

Multisectoral Site Assessments: North & South Darfur

Overview of Basic Needs & Service Availability

September 2025 | Sudan

Context & Rationale

As of September 2025, the conflict in Sudan which began in April 2023, continues to intensify, displacing over 13 million people, including 10 million IDPs, more than half of whom are children (IOM, OCHA)¹. Renewed fighting in North Darfur, particularly around El Fasher, has triggered large-scale secondary displacement and further restricted humanitarian access. According to UNICEF, over 600,000 people have been displaced from El Fasher, with 260,000 civilians, including 130,000 children, trapped in dire conditions².

The influx of displaced populations into nearby localities such as Tawila has strained already limited resources, with reports of acute food shortages, disease outbreaks, poor sanitation, and protection risks³. Similar challenges persist in South Darfur, where in addition to hunger and disease, there are widespread reports of sexual violence and a pervasive sense of abandonment by the international community^{4,5}.

Given the scale and fluidity of displacement, site assessments in affected and receiving areas are critical to understanding evolving humanitarian needs, assessing service gaps, and informing targeted responses within IDP sites and host communities.

A total of 24 unique IDP sites were assessed in North Darfur and South Darfur. This report focuses on three of the most populous sites - all in Tawila, highlighting the overall conditions on health, nutrition, food security, livelihood, and water, sanitation and hygiene (WASH). The data will be published for reference regarding specific conditions in the other sites.

- 1 [Sudan Crisis Explained](#)
- 2 [Besieged city in Sudan has become 'an epicentre of child suffering,' UNICEF warns](#)
- 3 [Sudan: Surge in Darfur displacement pushes Tawila into full-scale crisis, cholera spreading](#)
- 4 [13 children died of malnutrition-related causes in a Darfur camp, a Sudan doctors' group says](#)
- 5 [Sudan: Voices from South Darfur](#)

Summary

- **Coverage:** The assessments covered **54,994 households** comprising **261,224 individuals** across three localities in 24 IDP sites in North and South Darfur. Children under 18 (males and females) account for 61% of the total population, while females (all age brackets) represent approximately 54%.
- **Fires and floods** are two of the **most commonly reported risks** across sites, with key informants (KIs) in 13 sites identifying fires as a risk and those in 12 sites identifying floods as a risk.
- **Pregnant and lactating women** are the **most frequently reported vulnerable group** across all 24 sites, followed by the **elderly (people aged 60+)** and **people with disabilities (PWDs)**, reported in 22 and 21 sites respectively.
- The most frequently reported need was **food**, reported in **10 sites**, followed by **healthcare**, which was reported as the top need in **6 sites**.
- **WASH needs remain critical:** Water, sanitation, and hygiene indicators highlight ongoing challenges in access to safe water sources, functional latrines, and hygiene facilities. There are **reports of water borne diseases** in 21 of the 24 sites.
- **Protection concerns are widespread:** The protection indicators suggest persistent safety risks, particularly related to insecurity and gender-based violence. Concerns include the **absence of safe spaces** for women and girls in **18 sites**, the presence of **unaccompanied children in 14 sites**, and **reports of unrest in 5 sites**.
- **Gaps in Shelter, NFIs, and other basic services:** Many sites show deficiencies in adequate shelter and non-food items (NFIs), coupled with limited coverage in food security, health, and education services.

