



## *Sudanese American Medical Association*

<b>Project Concept Title</b>	Mobile Clinic in Tawila, North Darfur
<b>Date</b>	January 12, 2026
<b>Description of the problem</b>	<p>Tawila locality in North Darfur has been overwhelmed by massive internal displacement, hosting hundreds of thousands of people fleeing conflict and violence, particularly from Al Fasher. The humanitarian situation is dire, and access to healthcare is one of the most urgent needs, especially for vulnerable groups such as the elderly. Many newly arrived internally displaced persons (IDPs) report needing medical attention but being unable to access treatment.</p> <p>All national, International, and UN agencies are focusing on providing health and nutrition for children under 5, and that's why we propose to fill the gap of supporting adults with medical supplies and health services, where all IDPs who arrive in Tawila are highly in need of services because of the siege of El Fasher. Most of them are malnourished, sick, and injured</p>
<b>Description of Project</b>	<p>The project aims to establish a mobile clinic within the displacement sites in Tawila to provide essential primary healthcare services for the displaced population. This includes responding to ongoing outbreaks of cholera, measles, and malaria, and providing maternal health services such as antenatal care (ANC).</p> <p>The requested funds will be used to procure essential medications, diagnostic tools, and medical supplies required for the operation of the mobile clinic. These include, for example, treatments for common infections (such as amoxicillin and erythromycin), antimalarial medications (such as artemether–lumefantrine), rehydration and IV fluids, basic wound care supplies, as well as essential equipment like thermometers, blood pressure monitors, and malaria rapid diagnostic test kits.</p> <p>Healthcare services provided by the mobile clinic:</p> <ul style="list-style-type: none"> <li>● Medical Consultations for Treating communicable and non-communicable diseases.</li> <li>● Provide medication to the targeted population</li> <li>● Referral of complicated cases to Tawila Hospital</li> <li>● Conduct sessions on disease prevention, vaccinations, using mosquito nets, and the importance of hygiene.</li> <li>● Maternal and Child Health (antenatal and Postnatal Care (ANC/PNC for children and pregnant women) and provide delivery assistance attended by skilled health personnel</li> </ul> <p><b>Partnership and Roles</b></p> <p>SAMA will partner with Tabasheer Organization for Aid and Development in Tawila to implement this project.</p> <p>SAMA's role will include:</p> <ul style="list-style-type: none"> <li>● Providing financial oversight and ensuring proper use of funds</li> <li>● Conducting due diligence and maintaining accountability</li> <li>● Monitoring the project on the ground</li> </ul>



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- Ensuring the quality, safety, and proper storage of medications and medical supplies
- Providing visual documentation of the project's progress and impact

Tabasheer Organization's role will include:

- Implementing the project on the ground in Tawila
- Procuring medications and supplies locally from Nyala
- Delivering healthcare services through the mobile clinic to the displaced population

### **Procurement**

According to our local partners, the required medications and medical supplies are available in Nyala. All items will therefore be procured locally from Nyala to ensure timely delivery and cost-effective sourcing. Once purchased, the supplies will be transported directly to Tawila to equip the mobile clinic and support the delivery of essential healthcare services to the displaced population. SAMA staff on the ground will be responsible for verifying the quality of all medical supplies, ensuring they meet the required standards, and confirming that the items are delivered and stored in appropriate conditions. This oversight will help maintain the safety and effectiveness of the medications and supplies used in the mobile clinic.

### **Mobile clinics: setup, staffing, and service delivery**

Since the start of the war in Sudan in 2023, mobile clinics have become a critical way to reach displaced and vulnerable communities living in areas that are cut off from formal health services. These clinics are designed to function as fully equipped outreach units, bringing essential care directly to people in remote settlements and newly established IDP sites.

#### **1. Clinic setup and logistics**

Each mobile clinic is typically organized using two to three vehicles, depending on:

- the size and duration of the project,
- the estimated number of beneficiaries, and
- the type and volume of health services being delivered.

