mainly from Um Sangour (52%) and Alagaya (47%) camps, over 75 cases are children less than 5 years old, and vast majority are not vaccinated for measles (84%) or partially vaccinated (12%). 36 deaths reported linked to measles outbreak.



- Significant excess mortalities rates reported** from White Nile, linked both to malnutrition and measles outbreak. Over 300 deaths reported between 15<sup>th</sup> of May and 17<sup>th</sup> of July, affecting mainly children under 5 years of age with estimated under 5Y mortality rate of 5.1/ 10,000/ day, and crude mortality rate estimated at 1.2/10,000/ day. Most of those deaths are community deaths based on grave count, indicating poor access to health facilities.

### Chad

- A total of 17 mobile clinics are operational to date in Adre, Ambilia, Arkoum, Borota, Dize-Berte, Gongour, Koufroune, Labandafack, Mahamata, Midjiguilta, Toumtouma (Ouaddai); Ademour (Sila); Birack, Djimeze, and Tine (Wadi Fira).
- Organization of the workshop on the integration of health-nutrition-protection of children and gender-based violence (GBV) activities to define intersectoral actions and the establishment of a referral pathway.
- Implementation of Community Management of Acute Malnutrition (CMAM) and



*Sick and injured Sudanese refugees cared for at Adre hospital in eastern Chad. The humanitarian emergency is increasingly acute, with no resources to respond.*  
© UNHCR/Aristophane Ngargoune

<sup>5</sup> Considered suspected, due to the lack of lab confirmation by the central public health lab. National central public health Lab is not functioning.

blanket feeding program for children (6 to 23 months) and pregnant and lactating women.

- Distribution of Long-lasting Insecticidal Nets (LLIN) targeting children under 5 as well as pregnant and lactating women.
- As of 23 July, a total of 2,357 wounded refugees and returnees have been registered in the eastern provinces of Chad. Last month, the average number of casualties admitted was 130 per day, whereas the current average is less than 10 per day at the Adré district hospital or the Abéché teaching hospital.
- Vaccination results since the arrival of the refugees are as follows: 91,432 children 6 months to 14 years vaccinated against measles; 80,869 children dewormed; and 24,591 supplemented with Vit.

### South Sudan

- New arrivals vaccination with measles and polio is provided to all children under 15 years of age. IOM is supporting provision of primary health care PHC services and vaccination on arrival. However, the service quality is poor due to inadequate staffing, supplies and medicines.
- At the transition center, Relief International (RI) and International Medical Corps (IMC) are providing primary health care services including outpatient consultation, emergency treatment, vaccination and referral services. Goal is providing nutrition curative and preventive packages.
- A total of 170 children received immunization and 13 pregnant women received tetanus vaccines. A total of 15 emergency cases were referred (4 watery diarrhea cases and 2 malaria fever cases); 21 pregnant women attended antenatal visits and 7 deliveries were attended by skilled birth attendants. Emergency room activities have started at transition center, but night-time duty has not been started due to lack of light in the transition center. To address acute gaps of maternal and reproductive health services, UNHCR coordinated with UNFPA and managed to receive 10 boxes of clean delivery kits which will be distributed to partners shortly.

### Efforts to scale up response capacity

#### Sudan

- **96 nutrition volunteers** have been recently recruited. These have started conducting community-based mass MUAC screening in the 10 camps to serve as a proxy measure for the nutrition status. **2,409 severely malnourished children** have been admitted to the Outpatient Therapeutic Program, (OTP) since the beginning of the year. Plan International has started implementing IYCF interventions in 8 camps
- UNHCR, WHO, UNICEF, and UNFPA provided medical kits, with more expected. UNHCR fast-tracked delivery of medicines and medical supplies but gaps remain huge.



*A nurse tends to patients at risk of measles at an isolation ward at the health centre in the Um Sangour refugee camp as rising malnutrition aggravates their condition.*

©UNHCR/Isadora Zoni

- Measles vaccination campaign underway by MSF with some **4,500 children reached** in Um Sangour and El Kashafa. Additional vaccines are expected from UNICEF.



- Assessment has been done for respective Primary Health Care Centers (PHCs). Solar infrastructure has also been assessed, and plans to either rehabilitate or install where needed.
- Medical Teams International (MTI) is conducting a rapid assessment and aims to support where there are gaps.
- Teams are in a race against time to prevent further unnecessary deaths, and are working in extremely challenging and under resourced environment.

### Chad

- **34,955 medical consultations** have been carried out. The three main pathologies are respiratory tract infections (27%), malaria (11%) and watery diarrhea (5.2%).
- As of 23 July, a total of 2,357 wounded refugees and returnees have been registered in the eastern provinces of Chad.
- 4,011 mental health cases were supported.
- 276 deliveries were assisted and recorded.