Martal El Soug IDP Site - Tawila

Site Overview

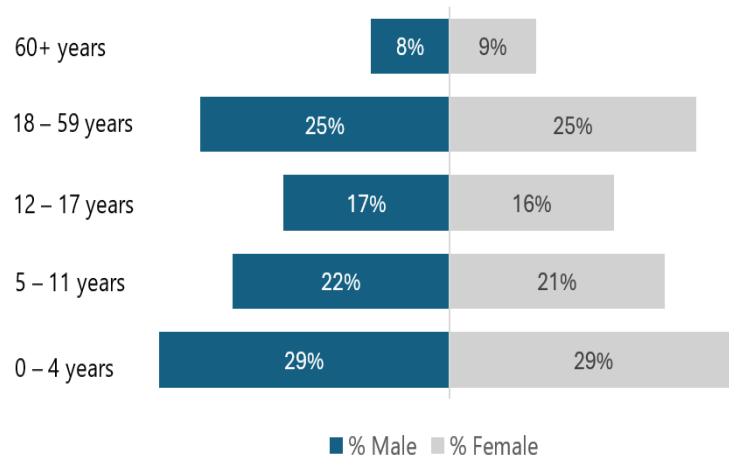
- **Population** of the *Martal Sharig El Soug* Site: **9,691 households** comprising **approximately 48,455 individuals**.
- **New Arrivals** (April-September 2025): **3,496 IDPs** (representing an approximate **7% increase** compared to figures from a period spanning over six months (September 2024-March 2025)).
- **Shelter Occupancy:** There is an average of **5 individuals per shelter**. IDPs are reported to be **living in overcrowded conditions**; some people **living in the open**, with **unaccompanied children sharing shelters with adults**.
- **Reported disease burden:** Malnutrition, Malaria and Cholera.
- **Priority needs ranked:** Food, Healthcare and NFIs.
- **Site management:** The site is managed by the local authorities and the community.
- **Main site risk:** Flooding.

Demographics

Over half of the IDP population are children aged between 0 and 11 years. Most households originate from North Darfur, East Darfur, and South Darfur states.

Females make up approximately half of the site's population.

Population Breakdown of Martal Sharig El Soug Site - Tawila



According to the KI, there are no healthcare services and medications in this site. Access is further compromised as the nearest health facility is located between one hour and half a day away on foot, depending on security conditions. The main barriers to healthcare are no service provision at the site, and surrounding insecurity making it difficult to access healthcare away from the site, leaving the overall health situation in and around the site poor.

According to the KI, there are signs of malnutrition in the site, with households facing food shortages and skipped meals. There are currently no active nutrition programs or service providers present. Access to adequate nutrition support remains absent, and overall nutrition conditions in the site are reported as poor.

Most households in the site face food shortages due to limited or no access to arable land, crop destruction, and high food prices. The main food sources are IDPs' own crop production, market purchases, and occasional humanitarian assistance. There are no communal kitchens, and households rely primarily on firewood and charcoal for cooking, with no fuel distributions reported. While a functional market is accessible by foot, there are no active food security service providers. Overall, food security conditions in the site are reported as poor.

In this site, the sources of income are occasional humanitarian assistance and casual labour in construction or distant agricultural areas. Most households have very limited or completely lack access to farmland, and limited skills are reported as a major barrier to securing livelihoods. Overall, livelihood conditions in the site are reported as poor.

The main water sources are handpumps and donkey carts, with access free but water quality poor and insufficient for basic needs. Residents spend between 30 minutes and an hour for each trip to fetch water. There are no latrines or hygiene facilities available. There is open defecation and poor waste management. With no WASH service providers present and reports of waterborne diseases, WASH conditions are generally poor.

