



Research Article

In Their Own Words: Narratives of Sudanese Pediatricians Displaced By Conflict

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Abstract

Background: This study examines the profound personal and professional impact of the armed conflict in Sudan since April 2023 on pediatricians, particularly focusing on their displacement from Khartoum and the resultant challenges in providing essential health services to children in conflict-affected areas.

Methods: Utilizing a mixed-methods approach, this study targeted displaced pediatricians from Khartoum identified via purposive sampling. Data were collected through a semi-structured questionnaire, featuring both quantitative items and an open-ended question for qualitative insights, administered electronically. The analysis combined descriptive statistics and thematic analysis with ethical oversight provided by the IRB of Prince Sattam Bin Abdulaziz University.

Results: In a study of 42 displaced pediatricians from Sudan, 66.67% were female and the majority were aged between 30 and 45 years. Despite facing adversities due to armed conflict, these pediatricians displayed remarkable resilience and continued to provide pediatric care under challenging conditions. Key themes emerged from their narratives, including professional commitment amid scarcity, emotional turmoil coupled with spiritual reflection, and relentless pursuit of providing care. Safety concerns primarily drove displacement, with 95.24% citing this as a reason. While 61.90% of the respondents relocated within Sudan, 38.10% moved abroad, reflecting the profound personal and professional impact of the conflict.

Conclusion: The armed conflict in Sudan has severely disrupted the pediatric healthcare system, leading to widespread displacement of pediatricians and jeopardizing child healthcare. The study highlights the resilience of healthcare professionals amidst adversity, their struggle to maintain care delivery, and the critical need for support and strategic planning to restore healthcare services in conflict-affected areas.

Keywords: resilience, psychological, armed conflicts, delivery of healthcare, Sudan, pediatricians

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1. Introduction

The armed conflict that erupted in Sudan in mid-April 2023 has precipitated a health crisis of alarming proportions, severely affecting healthcare professionals and the overall health system. The clash between the two sides of conflict has led to widespread destruction and disruption, including direct attacks on healthcare facilities and personnel, resulting in many casualties, internal and external displacements, and a significant number of refugees. The healthcare system, already fragile, has been pushed to the brink of collapse, with more than two-thirds of hospitals out of service and critical shortages in medical supplies and personnel [1]. This situation has exacerbated the vulnerability of the child population to infectious diseases and other health issues, particularly among the displaced people seeking shelter in hard-to-reach locations with limited access to health services.

Before the outbreak of conflict in April 2023, Sudan's pediatric and child health services were already facing significant challenges. The healthcare system was under-resourced, with high rates of maternal and child mortality. "The infant mortality rate is 60 per 1000 live births and the under-five mortality rate is 82 deaths per 1000 live births. The neonatal mortality rate is also high ranging from 34 to 47 per 1000" [2]. Many children suffered from malnutrition, with limited access to essential health services, especially in rural areas. The ongoing economic crisis further strained the healthcare system, leading to shortages in medical supplies and trained healthcare personnel [3]. The situation of pediatrics and child health services in Khartoum Sudan was characterized by several challenges. For instances, critical pediatric patients in Khartoum faced a low capacity for emergency care, with shortages in human resources, essential

equipment, and clinical practice protocols [4]. Pediatric cardiology services, while advancing, struggled with technical and financial resource limitations, a shortage of trained personnel, and inadequate intensive care facilities [5]. Primary health care services, including child health care, were perceived as adequate by stakeholders, but issues persist in sanitation services and the referral system [6].

The displacement of healthcare professionals, including pediatricians, has emerged as a critical concern. The exodus of medical staff due to the conflict has created a vacuum in healthcare provision, further jeopardizing the well-being of the population, especially children, who are at heightened risk of not accessing essential health services. This conflict has thus not only disrupted the personal and professional lives of these healthcare workers but also raised significant challenges for the continuity of healthcare services in the region [7].

This report seeks to capture the voices and lived experiences of Sudanese pediatricians through their detailed narratives. The study also aimed to illuminate the broader impact of conflict on the essential services they provide. Through this study, we aspire to contribute to a deeper understanding of the consequences of the conflict for healthcare provision and to advocate for targeted interventions to support displaced healthcare professionals and restore healthcare services in conflict-affected areas.

