

# Sudan: a grim picture

by Matt Cowling

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Sudanese mother in Wad Madani waiting to return to Khartoum

*Photo Credit: MSF/Fais Abubakr*

I began my assignment with Médecins Sans Frontières (MSF) in Sudan's capital, Khartoum, in March 2023. The rich Sudanese culture was quite interesting and new to me. MSF had been there for a long time, which intrigued me. Little did I know just how eventful and challenging my time in Sudan would become.

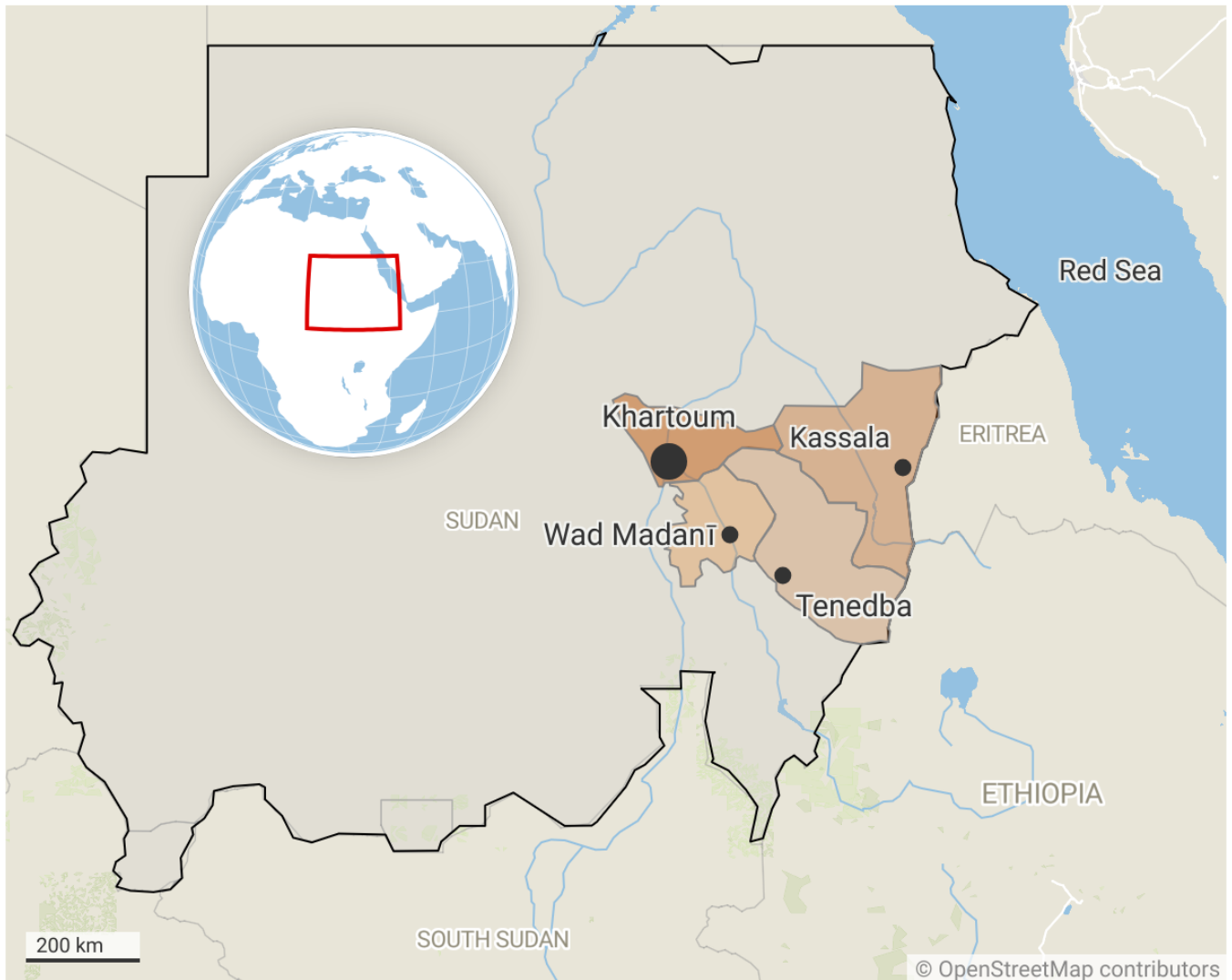
When fighting first broke out in Khartoum **in mid-April**, we had to spend eight days in hibernation in the city, something none of us was prepared for. No one saw the conflict coming; we all thought it would be in Darfur and didn't anticipate that the **Sudanese Armed Forces** (SAF) and the **Rapid Support Forces** (RSF) would start fighting in the streets of Khartoum, and where we were located, an area in the central part of Khartoum called Amarat. In fact, fighter jets were constantly flying overhead and explosions were a regular occurrence. It was an incredibly tense time.