Khazan Tonjor Masal A IDP Site - Tawila

Site Overview

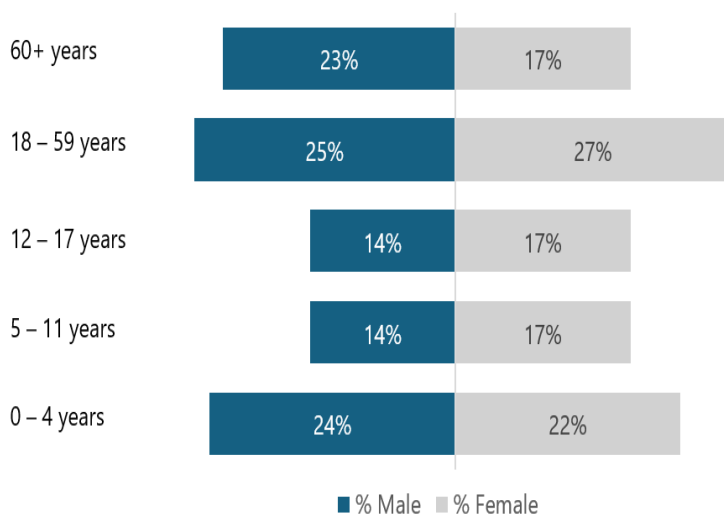
- **Population** of the *Khazan Tonjor Masal A* Site: **6,372 households** comprising **approximately 38,232 individuals**.
- **New Arrivals** (April - September 2025): **15,000 IDPs** (approximately **64% increase** from over the six-month period between March 2024 and September 2025).
- **Shelter Occupancy**: Average of **6 individuals per shelter**. Many households are also reported to be living in overcrowded conditions. There are also reports of **individuals living in the open**.
- **Reported disease burden**: Malnutrition, Malaria and Cholera.
- **Priority needs ranked**: Shelter, Food and Healthcare.
- **Site management**: There is an active site-level community governance structure comprised of local authorities.
- **Main site risk**: Fire.


Demographics


Approximately 40% of the IDP population are children aged between 0 and 11 years, and over 53% of the total IDP population are female.


The IDP households in this site are from within the state of North Darfur.


Population Breakdown of Khazan Tonjor Masal A Site




 This site has no healthcare services and medications. Reaching the nearest health facility takes between one hour and half a day on foot depending on security conditions. The main barriers to healthcare are limited facilities and insecurity. There are no maternal services available. Overall, the health and nutrition situation in the site is reported as poor.

 According to the KI, there are signs of malnutrition in the site, with households facing food shortages and skipped meals. Currently, there are no nutrition programs in place, and service providers are not present to support affected populations. Access to adequate nutrition services remain limited. Overall, the nutrition conditions in the site are reported as poor.

 Most people in this site are unable to access enough food. This is due to reduced agricultural activity resulting from insecurity, and dwindling aid supplies. The sources of food are from IDPs' own crop production, market purchases and humanitarian assistance (when available). There are no communal kitchens, and the main energy sources for cooking are firewood and charcoal. No cooking fuel has been provided to any households at the site. There is no nearby accessible functional market from the site, and no food service providers at the site. Overall, the food security conditions in the site are reported as poor.

 In this site, occasional humanitarian aid and casual agricultural labour are the primary sources of income for IDPs. Most individuals can access arable land, however, insecurity has limited cultivation. Overall, livelihood conditions are reported as poor.

 The main water sources are handpumps and motorized borehole extraction. The water points are not in secure locations, and IDPs have to pay to access water. In the two weeks before the day of data collection, there were unexpected interruptions in the water supply. There are reports of waterborne diseases, no latrines in the site, no hygiene kits such as soap, open defecation, and no garbage collection. Generally, no WASH services are provided in this site. Overall, WASH conditions are poor.

Rowanda B IDP Site - Tawila

Site Overview

- **Population** of Rowanda B IDP Site: **6,509 households** comprising **approximately 20,069 individuals**.
- **New Arrivals** (April - September 2025): **3,218 IDPs** (approximately **19% increase** compared to the preceding six-month period (September 2024-March 2025)).
- **Shelter Occupancy**: Average of **5 individuals/shelter**. According to the KI, there are **individuals living in the open**, and in **overcrowded conditions**.
- **Reported disease burden**: Malnutrition, Malaria and Cholera.
- **Priority needs ranked**: Food, Healthcare and WASH.
- **Site management**: The site is managed by the local authorities.
- **Main site risk**: Flooding, fire and windstorms.

According to the KI, the site lacks healthcare services and medications. The nearest health facility is located between one hour and half a day away on foot. The main barriers to accessing healthcare include the high cost of services and medicines, the unavailability of essential drugs, long distances to facilities, and the lack of treatment for certain ailments. There are no maternal health services available. Generally, the health situation in the site is poor.



