

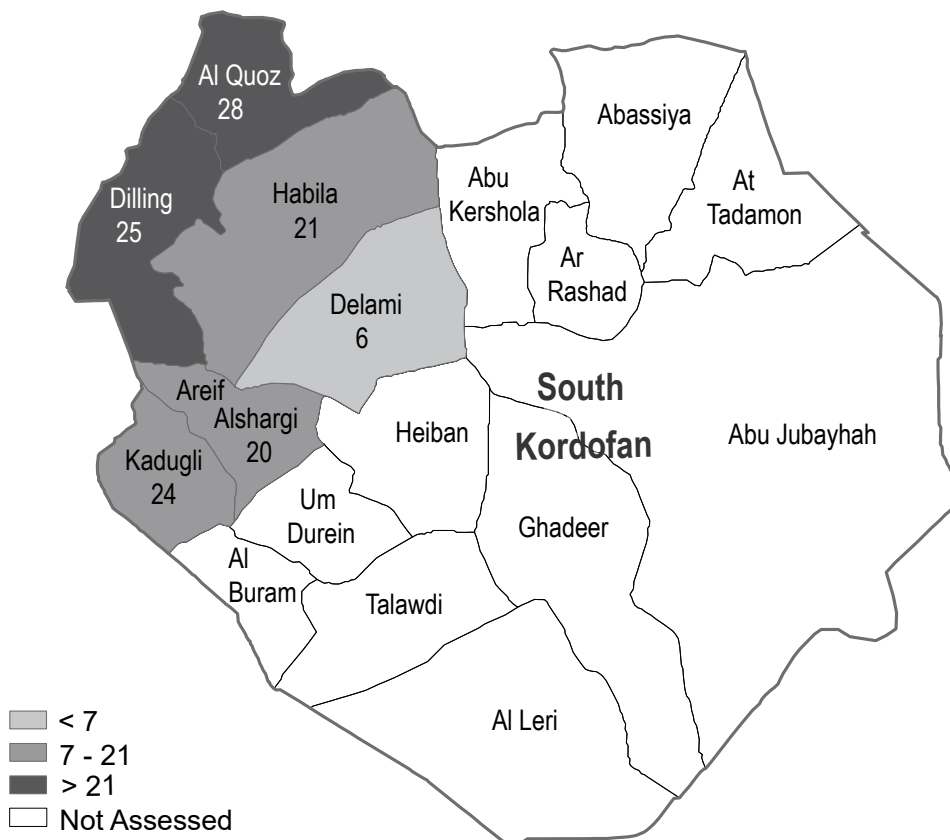
# Sudan crisis: Needs assessment in hard-to-reach areas of South Kordofan

March, 2024  
South Kordofan

## KEY MESSAGES

- In the majority of assessed settlements, people were reportedly facing **safety and security issues outside of their settlements**, preventing movements. These barriers appeared to have a direct impact on the humanitarian situation in these settlements, affecting livelihoods, access to food, and access to basic services.
- Findings from this assessment suggest that the most severe needs within the assessed settlements were related to **food security and health**: in the majority of settlements, key informants (KIs) reported that some people were not able to access enough food and that there were barriers to accessing healthcare. Furthermore, food and healthcare were the most reported priority needs across settlements.
- Results indicate that the **situation has been deteriorating in terms of access to food, livelihoods, basic services, nutrition assistance, and safety and security** in the 30 days prior to data collection.

**Map 1:** Number of settlements assessed per locality of interest



## CONTEXT & RATIONALE

Conflict broke out in multiple cities across Sudan 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 already severe humanitarian needs. A year after, the humanitarian situation is increasingly concerning, with over half of the population estimated to be in need of assistance<sup>1</sup>. The state of South Kordofan is particularly affected by the consequences of the conflicts, including displacements and disrupted harvests<sup>2</sup>.

Given the rapidly changing humanitarian context and access constraints in South Kordofan, REACH conducted a needs assessment in six hard-to-reach localities of the state in collaboration with the Norwegian Refugee Council (NRC). The aim of the assessment was to provide humanitarian actors with information on the extent of humanitarian needs in shock-affected and hard-to-reach settlements.

