



Research Article

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# Socioeconomic and Health Impact of Displacement of Armed conflict in Sudan on the Internally Displaced People in The Shelter Centres at Wad-Medani City in Gezira State, Sudan, 2023: A Qualitative Study

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**To Cite This Article:** Sawsan A Omer\*, Ahmed A Adam, Ghada Tajelsir M Abdoun, Riham O M Ali, Mohamed A M Abdelmageed, et al. Socioeconomic and Health Impact of Displacement of Armed conflict in Sudan on the Internally Displaced People in The Shelter Centres at Wad-Medani City in Gezira State, Sudan, 2023: A Qualitative Study. *Am J Biomed Sci & Res.* 2024 23(5) AJBSR.MS.ID.003129, DOI: [10.34297/AJBSR.2024.23.003129](https://doi.org/10.34297/AJBSR.2024.23.003129)

**Received:** 📅 August 16, 2024; **Published:** 📅 August 22, 2024

## Abstract

**Background:** The phenomenon of displacement due to armed conflict is not unique to Sudan; similar conditions have been observed in various parts of the world. Notably, Syria and Yemen have experienced significant internal displacement, resulting in profound socioeconomic and health impacts on their populations. The onset of the armed conflict in the fifteen of April 2023, in Khartoum (Capital of Sudan) resulted in mass displacement of the residents of Khartoum, with many individuals seeking refuge in Wad-Medani, Gezira State. This qualitative study aimed to assess the socioeconomic and health impact on the internally displaced people (IDPs) at Wad-Medani city in the shelter centres at boarding house of Alrazie campus and Hantob campus at the University of Gezira in the period of February-March 2023.

**Materials and Methods:** Cross sectional qualitative phenomenology study of the perception of community leaders in the shelter centres in Gezira state, Sudan about the socioeconomic and health impact of armed conflict in Sudan on the internally displaced people: Using purposive sampling, the study targeted community leaders living in the shelter centres of the University of Gezira, in two campuses, Alrazie campus and Hantob campus. This design allows us to study the phenomena from expert's point of view reflecting their experiences. 20 participants were enrolled in this study where 20 interviews were conducted by 6 interviewers divided in two groups. Each interview was recorded then transcribed, then all the transcripts were collected in one file. Data was analyzed using Content analysis, using an inductive approach. Data was analyzed manually by creating codes by comparing the results, then collated to create different themes.

**Results:** The study revealed that the primary health challenges faced by IDPs included the spread of epidemics, deterioration of the healthcare system, and high costs of healthcare services. Psychological distress was another major issue identified in this study. The findings indicated that IDPs experienced high levels of anxiety, depression, and post-traumatic stress disorder (PTSD). The social impact of displacement included family separation, disruption of education, and increased violence and isolation. Economically, the study highlighted that IDPs faced unemployment, loss of income, and reliance on humanitarian aid.



**Conclusion:** This study underscores the severe socioeconomic and health impacts of displacement due to armed conflict. The situation in Sudan, particularly following the conflict that began in April 2023, is a stark reminder of the urgent need for comprehensive support for IDPs. Addressing the challenges faced by displaced populations requires coordinated efforts from government agencies, non-governmental organizations, and community leaders to provide adequate shelter, healthcare, and economic opportunities.

**Keywords:** Internal displacement, Impact, Socioeconomic, Health, Wad-Medani, Sudan

## Introduction

Displacement due to armed conflict is a global issue with profound socioeconomic and health impacts. Sudan has faced recurrent conflicts that have led to significant internal displacement. The onset of the armed conflict on April 15, 2023, in Khartoum resulted in mass displacement, with many individuals seeking refuge in Wad-Medani, Gezira State. This review explores existing literature on the socioeconomic and health impacts of displacement, focusing on internally displaced persons (IDPs) in Sudan and similar contexts globally.

## Socioeconomic Impact of Displacement

Displacement often results in severe economic disruption for affected populations. Studies have shown that IDPs frequently experience a loss of income, job insecurity, and increased poverty levels. According to Kibreab (2004), displacement can lead to a significant decline in living standards, with displaced individuals losing their primary means of livelihood and facing difficulties in securing employment in new locations. The economic impact is exacerbated by the limited access to financial resources and support systems [1]. A study by Jacobsen (2002) highlighted that IDPs in Africa, including Sudan, often rely heavily on external aid and remittances, which are often insufficient to meet their basic needs. The disruption of social networks and support systems further compounds the economic challenges faced by displaced populations [2].