According to the KI, there are signs of malnutrition in the site, with households facing food shortages or skipped meals. Currently, there are no nutrition programs in place, and service providers are not present to support affected populations. Access to adequate nutrition services remains limited. Overall, the nutrition conditions in the site are reported as poor.



Most people in this site are unable to access enough food. This is due to reduced agricultural activity because of insecurity, lack of arable land, crop destruction, theft and high prices. The primary sources of food have been from market purchases, family and friends, and humanitarian assistance (when available). There are no communal kitchens, and the main energy source for cooking is firewood. No cooking fuel has been provided to any households at the site. There is no nearby accessible functional market from the site, and no food service providers at the site. Overall, the food security condition in the site is poor.



Demographics

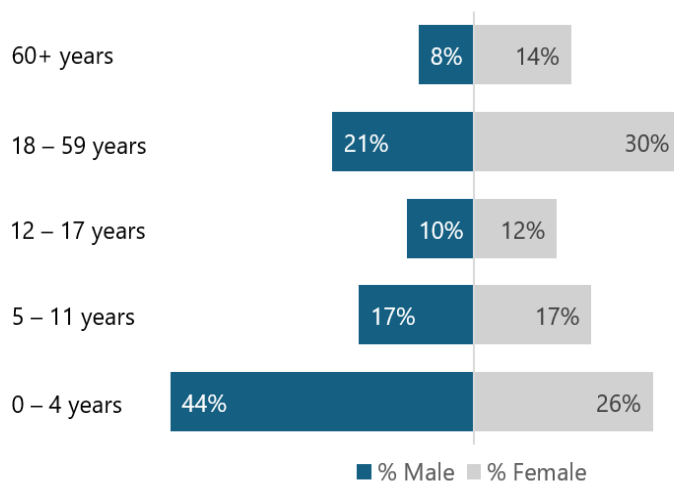
Approximately half of the IDP population are children aged between 0 and 11 years, and over 55% of the total IDP population are female (children inclusive).

The IDP households in this site are from the states of East, South and North Darfur.

The higher percentage of females in above 18 age categories aligns with conflict demographic patterns where adult and older men may be presumed to be combatants or pose security risks hence likely to experience higher mortality, conscription, detention and family separations compared to women¹.

¹ [Gendered impacts of armed conflict and implications for the application of International Humanitarian Law \(IHL\)](#)

Population Breakdown of Rowanda B Site



In this site, occasional humanitarian aid and casual labour in construction are the main sources of income for IDPs. While most individuals can access arable land, insecurity has limited cultivation. The German Agro Action and Solidarités International have, in the past, provided some livelihood opportunities in this site, however, livelihood conditions are generally poor.



The main water sources are handpump, wells and donkey carts. The water points are reported to be in secure locations, however, IDPs have to pay to access water. The main barriers to access water are lack of fuel for pumping from the wells, and insufficiency of water supply. In the two weeks prior to the day of data collection, there were unexpected interruptions in water supply. There are reports of waterborne diseases. There are no latrines in the site, no hygiene kits such as soap. Open defecation, and no garbage collection is evident. Generally, no WASH services are provided in this site. Overall, WASH conditions are poor.