## ASSESSMENT OVERVIEW

Data was collected using the Area of Knowledge (AoK) approach: a sample of **733 key informants** (KIs) with recent knowledge of conflict-affected and hard-to-reach areas in the localities of interest were interviewed in **Kadugli city** (Kadugli) and **Alkewek** (Areif Alshargi) about the situation in their settlements of knowledge. In total, the assessment covered **124 settlements** across six localities of interest. Data was collected with support from NRC. In this factsheet, findings are presented as a proportion of assessed settlements where KIs reported given response, as data have been aggregated at the settlement level.

**Findings are indicative and cannot be generalised with a known level of precision.** For more information about the approach, please refer to [page 8](#).

## Movement barriers, safety and security

Since April 2023, the northwestern area of South Kordofan has been severely impacted by ongoing conflicts, characterized by frequent clashes: the number of recorded conflict incidences has been steadily high in the state since June 2023<sup>1</sup>. Populations from affected localities have been facing significant limitations in the movement of people and goods due to insecurity, imposed restrictions and road closures, notably around Kadugli and Dilling cities, the two largest urban areas in the state<sup>2</sup>.

The assessment findings appear to reflect these complex access, safety and security challenges. In the majority of assessed settlements, people had reportedly been **facing barriers limiting movement outside of their settlement** in the 30 days prior to data collection, often due to a lack of financial means, safety or security risks,

or/and road closures. Safety and security concerns, including general insecurity and criminality, were also reported in most settlements, especially for boys and men. Sexual abuse, exploitation and harassment were particularly reported for women and girls. Furthermore, the safety and security situation was perceived to have been worsening in the month prior to data collection. Based on the perception of key informants, these results are indicative of a general climate of insecurity in the assessed settlements.

Findings on various indicators suggest that these **movement barriers and safety and security issues were having a direct impact on the humanitarian situation** in the settlements assessed, affecting access to food, livelihoods (page 3), and basic services, including healthcare (page 7), and other essential services (page 6).

### Movement barriers

Proportion of assessed settlements where people were reportedly facing barriers moving out of the settlement:

Alreif Alshargi	17/19	Dilling	19/25
Habila	17/21	Kadugli	15/22
Al Quoz	22/28	Delami	2/4

Top 3 reported barriers limiting movement out of the settlements, by % of settlements concerned (N=92)\*:

Lack of financial means	82%
Fear for safety / security	82%
Road closure	77%

### Safety and security

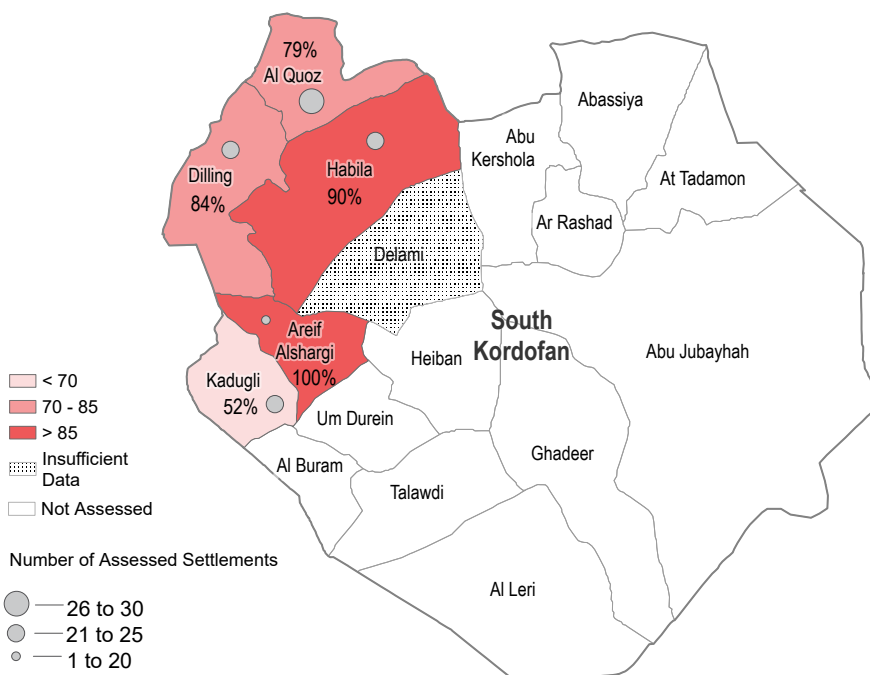
In **54%**

of assessed settlements KIs reported that the safety and security situation had worsened in the 30 days prior to data collection.

