



# SUDAN, THE NEGLECTED WAR

Operational challenges during one year  
of conflict, from the perspective of an NGO

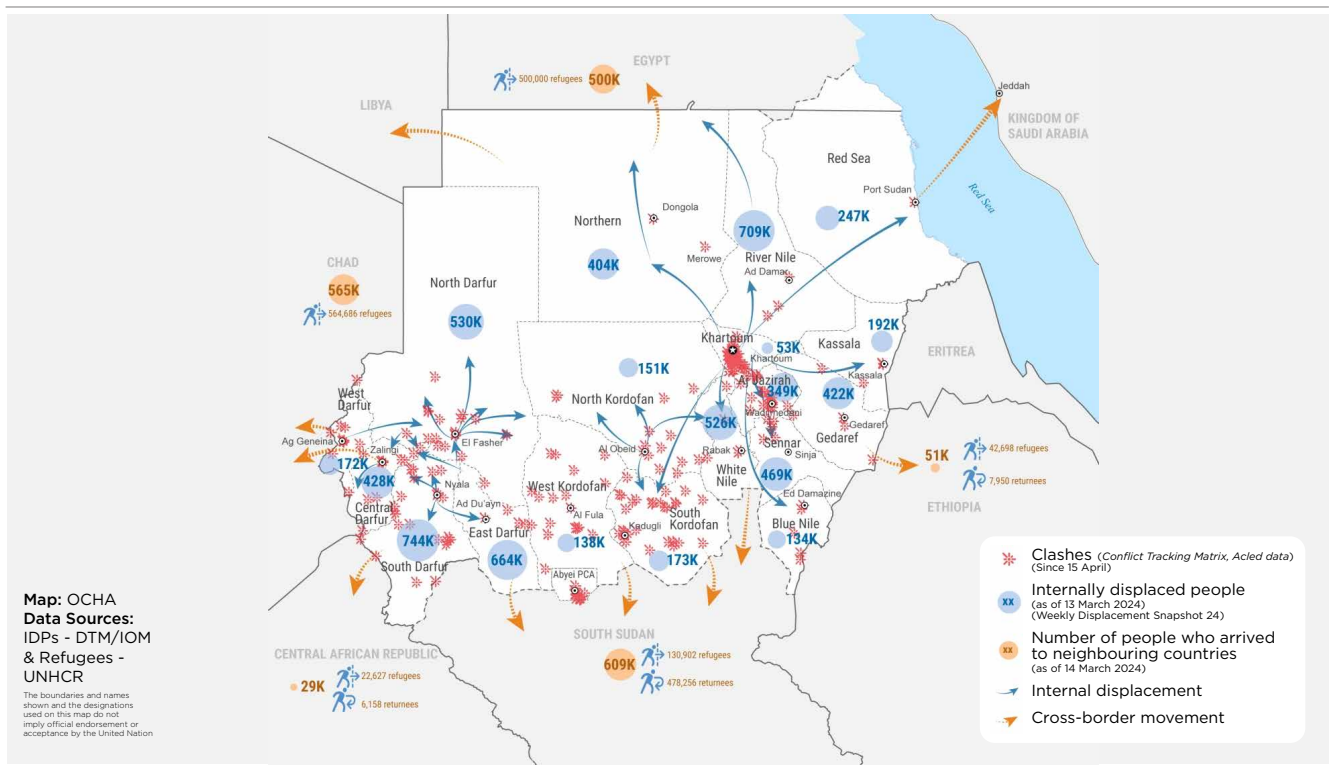


**EMERGENCY**  
MEDICINE, HUMAN RIGHTS AND EQUALITY

# 1.0 BACKGROUND

After one year of conflict, Sudan is facing one of the worst humanitarian tragedies ever recorded. Since the fighting began, ACLED has reported more than **14,790 fatalities**<sup>1</sup> across the country, while at the end of January, the Federal Ministry of Health reported that about 27,700 people have been injured. Moreover, there are concrete concerns that these numbers might be severely underestimated. According to the United Nations (UN), nearly **25 million people** - half of Sudan's population - **are in need of assistance**. The country is now home to the world's largest **displacement crisis, with over 8.2 million people** newly displaced both inside (6.5 million) and outside (1.76 million) the country, in addition to over 3 million displaced by previous conflicts. Moreover, with close to 4 million children displaced, Sudan is facing the **largest child displacement** crisis in the world.<sup>2</sup> At the same time, FAO is warning about the dire situation of over 18 million Sudanese