Site Assessment Coverage Map



List of sites assessed

State	Locality	Site Name	Approximate Number of Households	Approximate Number of individuals
North Darfur	Tawila	Martal Sharig El Soug	9691	48455
North Darfur	Tawila	Khazan Tonjor Masal A	6372	38232
North Darfur	Tawila	Rowanda B	6509	24069
North Darfur	Tawila	Rowanda A	4846	22832
South Darfur	Sharg Aj Jabal	Bali Sireef	3864	19320
North Darfur	Tawila	Martal Hilah Saboun	5061	19000
North Darfur	Tawila	Rowanda C	5471	16423
South Darfur	Sharg Aj Jabal	Bali Sireef Tabaldia Marra	2865	16133
North Darfur	Tawila	Katur Ringee	1950	11700
North Darfur	Tawila	Katur	1930	9650
North Darfur	Tawila	Dobo Omda A	910	5460
North Darfur	Tawila	Khazan Tonjor Hujahaj	700	4200
North Darfur	Kabkabiya	Konya Sudag	350	4200
South Darfur	Sharg Aj Jabal	Beli Sierif-Sawani	810	4050
North Darfur	Tawila	Tina Hayalwadi	680	3400
North Darfur	Tawila	Khazan Tonjor Tonduba	580	2900
North Darfur	Tawila	Tina Karta	413	2478
North Darfur	Kabkabiya	Konya Boore	263	2104
North Darfur	Tawila	Tina konor	387	1935
North Darfur	Tawila	Tebra Sandigo	280	1400
North Darfur	Kabkabiya	konya Tiba	700	1400
North Darfur	Tawila	Khazan Tonjor Dolmuja	150	788
North Darfur	Tawila	Khazan Tonjor Debigah	122	679
North Darfur	Kabkabiya	Konya kuli karing	90	416

Methodology Overview

The site assessment covered IDP sites (formal and informal) in two states in Darfur, with the majority of sites located in Tawila and additional coverage in Kabbabiya of North Darfur, alongside several sites in Sharg Aj Jabal of South Darfur. Primary focus was on Tawila locality, which has served both as a transit point and a major host area for IDPs fleeing violence in Al Fasher. Sites were identified and recommended for assessment through IMPACT's site mapping exercise with the Site Management Cluster (SMC) partners - in this case - Solidarites International and ACTED US, and further validated by community leaders as sites receiving little to no consistent humanitarian assistance.

The site assessment exercise was conducted using a quantitative methodology, employing structured Key Informant Interviews (KIIs) composed of standardized, closed-ended questions. This approach ensured a rapid and systematic collection and analysis of data, a critical consideration given Sudan's volatile context, where extended field presence carries significant risks. The method enabled the possibility of timely data collection to facilitate the generation and dissemination of findings, supporting humanitarian actors in making informed and responsive decisions based on the evolving

needs and capacities within IDP sites.

Data was collected through in-person KIIs using an SMC-approved questionnaire hosted on KoBoToolbox. Trained enumerators interviewed one to two key informants per site. These key informants were either IDPs in the sites, community leaders, or humanitarian staff. Given that two KIIs were conducted per site due to time, navigation and security constraints in Darfur, the submission with the most information was considered for analysis.

Collected data underwent cleaning and validation following IMPACT's SOPs, with personal identifiers removed. Analysis was performed in R, following the SMC's Data Analysis Plan, to produce overall and site-level summaries highlighting site characteristics, population profiles, and access to basic life-saving goods and services.

Summaries of the three most populous of the sites has been reported in this brief and more information for these sites and others can be accessed by requesting the data from the SMC cluster at sudposmc@unhcr.org.

The assessment results should be interpreted as a snapshot of conditions in these sites, triangulated with other available data, and should not be used as a standalone basis for programmatic decision-making.

Partners

The implementing partners for this site assessment exercise are the Site Management Cluster (SMC) of Sudan, Solidarites International and ACTED US.

The Donor agency is U.S. Department of State and The Humanitarian Aid department of the European Commission (ECHO).

ABOUT IMPACT

Founded in 2010 and headquartered in Geneva, IMPACT Initiatives is a leading applied research organization and the largest independent provider of data in crisis-affected contexts.

Through IMPACT Initiatives—we enable humanitarian and other aid actors to make better, evidence-based decisions by delivering timely, relevant, and methodologically rigorous data and analysis. Our extensive presence across crisis-contexts allows us to collect data directly from crisis-affected people wherever needed, including among the most vulnerable and hard-to-reach.