## Health Impact of Displacement

The health impact of displacement is profound, affecting both physical and mental health. Displaced populations are particularly vulnerable to health issues due to inadequate access to healthcare services, poor living conditions, and increased exposure to communicable diseases. A report by the World Health Organization (2018) indicated that IDPs are at higher risk of infectious diseases, malnutrition, and chronic conditions due to disrupted health services and living conditions in overcrowded shelters [3]. Mental health is also significantly affected by displacement. Studies have consistently shown high levels of psychological distress, including anxiety, depression, and post-traumatic stress disorder (PTSD), among displaced populations. Steel et al. (2009) found that displaced persons in conflict zones experience heightened levels of mental health disorders due to the trauma of displacement and loss [4].

## Displacement in Sudan

Sudan has a long history of internal displacement due to armed conflict. The Darfur conflict, which began in 2003, displaced millions and resulted in severe socioeconomic and health challenges for the affected populations. A study by Abdelnour, et al. (2008) on

IDPs in Darfur highlighted the critical issues of inadequate shelter, food insecurity, and lack of access to healthcare services [5].

The recent conflict that began in April 2023 has similarly displaced thousands from Khartoum to Wad-Medani. Preliminary reports indicate that these IDPs face significant challenges in accessing essential services, including healthcare, education, and employment opportunities [6]. The shelter centres at the University of Gezira, particularly Alrazi and Hantob campuses, have become temporary homes for many displaced individuals, yet they are overwhelmed and under-resourced [6].

## Community Leaders' Role in Managing Displacement

Community leaders play a crucial role in managing displacement and supporting affected populations. They often serve as intermediaries between IDPs and aid organizations, helping to identify and address the needs of displaced persons. A study by Crisp (2000) emphasized the importance of involving community leaders in displacement management to ensure culturally appropriate and effective interventions [7].

In the context of Wad-Medani, community leaders have been instrumental in coordinating aid efforts and advocating for better services and support for IDPs. Their insights and experiences are invaluable in understanding the full impact of displacement and developing strategies to mitigate its effects. This qualitative study aimed to assess the socioeconomic and health impact on the internally displaced people (IDP) in Wad-Medani city in the shelter centre at boarding house of Alrazi campus and Hantob campus at the University of Gezira in the period of February-March 2023 as well as similar contexts globally.

## Method and Materials

### Study Design

The study was cross sectional qualitative phenomenology study of the perception of community leaders in the shelter centres at Wad-Medani in Gezira state, Sudan about the socioeconomic and health impact of armed conflict in Sudan on the internally displaced people. This design allows us to study the phenomena from expert's point of view reflecting their experiences. Data was collected by using structured interview with interview guides.

### Sampling and Study Population

Using purposive sampling, the study targeted community leaders living in the shelter centres of the university of Gezira, in two campuses, Alrazi campus and Hantob campus. 20 participants

were enrolled in the study. The participants were teachers, journalists, lawyers, editors, doctors, pharmacists, bankers, and engineers. Verbal consent was obtained from the participants.

#### Data Collection Tools

Data was collected by using structured interview with interview guides. The guide consisted of total 32 open ended questions divided into 5 main domains, 5 opening, 2 introductory, 4 transition, 18 key, and 3 ending questions. In-depth face-to-face interviews were conducted in Arabic language in the residence place of the participants (the shelter centres) and the average duration of the interview was 22 minutes. The interviews team consisted of 6 members and the process included an interviewer, an observer, and a recorder for each interview. Data collection ceased when theoretical saturation is reached after 20 interviews and no new results appeared.

#### Data Analysis

Each interview was recorded then transcribed, then all the transcripts were collected in one file. Data was analyzed using Content analysis, by using an inductive approach. Data was analyzed manually by creating codes by comparing the results, then collated to create different themes. Major themes appeared were related to health and psychological status, social status, and economical status. After that the results translated into English language (By using goggle translator).

#### Ethical Consideration

Ethical approval was obtained from the ethical committee of the Faculty of Medicine, University of Gezira, and a written informed consent from the administrators of the IDPs shelters as well as an informed verbal consent from all participants in the study and they were assured that all responses will be kept confidential and will be used solely for the purposes of this study and the anonymity will be maintained throughout the research process.