2. Methods

2.1. Study design and participants

This study utilized a mixed methods research design to characterize the displacement of Sudanese pediatricians due to the recent armed

conflict in Khartoum State and to examine the breadth and depth of its impact on pediatricians' personal and professional lives. The study population comprised specialists and consultant pediatricians who were forced to leave Khartoum in the wake of the conflict. The eligibility criterion included being a practicing pediatrician in Khartoum State, Sudan, prior to displacement.

2.2. Sampling and recruitment

A purposive sampling technique was employed to select participants who met the inclusion criteria. The initial pool of participants was identified through professional networks within the Sudanese pediatric community. A total of 83 pediatricians were directly contacted via their personal WhatsApp numbers. Additionally, the study invitation and questionnaire link were disseminated through various WhatsApp groups dedicated to Sudanese pediatricians, enhancing the reach and participation rate.

2.3. Data collection instrument

A semi-structured questionnaire was developed that consisted of two parts: structured questions for collecting quantitative data on demographic and professional backgrounds, reasons for displacement, impacts on personal and professional lives, and future career plans. A key component of the questionnaire was an open-ended question designed to elicit personal insights and narratives about the impact of displacement. This qualitative question aimed to allow participants to express their experiences, challenges, and coping mechanisms in their own words, providing depth to the quantitative findings.

2.4. Data collection procedure

The questionnaire was administered electronically via a secure online platform to ensure confidentiality and ease of access for participants. Participants received a link to the questionnaire through WhatsApp, along with instructions for completion and information about the study's purpose, confidentiality measures, and voluntary nature. Participants were encouraged to provide in-depth responses to the open-ended question, with reminders sent weekly to maximize response rates.

2.5. Data analysis

Quantitative data from closed-ended questions were analyzed using descriptive statistics to summarize the demographic and professional characteristics of participants, reasons for displacement, and impacts on personal and professional lives. Thematic analysis was applied to responses to the open-ended question to identify common themes and insights into the personal experiences of displaced pediatricians. The qualitative data were coded and analyzed by two independent researchers to ensure the reliability and validity of the findings.

2.6. Reporting

The findings are reported in a manner that integrates quantitative and qualitative results, reflecting the mixed methods nature of the study. This approach allows for a richer, more nuanced understanding of the effects of armed conflict on pediatric healthcare provision and pediatricians' professional and personal lives.

3. Results and Discussion

3.1. Demographic and professional characteristics

Forty-two pediatricians responded by completing the questionnaire. The participant pool predominantly consisted of female pediatricians, accounting for 66.67% of the respondents, highlighting a significant representation of women in the pediatric field in Sudan [8]. The age distribution of the participants showed a concentration in the 30–45 years range (52.38%), followed by those aged 46–60 years (38.10%).

The majority of the respondents were consultants (54.76%), with specialists constituting 45.24%. The specialization data revealed a diverse range of fields, with half of the participants (50%) in general pediatrics, followed by neonatology/PICU (14.29%), pediatric endocrinology (11.9%), and pediatric cardiology (9.52%), among others, reflecting a wide array of skills and knowledge areas within the displaced pediatric community. Just under half of the participants (45.24%) held academic faculty positions. This portrays the dark shadows casted by the conflict not only on healthcare for children but also on the future of medical education in Sudan and the future of an entire generation of medical professionals (see supplementary material).

3.2. The overarching themes of struggle and resilience

Considering their personal and professional journeys amidst the challenges posed by displacement, 31 participants shared a reflective narrative or anecdote that encapsulates their experiences and emotions during this period. Here are insights from their accounts:

3.2.1. Resilience in adversity—The professional commitment to caring for sick children

Amidst the chaos of war, pediatricians found themselves in a relentless struggle. One participant wrote:

We relocated to the city of Rufa'a, where I was stunned by the vast number of children in the Al-Hasahissa area and east of the Gezira in need of cardiac care, as well as the struggles their families face to access therapeutic services. I found myself unable to help them due to the absence of the most basic resources. My heart is heavy with profound sadness as I contemplate emigration, while my people are in desperate need of my services.