people, around 37% of the population, who are facing **acute food insecurity**.<sup>3</sup> The health system is on the brink of collapse: WHO reports that **11 million people are in need of urgent healthcare**<sup>4</sup> and between 70 to 80% of health facilities are not functioning due to the ongoing conflict.<sup>5</sup> The disease surveillance system has also been disrupted, posing a serious challenge to detecting and confirming infectious disease outbreaks. Meanwhile, suspected cases of cholera are increasing less quickly, but with around 11,000 suspected cases - including 305 associated deaths reported as of 25 March 2024 - the situation remains critical.<sup>6</sup> The crisis in Sudan is also facing **severe underfunding**: in 2023, less than 50% of the UN Humanitarian Response Plan (HRP) was funded; and even in 2024 the HRP is far from being fully funded.<sup>7</sup> Due to the current situation, the complexity of the challenges, and the worrisome shrinking of the humanitarian space, Sudan is quickly becoming a humanitarian desert.



<sup>1</sup> <https://acleddata.com/2024/03/15/sudan-situation-update-march-2024-sudan-escalating-conflict-in-khartoum-and-attacks-on-civilians-in-al-jazirah-and-south-kordofan/>

<sup>2</sup> All data available at: <https://reports.unocha.org/en/country/sudan/>

<sup>3</sup> <https://www.fao.org/newsroom/detail/sudan-fao-issues-stark-warning-over-deeply-concerning-scale-of-hunger/en>

<sup>4</sup> <https://www.who.int/emergencies/situations/sudan-emergency>

<sup>5</sup> <https://www.emro.who.int/sdn/crisis/index.html>

<sup>6</sup> <https://reports.unocha.org/en/country/sudan/>

<sup>7</sup> [https://fts.unocha.org/countries/212/summary/2024?\\_gl=1\\*fkqzmn\\*\\_ga\\*OTc4MTg4MDAaZLjE3MTEzNzgWODU.\\*\\_ga\\_6E02NX2F68\\*MTcxMjY2NzI3Mi40LjAuMTcxMjY2NzI3Mi42MCAwLjA](https://fts.unocha.org/countries/212/summary/2024?_gl=1*fkqzmn*_ga*OTc4MTg4MDAaZLjE3MTEzNzgWODU.*_ga_6E02NX2F68*MTcxMjY2NzI3Mi40LjAuMTcxMjY2NzI3Mi42MCAwLjA)

# 2.0 EMERGENCY IN SUDAN

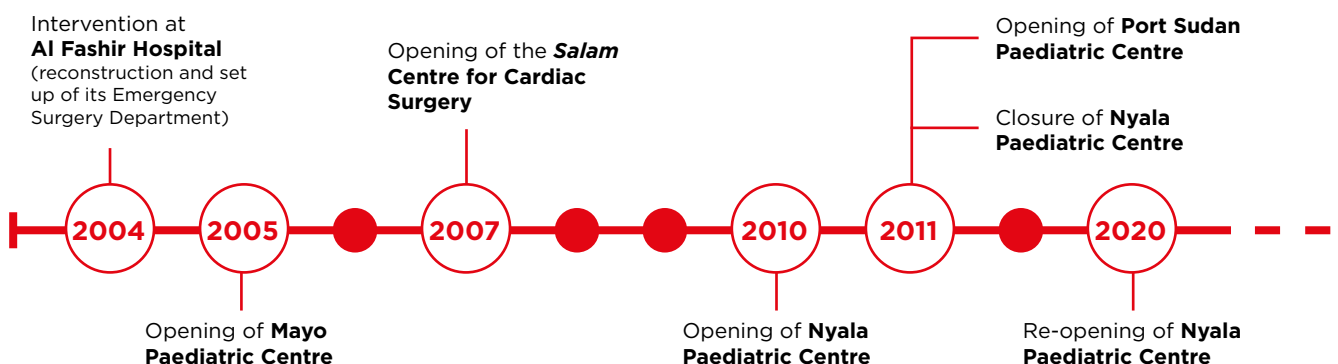
EMERGENCY has been present in Sudan since 2004, when it carried out interventions to support the Mellit and Al Fashir hospitals in North Darfur State. In 2005, EMERGENCY opened the Mayo Paediatric Centre, located in a southern suburb of Khartoum. The facility offered **free healthcare services** to the local population, delivering **essential medical care** through an Outpatient Department (OPD) for children under the age of 14, **sexual and reproductive health consultations, health education, and community outreach**. Since its opening, the Centre performed over 300,000 OPD consultations, over 57,000 obstetric examinations, and around 4,300 post-natal check-ups on newborns.