Most reported safety and security risks for each population group, by % of assessed settlements\*:

	Women (18+)	Girls (0-17)	Men (18+)	Boys (0-17)
General insecurity	81%	83%	86%	85%
Criminality	37%	42%	63%	65%
Sexual abuse, exploitation and/or harassment	52%	54%	15%	13%
Discrimination	35%	34%	44%	44%
Physical harassment / violence	44%	42%	24%	26%
Abduction / Forced Recruitment	10%	<10%	32%	35%
Women / girls denied resources, services, etc.	30%	26%	-	-
Explosive hazards	21%	20%	28%	31%

Map 2: % of assessed settlements where KIs reported that most people did not feel safe in the settlement in the 30 days prior to data collection, per locality



In **77%**

of assessed settlements KIs reported that some population groups were more likely to feel unsafe.

Top 3 population groups reportedly more likely to feel unsafe, by % of settlements concerned (N=81)\*:

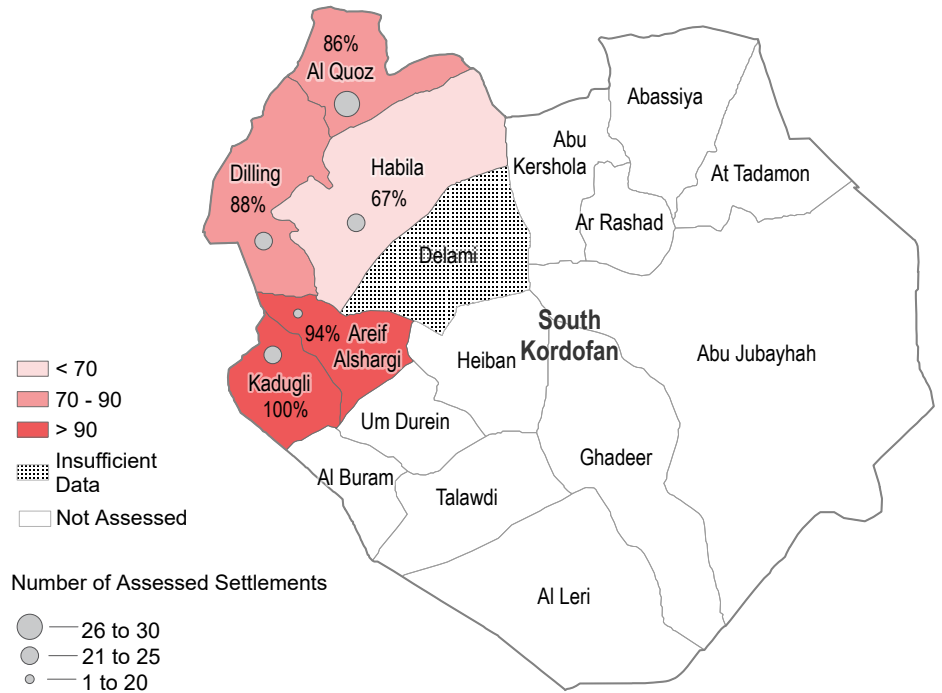
Children aged 0-4 years	68%	Pregnant or lactating women	49%	Adult men	47%
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## Food security and livelihoods

In the majority of assessed settlements, key informants reported that **some people had not been able to access enough food** in the month prior to data collection. Food access was also perceived to have been decreasing during that period, often due to **financial barriers, and/or depletion or destruction of food stocks or crops**. Data collection took place at the end of the harvest season, when access to food is typically stable. However, these results suggest that some households were relying on markets to meet their food needs due to their low agricultural production, which could be due to consequences of the conflict including crop destructions and insecurity limiting access to fields. The high reliance of some households on markets is likely to make them particularly vulnerable to ongoing shocks, such as atypically high food prices<sup>1</sup>, disruption of critical supply routes<sup>2</sup>, and the reported decrease in access to livelihood.

