Rapid Needs Assessment in Hard-to-Reach areas
Shamal Jabal Marrah, Um Dukhun and Zalingi Central Darfur

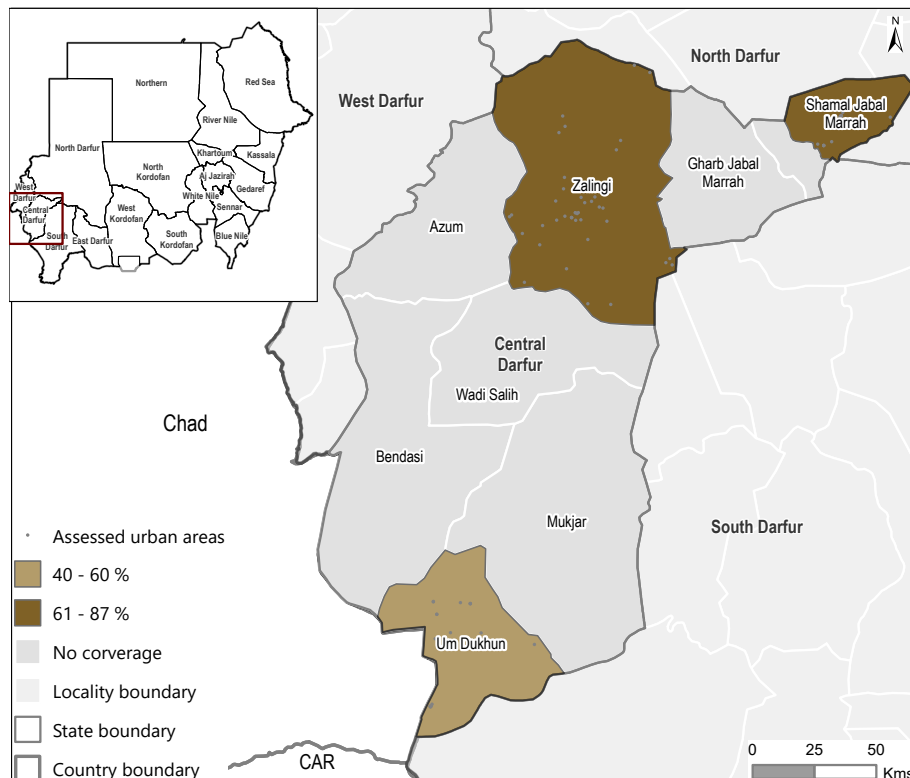**January 2025 | Sudan**

KEY MESSAGES

- **Health facilities have been largely reported unfunctional** across the three localities, with **pregnant/lactating women and children below 5 years old** reportedly being **the most vulnerable population groups due to unavailability of specialized services**.

- **Limited access to safe drinking water and sanitation services** have been reported **particularly in Zalingi and Um Dukhun.**

- **Access to food has been reportedly challenging** across the three localities due to a **reduction in harvest's quantities, unavailability and inaccessibility of markets**, and **lack of economic resources**, causing severe hunger.

- A **perceived sense of insecurity** has been reported particularly **in Zalingi and Um Dukhun**, where KIs reported **barriers to freedom of movements** outside the urban areas, mainly **due to insecurity**.

CONTEXT & RATIONALE

Armed clashes in multiple cities across Sudan broke out on April 15th 2023 between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF), resulting in displacement across the country and a deterioration of its already severe humanitarian needs.

Given the rapidly changing humanitarian context, and the access constraints in many areas of the country, IMPACT conducted a multisectoral Rapid Needs Assessment (RNA) in hard-to-reach areas in Sudan, to provide humanitarian actors with information on the extent of humanitarian needs in shock-affected and difficult to access parts of Sudan.

Map 1. Assessment coverage

ASSESSMENT OVERVIEW

A total of **239 Key Informants (KIs)** were interviewed across **91 urban areas** (admin 3), in **Shamal Jabal Marrah, Um Dukhun and Zalingi** (Central Darfur). The data collection took place from **14-20 January 2025**, and was conducted in collaboration with Catholic Relief Services (CRS).

Findings are indicative of the humanitarian situation in the assessed urban areas within the 3 localities (admin 2). Given the ongoing conflict, the situation in areas of knowledge might have changed since KIs' last contact with the area. Where possible, findings should be triangulated with new information.

🔩 Health and Nutrition

Access to healthcare appeared to be limited in the assessed urban areas across the three localities and was **among the most reported priority needs.**

The main reported barriers to access healthcare were **lack of functionality**, **affordability** and **lack of medicines**, and **traditional practitioners** were the most reported available health services, indicating a **lack of formally recognized healthcare provision.**

Nutrition and **mental health and psychosocial support** (MHPSS) services were reported to be unavailable in almost the totality of the assessed urban areas, with **children below 5 years old and pregnant/lactating women** having been reported as the **most vulnerable groups** in three-quarters of the assessed urban areas.

Before April 2023, the availability of healthcare services was already considered to be limited in Central Darfur[1], and it still remains a major challenge, as the healthcare system continues to face significant strain due to persistent disease outbreaks and limited resources[2].