In 2007, the *Salam* Centre for Cardiac Surgery opened its doors in Khartoum, in the Soba Hilla area. The *Salam* Centre is a completely **free-of-charge cardiac surgery hospital** that, thanks to its Regional Programme, has a catchment area of over 300 million people, offering highly specialised treatment to patients suffering from acquired and congenital heart diseases. The Centre maintains a particular focus on Rheumatic Heart Disease, given its high incidence rate in the region and the importance of a proper response, as highlighted in resolution WHA 71.14 (2018). Since opening, the Centre has provided over 93,000 cardiological examinations and more than 10,000 surgical interventions. Moreover the Centre sits at the core of the Regional Programme, a system for screenings, referrals, and follow-ups with patients across Africa and beyond: the Centre has operated on patients from over 30 countries in addition to providing crucial follow-up care to post-operative cardiac patients in their home countries. After 10 years of activity, in 2017 the *Salam* Centre was recognised as a **specialist centre** in anaesthesia, cardiology and cardiac surgery. Furthermore, the Centre has been accredited as a **certified training centre** and hosts resident doctors during their specialisations, as well as fellows and nurses for specialised training. The *Salam* Centre for Cardiac Surgery was the first facility in the African Network of Medical

Excellence (ANME): an initiative between EMERGENCY and ministries and authorities from African countries to develop an integrated network of high-quality, free medical centres across the continent aiming at providing health services, building local capacity and promoting joint research and cooperation.

In 2010, EMERGENCY opened a **Paediatric Centre in Nyala**, South Darfur State, an area often impacted by the disastrous effects of famines, floods, epidemics, and internal conflict. Unfortunately, after the start-up phase, the Centre's activities were suspended from 2011 to 2018 due to security conditions. Once reassured about the security conditions from the local authorities, in August 2018 EMERGENCY started the reconstruction and renovation work that led to the Centre's reopening in 2020. The facility has provided more than 64,000 outpatient consultations and admitted 2,600 patients both from the city and from several IDP camps located in the surrounding area.

In 2011, EMERGENCY opened a **Paediatric Centre in Port Sudan**, Red Sea State, providing outpatient and inpatient healthcare for children 0-14 years old, as well as **health promotion** and **malnutrition screening** activities. Since its opening, the Centre has provided over 230,000 OPD examinations and admitted more than 12,000 children. Both the centres in Nyala and Port Sudan also served as INR clinics, providing follow-up care for post-operative cardiac patients from the *Salam* Centre. During its nearly 20 years of activities in Sudan, EMERGENCY has always collaborated closely and transparently with the local authorities and the Ministry of Health, in full respect of the humanitarian principles of neutrality, impartiality, independence and humanity, to grant meaningful access to the population while responding to the most pressing and neglected health needs. Moreover, through our relationships with relevant national stakeholders we have always emphasised that health is a basic human right, therefore making its protection and implementation a responsibility of the state as well.



# 3.0 ACTIVITIES IN TIMES OF CONFLICT

Following the eruption of conflict, EMERGENCY undertook every effort to **ensure access to its hospitals and clinics** without exposing national and international staff and patients to unnecessary risks, while also trying to adapt to and address emerging health needs.