While the methodology used for this assessment did not allow for the collection of household-level data, these limiting factors are likely to have affected food consumption and/or induced coping strategies at the household level.

**Map 3:** % of assessed settlements where KIs reported some people not being able to access enough food, per locality



In **79%**

of assessed settlements KIs reported that access to food had worsened in the 30 days prior to data collection.

Top 5 reported reasons for decreased access to food, by % of settlements concerned (N=95)\*:

Lack of money	95%
Food stocks depleted or destroyed	72%
Crops destroyed	53%
Insecurity limiting access to fields / livestock	31%
Lack of livestock	18%

Top 5 reported main food sources in the settlement in 30 days prior to data collection, by % of assessed settlements (N=124)\*:

Own agricultural production	81%
Purchase (cash)	56%
Own livestock production	51%
Purchase (credit)	24%
Bartering	16%

In **77%**

of assessed settlements KIs reported that access to livelihood had worsened in the 30 days prior to data collection.

Top 5 reported factors affecting access to livelihood, by % of settlements concerned (N=93)\*:

Loss or destruction of property	72%
Loss or decrease in assistance from relatives	65%
Insecurity limiting movements	65%
Increase in prices	56%
Loss or decrease in humanitarian assistance	55%

Top 5 reported main income sources in the settlement in 30 days prior to data collection, by % of assessed settlements (N=124)\*:

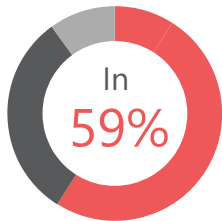
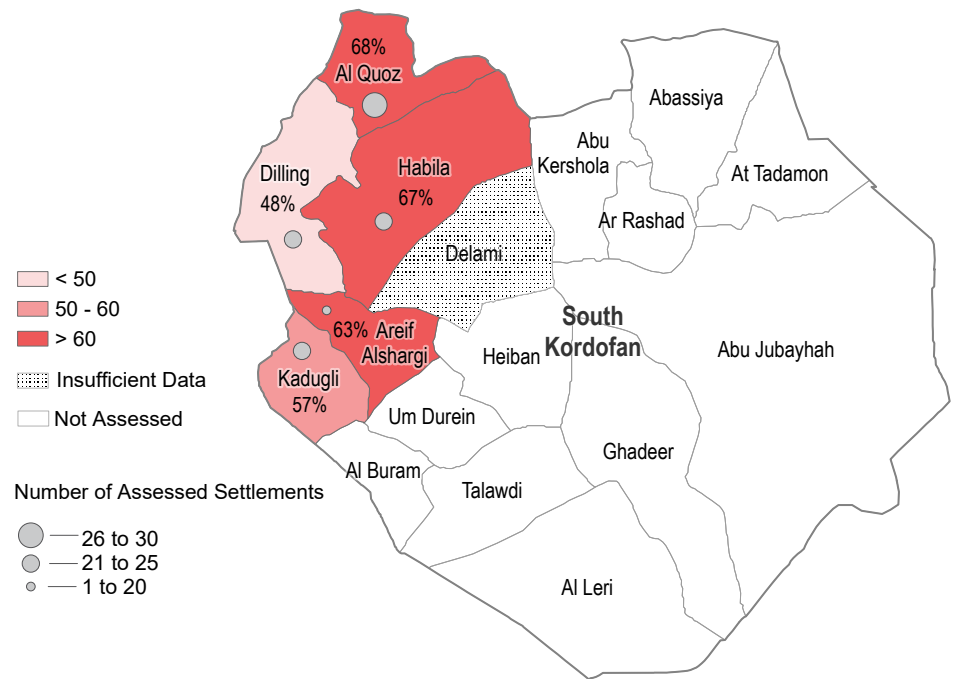
Salaried employment	65%
Sale of agricultural production	45%
Agricultural labor	44%
Informal work	42%
Non-agricultural labor	33%

## Water, Sanitation and Hygiene (WASH)

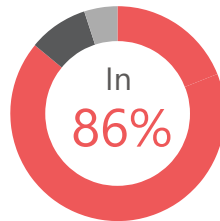
Overall, findings were indicative of **poor WASH conditions** in the majority of assessed settlements, which is likely to be associated with risks of fecal-oral contamination and impact households' health<sup>1</sup>. These risks are expected to heighten after July, when diarrhea and other waterborne diseases typically peak<sup>2</sup>, in a context of limited access to healthcare services (page 5), and of recent cholera outbreak<sup>3</sup>.

