



International Medical Corps distributes non-food items in response to flooding in Kufra.

The conflict in Sudan that broke out in mid-April 2023 has displaced almost 11 million people, with more than 2 million fleeing to neighboring countries. Most Sudanese migrants in Libya settle in Kufra, a sparsely populated region that is predominantly deserted. This influx of Sudanese displaced communities into Libya has led to a pressing humanitarian crisis.¹

Reports from the UNHCR and interagency meetings indicate that approximately 97,000 Sudanese have arrived in Libya, with about 70,000 in Kufra, according to the Kufra emergency cell at the Ministry of Health (MoH), which has issued 47,000 health certificates to the displaced population. Immunization records show that about 16,000 children aged between 1 and 15 are among the displaced individuals. Daily arrivals range between 300 and 400 people, with estimates suggesting that the total number of Sudanese arriving in Libya could reach 150,000.

On August 11, Kufra city experienced a severe rainstorm that led to significant flooding, primarily affecting the city center. Inadequate infrastructure and lack of preparedness caused the floods to develop rapidly, affecting several key locations—including Alshaheed Atia General Hospital, which was rendered inoperable as flood water inundated its departments. Kufra's emergency cell urgently requested assistance to relocate patients to unaffected private clinics.

International Medical Corps Response

Immediately following approval on June 2 from the International Cooperation Office and the Emergency Committee of the MoH, International Medical Corps deployed a rapid response team of two doctors, a nurse and a field officer to Kufra. Based on the team's assessments and the high needs in the area, we also have deployed a MHPSS counselor and social worker there. We are collaborating closely with health authorities, including the MoH and the Kufra emergency cell, to provide updates on our interventions and schedules.

FAST FACTS

- The conflict in Sudan that began in April 2023 has led to the displacement of almost 11 million people. More than 2 million have crossed into neighboring countries.
- According to the Ministry of Health in Kufra, Libya, about 70,000 displaced Sudanese have arrived in the area, highlighting concerns of a potential humanitarian disaster if urgent aid is not delivered.
- Immediate needs include health and mental health services, food, shelter, essential household items for the displaced and logistical support.

OUR FOOTPRINT

- International Medical Corps was the first international humanitarian organization in Libya when the conflict began in 2011, and has since been providing critical health, nutrition, protection, mental health and psychosocial support, and water, sanitation and hygiene services.

OUR RESPONSE

- In Kufra, our medical team has pinpointed 14 locations with significant needs and held health consultations at each of these sites. To date, our team has conducted 3,781 health consultations, and distributed pharmaceutical and medical consumables.

¹ <https://libya.iom.int/news/iom-libya-scale-sudan-response-efforts-support-france>

International Medical Corps is co-leading the Health Taskforce for the Sudan response and is actively engaged in other task forces related to the Sudan crisis, including technical working groups covering protection, access, mental health and psychosocial support (MHPSS) and water, sanitation and hygiene (WASH).

Our team has identified 14 informal settlements for regular and rotational health, mental health and protection services. Displaced Sudanese communities range from five to 80 families per location, with varying amounts of overcrowding influenced by the availability of free accommodation. Due to the strict procedures at the border, the number of Sudanese arriving in the city has decreased to about 300 to 400 per day, with about 150 leaving for northern cities each day. To control communicable diseases, local authorities require a health certificate for those departing.

Our medical team has been providing emergency and primary healthcare consultations to the Sudanese population and host communities, so far completing 3,781 consultations through fixed points and field-team operations. We have referred 122 cases to secondary health services for further specialized care, with most referred patients going to International Medical Corps doctors at Atia Alkaseh Hospital, Almanatek Alharra Hospital and Kufra Obstetrics and Gynecology center. The team also distributes essential medications to patients, particularly those with chronic conditions such as diabetes and hypertension. Our mobile team is currently operating at maximum capacity due to the high level of needs and a shortage of other service providers. Time constraints often prevent the team from assisting all the Sudanese patients requesting services, highlighting the critical need for additional resources and support to address increasing demand.

Additionally, our MHPSS counselor has provided psychological first aid to 53 people and counseling to three others, including a severe case that was referred to the Kufra Mental Health Center.

Our social worker has visited three informal settlements that accommodate families, women and girls. In these visits, the social worker focuses on establishing trust and building connections within the community. So far, we have engaged with 53 women and girls across various age groups through focus-group discussions, which aim to understand the experiences, needs and challenges of women and girls, although some participants remain hesitant to share their perspectives.