As another doctor stated, “Our real war (was) the inability to save children.”

The conflict not only threatened their lives but also led to a mass exodus of skilled professionals, a loss from which the country will, for a long time, be reeling. One pediatrician poignantly recounted:

This has been an unprecedented experience that, unfortunately, led to a significant brain drain due to the emigration of many professionals and their families. I was on sabbatical leave, planning to return to Sudan permanently in August. During my holiday, while finalizing my preparations to relocate back home to my beloved Sudan—a country that never left my thoughts over the last three years—I witnessed the war firsthand. I experienced the conflict with the militia and found bullets in my home, where elderly people and children resided. It was a unique and profoundly sad experience, one that I hope never to endure again.

Despite these adversities, a primary concern remained the care of children:

I realized that my capacity to serve (sick) children was greater than I thought, and my dedication to children's welfare could reach beyond the confines of Khartoum. The restriction of certain services to just Khartoum was a significant oversight.

In the face of scarcity and danger, their dedication to pediatric care never wavered:

During the war, amidst the chaos of weapon strikes and the sound of shells, you find yourself practicing pediatrics, treating sick children in the neighborhood. The joy and satisfaction derived from bringing comfort and reassurance to families who were unable to safely reach hospitals was beyond words. The gratitude and prayers from these families fuel your motivation, affirming that you can make a difference in all circumstances, despite the challenges.

Many pediatricians, despite the risks and challenges, continued to provide care and education. For example, one respondent noted,

During the displacement period while working at Port Sudan Teaching Hospital, I trained the medical staff on diabetes ketoacidosis as well as other endocrine emergencies such as adrenal crisis, as many patients were dying due to poor management. That made an enormous difference in the outcome of endocrinological cases.

Despite these circumstances, there was a commitment to professional development and improvement of medical practices.

3.2.2. Emotional turmoil and spiritual reflections

The emotional toll of the conflict was evident, as one pediatrician described the pain of losing a patient and feeling helpless:

A child whom I will never forget throughout my life. A child who has already lost her mother

immediately after birth. At nearly 5 years of age, she was diagnosed with meningitis, which was further complicated by acute hydrocephalus, necessitating urgent shunt insertion. This was at the onset of the war, when all the bridges in Khartoum were closed. Together with her family, we endeavored to locate a hospital with an available surgeon where she could be safely transferred. Unfortunately, we were unsuccessful. Her condition deteriorated, and we strived to arrange for her referral to another city (Madani: 200 km away) with an ambulance, ensuring that she was accepted into a hospital beforehand due to her unstable condition; she was on a midazolam infusion. Despite our pleas, the father insisted on taking her in his car; we were left with no choice. She was taken to Madani, lying motionless in the back seat with her head elevated at 30 degrees, connected to a midazolam infusion and fluids, with her grandmother by her side.

Some of the answers gave glimpses into the psychological crisis left by the war:

I was so depressed and afraid of taking any action. My thoughts revolved all the time around the safety of my family, my career, and how I could assist the sick children.

Amidst this emotional rollercoaster, many found solace in their faith, as reflected in their spiritual reflections:

An experience full of psychological and physical suffering. There was no supporter other than the Almighty God. The war made us stronger.

3.2.3. Facing risks, threats, and uncertainties

The harrowing journey of displacement was marked by fear and uncertainty:

At first, I was afraid for my family due to the ongoing fighting, compelling us to move to Gezira

State. Upon our arrival, we were warmly welcomed by relatives who provided initial support. However, our challenges soon unfolded, including difficulties with shared living arrangements, cultural differences, a lack of privacy, and financial hardships.

A respondent described the dangers they faced, including "(humiliating) inspections, theft of property, and unkind treatment by the militia." Leaving behind their homes and lives, they faced the arduous task of rebuilding from scratch:

I left my home in Omdurman (Khartoum) at the end of November after Rapid Support Forces assaulted me for the third time, imprisoned me inside my home, and threatened me with torture and death. I practiced general medicine while I was in the neighborhood and treated some patients without compensation. Currently, I spend days in Atbara and am looking for job opportunities anywhere in Sudan. I may return to Khartoum again, but this time as a fighter.