**December 2023: M. lives in Nyala and he is 14 years old. He goes to school and plays football, like many children his age. About three years ago, his life changed: the first symptoms of a disease that would compromise two of his heart valves appeared. He visited several hospitals in Darfur seeking treatment, until he became a patient at our Nyala Paediatric Centre in December 2022. Meanwhile, the disease was worsening. He was following the treatment plan we prescribed, until two months ago when his medications ran out and the war took everything. His family’s home was destroyed by bombing. Together with his five brothers he was displaced, and now the family is forced to live in a tent. At the same time, the Nyala Paediatric Centre was forced to suspend its activities due to a lack of security. But, M. still needed care. Amidst the difficulties, his father accompanied him to our Salam Centre for Cardiac Surgery in Khartoum. An eight-day journey, “by bus and makeshift vehicles,” they tell us, “encountering difficulties of all kinds, checkpoints along all the roads.” Now M. is well – he has already recovered from his heart surgery and we discharged him a few days ago. “In the operating room, we employed the haemo-recuperator: a machine that allows us to reduce the number of transfusions needed by reusing the patient’s own blood,” explains Elisabetta, a perfusionist. “We use it when our blood supply is limited, as in these months of war.” The availability of this machine, in a specialised and fully-equipped centre like ours, ensured the operation was a success. We will see M. again in a month for a follow-up, and have provided all the medication he will need in the interim. He and his father will remain in Khartoum: “We want to make sure we don’t miss the first follow-up visit,” they say.**



**Khartoum area:** In Khartoum, the activities of the *Salam* Centre for Cardiac Surgery continue, albeit at a limited capacity. Meanwhile, EMERGENCY supported Al Kamlin Hospital, Um Dawan Ban Hospital, and Al Nau Hospital in Omdurman by providing essential supplies. Furthermore, in our commitment to assist both pre- and post-operative cardiac patients who, due to security reasons, are unable to reach the *Salam* Centre, we have started to implement a network of satellite cardiology outpatient clinics to provide continuity of treatment and adequate follow-up care. We identified five new locations to properly support our patients: the first two clinics were opened in Atbara and Wad Madani, but activities in the latter are temporarily suspended due to security conditions. We therefore relocated the activities previously conducted in Wad Madani to Port Sudan, and our intention is to establish new clinics in Kosti, Gedaref, and Shendi. EMERGENCY aims to reach the largest number of patients possible in Sudan, ensuring free access to INR tests and necessary medicines. On the 2nd of July 2023, EMERGENCY signed an MoU with the FMOH in order to open a Trauma Centre within the premises of the *Salam* Centre. One month later the new facility was officially opened to provide free life-saving surgical and trauma care to people affected by the humanitarian crisis. Regrettably, on 6th November 2023 we had to terminate the activities of the Trauma Centre due to the deterioration of the humanitarian access conditions. Since the beginning of the hostilities due to security reasons, the Paediatric Centre in Mayo has been closed. Nevertheless, in March 2024, EMERGENCY opened a new Paediatric Outpatient Clinic in Khartoum, hosted within the same complex as the *Salam* Centre for Cardiac Surgery. The Outpatient Clinic provides free healthcare to mothers and children up to 14 years old.

**Port Sudan:** The Paediatric Centre remains open, where we offer free treatment to children under the age of 14. Since the area has remained relatively safe in recent months, there has been a consistent internal movement of people towards Port Sudan, resulting in an increase in patients and consultations provided at the hospital. Therefore, we are currently discussing with the FMOH the strengthening of our services by re-opening an additional ward that was previously closed (in accordance with the Ministry) due to staff and budget constraints. Port Sudan now serves as the entry point for supplies and personnel. Since Khartoum is no longer viable as a storage and logistics hub, a re-arrangement and expansion of storage spaces in Port Sudan is ongoing.