Unimproved water sources<sup>4</sup> were reported to be used by most households in 50% of the settlements and surface water in 9% of them, while improved water sources were reported to be the primary water source in only 31% of the settlements. Access to improved water sources appeared to be particularly inadequate in Al Quoz, Habila, and Alreif Alshargi, where most of the pop reportedly used improved water sources in less than 40% of the settlements. Similarly, improved sanitation facilities were used by most households in only 9% of all settlements assessed<sup>5</sup>, and access to soap and water for handwashing purposes was reported in only 17% of settlements.

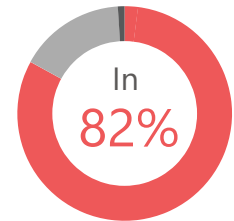
**Map 4:** % of assessed settlements where KIs reported that the primary source of water used by most households in the settlement was a unimproved source or surface water



of assessed settlements, KIs reported that the primary sources of drinking water used by MOST households in the 30 days prior to data collection were **surface water** (9%) or **unimproved sources** (50%), while **improved water sources** were used in 31% of settlements<sup>1</sup>. There was **no consensus or no answer** provided for the remaining settlements (10%).



of assessed settlements, KIs reported that the sanitation facilities used by MOST households in the 30 days prior to data collection were **open defecation** (19%) or **unimproved facilities** (67%), while **improved facilities** were used in 9% of settlements<sup>2</sup>. There were **no consensus or no answer** provided for the remaining settlements (5%).



of assessed settlements, KIs reported that MOST households **did not have access to soap or water** for handwashing purposes in the 30 days prior to data collection, including 2% with access to neither, while most people had access to **both soap and water** in 16% of settlements. There were **no consensus or no answer** provided for the remaining settlements (1%).

## Shelter

The type of shelter most commonly reported across assessed settlements was **semi-permanent, mudbrick and adobe shelters**. Emergency shelters / *Rakuba*, makeshift / improved shelters and unfinished structures were reported as the most common types of shelter in the majority of settlements in Habila and Kadugli. This could be a consequence of the large number of internally displaced persons (IDPs) residing in these localities<sup>6</sup>.

Types of shelter in which most households reportedly resided in 30 days prior to data collection, by % of assessed settlement:

Semi-permanent, mud-brick, adobe	52%
Emergency shelter, <i>Rakuba</i>	30%
Makeshift, improvised shelter	7%

In **40%**

of assessed settlements, KIs reported that **access to shelter had worsened** in the 30 days prior to data collection, often due to shelters being inaccessible because of movement barriers (reported in 56% of settlements where access to shelters had worsened) and/or to major damages due to conflict (46%)\*.