### Results

20 participants were interviewed by the interview team in a total of 20 interviews and the results after analysis of data were as follows presented in the narrative way:

#### Health Impact:

Many factors interfere with healthcare service provision, especially in conflict zones. One of the major determinants is the shortage of the governmental budget, thus limiting its ability to fund adequate treatment services, as well as a lack of fuel that limits the transportation of drugs to various regions. Other key determinants are a lack of drugs in the local markets and the control of drug supplies by the armed parties. These challenges are further underscored by rising medication costs and a general lack of financial resources. In addition, displaced individuals are more likely to face significant health challenges, including the spread of epidemics, a deteriorating healthcare system, and rising costs for medical services. Additionally, the risks of famine and malnutrition will increase due to disrupted food supplies and weakened infrastructure.

These factors collectively threaten the health and well-being of displaced populations.

Armed conflicts have greater impact on displaced individuals with chronic diseases due to limited access to healthcare services, lack of routine follow-up and general poor economic status. The deterioration of their health is further exacerbated by psychological stress, as mental well-being plays a crucial role in overall health. Thus, this combination exacerbates their condition.

#### Psychological Impact:

Armed conflict exerts profound psychological effects on displaced individuals, impacting various aspects of their lives. Socially, the disruption caused by conflict leads to significant emotional strain. The forced separation from acquaintances and friends, along with the scattering of families, often results in a profound sense of loss and disconnection. The interruption of education and the injury or loss of family members further exacerbate feelings of sadness and anxiety. Additionally, the breakdown of communication channels and the absence of routine and daily activities contribute to a sense of instability and disorientation. Individuals may experience a range of psychological issues, including sadness, anxiety, fear, tension, boredom, insomnia, and frustration. Despite these challenges, some displaced individuals may experience increased social cohesion and adaptation as they forge new connections and routines in their altered circumstances.

Economically, the impact of armed conflict also takes a significant psychological toll. The loss of employment and property, coupled with a diminished standard of living, creates a sense of financial insecurity and uncertainty about the future. This economic distress often leads to feelings of sadness, regret, frustration, and disorientation as individuals struggle to meet their basic needs and adapt to their new circumstances. The lack of security inherent in conflict settings further compounds psychological distress. The constant threat of violence and instability contributes to emotional turmoil, including heightened nervousness, fear, and panic. The persistent tension and anxiety can lead to severe mental health conditions such as depression and post-traumatic stress disorder (PTSD). Additionally, displaced individuals may exhibit increased aggression, a sense of injustice, and pervasive feelings of hatred as they grapple with their precarious situations.

#### Economic Impact:

The economic impact of the ongoing armed conflict has been profoundly negative. Many displaced families are often depending on financial support from a primary breadwinner, which may be a family member, relatives abroad, or charitable organizations. This support often falls short of covering their basic living expenses, particularly for large families, exacerbated by the rising cost of essential goods.

Heads of households have generally lost their previous employment due to displacement. Although some have succeeded in finding similar jobs in their new environment, the majority encounter significant difficulties in finding even simplest jobs to provide their

daily needs. These difficulties arise from increased population density, which extremely competitive job market, or due to the lack of experience or knowledge in the job market.

In response to these economic challenges, families have employed a range of coping strategies. These strategies include seeking temporary or informal employment, requesting financial assistance from acquaintances, incurring debt, managing resources with what is currently available, and, in some instances, selling personal belongings.

#### **Social Impact:**

The social impact of the armed conflict on internally displaced persons (IDPs) has been multifaceted, encompassing both negative and positive effects.

**Effects on Social Situations:** The conflict has led to widespread unemployment, disruptions in marital and educational pursuits, and a general sense of instability. In results displaced individuals report feelings of fragmentation, disruption in communication, isolation, and heightened irritability and violence. Nevertheless, the displacement has also increased social cohesion and solidarity. It has heightened attention to family members and efforts to mitigate feelings of emptiness.

**Impact on Community Participation:** Displacement has disrupted daily routines, hobbies, and community activities, leading to increased isolation and frequent arguments and fights. All that affect the community participation of IDPs. However, displacement has also led to positive social interactions within shelters. Children have been more curious, and adults have engaged in community dialogues exchanging experiences and helping each other.

**Experience in the new society:** The results show the diversity of IDPS experiences in their new societies. Some individuals report issues such as loss of privacy, difficulties in managing family dynamics, and encounters with discrimination and mistreatment. Others, however, have embraced the opportunity to build new social connections, share experiences, and engage positively with different segments of society, fostering a sense of increased solidarity and cooperation.