**Nyala:** Despite escalating conflict in August, our international staff remained on-site until early September, when security risks and the barriers posed to the possibility of sending replacement staff meant their repatriation could not be postponed. Regrettably, the security situation has prevented the entry of replacement personnel. Consequently, in agreement with Sudanese colleagues, we decided to keep the clinic open but at reduced capacity, offering only outpatient services and the INR clinic, managed entirely by our Sudanese staff. However, we have faced significant challenges in maintaining both the hospital's medicine supplies and direct and continuous communication with our staff due to weak phone lines. Telecommunication systems in the Nyala area have completely collapsed, and therefore we are struggling to properly communicate with our staff due to a very unreliable internet connection. Moreover, in October, fighting intensified and our Centre was looted, while some of our Sudanese staff were temporarily arrested by the RSF. Currently, given the enormous challenges in accessing Nyala for staff and supplies, we are able to continue receiving and treating only INR patients. As soon as it will be possible again for staff and materials to reach safely the area, we are committed to restarting clinical activities.



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## SALAM CENTRE FOR CARDIAC SURGERY ACTIVITIES

SINCE 04/2023

**908** PATIENTS TRIAGED  
**1,883** CARDIOLOGICAL EXAMINATIONS  
**246** ADMITTED PATIENTS  
**215** OPERATED PATIENTS

## TRAUMA CENTRE ACTIVITIES

FROM 08/2023 TO 11/2023

**582** PATIENTS TRIAGED  
**285** ADMISSIONS  
**219** ADMITTED PATIENTS  
**531** SURGICAL PROCEDURES

## PORT SUDAN ACTIVITIES

SINCE 04/2023

**15,305** TRIAGED PATIENTS  
**19,644** OUTPATIENTS PAEDIATRIC VISITS  
**3,017** MIDWIFERY CONSULTATIONS

## NYALA ACTIVITIES

FROM 04/2023 TO 08/2023

**4,760** TRIAGED PATIENTS  
**3,788** OUTPATIENTS PAEDIATRIC VISITS  
**122** PAEDIATRIC ADMISSIONS

## SALAM PAEDIATRIC CLINIC IN KHARTOUM ACTIVITIES

SINCE 03/2024

**280** TRIAGED PATIENTS  
**286** OUTPATIENTS PAEDIATRIC VISITS

## STAFF

PRE 15/04/2023 - POST 15/04/2023

## INTERNATIONAL STAFF

PRE 15/04/2023

POST 15/04/2023

**65**

**22**

## LOCAL STAFF

PRE 15/04/2023

POST 15/04/2023

**859**

**674**

# 4.0 CHALLENGES

The outbreak of the conflict has had devastating consequences for the country, causing deaths, injuries, human rights violations, and a huge number of refugees and internally displaced people (IDPs) who lack access to food, water, shelter, and medical care. Armed clashes between the opposing forces, especially in Khartoum, do not allow civilians' basic needs to be met. Since the beginning of the conflict, EMERGENCY has experienced serious challenges, such as a lack of visas for our international staff, obstacles in receiving permits for essential medicines, personnel, and medical/non-medical equipment, difficulties in communication, and shortages of electricity and fuel that have hindered the effective running and management of clinical activities. Nevertheless, to continue to assist the Sudanese population, EMERGENCY has reshaped its activities to ensure continuity of care for its patients while also addressing emerging needs. **Over the course of this year, we continued to actively engage with all the relevant national and international stakeholders.** In order to foster constructive dialogue with all parties involved, as well as the international community, we want to highlight some of the challenges we have been facing:

**- Shrinking of humanitarian space:** As witnessed in recent wars, humanitarian principles and access to humanitarian space are no longer adequately guaranteed; humanitarian workers are not able to aid civilians and war victims due to limited or completely lack of access to conflict areas:

- **Access to the country:** Access to the country from abroad can be very difficult: **obtaining visas for international staff is often complicated and takes a very long time, which is not compatible with the urgent needs of the interventions;** the turnover of international staff is crucial to guarantee the proper standard and continuation of activities. This has become even more vital since a significant portion of EMERGENCY's Sudanese staff have fled from the country or moved away from Khartoum and Nyala. Since the beginning of hostilities, EMERGENCY has requested 167 visas and received only 91 approvals. Unfortunately, due to long waits and often unpredictable response times, which in some cases created barriers for departure for those who requested the visa, only 64 people managed to finally access Sudan. Hopefully, more will be on the move in the upcoming days;
- **Cross-line movement:** The *de facto* division of the Sudanese territory into two areas and their control by the two conflicting parties increases the difficulties of movement for our international and national staff; as

for medical materials and supplies, medical personnel face enormous obstacles in reaching some territories (e.g., Darfur) and crossing internal borders, sometimes with no possibility to access the most afflicted areas.