Map 2. % of urban areas where KIs reported that access to healthcare worsened in the 30 days prior to data collection:
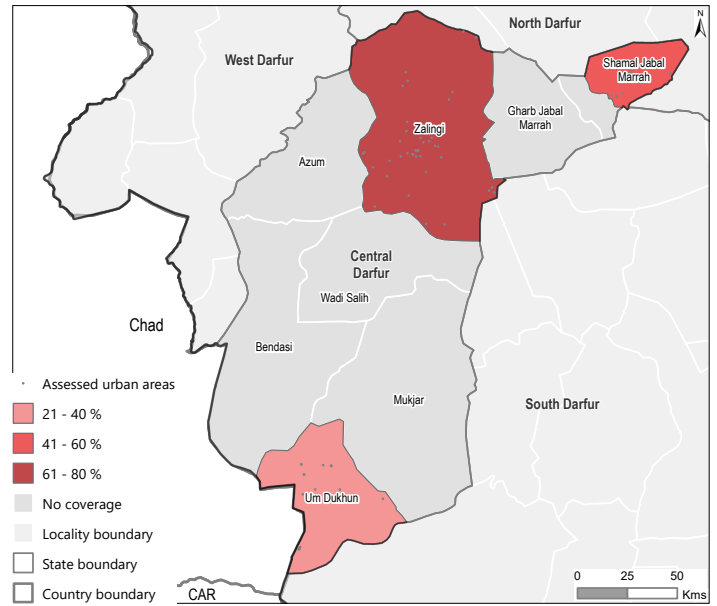
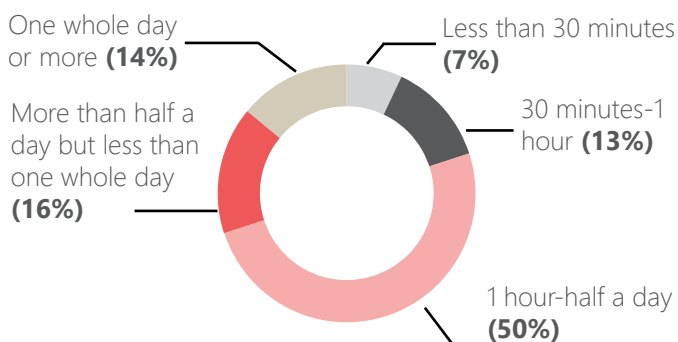**% of urban areas by main reported available health structures in the 30 days before the data collection[3]:**

Traditional practitioners	**90%**
Primary care facilities/clinics	**38%**
Pharmacies	**26%**

% of urban areas by reported <u>unavailable</u> services in the 30 days prior to data collection:

MHPSS	**90%**
Feeding programmes	**82%**

% of urban areas by main reported challenges to access healthcare in the 30 days prior to data collection[3]:

Non-functionality	**70%**
Cost of healthcare	**53%**
Lack of medicines	**48%**
Closed health facilities	**41%**
Insecurity	**33%**
Damaged health facilities	**31%**
Lack of medical equipment	**29%**

% of urban areas by reported travel time to health services:

One whole day or more **(14%)**

More than half a day but less than one whole day **(16%)**

Less than 30 minutes **(7%)**

30 minutes-1 hour **(13%)**

1 hour-half a day **(50%)**

In **79%** of assessed urban areas, KIs reported that **the majority of women could not obtain healthcare when they are pregnant or give birth,** due to unavailability of specialized services.

In **84%** of assessed urban areas, KIs reported that **the majority of children could not get vaccinated**, due to unavailability of vaccination services.

🚰 Water, Sanitation and Hygiene (WASH)

Overall, findings indicate **poor WASH conditions in the majority of the assessed urban areas** across the three localities.

In particular, KIs reported that **access to safe drinking water has worsened in more than half of the assessed urban areas in Shamal Jabal Marrah and Zalingi**, in the month prior to the data collection.

In addition, KIs registered that **open defecation was the norm** in the majority of assessed urban areas **in Um Dukhun (83%) and Zalingi (53%)**, while in Shamal Jabal Marrah the most common type of sanitation facility was reportedly the pit latrine without slab (open hole) (54%).
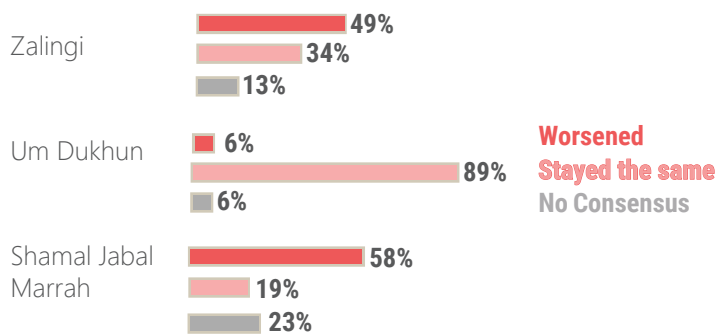
KIs also highlighted **hygiene barriers** in almost the totality of assessed urban areas across the three localities, notably due to the **limited availability of soap and water**.