The conflict reshaped personal lives, with one pediatrician noting,

(During the war), I endured severe health complications during my pregnancy, compounded by inadequate medical care, and tragically, I lost my baby at two weeks old for the same reasons. Consequently, I made the decision to emigrate to a country offering a better standard of life and healthcare.

3.2.4. One account that says it all

Those were incredibly difficult days. I lived amid the sounds of artillery, and we—my children and I—used to lay on the ground in fear. After a week of war had passed in Khartoum, we were displaced to Gezira State. I carried one bag for myself and my four children. We left behind everything we had except for some money, certificates, and documents. I had mixed feelings of the relief

of saving myself and my family and the sorrow of leaving our home and work behind. I kept asking about what was happening in the hospital (I used to work at), the fate of the patients who were still in it, and the sick children who might need hospitalization. I continued answering inquiries, especially from the families of children with epilepsy. I continued searching for financial support for them or for places to provide medicines and continued answering consultations. I was shocked by the death of a girl who had been receiving treatment with us for a long time. She was very beautiful, only 15 years old, and was suffering from myasthenia gravis. Whenever she experienced a crisis, she was treated in our hospital. Her family was unable to provide pyridostigmine, and she died after that...and she is not the only one. The amount of pain that a pediatrician suffers when she feels helpless is indescribable. On the other hand, I feel God's kindness in my life and the lives of those who were able to start over. We pray to God to return to our country in the best condition. We are very tired. We endured prewar difficulties and war tragedies, but every day, we felt that we were in a homeland that embraced us and accepted us, no matter who we were. We were laughing—despite the pain—in the presence of the homeland...family...friends...and I also feel grateful for the social support from the family and the interconnectedness of the Sudanese (extended) family. The strength of the people lies in their loving roots. I am grateful for the financial support from my expatriate friends in helping me until I was able to join work. Due to their great support, I was able to travel and work in these circumstances.

3.3. Displacement/relocation details

The primary reasons for displacement or relocation were closely related to safety and security concerns. A significant majority of the respondents (95.24%) cited personal or family safety and security concerns, and 90.48% mentioned armed conflicts close to their residence as a main reason. Additionally, economic or financial factors (69.05%), food and basic need security concerns (66.67%), and education concerns for children (42.86%) were other notable reasons for displacement. The timeline of displacement or relocation shows a concentration of occurrences in the months of April (30.95%) and May (26.19%) of 2023, with a notable decrease in frequency in the following months.

Regarding the current residence of the displaced pediatricians, 61.90% remained within Sudan, predominantly in the Gezira (33.33%) and River Nile (29.63%) states. A significant portion (38.10%) found residence outside Sudan, with Egypt and Saudi Arabia each hosting 25% of these individuals.

The intentions of these professionals regarding their future were divided: while 47.62% intended to return to Khartoum, a substantial number (35.71%) were planning to expatriate outside Sudan for a while and 11.90% were considering permanent immigration from Sudan.

These findings highlight the profound impact of armed conflict and safety concerns on the professional and personal lives of Sudanese pediatricians and their decisions on relocation and future plans (see Supplementary material).

3.4. Impact on social circumstances and professional practice

Over half of the respondents (52.38%) reported being unable to practice currently, highlighting

the profound impact of displacement on their professional roles. Among the various challenges faced due to displacement, the most prevalent were disruption in continuity of patient care and financial difficulties, both affecting 83.33% of the respondents. The remaining problems were mental health struggles (80.95%), difficulties maintaining professional practice (73.81%), and inadequate housing (66.67%). These data underscore the multifaceted hardships faced by pediatricians, extending beyond professional life into personal well-being and living conditions. In addition, solutions may be complex and require the collaboration of parties with multiple interests, capabilities, and resources. For these participants to declare that they suffer from mental health problems, only shows the tip of the iceberg in the extent of the mental health catastrophe that to which many other segments may suffer in a society where declaring this type of disorder represents a dilemma in itself.