**It is crucial to be able to obtain permits to transfer essential medicines, personnel, and medical/non-medical equipment to guarantee the proper supply of goods to EMERGENCY's hospitals and replacements for personnel.** At the moment, we are still facing great delays in obtaining these permits, which are incompatible with the proper management of any health facility. These challenges seriously affected our work related to trauma in Khartoum. After just a few months of activities, lengthy and continuously changing bureaucratic procedures completely blocked all possibilities for both staff and supplies dedicated to the Trauma Centre to reach Khartoum. This made it impossible to operate the Centre and **severely affected the population's right to healthcare.** Even with all the aforementioned limitations, EMERGENCY is nevertheless managing to move staff and supplies to and from Khartoum. These movements are guaranteed due to the acknowledgment by all actors involved in the conflict of the *Salam* Centre for Cardiac Surgery as a vital infrastructure for health in the capital, which is now providing not only cardiac surgery but also paediatric activities;

- **Respect of healthcare facilities:** The ongoing armed conflict is having significant implications for the country's health system, threatening its collapse. **Health infrastructures are targeted by artillery attacks and forced militarization.** Moreover, the exodus of health workers and escalating violence have exacerbated the crisis. Disrupted service delivery has resulted in the interruption of essential health services, including obstetric care, emergency services, and care for chronic patients. This situation affected directly EMERGENCY's activities in Darfur when in October 2023 our Centre in Nyala has been looted by RSF that also detained briefly our local staff that was working on-site. The episode resulted in a severe disruption of the activities of the centre and had a significant financial impact due to the loss of medical supplies and instruments;
- **Cross-border movement:** Since our Nyala Paediatric Centre was looted in October 2023, we have faced enormous difficulties in fully reactivating its services. Challenges include budgetary constraints and cross-line movements, but a major role is played by the current impossibility to access the Darfur region via Chad. This



route would facilitate re-opening by allowing a faster and more efficient reparation of the clinic, as well as guarantee safe and fast passage for international staff;

**- Supply delays/shortages and price increases:** The ongoing conflict has caused a shortage of goods, supplies and medicines, and an increase in the price of fuel, affecting the total costs for EMERGENCY's activities in the country. The prolonged lack of electricity is currently posing a significant financial burden on the implementation of activities in Khartoum. If electricity infrastructure does not resume soon, the situation will very rapidly become unsustainable, due to the increased fuel price. Moreover, in order to guarantee an adequate level of services, EMERGENCY is providing transportation and in some cases accommodation to local staff. Due to the increase of the cost of living in war times, also these expenses are quickly becoming a worrisome burden;

**- Network and internet connectivity:** EMERGENCY is currently facing several challenges affecting our day-to-day work and crucial medical communication with our patients, between projects in Sudan and with headquarters in Milan. **This is having a direct impact on the quality of the support provided to our patients, on the general management of our operations, and on the security of our staff and premises.**

During 20 years of activity in Sudan, EMERGENCY has built its credibility through the quality of its work and its continuous transparent cooperation with the Sudanese authorities. EMERGENCY's reputation as a reliable and neutral actor has allowed our staff, not without obstacles and difficulties, to continue operating in the country and to ensure continuity of care during this year of conflict. At the same time, **the needs of the population affected by the conflict are massive and remain largely unmet due to the limited access to humanitarian space for NGOs and humanitarian workers.**



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# 5.0 CONCLUSIONS AND RECOMMENDATIONS

EMERGENCY firmly believes that the path to resolving the current crisis must begin with the construction of a concrete and shared peace process. Only with an immediate cessation of the hostilities will it be possible to begin the hard work of reconstruction, giving the Sudanese people their future back, and avoiding further exacerbation of the situation in an already fragile region.