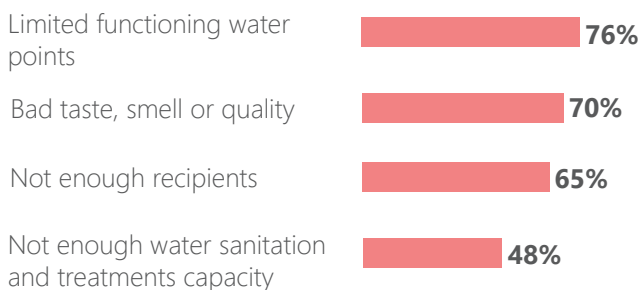These poor WASH conditions are likely to increase the risk of disease outbreaks, including cholera[4].

Map 3.% of urban areas where KIs reported that open defecation was the norm among the population:
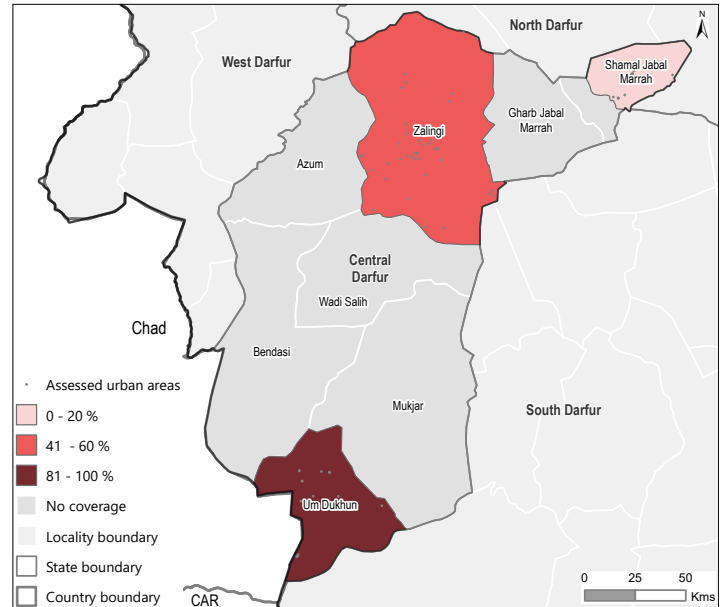
% of urban areas (by locality), by reported change in access to safe drinking water in the month prior to the data collection:
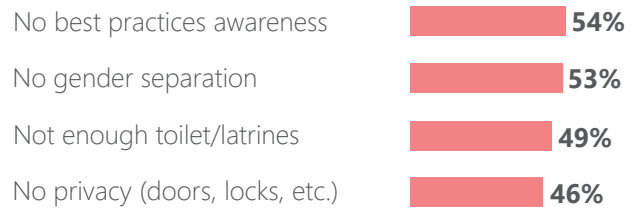

Zalingi: 49%, 34%, 13%

Um Dukhun: 6%, 89%, 6%

Shamal Jabal Marrah: 58%, 19%, 23%

Worsened
Stayed the same
No Consensus

% of urban areas by main challenges to access safe drinking water[5]:

Limited functioning water points	76%
Bad taste, smell or quality	70%
Not enough recipients	65%
Not enough water sanitation and treatments capacity	48%

% of urban areas by main challenges with hygiene[5]:

Not enough soap	86%
Soap/water are too expensive	74%
Not enough water	69%

% of urban areas by main challenges with latrines or toilets[5]:

No best practices awareness	54%
No gender separation	53%
Not enough toilet/latrines	49%
No privacy (doors, locks, etc.)	46%

% of urban areas by reported time to go to the main water source, collect water and come back:

Between 5 and 30 minutes (**16%**)

Between 30 minutes and 1 hour (**54%**)

Over 1 hour (**30%**)
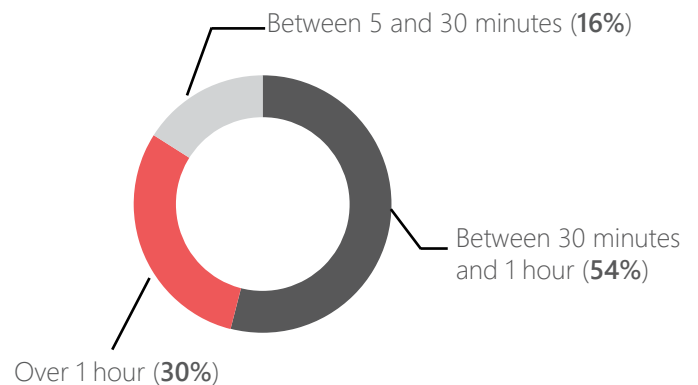
Food Security and Livelihoods

Access to food has been reportedly challenging across the three localities due to a **reduction in harvest's quantities between December 2024 and January 2025, unavailability or inaccessibility of markets**, and **lack of economic resources**, causing severe hunger.

