



The Psychological Impact of Displacement on Children in Al Qadarif, Sudan - March 2025

“High Prevalence of Trauma and Anxiety Among Displaced Children in Al Qadarif”

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26th of Sept.2025



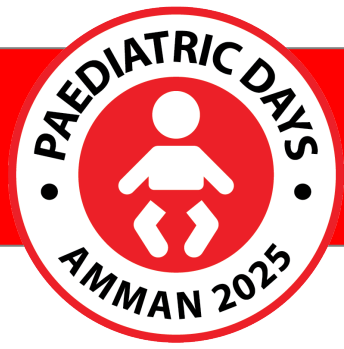
Context and The Scale of the Crisis (The "Why")

Sudan's Crisis (Since Apr 2023): Created one of the world's largest displacement events, surpassing **10 million Internally Displaced Persons (IDPs)**.

The Child Toll: Over **5 million children** are among the displaced, highly vulnerable to trauma, loss, and chronic instability.

Al Qadarif's Unique Strain: The state is managing a massive influx, often in **informal or overcrowded collective centers**, lacking established MHPSS infrastructure found in formal camps.

Operational Objective: To provide validated, quantitative evidence on psychological needs to justify the immediate redirection and increase of **Protection and Health sector funding**.



Methodology and Focus (The "What")

Study Design: Descriptive, cross-sectional survey among children (ages 7-18) in IDP camps in Al Qadarif.

Data Collection: Interviewer-administered questionnaires using validated symptom checklists for clinical significance.

The Focus: Assessing the prevalence of three key conditions:

Post-Traumatic Stress Disorder – Anxiety Symptoms – Depression Symptoms

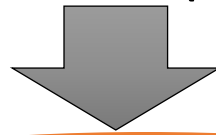
Key Data Collected: Symptom burden, socio-demographics (**gender, education**), and specific traumatic event history (e.g., **loss of a parent**).



Core Finding 1: The Quantifiable Burden

The Immediate Threat (PTSD): 36% to 40% of displaced children meet the threshold for clinically significant Post-Traumatic Stress Disorder (PTSD).

Widespread Distress (Anxiety & Sadness):

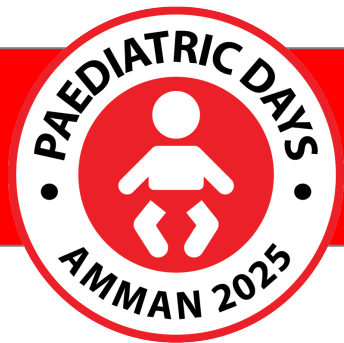


- **73% of children** frequently felt anxious.
- **68% of children** frequently felt sad.



“Nearly 4 in 10 children require specialized, structured MHPSS intervention, not just basic psychosocial support”.

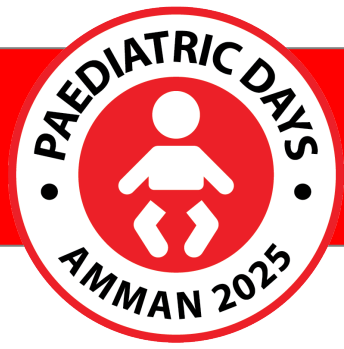
Reported Symptoms: The high rates are driven by specific symptoms like **intrusive memories, nightmares, and avoidance behaviors**, which severely disrupt learning, sleep, and social reintegration.



Core Finding 2: Risk Factors and Human Cost

Qualitative Impact: *“When the trucks pass at night, I wake up screaming because I think the shooting has started again. I haven't slept properly since we left.”*
(Mohamed, 10-year-old child in the internal displacement camp).





Identified Risk Factors (Targeting the Vulnerable): The following groups are at highest risk and require targeted MHPSS programming:

Female Gender (Higher incidence of anxiety/PTSD).

Loss of a parent or loved one (Directly linked to trauma).

Low Parental Education (Reduced capacity for household resilience and support).

