Project HOPE delivered two Interagency Emergency Health Kits (IEHKs) to Al-Nau Hospital in Omdurman, which is the only functioning hospital in the city.

More than 4 million people have been displaced by the conflict, which is in its fifth month. An estimated 11 million people are in need of health care, including the approximately 4 million children and pregnant or breastfeeding women who are acutely malnourished.

Reports of rape, sexual violence, and abuse have increased significantly since the start of this crisis, with approximately 4.2 million women and girls affected by the conflict at an increased risk of gender-based violence (GBV).

Our local partner, Nada Elazhar for Disaster Prevention and Sustainable Development (NADA), is operating a hotline for GBV survivors and providing health, counseling, and case management services to displaced families and refugees in North Darfur State and Northern State.
Situation Overview

The conflict in Sudan has entered its fifth month without discernable progress in peace talks or lasting ceasefires between the warring parties. As the violence continues, atrocities reminiscent of the region’s history of genocide have been reported. In mid-June, the horrific killing of over 1,100 civilians in El Geneina in West Darfur state was identified as targeted ethnic violence against non-Arab communities, according to the U.S. Department of State and the Sudan Conflict Observatory. Additionally, there are alarming reports of widespread sexual violence against women, with the United Nations alleging that some of these acts of violence have been ethnically or racially motivated and that sexual violence has been used to terrorize communities.

The humanitarian situation is appalling, with the World Health Organization stating that 39% of Sudan’s entire population will likely suffer from malnutrition over the next six months as supply chains and health care have been disrupted. Over 3.6 million people have been displaced inside Sudan and about 1 million Sudanese residents have fled the country. The International Organization for Migration reports that over 66,000 households are in formal camps, and nearly 33,000 households are in open area settlements.

WHO has also reported 53 attacks on health care centers, staff, ambulances, and warehouses in Sudan since mid-April. Most health care facilities are non-functional, and those that are functioning have limited capacity. Al-Nau Hospital, where Project HOPE has been able to deliver much-needed pharmaceuticals and medical supplies, is the only functioning hospital in Omdurman, a city within the metropolitan area of Khartoum. The only staff present are those who live close to the facility, as travel through the city is often unsafe. Other health facilities in the city have been taken over by the conflicting factions.

Al-Nau Hospital, even though functional, is triaging patients as recent fighting has limited the flow of medical supplies. Project HOPE’s two interagency health kits, delivered on August 22, were held up for several days as fighting around the city limited transit.

Project HOPE’s partner, Nada Elazhar for Disaster Prevention and Sustainable Development (NADA), has reported a dismal situation across the country. Across all violence-impacted communities, health staff have not been paid for four months, and many have been displaced and are now not working. There are serious shortages of specialized medical personnel, including anesthesiologists and surgeons. Shortages of medicines — especially for chronic diseases — and medical supplies, including oxygen and X-ray film, continue to be a problem as supply chains have been disrupted.

NADA has also reported that diseases such as malaria, measles, dengue, and acute watery diarrhea, previously under control prior to the conflict, have dramatically increased across the country. Lack of
access to health services, limited resources, and ongoing insecurity have hindered access to health services, including the provision of mental health and psychosocial support.

The number of sexual violence and GBV incidents has increased dramatically as community safeguards for women and children have broken down due to the violence. The United Nations High Commissioner for Refugees (UNHCR) has reported 124 cases of sexual violence across Sudan, but the true numbers are expected to be much higher as societal perceptions of sexual assault, fear of retaliation, and the chaos of war prevent many survivors from reporting and/or seeking care. With so many displaced, many women and children are living in informal settlements and other situations that put them at an increased risk of sexual violence and GBV. Additionally, with limited access to food and water, women and children are forced to travel farther than usual to secure essential resources, which also increases their risk of harm. An additional threat to children is recruitment by conflicting factions, Project HOPE staff in Sudan report child soldiers are being recruited across the country.

How Project HOPE and Our Partners Are Responding

Project HOPE, in conjunction with the Sudanese American Physicians Association (SAPA), has successfully delivered two WHO Interagency Emergency Health Kits (IEHKs) to Al-Nau Hospital in Omdurman. Al-Nau is the only functioning hospital with dialysis treatment and an emergency department in Omdurman and is receiving obstetric cases from nearby health facilities that are unable to take all cases.

These two IEHKs will serve the primary health needs of a population of 20,000 for three months. An additional shipment of 36,000 bottles of antibiotics is currently being scheduled for offloading from the Port of Sudan and our team is working with partners to mobilize a 737 aircraft with 15 tons of supplies to Sudan.

Project HOPE’s local partner, Nada Elazhar for Disaster Prevention and Sustainable Development (NADA), has been providing key support for internally displaced people (IDPs), with a specific focus on women and children in North Darfur state and Northern state. NADA has provided comprehensive case management, counseling, provision of medication, and referral services to higher-level care. NADA has also activated a hotline for gender-based violence survivors to provide psychosocial support services remotely in coordination with the United Nations Population Fund. NADA personnel are able to provide support in Amharic, Tigre, Tigrinya, Arabic, and English.

NADA has also provided Psychological First Aid training to health workers in Kassala and West Nile States, both of which are seeing high numbers of IDPs. NADA has continued to hold information sessions for IDP and host populations on child protection and Unexploded Ordinances (UXOs). UXO education and child protection information has also been disseminated via radio broadcasting.

Even prior to this conflict, Sudan was home to a dire humanitarian situation. The country’s health system was already stretched thin due to a lack of skilled health workers and inconsistent access in rural areas, which contributed to high child and maternal mortality rates and an increased number of deaths from outbreaks of communicable diseases. The current crisis has only exacerbated these challenges.

Project HOPE continues to secure funding and additional supplies to support the dire humanitarian needs in Sudan. Our team will continue to coordinate with local and international actors and agencies to determine other potential avenues of support and we will continue to adapt our intervention to address the greatest needs as the context evolves. Project HOPE echoes our counterparts in calling for the designation of safe and secure delivery routes for the provision of urgently needed humanitarian assistance. Project HOPE previously operated in Sudan during the COVID-19 pandemic, supporting more than 1,200 health workers and 14,000 community members through mental health and COVID-19 response training.