The main reasons for reduction in harvest quantities were reportedly **flooding** in Zalingi (86%) and Um Dukhun (94%), **drought** in Shamal Jabal Marrah (67%), and **crop pests and diseases**.
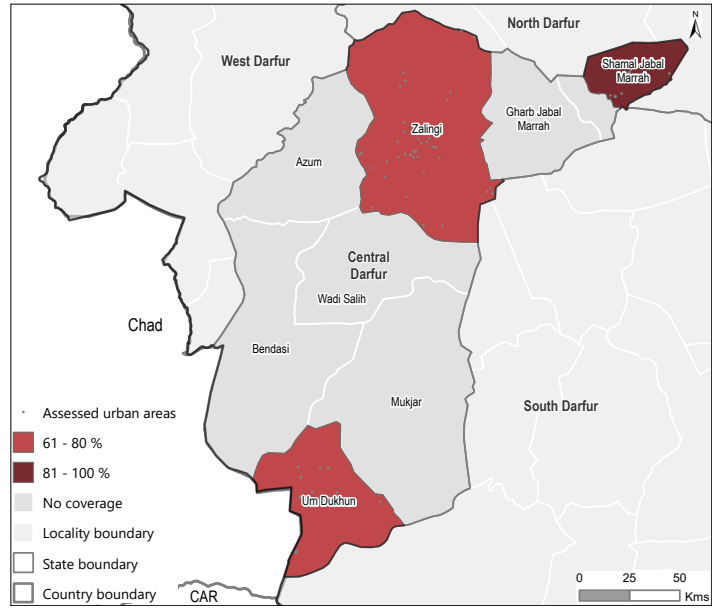
In addition, KIs reported a **drop in livestock quantities** in the month prior to data collection, notably **in Zalingi and in Shamal Jabal Marrah,** the main reasons being **livestock diseases** (78%), **looting** (77%) and **lack of animal feed** (59%).

The Acute Food Insecurity projection update from October 2024 to February 2025, classified **Zalingi, Um Dukhun and Shamal Jabal Marrah in IPC Phase 4 (Emergency),** due to conflict, low production, high prices and limited humanitarian access for vulnerable people in need of assistance[6].
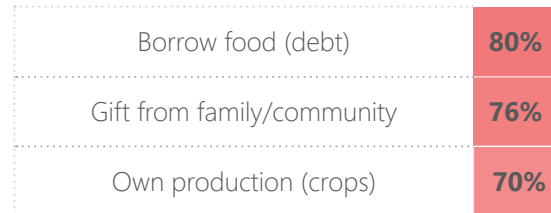
Marketplaces were reportedly difficult to access over the 30 days prior to data collection, mainly due to the **high costs of transportation** (81%), the **limited opening hours** (74%), and **insecurity** (59%).

The Joint Market Monitoring Initiative (JMMI) monthly data for 2024, showed an increase of the MEB price in Zalingi and Um Dukhun. Additionally, Um Dukhun presented a Market Functionality Score (MFS) above average in October 2024, while in Zalingi the MFS decreased to 40 by December 2024, highlighting increasing challenges in access, affordability and supply chains within the locality[7].

Map 5. % of urban areas where KIs reported that the last harvest has been less[9] compared to what they consider an average harvest:
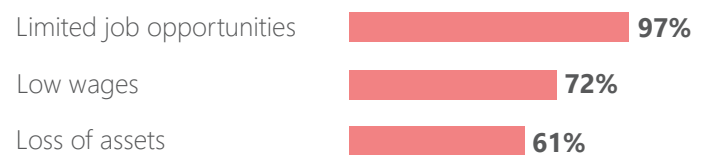
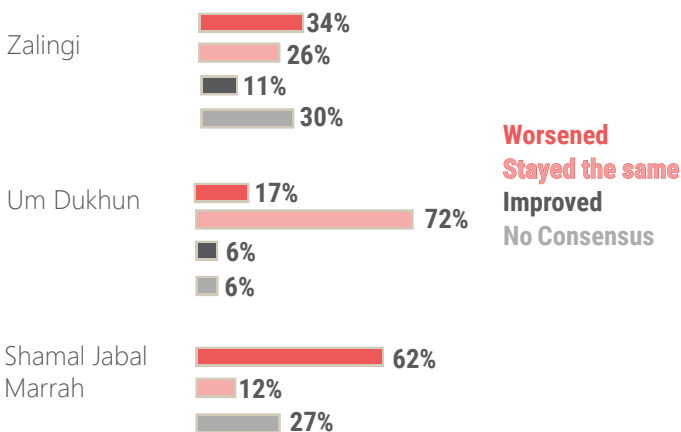**% of urban areas by main reported sources of food of the population[8]:**

Borrow food (debt)	**80%**
Gift from family/community	**76%**
Own production (crops)	**70%**

% of urban areas (by locality), by reported change in access to food in the month prior to the data collection:

Zalingi
- **34%**
- **26%**
- **11%**
- **30%**

Um Dukhun
- **17%**
- **72%**
- **6%**
- **6%**

Shamal Jabal Marrah
- **62%**
- **12%**
- **27%**

Worsened
Stayed the same
Improved
No Consensus

% of urban areas by most commonly reported strategies to cope with lack of food or money to buy it[8]:

