

An International Medical Corps medical team conducts health assessments and provides medical consultations and medications to Sudanese from a mobile clinic in one of the informal settlements in Kufra city.

Since the outbreak of conflict in Sudan in mid-April 2023, almost 11 million people have been displaced, with more than 2 million fleeing to nearby countries. In Libya, a majority of these Sudanese have relocated to Kufra, a remote and sparsely populated area. This significant increase in the displaced population has resulted in a humanitarian crisis in the region.¹

The challenges faced by Sudanese communities were further exacerbated by heavy rain on August 11, which caused extensive damage to settlements. The Libyan Red Crescent and local emergency services acted swiftly to rescue residents, many of whom suffered critical injuries. Additionally, many families lost nearly all of their possessions in the flooding. The storm left vulnerable groups without protection from the heat and without essential basics, resulting in a heightened need for food and hygiene items.

International Medical Corps Response

Following the approval from the International Cooperation Office and the Emergency Committee of the Ministry of Health (MoH) on June 2, International Medical Corps deployed a rapid response team of two doctors, a nurse and a field officer to Kufra. We are collaborating closely with health authorities, including the MoH and the Kufra emergency cell, to provide updates on our interventions and schedules.

In addition to co-leading the Health Taskforce for the Sudan response, International Medical Corps actively engages 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).

FAST FACTS

- The conflict that started in Sudan in April 2023 has forced nearly 11 million people to flee their homes, with more than 2 million crossing into neighboring countries.
- The Ministry of Health in Kufra, Libya, reports that about 70,000 displaced Sudanese have arrived in the region, raising fears of a humanitarian crisis if immediate assistance is not provided.
- There is a critical need for health and mental health services, food, shelter and essential household supplies for the displaced

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 identified 14 locations with significant needs within Sudanese refugee communities and has provided health consultations at each of these sites. To date, our team has conducted 5,327 health consultations and distributed medical supplies and consumables.

¹ https://www.unhcr.org/uk/news/press-releases/unhcr-scales-emergency-aid-alkufra-libya-response-sudanese-refugee-influx

Our team has pinpointed 14 informal settlements for regular and rotational health, mental health and protection services. These displaced Sudanese communities consist of between five and 80 families per site, with overcrowding levels varying depending on the availability of free housing. In the triangle area at the border between Libya and Sudan, a large number of Sudanese are waiting to enter the country due to the strict measures enforced by the national authorities in this region.

International Medical Corps' medical team has offered emergency primary and secondary healthcare services to both Sudanese and host communities, so far conducting 5,327 consultations through fixed points and field-team operations. We have referred 157 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. Our team continues to address the daily need for basic medications for chronic conditions among the Sudanese population. Currently, the team handles up to 120 cases per day. This number is expected to grow further as the team has earned trust among the local communities in providing daily services, highlighting the need to expand the number of health teams to meet the growing demand. Additionally, there has been a rise in demand for dermatological and ophthalmological medications due to an observed increase in dermatological issues affecting the community.



An International Medical Corps doctor conducts consultations in Alshaheed Atia Hospital, located in Kufra, with a patient referred from the informal settlements.

Given the team's assessments and the significant needs in the area, we have also sent an MHPSS counselor and a social worker to provide protection services and MHPSS to the Sudanese population in Kufra. Our counselor has helped 196 people (48 men, 148 women) through a variety of approaches tailored to their needs, including psychological first aid, cognitive-behavioral therapy, psychoeducation sessions and facilitating referrals for severe cases.

International Medical Corps' social worker engaged with 214 Sudanese women and adolescent girls through focus group discussions to better understand their challenges, as well as current risks and urgent needs. Most of the feedback focused on the urgent need for personal and menstrual hygiene items, food and livelihood opportunities, as their savings are rapidly depleting. We so far have been able to improve personal and menstrual hygiene for 30 displaced women and girls across various locations.

In response to the heavy rains and flooding on August 11, International Medical Corps immediately deployed a medical team to support the Emergency Committee in its rescue efforts. One of our doctors accompanied the patients who were transferred from the hospital to other clinics, while another doctor and a nurse joined the Libyan Red Crescent at the camps. Our team provided emergency health services and arranged referrals to the nearest functional health centers.

The flooding caused significant damage to the already inadequate sewage system, resulting in the spread of waste throughout the settlements, which has led to a rise in bacterial infections. On August 14, our health team noted a sharp increase in bacterial conjunctivitis cases, particularly affecting children and the elderly. This highly contagious infection can cause corneal opacity and potentially lead to blindness if left untreated.

Our health team promptly reported this surge in cases to the National Center of Disease Control (NCDC) surveillance team, which requested a joint visit. On August 16, their team arrived in the affected areas, assessed the situation and collected samples for laboratory testing. The results confirmed bacterial conjunctivitis, which the NCDC addressed by distributing eye drops to prevent further complications.



NCDC staff members conduct a joint visit with International Medical Corps in the informal settlements to collect samples, in response to reported cases of bacterial conjunctivitis.