In terms of support received during or after displacement, the majority (64.29%) reported receiving personal support from the local community or from extended family or friends, while formal support from professional societies, networks, or governmental/nongovernmental organizations was notably minimal (0–4.76%). Social and extended family cohesion has always represented a source of support and strength for individuals in a Sudanese society characterized historically by interconnectedness [9]. It has been difficult not to notice that most families in relatively safe areas sheltered one or more families of relatives or acquaintances for periods exceeding nine months in some cases.

Reflecting on future career plans, a significant portion of respondents (42.86%) expressed a desire to return to practice in Khartoum when conditions allow, indicating a strong connection to their original place of work and an aspiration

for stability and normalcy in the future. However, approximately one-third of the participants stated their intentions to continue to practice in their current displacement/relocation location either abroad (16.67%) or inside Sudan (11.90%). This may predict significant changes in the postwar map of healthcare services and the need for strategic planning (see Supplementary material).

The literature provides evidence that armed conflict has significant adverse effects on healthcare providers, including psychological trauma and the challenges of maintaining healthcare services under such conditions [10]. While the focus in this study and other similar studies was on the direct impact of conflict on healthcare systems [11], the broader implications include governance challenges, such as a leadership vacuum and a shift in decision-making to the state level, which can affect the organization and delivery of healthcare services [12]. Additionally, the conflict's economic impact can worsen financial challenges in healthcare financing, affecting the fiscal space and capacity to sustain health services [12].

4. Limitation

One notable limitation of this study is the reliance on a purposive sampling technique for participant selection. We believe this method was the only practical solution given the context and the difficulty in reaching a dispersed and possibly traumatized population. The sample of 42 pediatricians might not be representative of the broader population of displaced Sudanese pediatricians. However, the logistical and financial constraints of conducting research in a conflict zone limited the ability to employ more comprehensive sampling methods. Utilizing existing professional networks and WhatsApp groups was a pragmatic approach to maximize participation within these constraints.

5. Conclusion

In conclusion, this study highlights the resilience of healthcare professionals amidst adversity, their struggle to maintain care delivery, and the critical need for support and strategic planning to restore healthcare services in conflict-affected areas.

6. Suffix

In mid-December 2023, the Rapid Support Forces launched an assault on Gezira State, home to the hundreds of thousands of individuals displaced from Khartoum State, including most of the pediatricians involved in this study. This offensive led to a second wave of displacement, forcing these pediatricians, along with many doctors who had been residing in the state, to seek refuge in other cities or flee outside Sudan, thus perpetuating the cycle of hardship and displacement.

Declarations

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Ethical Considerations

Ethical approval for the study was obtained from the Standing Committee of Bioethics Research at Prince Sattam Bin Abdulaziz University (approval number: SCBR-237/2024), with all participants providing informed consent electronically before participation. The consent form emphasized the study's purpose and participants' anonymity.

Competing Interests

None.

Availability of Data and Material

Data supporting the findings of this study are available upon reasonable request from the corresponding author.

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Supplementary Materials

TABLE 1: Demographic and professional characteristics.

	Frequency	Percentage (%)
Gender		
Female	28	66.67
Male	14	33.33
Age range (yrs)		
30–45	22	52.38
46–60	16	38.10
61–75	4	9.52
Position		
Consultant	23	54.76
Specialist	19	45.24
Specialization		
General pediatrics	21	50.00
Neonatology/PICU	6	14.29
Pediatric Endocrinology	5	11.90
Pediatric Cardiology	4	9.52
Pediatric Neurology	3	7.14
Pediatric Rheumatology	2	4.76
Pediatric Hematology	1	2.38
Faculty		
No	23	54.76
Yes	19	45.24
Position		
Assistant professor	12	63.16
Associate professor	5	26.32
Full professor	2	10.53

PICU: pediatric intensive care unit.

TABLE 2: Displacement/relocation details.