Sell assets	**88%**
Rely on relatives	**88%**
Eat seeds stocked for next season	**74%**
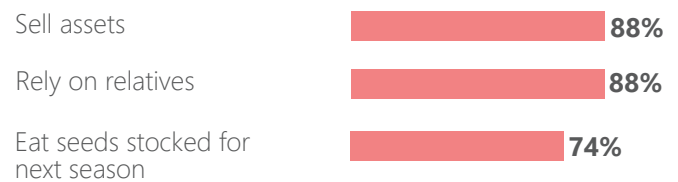
% of urban areas by main reported problems with obtaining enough income, money or resources to live[8]:

Limited job opportunities	**97%**
Low wages	**72%**
Loss of assets	**61%**

Protection

A **deterioration of the security situation** has been reported **in almost half of the assessed urban areas** in the month prior to the data collection, particularly in Zalingi (53%).
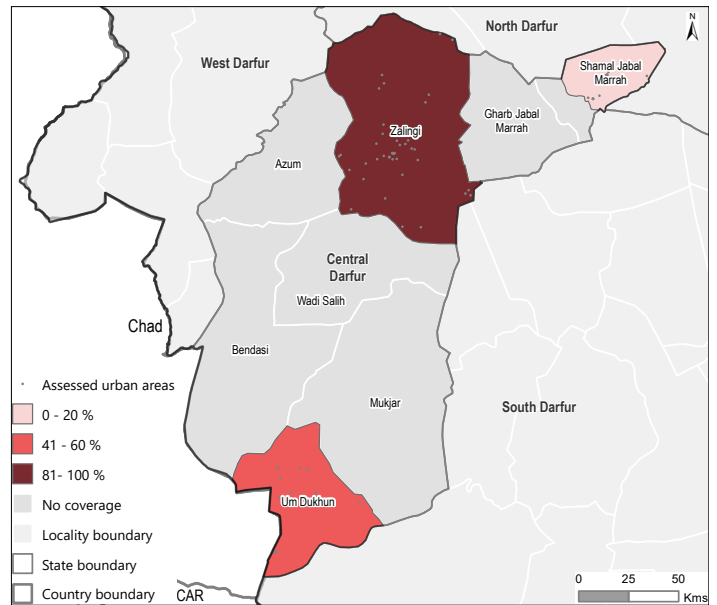
Limited freedom of movement was also reported in most of the assessed urban areas (79%) across the 3 localities over the 30 days before data collection, with people having been unable to leave although they wanted to. The **main reported barriers preventing people from moving** outside the urban areas were the **lack of financial means** (89%) and **fear for safety and security** (79%).

KIs highlighted that the **main shocks** experienced in **Um Dukhun and Zalingi** during the three months before the data collection were **conflict**, **looting** and **flooding**, while **Shamal Jabal Marrah** was mainly exposed to **drought**.
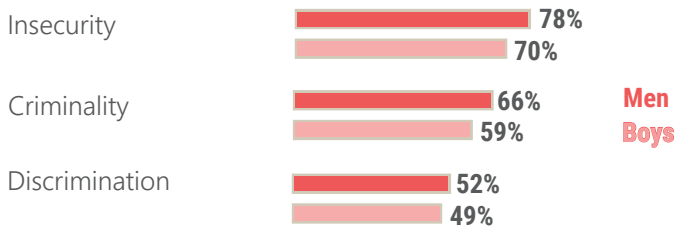
Finally, the presence of **children separated from all family members** has been reported in 65% of the assessed urban areas across the three localities.

It is worth noting that as of January 2025, Zalingi and Shamal Jabal Marah hosted between 120,00 and 240,00 IDPs, mainly originated from Central Darfur[10].
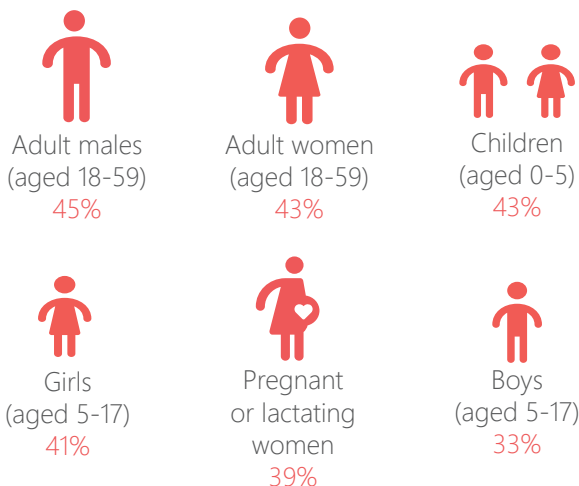
Map 6. % of urban areas where KIs reported that the majority of people did not feel safe the majority of the time in the 30 days prior to data collection:
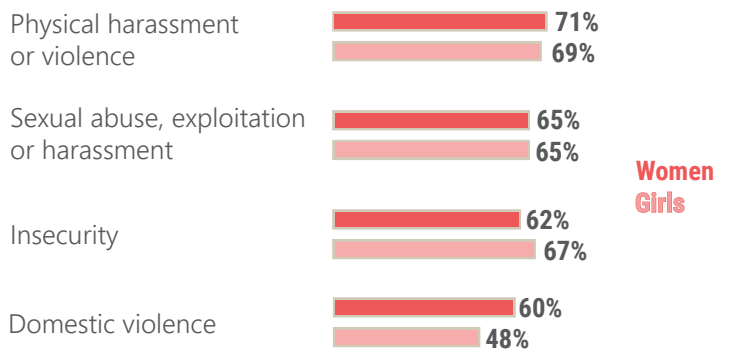
% of areas by most reported safety and security risks for boys and men[11]:

Insecurity	**78%** / **70%**
Criminality	**66%** / **59%** — Men / Boys
Discrimination	**52%** / **49%**

% of settlements by most reported safety and security risks for girls and women[11]:

Physical harassment or violence	**71%** / **69%**
Sexual abuse, exploitation or harassment	**65%** / **65%** — Women / Girls
Insecurity	**62%** / **67%**
Domestic violence	**60%** / **48%**

% of urban areas by reported population groups who felt most unsafe in the 30 days prior to the data collection[11]:

Adult males (aged 18-59) 45%

Adult women (aged 18-59) 43%

Children (aged 0-5) 43%

Girls (aged 5-17) 41%

Pregnant or lactating women 39%

Boys (aged 5-17) 33%

% of urban areas by most reported shocks experienced during the 3 months before the data collection[11]:

	Shamal Jabal Marrah	Um Dukhun	Zalingi
Conflict	23%	50%	85%
Looting	19%	50%	72%
Flooding	8%	78%	81%
Drought	81%	11%	9%

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Shelter

The **worsening of shelter conditions** was reported in 47% of the assessed urban over the 30 days before the data collection, and KIs highlighting **many people living in severely damaged shelters** in most of the assessed urban areas (84%) across the three localities, with **damages reportedly being particularly severe in Zalingi**.

Many people were in fact reportedly sleeping in the open due to unavailability of adequate shelters, especially in Zalingi (91%). In addition to that, **many people were reportedly living in makeshift shelters** in almost the totality of the assessed urban areas (89%) across the three localities, **and many were reported living in collective centres** notably in Zalingi (94%) and Shamal Jabal Marrah (77%).

The main reason for damages across localities was reported to be **conflict** (54%). **Um Dukhun** reportedly **presented severe damages caused by flooding** within 60% of its assessed urban areas.
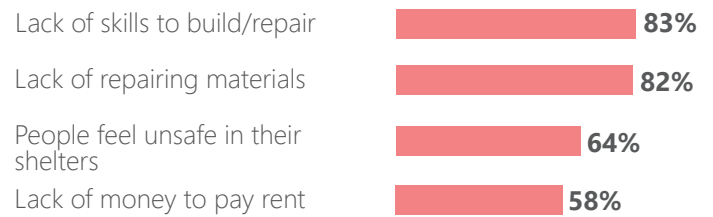
Map 7. % of urban areas where KIs reported that many people sleep outside in the open because they do not have an adequate shelter to live in:
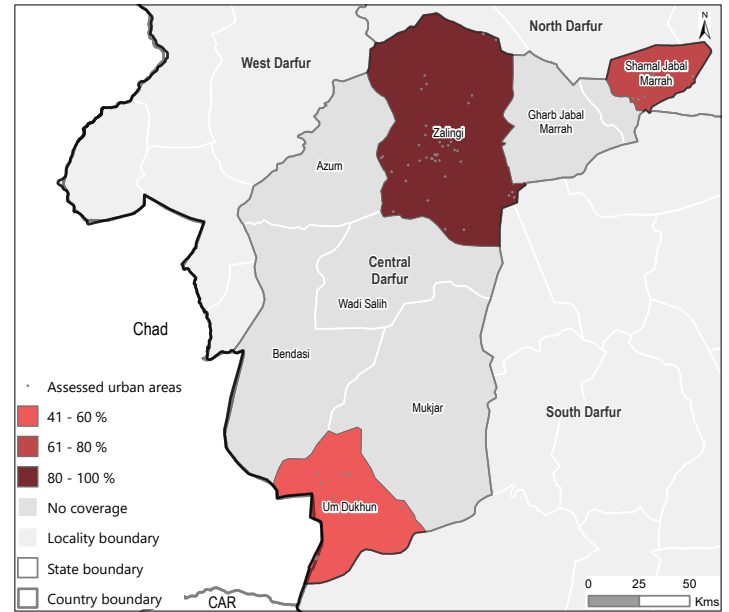
% of urban areas by reported extent of building damages:

Very severe - more than 50% of buildings are unusable due to damage or destruction	**41%**
Severe - 26-50% of buildings are unusable due to damage or destruction	**32%**
Moderate - 10-25% of buildings are unusable due to damage or destruction	**21%**
Mild - less than 10% of buildings are unusable due to damage or destruction	**7%**

% of urban areas by main reported problems with shelters, in the month prior to data collection[12]:

|	
Lack of skills to build/repair	**83%**
Lack of repairing materials	**82%**
People feel unsafe in their shelters	**64%**
Lack of money to pay rent	**58%**

Education

Very **limited access to primary education** for both boys and girls (aged 6-11 years old), in almost the totality of assessed urban areas (88%) across the three localities, during the month before data collection.