## **Discussion**

This cross sectional qualitative phenomenology study aimed to assess the perception of community leaders in the shelter centres at Wad-Medani in Gezira state in Sudan about the socioeconomic and health impact of armed conflict in Sudan on the internally displaced people.

It enrolled 20 participants in the centres IDPs. The study revealed significant challenges faced by IDPs, including deteriorating health conditions, economic hardships, and social disruption. These findings are consistent with previous studies conducted in similar contexts, underscoring the widespread and severe consequences of armed conflict on displaced populations.

#### **Health Impact**

The study found that the primary health challenges faced by

IDPs included the spread of epidemics, deterioration of the healthcare system, and high costs of healthcare services. This aligns with the findings of a study conducted in South Sudan, where displaced populations experienced a significant increase in infectious diseases and limited access to healthcare services due to ongoing conflict and displacement [8]. Furthermore, a study in Syria also reported similar issues, highlighting the increased prevalence of communicable diseases and the collapse of the healthcare infrastructure as major concerns for IDPs [9].

#### **Psychological Impact**

Psychological distress was another major issue identified in this study. The findings indicated that IDPs experienced high levels of anxiety, depression, and post-traumatic stress disorder (PTSD). These results are in line with a study conducted in Iraq, where displaced individuals exhibited severe psychological symptoms due to prolonged exposure to conflict and displacement [10]. Similarly, research in Nigeria among IDPs affected by Boko Haram insurgency also reported high rates of psychological disorders, including depression and PTSD [11].

#### **Social Impact**

The social impact of displacement included family separation, disruption of education, and increased violence and isolation. These findings are corroborated by a study in the Central African Republic, which reported that displacement led to significant social fragmentation, loss of social support networks, and increased incidences of gender-based violence [12]. Additionally, a study in Afghanistan found that displacement disrupted children's education and social development, further exacerbating the long-term impact on displaced communities [13].

#### **Economic Impact**

Economically, the study highlighted that IDPs faced unemployment, loss of income, and reliance on humanitarian aid. This is consistent with findings from a study in the Democratic Republic of Congo, where displacement due to armed conflict resulted in significant economic hardships, with many families losing their livelihoods and becoming dependent on external aid [14]. Another study in Yemen also reported similar economic challenges, with displaced families struggling to meet their basic needs due to loss of income and lack of job opportunities [15].

#### **Comparative Analysis**

When comparing the results of this study with those conducted in other conflict-affected regions, several similarities emerge. For instance, the health challenges in Wad-Medani, such as the spread of epidemics and high healthcare costs, are mirrored in South Sudan and Syria. The psychological distress experienced by IDPs in Wad-Medani is also observed in Iraq and Nigeria, indicating a common pattern of mental health issues among displaced populations. Social disruptions, such as family separation and educational discontinuity, are prevalent in the Central African Republic and Afghanistan, reflecting the widespread impact of displacement on social structures. Economically, the hardships faced by IDPs in

Wad-Medani are similar to those reported in the Democratic Republic of Congo and Yemen, highlighting the universal economic challenges of displacement.

In conclusion, this study underscores the multifaceted impact of armed conflict-induced displacement on IDPs in Wad-Medani City, Gezira State. The findings are consistent with those from similar studies in other conflict-affected regions, emphasizing the need for comprehensive interventions to address the health, psychological, social, and economic needs of displaced populations. Future research should focus on longitudinal studies to assess the long-term impact of displacement and the effectiveness of various intervention strategies.

## Conclusion

The study assessed the socioeconomic and health impacts of armed conflict-induced displacement on internally displaced people (IDPs) in shelter centres at Wad-Medani City, Gezira State, Sudan. The findings revealed significant challenges across multiple dimensions: **Health Impact:** IDPs face increased spread of epidemics, deteriorating healthcare systems, and high healthcare costs. Chronic disease management is hindered due to medication shortages and financial barriers. **Psychological Impact:** There are high levels of psychological distress, including anxiety, depression, and post-traumatic stress disorder (PTSD). **Social Impact:** Displacement has led to family separation, disruption of education, increased violence, and social isolation. **Economic Impact:** IDPs experience unemployment, loss of income, and dependency on humanitarian aid. These challenges are consistent with those reported in similar studies in other conflict-affected regions, underscoring the widespread and severe consequences of armed conflict on displaced populations.

