



An International Medical Corps MHPSS Coordinator conducts a one on-one hygiene promotion session at the oral rehydration point at Al Fetah Clinic in Khartoum state.

Khartoum state in Sudan is grappling with a significant resurgence of cholera, with the Ministry of Health (MoH) reporting approximately 700 new cases weekly. In June, 21,563 cases and 388 deaths have been reported, including 13 suspected cases (five confirmed) and one death in West Darfur, and 166 cases and 13 deaths reported in South Darfur. The current outbreak is primarily driven by deteriorating environmental conditions, inadequate access to safe drinking water and the return of displaced populations following the Sudanese Armed Forces' regaining control of the capital, Khartoum. Drone attacks on power infrastructure in Omdurman have disrupted the functioning of water treatment stations, severely limiting access to clean water drawn from the Nile. Communities in Southern Khartoum and Jabal Awliya localities are particularly affected, facing acute shortages of clean water and electricity. Access to essential health services has been severely limited due to damaged infrastructure and the departure of healthcare workers from affected areas.

International Medical Corps Response

International Medical Corps has scaled up its cholera response in Khartoum through a multi-sectoral approach targeting high-risk localities. Two RRTs have been deployed, one in Jabal Awliya and another in Ombadah locality, to conduct active disease surveillance, investigate suspected cases, and lead health and hygiene promotion efforts at the community level. International Medical Corps is also supporting Al Fetah Clinic to deliver health, nutrition, water, WASH and MHPSS services for two months. A dedicated oral rehydration point has been established to ensure timely and effective management of suspected cholera cases with a focus on rapid rehydration.

To help reduce the risk of cholera transmission, International Medical Corps is distributing 1,000 hygiene kits to vulnerable households and regularly conducting water-quality testing and chlorination to ensure access to safe drinking water. We have also re-engaged 100 previously trained community-based surveillance volunteers to strengthen early detection and rapid response at the community level.

Throughout June, our teams will deliver training sessions for facility-based health workers, RRT members and CTC staff. These sessions will focus on cholera case management, risk communication, WASH protocols and infection prevention and control. Additionally, in partnership with Khartoum state's MoH, we are providing case management support at Ombada Hospital CTC. To date, 237 patients have been admitted, 253 discharged and 10 deaths recorded.

FAST FACTS

- Sudan is experiencing a widespread cholera outbreak affecting 13 states, with more than 80,000 cases and 2,000 deaths reported to date.
- Humanitarian and infrastructure disruptions, including power and water outages and mass displacement across Khartoum, Darfur and border regions, have aggravated the outbreak.
- An oral cholera vaccination campaign in Khartoum that launched on June 11 has reduced fatality rates.

OUR FOOTPRINT

- Since 2004, International Medical Corps has been in Sudan providing health, nutrition, protection, mental health and psychosocial support (MHPSS), and water, sanitation and hygiene (WASH) services.

OUR RESPONSE

- International Medical Corps is supporting one cholera treatment center (CTC) and three rapid response teams (RRT), as well as community-based surveillance and WASH activities in Khartoum and West Darfur.

International Medical Corps is actively monitoring the evolving situation in South Darfur in coordination with the World Health Organization and Khartoum state's MoH. We are maintaining a state of preparedness to enable rapid response, including pre-positioning of essential WASH supplies and developing emergency response protocols. Efforts are underway to strengthen surveillance systems and establish community-based early warning mechanisms in high-risk camps and localities, improving the timely detection of suspected cases.