

# Rapid Needs Assessment in Tawila locality (North Darfur state)

February 2026 | Sudan

## CONTEXT & RATIONALE

Armed clashes erupted on 15 April 2023 between the Sudanese Armed Forces and the Rapid Support Forces across multiple cities in Sudan, triggering mass displacement and significantly worsening already severe humanitarian needs nationwide. Since then, protracted conflict has continued to drive population movements, disrupt basic services, and constrain access to markets and assistance.<sup>1</sup>

As of December 2025, the situation in North Darfur has further deteriorated amid ongoing hostilities, particularly in and around Al Fasher. Tawila has become a key destination for people fleeing violence in Al Fasher and surrounding areas, as well as a hub for humanitarian response efforts. The influx of Internally Displaced Persons (IDPs) has placed additional pressure on already limited services, infrastructure, and resources, exacerbating vulnerabilities among newly displaced and host communities alike.<sup>2</sup>

In this context, IMPACT conducted a Rapid Needs Assessment (RNA) in Tawila locality in collaboration with Save the Children (SCI) Sudan from 29 December 2025 to 5 January 2026. The assessment comprised 181 IDP household surveys and aimed to inform humanitarian actors on the scale and severity of needs among conflict-affected populations. Findings are indicative of the humanitarian needs of the assessed population.

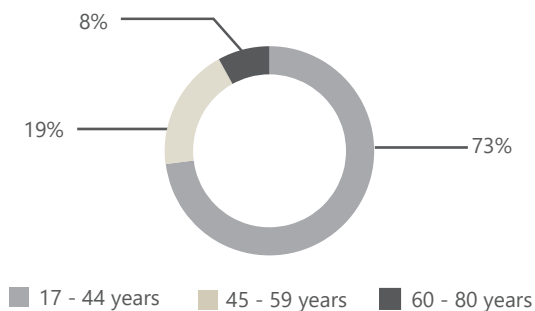
Map 1. Assessment coverage



## Demographics

A total of 181 Sudanese IDP households were assessed, of which 82% were female-headed while 18% were male-headed. The median household size was 6 members.

Figure 1: % of assessed households by age of the respondents



## Food Security and Livelihoods (FSL)

Food security among the assessed households is precarious, with **56%** of households experiencing at least one day without food in the month preceding data collection, compounded by poor dietary diversity and reliance on negative coping strategies.

The Food Consumption Score (FCS) indicates that **56%** of the households were classified as poor, 25% as borderline, and 18% as acceptable. The median Food Consumption Score was recorded at **20**, which falls within the poor category (<21.5).

To cope with food insecurity, households relied on livelihood coping strategies, with the widespread use of stress, emergency and crisis strategies, particularly **reducing health expenditures (50%), borrowing (41%), withdrawing children from school (39%), asking strangers for money or food (36%), engaging in socially degrading income generating activities (31%) and spending saving (28%).<sup>3</sup>**



**Table 1: % of assessed households by Livelihood Coping Strategy Index (LCSI) (4 weeks prior to data collection)**

LCSI	Frequency	Percentage
None	34	19%
Stress	6	3%
Emergency	113	62%
Crisis	28	15%

## Health and Nutrition

Healthcare access remains limited, with **51%** of the assessed households reporting barriers to essential health services. A majority of households (83%) reported that at least one household member required healthcare services during the three months preceding data collection. The most prevalent healthcare needs reported were, consultations or medications for acute and chronic illness (49%), followed by preventative check up (31%) and trauma care (10%).

Of the 94 assessed children under the age of 5, **53% were reported to have been ill in the two weeks prior to data collection** with the most reported symptoms being fever (68%), diarrhea (27%) and cough (13%).

When asked the caregivers about the challenges they faced with complimentary feeding of their children, 73% (n=22), reported lack of financial access to purchase food commodities, followed by high food prices (20%, n=6).

## Water Sanitation and Hygiene

**WASH conditions remain critical in Tawila. One quarter (25%) of assessed households reported relying on unprotected water sources.** Among these households, nearly three-quarters (73%) do not treat their drinking water prior to consumption, increasing the risk of waterborne disease.