Eventually, MSF organised a convoy out to Gedaref where I stayed for a month. Then I moved to work with the emergency response team based in Port Sudan. There I contracted dengue fever and was medically evacuated for treatment. I took some time off to recover before heading to Wad Madani and then Tenedba in Gedaref state.

I'll never forget a woman I met while working in Gedaref. She lived in a makeshift shelter at a gathering site with her children. She spoke good English and shared how little aid they received. I first encountered them in Tenedba, where we provided food assistance and conducted a mobile clinic.

A month later, due to scarce resources and limited options, they moved to Kassala, to a reception centre. She recognised me there. They were disappointed by the lack of help and desperately needed to find safety. They were being asked to leave the city, but they did not know where to go. They were in dire need of food.

Seeing the same person in different cities under the same difficult circumstances deeply moved me.

**Figure 1: Map of East Sudan**

Created with Datawrapper

On 15 December, new clashes between RSF and SAF erupted in Al Jazirah state. When the conflict spread to Wad Madani, hundreds of thousands of people fled to adjacent states like Gedaref, Kassala, and Red Sea, which make up eastern Sudan. We were already conducting an assessment in Kassala state, and as a result MSF began providing aid.

The conditions in Wad Madani were already overwhelming, with limited access to healthcare. Many people were living in informal settlements or gathering sites, mostly schools, but people were also sleeping on the street. There were approximately **40,000 internally displaced people who fled to Kassala**, adding to the over 150,000 people already in the state following the clashes in Khartoum in the previous year. MSF started supporting four primary healthcare centres, providing a full package of primary healthcare, including sexual and reproductive health referrals. This effort lasted for six weeks, after which the project was extended for another four weeks. During this additional period, MSF established mobile clinics

targeting key gathering sites.

From the mobile clinic, and given the winter season in Sudan, symptoms such as a cough, cold, and flu often lead to respiratory tract infections, the most common morbidity. Living in inadequate and usually outdoor, substandard shelters may have been a factor in exacerbating these morbidities. Alongside this, we witnessed chronic diseases and significant barriers for people to access medication. Following the collapse of the National Health Insurance Fund, the looting and the loss of supplies from the National Medical Supply Fund, the cost of medication, particularly for chronic diseases like diabetes, skyrocketed.

People are forced to make decisions like, “do I buy food, or do I buy my insulin?” They are living through an enormous level of stress, which is also detrimental to their health if they’re managing a chronic disease, particularly when you must manage your diet and care for your family while living in an overcrowded, severely underserved gathering site.

In an attempt to alleviate water scarcity, we managed to connect some gathering sites to the city water line. We intervened in 47 different gathering sites, improving access to water and carrying out significant rehabilitation of latrines.

In one gathering site, predominantly populated by families with members who had a disability, either wheelchair users or those on crutches from before the conflict, our team made sure there were ramps and handles in the toilets for easier access. Our ten-week emergency response ran its course. Unfortunately, the dire needs of internally displaced people and host communities remain largely unaddressed, with almost no other humanitarian actors taking over following the closure of our emergency response in Kassala.

The assistance that organisations are providing right now is like a drop in the ocean. The gaps are so significant that it might seem like this aid isn’t making a difference. But despite the gaps, it still makes a tangible difference in some people’s everyday lives.

While some organisations provided food assistance, people mainly rely on their neighbours, the goodwill of communities, charitable people, extended family members, and a hospitable culture. That escalates the needs of the host communities from which the assistance is mostly drawn.

The prolonged nature of the suffering people are currently enduring is astounding. It’s remarkable how little attention Sudan receives, and how the experiences of its people are hidden from the world. The situation in Sudan is largely overlooked by the media. I believe this is primarily because journalists cannot enter the country

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and organisations are not vocal enough about what's happening there. We are facing coordination issues and a significantly underfunded response.

Now, we have a situation where people are being displaced multiple times and the needs are enormous. Another grim aspect of this situation is the deprivation in RSF-controlled areas, where access is extremely limited. We are looking at severe acute food insecurity, which is a significant concern for the future as we're one year into the conflict, and we still don't see any substantial progress or movement toward a peaceful resolution or an end to the conflict.

*20 June marks [World Refugee Day](#). This is an edited version of a blog which was first published on the [MSF website](#).*

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