**1** The situation in Sudan is declining every day. The Sudanese population faces a humanitarian catastrophe, needs are reaching unprecedented levels, and delivering aid is extremely difficult, if not impossible, in certain areas of the country. **It is imperative that political and military strategies do not interfere with the management of humanitarian needs.**

- Therefore, we urge all parties to comply with their obligations under International Humanitarian Law and to work on an immediate cessation of hostilities in line with Security Council Resolution 2724 (2024). Moreover, to protect Sudan's people from even more suffering and death it is crucial to protect and respect the integrity of civilian infrastructures as well as healthcare facilities and to ensure safety to healthcare workers;

**2** As of today, humanitarian workers are facing enormous challenges to reach people in need. Visas to enter Sudan are difficult to obtain and administrative procedures are often long and complicated. Within the country, travel permits for humanitarian actors and supplies are difficult to negotiate and can result in delays that severely affect the already struggling population. Moreover, some areas of the country remain completely inaccessible. **With humanitarian assistance prevented from reaching the most afflicted areas and populations, the numbers of people in severe need of aid will increase every day, followed closely by the death toll.**

- Recalling the Jeddah Declaration, we call upon the parties to comply with their obligations and to grant full, rapid, safe and unhindered cross-border and cross-line access. Without proper humanitarian access, the already dire situation will rapidly become even more unbearable and catastrophic. Without access, the needs of the Sudanese population will remain unmet. Moreover, the lack of presence of implementing partners in the field will negatively impact the use of the already scarce available funds, as well as the opportunities to advocate for better overall funding to address the crisis;

**3** Even with the staggering humanitarian needs of the ongoing crisis, we are facing a severe lack of funding. Sudan's 2023 Humanitarian Response Plan (HRP), which required \$2.57 billion, received \$1.1 billion by the end of last year: less than 50% of the needed funds. At the beginning of March 2024, the United Nations HRP for Sudan, requiring \$2.7 billion, is **only 5.8% funded**. We welcome the pledges announced during the Paris Conference but even with these efforts the 2024 HRP remains far from being fully funded. Adequate funding is vital to guarantee the work of local and international responders, UN agencies, and other international partners that are currently struggling to cope with both the emerging needs generated by the ongoing crisis, and the existing needs that have been exacerbated.

- **We strongly urge donors to step up** and to address the catastrophic situation that Sudan is facing. We emphasise how the shifting situation will require donors to be as flexible as ever to properly cover the actions of the implementing partners in the field, who are dealing with an unprecedented mix of emerging and chronic needs. Adaptation of financial support and financial instruments will be critical to alleviate the suffering of the Sudanese population and to lay the foundations of the reconstruction process. We also recommend the donors, as well as the implementing partners involved, to bear in mind that the Triple Nexus Approach represents an effective framework in order to shape current and future interventions. Following such a path will greatly contribute to build more efficient actions that will generate a better impact;

**4** Considering the unprecedented number of people seeking safety, moving towards neighbouring countries or to less afflicted areas within Sudan, **it will be crucial to properly address the needs of host communities**. Even before the current crisis, Sudan's services and infrastructure often underperformed and were highly centralised towards Khartoum. Therefore, in areas of the country that have seen a tremendous growth in population, services and infrastructure that were already underfunded and understaffed are facing a total collapse while trying to respond to the needs of a population far beyond the intended catchment area.

- We call upon the international community to carefully plan their interventions logically, logistically, and financially by always **mainstreaming the needs of host communities**. Even focusing strictly on health gaps, the urgent needs created or exacerbated by the conflict are worrisome. They range from lack of access to primary healthcare and prevention of infectious diseases to the capability to face surgical and obstetric emergencies, up to the management of patients living with NCDs that are cut off from medical supplies and proper infrastructures.



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EMERGENCY is also present in Belgium, the United Kingdom, Switzerland and the United States, and has a network of volunteers in Berlin, Brussels, Heidelberg and Vienna.



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