Question and Responses	Frequency	Percentage (%)
Main reasons for displacement/relocation*		
Armed conflicts close to where I used to live	38.0	90.48
Personal/family safety and security concerns	40.0	95.24
Food and basic need security concerns	28.0	66.67
Economic/financial factors	29.0	69.05
Education of children concerns	18.0	42.86
Other reasons	18.0	42.86
Month of displacement/relocation (2023)		
April	13.0	30.95
May	11.0	26.19
June	5.0	11.90
September	4.0	9.52
July	4.0	9.52
August	3.0	7.14
October	1.0	2.38
November	1.0	2.38
Location of current residence		
Inside Sudan	26.0	61.90
Outside Sudan	16.0	38.10
If inside Sudan, which state		
Gezira	9.0	33.33
River Nile	8.0	29.63
Red Sea	3.0	11.11
Khartoum	2.0	7.41
Northern state	3.0	11.11
White Nile	1.0	3.70
Kassala	1.0	3.70
If outside Sudan, in which country do you currently stay		
Egypt	4.0	25.00
Saudi Arabia	4.0	25.00
United Arab Emirates	3.0	18.75
Other Gulf countries	2.0	12.50
UK	2.0	12.50
Other	1.0	6.25
Do you intend to return to Khartoum/Sudan?		
I intend to return to Khartoum	20.0	47.62
I am planning to expatriate outside Sudan for a while	15.0	35.71
I am planning to immigrate from Sudan permanently	5.0	11.90
I intend to continue working/living in my current location inside Sudan	2.0	4.76

*Multiple responses allowed.

TABLE 3: Impact on social circumstances and professional practice.

Question and responses	Frequency	Percentage (%)
Impact of displacement or relocation on ability to work as a pediatrician		
I am practicing in the current location	20	47.62
I am unable to practice currently	22	52.38
Challenges faced because of displacement or relocation*		
Disruption in continuity of my patients' care	35	83.33%
Financial difficulties	35	83.33%
Mental health struggles (e.g., stress, anxiety)	34	80.95%
Difficulty in maintaining professional practice	31	73.81%
Inadequate housing	28	66.67%
Challenges in accessing Continued Medical Education (CME)	25	59.52%
Limited access to medical care	24	57.14%
My children's education was interrupted	23	54.76%
Lack of community support	20	47.62%
Issues with licensing and credentialing	18	42.86%
Professional discrimination in the new location	16	38.10%
Separation from small family (spouse/children)	15	35.71%
Legal and documentation Issues in new location	14	33.33%
Security concerns	13	30.95%
Ethnic/racial discrimination in the new location	13	30.95%
Lack of recognition for foreign qualifications	12	28.57%
Increased workload and job demand	12	28.57%
Unfamiliarity with local health policies	10	23.81%
Difficulty in adapting to medical protocols in new workplace	8	19.05%
Cultural adjustment	7	16.67%
Others	6	14.29%
Language barriers in new location	1	2.38%
Type of support received during or after displacement*		
Personal support from the local community or extended family or friends	27	64.29%
Support (personal or professional) from professional societies or networks	2	4.76%
Personal support from the government	1	2.38%
Personal support from non-governmental organizations	0	0.0%
Specific type of support received*		
Social support from extended family	23	65.71%
Social support from friends	21	60.00%
Assistance in finding a job in new location	15	42.86%
Financial support	14	40.00%
Recognition and appreciation for your work	11	31.43%
Assistance in finding suitable housing	10	28.57%
Legal and documentation support for self or family	8	23.53%
Assistance in credentialing and licensing	5	14.29%
Access to recreational and leisure activities	3	8.57%
Educational support for children	2	5.71%
Support for integration into local schools	2	5.71%
Mental health support services	0	0.00%
Others	3	9.09%
Future career plans		
Returning to practice in Khartoum when conditions allow	18	42.86
Continue to practice in my current location (abroad)	7	16.67
Continue to practice in my current location (inside Sudan)	5	11.90
Pursuing further medical specialization abroad	4	9.52
Retirement from active medical practice	1	2.38
Other	7	16.67

*Multiple responses allowed.