## Recommendations

Based on the findings of this study, the following recommendations are proposed to mitigate the socioeconomic and health impacts on IDPs:

1. **Enhanced Healthcare Services:**
  - i. **Increase Accessibility:** Ensure the availability of essential medications, particularly for chronic diseases, by improving supply chains and reducing costs.
  - ii. **Mobile Clinics:** Deploy mobile clinics to provide regular healthcare services to IDPs in remote and underserved areas.
  - iii. **Mental Health Support:** Integrate mental health services into primary healthcare and provide training for healthcare providers on addressing psychological trauma.
2. **Economic Support:**
  - i. **Job Creation Programs:** Implement job creation programs, vocational training, and income-generating activities to reduce unemployment and financial dependency among IDPs.
  - ii. **Microfinance Initiatives:** Establish microfinance initiatives to support small business start-ups and enhance economic self-sufficiency.

3. **Social and Educational Interventions:**
  - i. **Family Reunification Programs:** Facilitate family reunification to strengthen social bonds and support systems among displaced families.
  - ii. **Educational Continuity:** Ensure that displaced children have access to education by setting up temporary learning spaces and providing educational materials.
  - iii. **Community Integration:** Promote social integration through community-building activities and support networks to reduce isolation and enhance social cohesion.
4. **Infrastructure Development:**
  - i. **Shelter Improvement:** Improve the quality and capacity of shelter centres to provide a safe and dignified living environment for IDPs.
  - ii. **Water and Sanitation:** Enhance water and sanitation facilities to prevent the spread of diseases and improve overall health conditions.
5. **Government and NGO Collaboration:**
  - i. **Policy Development:** Develop and implement policies that protect the rights and well-being of IDPs, ensuring their access to basic services and support.
  - ii. **Coordination:** Strengthen coordination between government agencies, non-governmental organizations (NGOs), and international bodies to deliver comprehensive and effective aid.
6. **Monitoring, evaluation and feedback mechanisms** to incorporate the voices and experiences of IDPs into program planning and implementation.

## Limitations of the Study

Despite the significant findings and contributions of this study, several limitations should be acknowledged:

- 1) **Sampling Method: Purposive Sampling:** The use of purposive sampling to target community leaders in shelter centres may not fully represent the broader population of internally displaced people (IDPs). This method may introduce selection bias, as community leaders might have different experiences and perspectives compared to other IDPs. Also, reliance on Self-Reported Data may lead to subjectivity.
- 2) **Geographical Scope: Single Location:** The study focused on IDPs in shelter centres in Wad-Medani City, Gezira State. The findings may not be generalizable to IDPs in other regions of Sudan or other conflict-affected countries, as conditions and experiences may vary significantly.
- 3) **Temporal Scope: Short Duration:** The data collection period was limited to February-March 2023. This snapshot may not capture the evolving nature of the conflict and its long-term impacts on IDPs.
- 4) **Language and Translation: Translation Challenges:** The study was conducted in Arabic, and the results were later translated.

ed into English. Some nuances and context-specific meanings might have been lost or altered during the translation process.

Addressing these limitations in future research could provide a more comprehensive understanding of the socioeconomic and health impacts of displacement on IDPs and help in developing more targeted and effective interventions.

### Acknowledgement

The authors would like to thank all the participants of the community leaders living in the shelter centres of Alrazia campus and Hantob at Gezira University in Wad-Medani in Gezira state, and the medical students from University of Gezira from different Batches (39,40,41,42 and 43) for their help in the study. Special thanks to Dr. Gamal Mustafa, the director of Education and Continuous Development Centre, (EDC), Faculty of Faculty of Medicine, for his great help in training the students about types of researches particularly qualitative research. Thanks extend to the faculty staff and the administrators of Faculty of Medicine, University of Gezira, particularly the dean of the faculty Dr. Wail Nouri.

### Disclosure of Conflict of Interest

All authors have no conflict of interest.

### Ethical Approval

Ethical approval was obtained from the ethical committee of the Faculty of Medicine, University of Gezira, and a written informed consent from the administrators of the IDPs shelters as well as an informed verbal consent from all participants in the study and they were assured that all responses will be kept confidential and will be used solely for the purposes of this study and the anonymity will be maintained throughout the research process.

### Funding

The Authors and participants did not receive any type of funding.

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