Exacerbating Factors: The mental health crisis is worsened by chronic stress from **prolonged displacement, food insecurity, and lack of essential WASH services.**



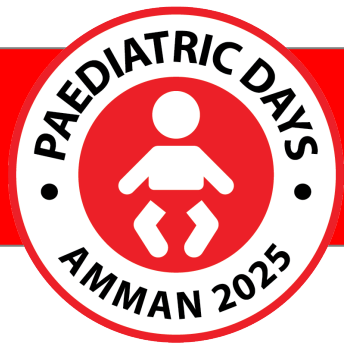
Operational Implications: Scaling MHPSS

MHPSS is Not a Luxury; it's Life-Saving: Given the 36-40% clinical rate, basic PSS (Psychosocial Support) is insufficient. We need to **integrate clinical care.**

Action 1: Capacity Building: Immediately train community workers and primary health staff in Al Qadarif on the **WHO's stepped-care model**, enabling early identification and referral for severe cases.

Action 2: Targeted Delivery: Establish **mobile MHPSS teams** (as necessitated by the dispersed population in Gadarif) to reach high-risk areas and target groups (UASC, female-headed households).

Action 3: Protection Link: MHPSS activities must be conducted in conjunction with **Protection teams** to ensure the psychological support environment is also physically safe.



Urgent Recommendations: Call to Action

MHPSS Interventions

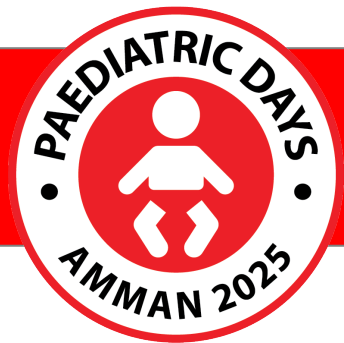
Scale Up MHPSS Interventions: Move MHPSS from a secondary activity to a core, funded pillar of the Al Qadarif humanitarian response. This includes clinical services and safe spaces/PSS.

Financial Support

Financial Support: The international community must dramatically increase financial support for the Sudan response to address the chronic needs now driving severe mental health conditions.

Humanitarian Access

Ensure Unimpeded Humanitarian Access: Secure consistent, unimpeded humanitarian access to all vulnerable populations, particularly those dispersed in host communities, to deliver these critical health and protection services.



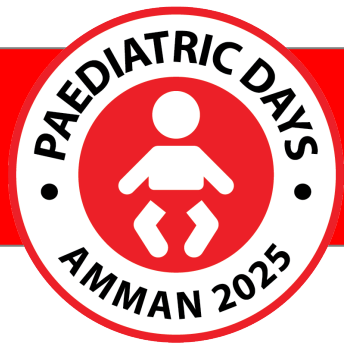
Conclusion & Q&A:



Conclusion: The crisis in Sudan has evolved from a physical security emergency to a protracted humanitarian and psychological catastrophe. The data from Al Qadarif provides a clear mandate: we must act decisively to protect the mental health of this generation.

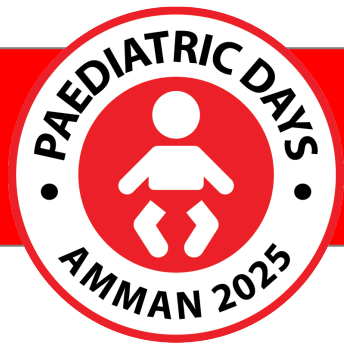


Final Call: We have the validated tools and the operational framework. We now require the political will and funding commitment to implement.



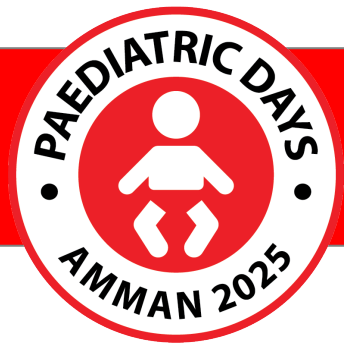
There is war, malnutrition, disability, but there is also Hope!!!





Some organizations work to release children's negative energy by involving them in recreational programs.





References

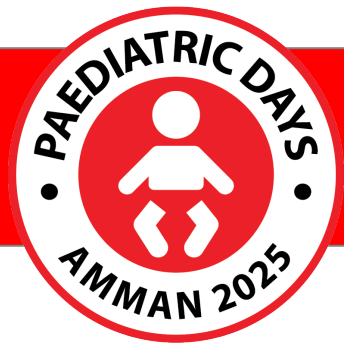
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