To compound the challenges faced by the Sudanese, the rainstorm on August 11 heavily damaged Sudanese settlements, destroying many partitions and rooms. The Libyan Red Crescent and local emergency services swiftly rescued residents, many of whom sustained critical injuries. In addition, many families lost what little they had, including mattresses, blankets and other belongings, due to the flooding. Due to the storm, which left vulnerable groups with no protection from the heat and a lack of basics, the need for food and hygiene items has increased. International Medical Corps responded by deploying health teams for patient transfers and urgent care.

The identified urgent needs across health, MHPSS, protection and WASH sectors are as follows.

Health

1. Health centers in the city are grappling with a severe shortage of qualified medical personnel, especially in specialized areas like reproductive health. The MoH Kufra emergency center has highlighted the need for additional health staff as a top priority, due to the overwhelming number of Sudanese seeking medical care. Elkaseh Hospital, the city's main hospital, has reported that more than half of its patients are from Sudan.
2. The influx of Sudanese has also put a strain on the city's medical supplies. Health facilities are running critically low on essential medications, including antibiotics, chronic disease treatments and laboratory consumables.
3. Rising health needs are exacerbated by harsh living conditions, overcrowding and poor nutrition among displaced Sudanese, particularly those in informal settlements who rely mainly on food donations from the host community.
4. Some health facilities in Kufra are operating at only partial capacity, particularly in reproductive and child health services. Displaced Sudanese requiring specialized care are referred to health facilities in Ajdabiya and Benghazi, which are 1,000 kilometers away and difficult for many to access.
5. Common health issues in the informal settlements include chronic diseases, malnutrition, infectious diseases, anemia and skin conditions. There is also an urgent need for antenatal care.



Sudanese settlements in Kufra after the severe rainstorm.

MHPSS

1. Due to a lack of psychiatrists and medication shortages, the Kufra Mental Health Center is unable to provide specialized mental health services.
2. The ongoing conflict has led to widespread symptoms of post-traumatic stress disorder among the population, with children showing signs such as fear, bedwetting and anxiety.
3. The harsh living conditions, insufficient basic services and an uncertain future contribute to significant psychological distress, including feelings of hopelessness and despair.
4. Children are at risk for developmental and behavioral issues due to disrupted education, lack of routine and exposure to trauma. Many are exhibiting anxiety, depression and regressive behaviors.

Protection

1. Women and girls arriving from Sudan face increased risks of experiencing violence, particularly sexual violence and exploitation, due to the unsafe living conditions in overcrowded and inadequately protected shelters.
2. There is an absence of lifesaving specialized services for Sudanese women and girls, such as case management, psychosocial support, emotional support and reproductive health services, as these are not provided by any public or local actors.
3. Safety concerns are heightened by inadequate shared latrines in some locations and the necessity to leave the informal settlements to access these facilities, with reports of some requiring entry fees. The overcrowded informal settlements provide little privacy or protection, placing women and girls at risk of sexual violence and abuse, especially at night and after storms have damaged their shelters.

WASH

1. The displaced Sudanese in informal settlements depend on communal tanks for drinking water. In some settlements, the host community shares or donates refilling costs, but challenges in gathering these funds hinder their access to safe drinking water. There is an essential need to provide safe access to water through emergency water trucking, rehabilitation of non-functional boreholes, installation of water disinfection systems and regular water-quality monitoring and treatment.
2. According to the inter-agency mission report, Sudanese families at farms are particularly affected, lacking access to boreholes and requiring water trucking and additional tanks. Many boreholes at large farms—such as Alazoumi, Aljazeera Alkhadra, Dar Alsalam, Emmy and others—are supplied by private superficial boreholes (20–70m deep) without water testing. Some of these boreholes are near septic tanks, posing a high risk of contamination from nearby septic tanks, especially given the sandy soil in the Kufra.
3. Installing emergency sanitation facilities and repairing existing systems should improve safe access to sanitation. Most informal settlements use septic wells that need periodic emptying or suffer from sewage overflows, which can put families at risk of disease.
4. There is a need for non-food items, community-based hygiene promotion, and emergency WASH packages for healthcare facilities to improve local WASH conditions. Gathering places have inadequate hygiene standards, with few personal hygiene kits and non-functional, poorly gender-segregated toilets that do not meet the minimum requirement of one toilet per 20 people.

Shelter

1. Immediate shelter needs for displaced communities include ensuring safety, security and protection, to maintain privacy and dignity.
2. Urgent needs include tents, blankets, sleeping mats, adequate lighting and mosquito nets, as newly arrived Sudanese face harsh weather conditions and intense sunlight. There is also a need for childcare items such as diapers, baby bottles and baby wipes.