The vehicles serve as movable clinical spaces and supply units. They carry:

- medical supplies and essential drugs,
- basic diagnostic and examination tools,
- The clinic team enables rapid deployment even to hard-to-reach locations.

This approach enables services to be delivered flexibly, particularly when populations shift or new settlements emerge.



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### **2. Target areas and rationale**

The clinics operate in remote IDP gathering sites, particularly places where people have no access to healthcare services at all. These sites often include newly formed or “new arrival” settlements, for example, new IDP settlements in Tawila locality, where displaced families arrive with urgent needs and little support.

The mobile clinic model ensures that health services do not depend on people traveling long distances, which is often unsafe, unaffordable, or impossible during conflict.

### **3. Scope of services**

Mobile clinics aim to provide basic, life-saving primary healthcare, including early detection and first-line management of common and urgent conditions. While service packages may vary slightly by project design, the clinics generally cover:

- outpatient consultations for adults and children,
- basic management of communicable and non-communicable diseases,
- maternal and reproductive health support,
- child health screening and treatment,
- health education and awareness, and
- distribution of essential medications.

The goal is to stabilize patients early, reduce complications, and prevent avoidable deaths in settings where routine care is absent.

### **4. Referral pathway for complex cases**

Because mobile clinics provide primary-level care, complex or severe cases that cannot be managed onsite are referred and supported for transfer to a higher-level facility.

In this context, referrals go to Tawila Hospital, which is managed by Médecins Sans Frontières (MSF). This referral link is essential because it ensures continuity of care for patients needing:

- advanced diagnostics,
- inpatient treatment,
- emergency obstetric care,
- surgical or specialist services, or
- prolonged monitoring.

The referral system strengthens outcomes by connecting frontline outreach to lifesaving hospital-based care.

### **5. Staffing model**

Mobile clinics are staffed by qualified medical teams, whose composition is adjusted to meet the services provided and the community's needs. For the proposed mobile clinic, the team will include: a medical assistant (leading consultations and basic case management), a nurse (triage, procedures,



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follow-up, and health education), a pharmacist assistant (dispensing, stock management, and counseling), and midwives (antenatal, postnatal, and reproductive health services).

These medical staff are provided by the local MOH and are incentivized by TADO to deliver services in the field.

Medical Assistants are mid-level clinical cadres with diploma-level training (usually 3 years at health training institutes) who staff primary-care facilities. In practice, they take histories, examine and triage patients, manage common illnesses using national/NGO protocols (e.g., malaria, ARIs, diarrhea, simple infections), provide basic emergency care and initiate referrals, and do routine procedures such as wound care, injections, IVs, and rapid tests. They can make provisional/working diagnoses for common conditions within guidelines, especially in underserved areas, medical assistants may start standard first-line treatments when no doctor is present, but complex cases, higher-risk drugs, and controlled medications require physician oversight or referral

### **6. Coordination with local actors and added value**

These mobile clinic activities are implemented in close coordination with the local Ministry of Health, community leaders, and other active humanitarian health partners who are part of the health cluster. This ensures alignment with local priorities, avoids duplication, and strengthens referral and follow-up systems.

In Tawila, most existing mobile clinic services are primarily run by UNICEF and focus on child health, which leaves a clear gap in healthcare access for adults. TADO's mobile clinics are designed to fill this gap by extending essential primary healthcare to adults in underserved IDP settlements, while remaining complementary to UNICEF-supported child health services.

### **7. Protection, Safeguarding, and Accountability Approach**

SAMA recognizes that we are targeting extremely vulnerable populations and will implement the mobile clinics with strong safeguarding, accountability, and protection-mainstreaming measures. All staff deployed through TADO (and any MOH surge staff) must complete a Prevention of Sexual Exploitation and Abuse (PSEA) online course offered by UNICEF or an equivalent certified training before deployment, and will sign and adhere to a strict Code of Conduct. Consultations will be organized to ensure privacy, dignity, and confidentiality, particularly for women, children, and pregnant/lactating women (PLW). Clear community feedback and complaint channels will be in place so IDPs can safely report concerns and help improve services.