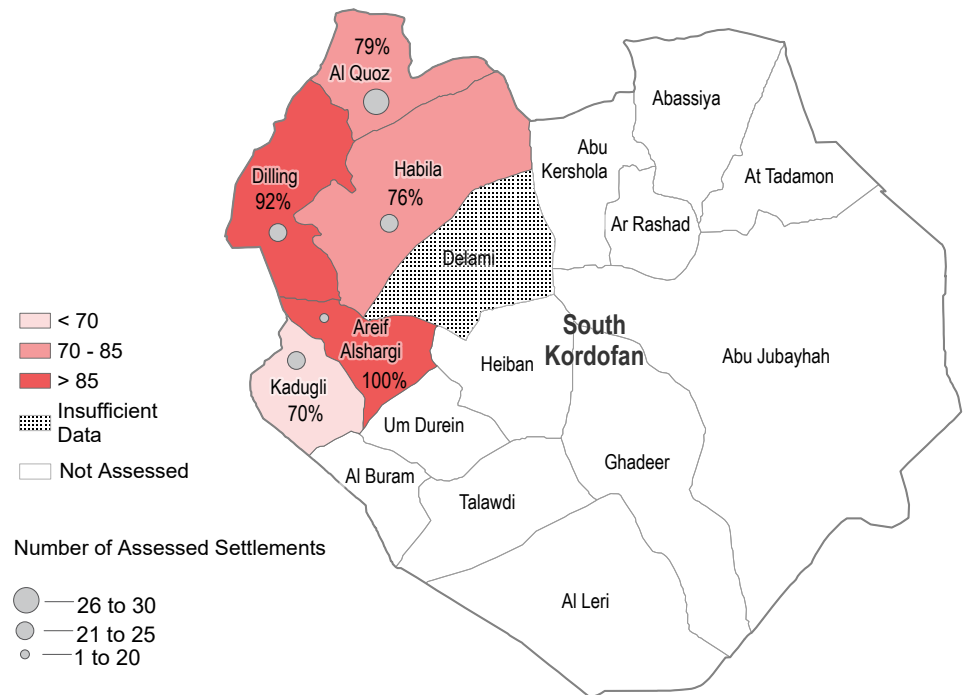
## Access to healthcare services

Access to healthcare appeared to be limited in assessed localities and was **among the most reported priority need across settlements**.

In 82% of assessed settlements, KIs reported barriers to accessing healthcare in the 30 days prior to data collection, often related to a **lack of medicine, lack of medical staff, absence of functioning medical facilities** in the settlement, or **road closures** limiting access to healthcare services in other settlements. Before April 2023, the availability of healthcare services was already considered to be limited in the state<sup>1</sup>. These challenges have likely intensified due to the disruption of supply routes, displacements and imposed movement restrictions affecting the assessed localities as a result of the recent conflicts<sup>2</sup>. Additionally, challenges accessing Kadugli and Dilling (page 2), the two largest urban centers of the area, are likely to have impacted access to comprehensive healthcare services for households living in surrounding settlements.

Nutrition and mental health and psychosocial support were reported to be inaccessible in almost the totality of assessed settlements.

**Map 5:** % of assessed settlements where KIs reported barriers to accessing healthcare, per locality



In **78%**

of assessed settlements, KIs reported that specific population groups were more likely to face barriers accessing healthcare. In these settlements (n=80), population groups reported to be more likely to face such barriers were **children under 5 years old** (84%) and **pregnant or lactating women** (68%)\*.

Top 5 reported barriers to accessing healthcare in 30 days prior to data collection, by % of assessed settlements where barriers were reported (N=98)\*:

Lack of medicine	82%
Lack of medical staff	63%
No functioning facilities	57%
Road closures	57%
Insecurity preventing travel	26%

## Access to nutrition and mental health services

In **95%**

of assessed settlements, KIs reported that **no feeding programmes providing nutrition items<sup>3</sup> were available** in their settlement of knowledge in the 30 days prior to data collection.

In **59%**

of assessed settlements, KIs reported that the **access to nutrition services had been worsening** in the 30 days prior to data collection.

In **26%**

of assessed settlements, KIs reported that **nutrition services were among the top priority needs** in their settlement of knowledge<sup>4</sup>.

In **98%**

of assessed settlements, KIs reported that **no Mental Health and Psychosocial Support (MHPSS) services were available** in their settlement of knowledge in the 30 days prior to data collection.