### South Sudan

- UNHCR has deployed additional staff to support emergency response at the transition center and entry points.
- UNHCR has coordinated with the Ministry of Health, WHO and WFP to strengthen coordination, resource mobilization that ensured supply of one Interagency Emergency Health Kit to RI and 10 boxes of clean delivery kits.
- UNHCR has approached ACTED, the camp management partner to provide a permanent structure that ensures 03 rooms from the Renk university. The process of fixing doors, windows, partitioning, painting and cleaning up to make it clinic is ongoing.
- UN agencies and RI continued supporting the Renk hospital capacity which is currently providing services.

## Critical needs

### Sudan

- Additional new health and nutrition partners to provide complementary response capacity is urgently needed. UNHCR continues to advocate for health partners to initiate programmes in White Nile state however many face limited funding and cannot support unless provided with resources.
- Additional health infrastructure including at least one additional Primary Health Care Center per camp with support to mobile health/nutrition services in camps with a significant number of newly displaced refugees.
- More medical kits and medicines from UN agencies to address shortages to complement what is being provided by UNHCR.
- Enhanced outbreak response capacity through a collaborative partner effort, considering isolation and treatment of suspected measles cases, risk communication, community engagement/social mobilization, and measles vaccination as key response interventions.
- Improve vaccines availability in the state and expand target for a mass measles vaccination campaign
- Improvements to WASH infrastructure currently at original capacity which only support 20% of the existing population.

*“There is a lot of tragedy to witness in Sudan now. I saw a child die from malnutrition and illness while at a clinic in Kosti. It was heartbreaking.*

*Many families have been on the move for weeks, with very little food and medicine. The needs far outweigh what is humanly possible to deliver with the current resources we have.*

*We need additional support for partners to be able to expand in White Nile State.” – Brian Gray, UNHCR Sudan*

### Chad

- Acceleration of the relocation of the refugees in the refugee camps to avoid overcrowding of new arrivals in the refugee sites which increase the risk of outbreaks.
- Need of more mobile clinics and health staff at the points of entry and in the site in Adre town where over 150,000 refugees are waiting to be relocated and number of consultation/clinician/days > 65<sup>6</sup>.
- Improvement of the Water, Sanitation, and Hygiene (WASH) situation and addressing current challenges in relation to water supply and latrines especially in the refugee site in Adre town.
- Scale-up of mental health and psycho-social services.
- Scale-up of community-based activities.
- Need of more medicine and medical supplies to respond to the rapid increase of refugees.
- Improvement of the health infrastructure: extension of eight health centers and construction a health center in each new camp. The upgrade of three district hospitals for the provision of comprehensive emergency obstetric care services.
- Need of 10 ambulances for the transfer of emergency cases to the hospitals.
- Capacity building of health workers in Basic Emergency Obstetric and Neonatal Care and integrated management of childhood illnesses are underway.

### South Sudan

- It was reported that even local communities have started traveling to the Joda border to be registered for cash assistance. At a key stakeholders' meeting between UNHCR, IOM, WFP, UNOCHA, ACTED and NRC, solutions proposed include WFP increasing staff in Joda and the use of tokens at the head count point/first point of entry at the border.
- At the transit centre, new arrivals who have not managed to proceed to their destination have requested an extension of the cash distribution for food, due to the halt of the hot meal assistance.
- Only one ambulance is covering referral from the transit centre and point of entry thus there is a massive need for additional (2) ambulances.
- The main primary health care partners, RI and IMC need more funding to increase staffing number, to ensure business continuity including during non-working hours, weekends and night shifts.
- The transit centre along with two additional sites in Renk are supported through a mobile clinic by MSF-B, only 3 days a week. Additional funding and new health and nutrition partners to provide complementary response capacity is urgently needed.
- Some key supplies and commodities for HIV screening, family planning commodities and medicine are still missing thus more medical kits and medicine are needed.
- To respond immediately in case of emergencies including cholera, improved emergency preparedness and response (EPRP) capacity strengthened. Currently, MSF is providing isolation center treatment for measles cases but needs more tents and isolation facility supplies to respond to acute water diarrhoea and cholera, Hepatitis E outbreaks, malaria, measles and related emergencies.
- There is inadequate outreach activity where one community health worker covers more than 1500 households. More funding is needed to recruit and deploy additional community health workers.
- There is need for the improvement of WASH services. There are inadequate toilets with about 166 per stance which is much higher than the UNHCR standard of 20 per stance. Malaria remains one of the top three causes of morbidity and there is critical need to procure and supply mosquito nets.

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<sup>6</sup> Standard: ≤50 consultations/clinician/day



*Women from an IDP camp on the Sudanese side of the border wait to access health services on the South Sudanese side, in Joda, South Sudan. The women live only a few kilometres away but it is cheaper to access these newly set up health services than trying to buy medicine on the Sudan side of the border where they live. © UNHCR/Andrew McConnell*

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