The mobile clinics' service package is basic primary healthcare, focusing on trauma-related injuries, infectious diseases, and basic antenatal care (ANC). Protection of women, children, and PLW will be supported through midwife-led ANC, respectful and confidential care, and prioritization of those most at risk during triage and follow-up.

Dedicated services for GBV/sexual assault survivors and specialized mental-health care are not included within this mobile-clinic package.



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<b>Project Location(s)</b>	One mobile clinic for IDPs gathering sites inside Tawila town, North Darfur state
<b>Target Population &amp; Subgroups</b>	<p>The project focuses on adult populations who have become increasingly vulnerable due to the conflict in El Fasher, the ongoing siege, and the collapse of essential services. The primary targeted groups include:</p> <ol style="list-style-type: none"> <li><b>1. Internally Displaced Persons (IDPs)</b> IDPs represent the largest and most urgent priority group. Tawila has become a major refuge for people fleeing extreme violence, particularly from El Fasher and the Zamzam IDP camp. As of mid-2025, an estimated 560,000 displaced individuals are sheltering in Tawila locality. Many arrive traumatized, malnourished, and in critical need of medical care, having fled with few or no belongings. They are living in severely overcrowded conditions, including established camps such as Al-Omda and Argo, as well as informal settlements. These conditions place immense pressure on limited local resources and significantly increase the risk of disease outbreaks, including cholera, measles, and malaria.</li> <li><b>2. Pregnant and Lactating Women (PLW)</b> PLW will be supported through reproductive health services, including antenatal (ANC) and postnatal care (PNC), as well as nutritional supplementation such as iron and folic acid. The project will also provide essential health education to promote safe pregnancy and maternal well-being.</li> <li><b>3. Host Communities in Tawila</b> The sudden and massive influx of IDPs has overwhelmed existing services in Tawila, creating severe pressure on local households. The project will therefore also support members of the host community, whose access to healthcare has been disrupted as a result of the crisis.</li> <li><b>4. Populations in Remote Areas of Tawila Locality</b> The project targets individuals living in hard-to-reach or remote areas where health facilities are nonexistent, damaged, or too far to access safely due to insecurity.</li> <li><b>5. Individuals Unable to Afford Healthcare</b> Many people cannot afford medical fees or transport to reach the few functioning static health facilities. The mobile clinic will allow them to access essential services directly within their displacement sites.</li> </ol>
<b>Project Goal</b>	The primary goal of the project is to establish a functional mobile clinic within the displacement sites in Tawila locality to provide lifesaving primary healthcare services to conflict-affected adults, including internally displaced persons, pregnant and lactating women, host communities, and individuals in remote areas. By delivering essential medical treatment, outbreak response, and maternal health services directly to those in need, the project aims to reduce morbidity and mortality, prevent disease outbreaks, and restore access to basic healthcare for populations who have been cut off from services due to the El Fasher conflict and siege.
<b>Measurable Outcomes and Outputs</b>	<ul style="list-style-type: none"> <li>● Target: 2000 to 4000 patients</li> <li>● Health services delivered             <ul style="list-style-type: none"> <li>○ One mobile clinic is established and operational in the Tawila displacement sites.</li> <li>○ X number of medical consultations provided</li> </ul> </li> </ul>