The **most reported barries** to access primary school were **closed schools, school distance**, and the **cost of education**.

According to the Education Cluster, over 3,000 schools across the country are currently serving as shelters for displaced people, further disrupting the education system[13].

Map 8. % of urban areas where KIs reported that the majority of boys and girls of primary school age (6-11) hadn't been attending school over the 30 days before the data collection:
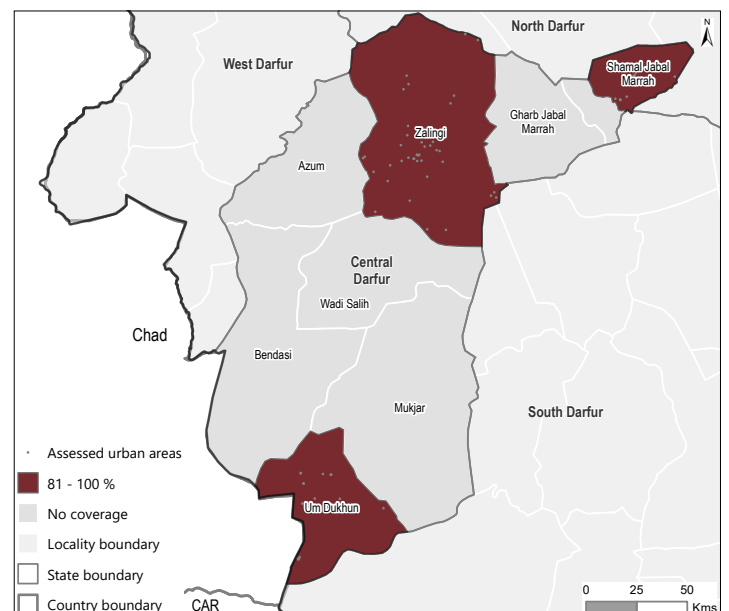
% of urban areas by main challenges to access education for boys and girls[12]:

	Girls	Boys
Schools are closed	82%	82%
School distance	70%	66%
Cost of education	57%	56%
Lack of teaching materials	46%	46%

👥 Accountability to Affected Population (AAP)

The most frequently reported **priority needs** across localities were **food** and **healthcare**. These findings are consistent with other observations: in the majority of the assessed urban areas, KIs reported that some people were not able to access enough food and that the population was facing barriers in accessing healthcare. In addition, although data collection took place during the harvest season, when access to food is typically stable, food access was reported to have deteriorated in the majority of urban areas in Zalingi and Sahamal Jabal Marrah, and issues such as selling assets and the depletion of households' food stocks were reported.

In most of the assessed urban areas (74%), KIs reported that **no humanitarian assistance had been provided in the 30 days prior to data collection**.

Based on the findings from this assessment, if assistance was to be provided, the following information should be considered:
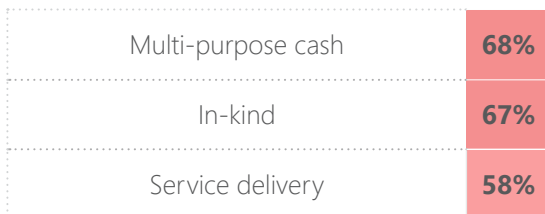
- In general, preferred modalities of assistance were reportedly **multi-purpose cash transfers**, **in-kind assistance** and **service provision**.
- According to KIs, the preferred means to receive information were **through community leaders** (93%), **friends or family** (64%), or **directly form I/N-NGOs** (41%).
- The most reportedly needed information concerned **access to humanitarian assistance**, **access to medical care** and **access to education**.

Finally, it is worth noting that **phone and internet networks have been reported largely unavailable** in almost all of the assessed urban areas across the three localities.
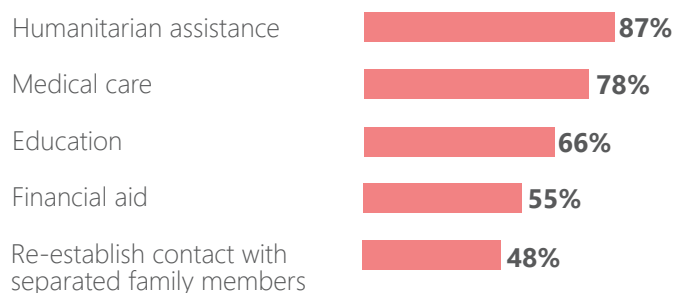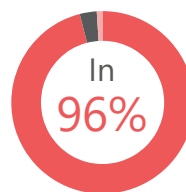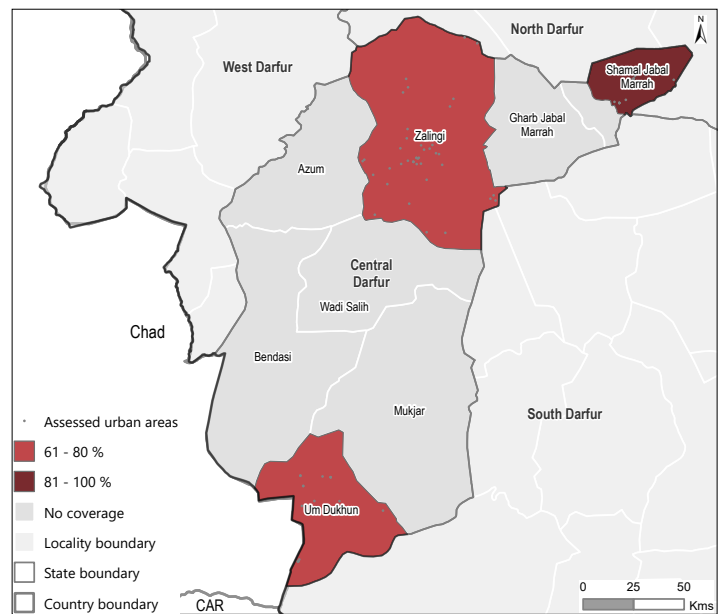
Top 3 priority needs by locality:

Zalingi
1. Protection
2. Food
3. Healthcare

Um Dukhun
1. Drinking water
2. Food
3. Healthcare

Shamal Jabal Marrah
1. Food
2. Healthcare
3. Education

% of urban areas by preferred reported modality to receive humanitarian assistance[14]:

Multi-purpose cash	**68%**
In-kind	**67%**
Service delivery	**58%**

% of urban areas by most reported needed information[14]:

Humanitarian assistance	**87%**
Medical care	**78%**
Education	**66%**
Financial aid	**55%**
Re-establish contact with separated family members	**48%**

Map 9. % of urban areas where KIs reported that no one received humanitarian assistance in the 30 days prior to data collection:

Legend:
- Assessed urban areas
- 61 - 80 %
- 81 - 100 %
- No coverage
- Locality boundary
- State boundary
- Country boundary

In **96%** of assessed urban areas, KIs reported that **phone network was never available**, in **3% internet network was available between 1-5 hours**, while in **1% phone network was availebl for over 20 hours**.
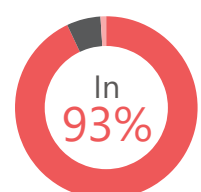
In **93%** of assessed urban areas, KIs reported that **internet network was never available**, in **6% internet network was available between 1-8 hours**, while in **1% internet network was availebl for over 18 hours**.

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METHODOLOGY OVERVIEW

In the absence of a comprehensive assessment of the humanitarian situation in Sudan, and considering the continuing access constraints in several parts of the country, REACH conducted an assessment to collect indicative data on the humanitarian situation in conflict-affected and Hard-to-Reach urban areas (admin 3) within 3 localities (admin 2) in Central Darfur state.

This assessment primarily adopted the **Area of Knowledge (AoK) approach**, designed and used by IMPACT in several countries. According to the AoK approach, Key Informants (KIs) report on an urban area (city/town/village) which they have *recent* (less than 30 days prior to data collection) knowledge about. Eligible respondents are therefore individuals who:

• Live in the urban area of interest at the moment of data collection;
• Have been *recently* displaced from the urban area of interest;

• Have *recently* visited the urban area of interest, and stayed there for at least 7 days;
• Have *recently* been in contact with someone living in the urban area of interest - if no other KI profile can be identified.

KIs are asked about the humanitarian situation (multi-sectoral needs) in the urban area they are reporting on (AoK).

Information can be collected in-person or remotely (by phone), depending on accessibility. Multiple KIs (1-3) can be interviewed per admin 3, and data is then aggregated at admin 3 level. Findings are reported at locality level.

Findings are not generalisable with a known level of precision and **should be considered indicative of the humanitarian situation in the assessed urban areas** within the 3 localities.

ENDNOTES

PAGE 2
[1] Sudan: One Year of Conflict - Key Facts and Figures | OCHA | April 2024.
[2] Sudan, Subnational Health Cluster Darfur/Cross-Border (SNHCD/XB) Monthly Bulletin, January 2025.
[3] KIs could select up to 3 answer options.

PAGE 3
[4] Sudan, Subnational Health Cluster Darfur/Cross-Border (SNHCD/XB) Monthly Bulletin, January 2025.
[5] KIs could select up to 3 answer options.

PAGE 4
[6] IPC Sudan, Acute Food Insecurity Situation for April - May 2024 and Projections for June - September 2024 and October 2024 - February 2025.
[7] REACH Sudan, JMMI Dataset, October 2024; REACH Sudan, JMMI Factsheet, December 2024.
[8] KIs could select up to 3 answer options.
[9] The map shows the combination of results corresponding to the answer options "*Much less than average*" and "*A bit less than average*".

PAGE 5
[10] IOM-DTM Sudan, Mobility Update (14), January 2025.
[11] KIs could select up to 3 answer options.

PAGE 6
[12] KIs could select up to 3 answer options.
[13] UNICEF Sudan, Humanitarian Situation Report No. 25, 1 to 30 November 2024.

PAGE 7
[14] KIs could select up to 3 answer options.

ASSESSMENT COVERAGE

Locality	# of urban areas	# of assessed urban areas	#of KIs interviewed
Shamal Jabal Marrah	30	26	59
Um Dukhun	30	18	56
Zalingi	60	47	124

ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group.

IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 15 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe

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