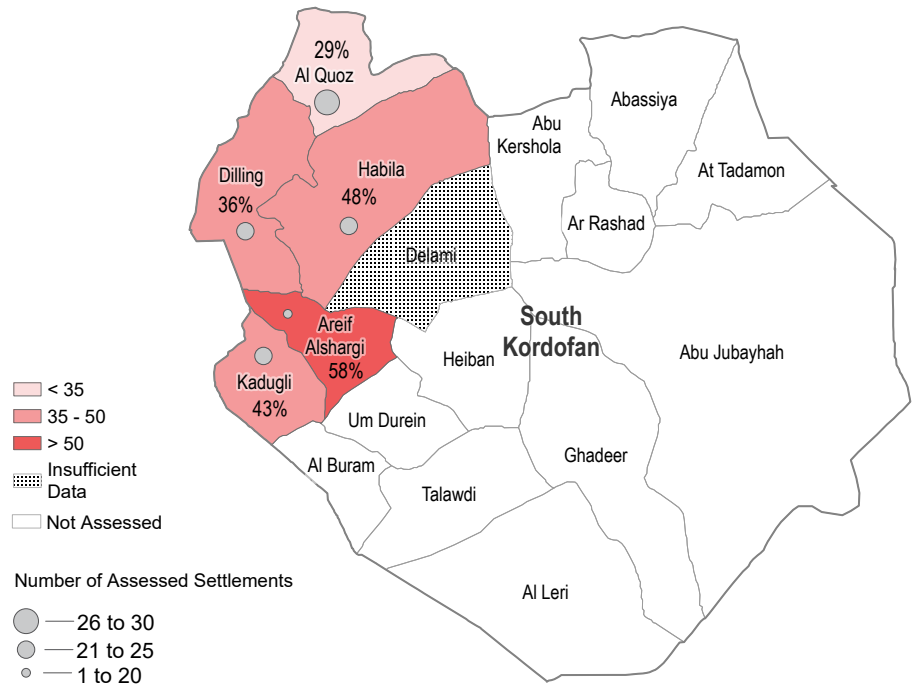


## Basic services

**Access to basic services<sup>1</sup> appeared to be generally limited in the assessed localities** in the 30 days prior to data collection. In over a third of the assessed settlements, no basic services were accessible, with the highest percentage (58%) reported in Areif Alshargi.

In the majority of assessed settlements, KIs also reported a **deterioration in access to basic services in the month preceding data collection**. This deterioration was often attributed to factors related to conflict, displacement, and general insecurity. The most frequently reported reasons for worsened access included closures of services due to insecurity and/or lack of personnel, and difficulties moving outside of the settlements to access services due to safety or security concerns. In assessed settlements where access to basic services was reported to have worsened, the most impacted services were reportedly health and educational facilities.

**Map 6:** % of assessed settlements where KIs reported that no basic services were accessible in the 30 days prior to data collection, per locality



In **44%**

of assessed settlements, KIs reported that **no basic services were accessible** in the 30 days prior to data collection. These usually included telecommunication and internet coverage (accessible in 78% of these settlements), health facilities (58%), clean water supply (55%) and markets and shops (42%).

In **61%**

of assessed settlements, KIs reported that access to basic services had worsened in the 30 days prior to data collection. In these settlements (N=73), this usually concerned access to health facilities (in 87% of these settlements), educational facilities (70%), electricity networks (52%) or telecommunication and internet coverage (38%).

Top 5 reported reasons for decreased access to basic services, by % of settlements concerned (N=73)\*:

Closed due to insecurity	84%
Closed due to lack of personnel	60%
Insecurity limiting movements	47%
Infrastructures completely destroyed	38%
Infrastructures severely damaged	37%

## Education

Findings indicate that in almost all of the assessed settlements, **children between 6 and 12 years old had not been attending school** in the 30 days prior to data collection, primarily because **schools were closed**. These findings are consistent with observations at the national level: in March 2024, most schools in the country were estimated to be closed or struggling to reopen<sup>2</sup>. If schools were to reopen, the most common barriers preventing children from attending would reportedly be insecurity, the fact that schools are serving as shelters, and the lack of teachers / teachers' displacement.

In **97%**

of assessed settlements, KIs reported that most 6-12 years old children had not been attending school in the 30 days prior to data collection.

Top 3 reported barriers to access school, by % of settlements where attendance gaps were reported (N=117)\*:

Schools closed	90%
Insecurity	74%
Schools serving as shelter	62%

In **85%**

of assessed settlements, KIs reported that schools were closed during the 30 days prior to data collection in their settlements of knowledge.