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	<ul style="list-style-type: none"> <li>● Medical Supplies Distributed             <ul style="list-style-type: none"> <li>● Essential medications procured locally in Nyala and delivered to Tawila.</li> <li>● X number of treatment courses distributed, such as:                 <ul style="list-style-type: none"> <li>○ antibiotics for acute infections</li> <li>○ antimalarial treatments</li> <li>○ ORS, zinc, and IV fluids</li> <li>○ wound care and pain management supplies</li> </ul> </li> </ul> </li> </ul>
<i>External Stakeholders</i>	<ul style="list-style-type: none"> <li>● The State Ministry of Health is essential for coordination, technical guidance, staffing, and ensuring the project aligns with national health strategies and protocols.</li> <li>● Humanitarian Aid Commission (HAC): The primary body for approvals, coordination, and access within the country.</li> <li>● Local Administration (Tawila Locality): Collaborate with local leaders and community elders to engage the community, mobilize populations for services, and ensure the smooth operation and security of mobile teams.</li> <li>● UNICEF (United Nations Children's Fund): A major partner, particularly focused on child health, its role often is supplying essential medical kits for children under 5.</li> <li>● WHO (World Health Organization): Provides coordination for health clusters, delivers emergency medical supplies and kits (e.g., cholera supplies)</li> <li>● OCHA for coordination of the humanitarian response, assessing needs, and advocating for safe humanitarian access.</li> <li>● International and Local NGOs to coordinate with for providing services for all people equally, like Alima, MSF, GOAL, World Vision, and Save the Children.</li> </ul>
<i>Risks and Assumptions</i>	<ul style="list-style-type: none"> <li>● The project process Security and Access Risks (low risk): In case the security situation deteriorates and access for the mobile teams is deemed impossible, Tabasheer, in consultation with SAMA, will relocate services to either Melit or another safe place, depending on IDPs' movement patterns and needs. Tabasheer has presence in the Melit locality with teams on the ground.</li> <li>● Massive influx of IDPs overwhelming the mobile team's capacity to screen and treat all patients (Medium risk): Flexibility in team size and deployment; rapid referral pathways to Tawila Hospital, clear MOH protocol, and focusing on life-threatening conditions</li> <li>● Transportation of drugs and items affected according to the conflict situation in Darfur (medium risk): Procure medical supplies one time at the beginning of the project, and save a buffer. Transportation of the drugs and items will be at once, and receive Under 5 and PHC Kits from UNICEF and SMOH in the Tawila area.</li> <li>● Financial Increase of fuel and medical supplies prices and volatile exchange rates (high risk): Tabasheer will process all contractual work and procurement of supplies right after the signature of the agreement</li> <li>● Cash incentives transfer problems TADO staff (Low) risk: Sending incentives via bank accounts</li> </ul>
<i>Project Timeline</i>	January 2025 - March 2026



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<b>Estimated Costs and Funding (Total)</b>	The total estimated cost of the project is SDG 76,400,000
<b>Organizational Experience</b>	<p>Mission Statement: Tabasheer for Aid and Development Organization TADO strives to achieve lasting improvements in the quality of life of deprived communities in Darfur through a process that unites people across cultures and adds meaning and value to their lives by the following:</p> <ol style="list-style-type: none"> <li>1. Enabling the deprived communities with more considering to consider the children to realize their rights, meet their basic needs, and increase their ability to participate in and benefit from their societies with a healthy status.</li> <li>2. Building relationships to increase understanding and unity among people of different cultures and countries, taking children as more affected groups, promoting the rights and interests of the vulnerable communities, and focusing on child rights and needs.</li> </ol> <p>Vision: Tabasheer Development Organization hopes for a world free from injustice where all children realize their full potential, in societies that respect people's dignity and rights.</p> <p>Organization Background;</p> <p>TADO was established in November 2015 as a response to the call raised by the vulnerable communities in North Darfur complained the lack of services and the urgent needs and gaps in many developmental, Health and nutrition health fields in North Darfur State, taking into account the limitation of the movement of the international organizations as the later confine their existence in the urban settings while neglecting the rural and IDPs Vulnerable groups.</p> <p>Identity: Tabasheer Development Organization TADO is a local, humanitarian, community-focused development organization, without religious, political or government affiliation, that adheres to national and international standards of humanitarian work, managed with the spirit of transparency and accountability measures.</p> <p>Areas of Expertise and Activities: The delegation of our work is focusing on 5 key areas involving children, women, and young people in:</p> <ol style="list-style-type: none"> <li>1. Formal/basic education and child protection activities</li> <li>2. Health, Nutrition, sanitation, and hygiene promotion activities</li> <li>3. Livelihood and youth learning activities</li> <li>4. Provision and distribution of NFIs and Emergency shelter activities</li> <li>5. Camp coordination</li> </ol> <p><b>Experience of TADO in mobile clinics</b></p> <p>Since the start of the war in Sudan in 2023, TADO has established mobile clinics to deliver essential healthcare to displaced and vulnerable communities living in remote settlements with little to no access to services. These clinics are staffed by qualified medical teams and are organized in</p>



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coordination with the local Ministry of Health to ensure alignment with community needs and health system priorities.