While the majority of households (70%) reported using protected water sources, water treatment practices remain limited even within this group, with only 29% indicating that they treat their drinking water.

Chlorination was by far the most commonly reported treatment method, used by 88% of households who treat their water. In addition, 17% of households reported experiencing drinking water shortages between 3–10 times during the 30 days preceding data collection.

**Figure 2: % of assessed households reporting insufficient drinking water in the 4 weeks prior to data collection**



Access to sanitation facilities appears relatively limited, with **24%** of respondents citing lack of facilities and overcrowding, and **12%**, (n=21) reporting inadequate toilet functionality.

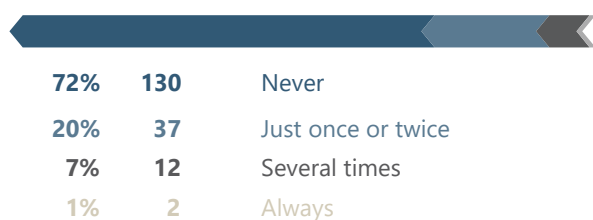
## Protection

Safety concerns and ongoing conflict continue to restrict physical access to essential public services, including healthcare and education, affecting **65%** of assessed households' access to public service places, including health facilities (43%) and schools (39%). Respondents primarily cited fear of insecurity as the reason for avoiding these services.

**61% of respondents reported experiencing protection risks** in the three months preceding data collection that limited household members' ability to access resources, carry out activities, or make decisions to meet their basic needs, including working, farming, or fetching water.

Overall, **28%** of respondents reported that women and girls experienced situations where they felt unsafe moving within the community. The locations most commonly avoided due to safety concerns were markets (32%), routes for collecting firewood (25%, n=28), and social gathering places (16%, n=18).

**Figure 3: % of assessed households reporting women and girls feeling unsafe walking in their communities in the 3 months prior to data collection**



## Methodology Overview

The assessment was conducted in collaboration with Save the Children (SCI) Sudan from 29 December 2025 to 5 January 2026, with a total of 181 IDPs household surveys. IMPACT provided technical support in terms of sampling approach, design & coding of data collection tool. While SCI led on the implementation, including enumerator training, field monitoring and data collection.

The findings aim to determine the humanitarian needs of these affected populations in Tawila with a focus on Food Security and Livelihoods (FSL), Water, Sanitation and Hygiene (WASH), Health, Nutrition, and Protection. Additionally, to assess the severity of life-saving needs, the availability and accessibility of essential services, and identify initial public health priorities.

The sample size was calculated to achieve representation at the

locality level, by population group, with assumptions of 95% confidence level,  $\pm 10\%$  margin of error, design effect of 1.2, and a 5% buffer, and following a two-stage cluster sampling design. At first, 1km<sup>2</sup> grid cells (hexagons) are selected using probability proportional to size (PPS) from a sampling frame based on WorldPop (2024) and International Organization for Migration (IOM) Displacement Tracking Matrix (DTM) population estimates (excluding border cells with <5 households). Secondly, household selection applied using random, systematic, or convenience methods depending on access and security constraints.

A number of surveys (13%, n=27) were deleted due to data quality issues particularly food consumption score category.

Findings are indicative due to non-probability methods in some areas; statistical measures do not reflect design-based uncertainty where convenience sampling was used.

## Endnotes

- [1. United Nations Office for the Coordination of Humanitarian Affairs \(OCHA\), Sudan Situation Report \(October–December 2025\)](#)
- [2. International Organization for Migration \(IOM\), Displacement and Humanitarian Needs Snapshot \(October 2025\)](#)
- [3. World Food Program, Livelihood Coping Strategies for Food Security Guidance Note, March 2023](#)

### ABOUT SAVE THE CHILDREN

Save the Children is the world's leading independent organisation for children, working in more than 100 countries. In Sudan, the organisation has been present since 1983, supporting vulnerable children and communities with humanitarian assistance.

Today, Save the Children operates in 14 of Sudan's 18 states, reaching both stable and conflict-affected areas. Its work includes providing health, nutrition, education, child protection, and food security and livelihoods support to children and their

### 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 our 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.