Those mobile clinics are implemented in collaboration with UNICEF and the International Rescue Committee (IRC), and operate in El Fasher, Tawila, and Mellit localities. Complex cases that cannot be managed on site are referred to Tawila Hospital, which is run by Médecins Sans Frontières (MSF), to guarantee timely access to higher-level care.

Medical staff are generally provided by the Ministry of Health (MoH). In the past, they received their regular salaries from the MoH and were additionally incentivized by TADO. However, given the current situation, the MoH no longer pays staff salaries, and they now rely entirely on program-funded incentives for their compensation.

### **Current Active mobile clinics**

Tabasheer organization is currently running 10 mobile clinics across Tawila, Korma, and Millit localities in Darfur

<b>Number of mobile clinics</b>	<b>Location</b>	<b>Focus</b>	<b>Supported by</b>
4	Tawila	Nutrition	UNICEF
2	Tawila	Health and Nutrition	UNICEF
1	Korma	Health and Nutrition	UNICEF
1	Millit	Health and Nutrition	UNICEF
2	Started in Elfashir, relocated to Tawila	Health and Nutrition	IRC



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### Budget Summary

Category	Item	Description	Cost in SDG
Field Staff	Medical Assistant*	Supports clinical service delivery in the mobile clinic	SDG2,001,000.00
	Nurse	Provides primary care and triage services	SDG1,401,000.00
	Midwife	Provides ANC, PNC, and maternal health services	SDG999,000.00
	Pharmacist Assistant	Manages dispensing and inventory of medications	SDG798,000.00
Transportation and logistics	Transportation	Delivery of supplies from Nyala to Tawila and local field movement	SDG13,398,000.00
	Printed materials	Reporting tools	SDG699,000.00
Media	Project branding		SDG498,000.00
Medical Supplies	Medications and medical supplies	Essential drugs, equipment, and consumables for mobile clinic operations	SDG53,607,000.00
Referral	Transportation	Transport cases that need advanced medical care to Tawila Hospital	SDG3,000,000.00
			SDG76,401,000.00

**Prioritize recruiting a doctor to run the mobile clinic instead of a medical assistant, should one be available.**



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### Medical Supplies list

No	Items
1	Amoxicillin 500 mg caps
2	Erythromycin 250 mg caps
3	Metronidezole 250 mg caps
4	Metronidezole 500 mg caps
5	Aluminium hydroxide 500mg
6	Paracetamole 500 Tab
7	Doxycycline 100 mg caps
8	Artemether 20mg+lumefantrine120mg(6*3)
9	Azithromycin 250mg syr
10	Azithromycin 250mg caps
11	Azithromycin 500mg caps
12	Hyoscine tab
13	septrin syr
14	septrin tabs
15	Metoclopramide inj
16	Zinc syr
17	Zinc Tabs
18	Chlorpheniramine 4mg comp
19	Tetracycline skin ointment
20	Ciprofloxacin 500mg, comp
21	Diclofenac 50mg comp
22	Ibuprofene 200mg, comp
23	Ibuprofene 400mg, comp
24	Multivitamine A+B1+B2+PP+C,COMP
25	Gentamycin 80mg/2ml amp
26	Glucose %5 drip
27	Glucose %10 drip
28	Ciprofloxacin drip
29	Metronidazole drip
30	Normal saline drip
31	Amoclane 228
32	Amoclane 625
33	Thermometer



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34	Blood pressure
35	Weight scale
36	HCG test
37	ICT for malaria test
38	Pulse timer
39	Examination bed
40	Guase roll
41	Guase bandage
42	Spirit
43	Iodine
44	Gloves