Top 3 reported barriers to access school if they were to reopen, by % of settlements (N=124)\*:

Insecurity	66%
Schools serving as shelter	65%
Lack / Displacement of teachers	54%

## Priority needs and assistance preferences

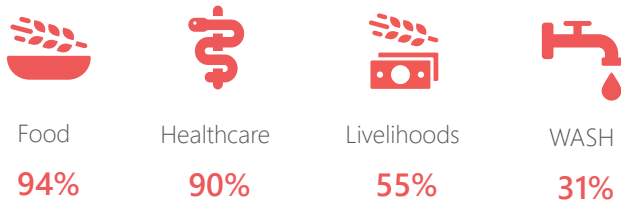
The most frequently reported **priority needs** across settlements were **food** and **healthcare**. These findings are consistent with other observations: in the majority of assessed settlements, KIs reported that some people were not able to access enough food and that the population was facing barriers in accessing healthcare. In addition, although data collection took place at the end of the harvest season, when access to food is typically stable, food access was reported to have deteriorated in the majority of settlements, and issues such as destruction of crops and the depletion of households' food stocks were reported (page 3).

In most of the assessed settlements, KIs reported that **no humanitarian assistance had been provided in the 30 days prior to data collection**.

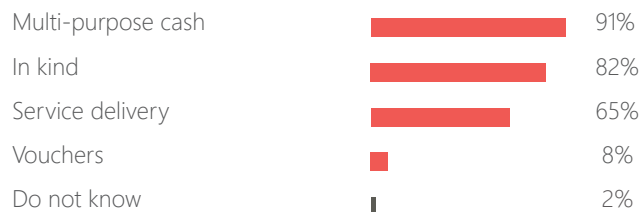
Based on the findings from this assessment, if assistance was to be provided, the following information should be considered:

- In general, preferred modalities of assistance were reportedly **multi-purpose cash transfers**, and **in-kind assistance**.
- According to KIs, the preferred means to receive information and share feedback were **through community leaders, friends or family, or in person**.
- In over a third of settlements, households were perceived to be likely to face difficulties such as **movement barriers or safety or protection concerns when collecting assistance**.

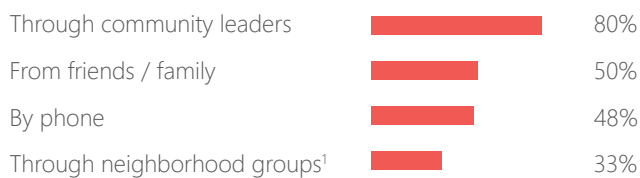
Most commonly reported priority needs, by % of assessed settlements\*:



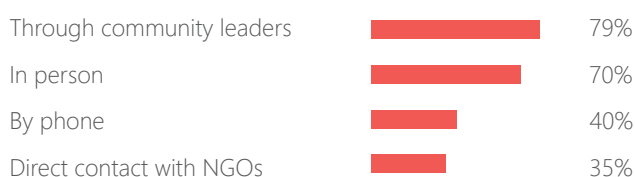
Reported preferred modalities to receive assistance, by % of assessed settlements\*:



Top 4 reported preferred means to receive information, by % of assessed settlements\*:



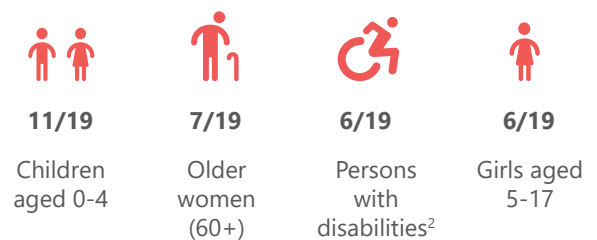
Top 4 reported preferred means to share feedback, by % of assessed settlements\*:



In **96%** of assessed settlements, KIs reported that people had not been receiving assistance in the 30 days prior to data collection.

In **16%** of assessed settlements, KIs reported that some groups were less likely to receive assistance when in need.

Top 3 population groups reportedly less likely to receive assistance, by % of settlements where differences were reported (N=19)\*:



In **45%** of assessed settlements, KIs reported that most people were not able to leave their homes/settlements to receive assistance in another location.

In **40%** of assessed settlements, KIs reported being aware of people facing protection or safety issues when accessing assistance.

## METHODOLOGY OVERVIEW

Data was collected using REACH's Area of Knowledge (AoK) approach: a purposive sample of key informants with recent knowledge of conflict-affected hard-to-reach areas in the northwestern part of the state was interviewed about the situation in these areas. KIs were selected based on three criteria:

1. KIs confirmed that they had been present in, or in contact with someone from their settlement of knowledge in the 30 days prior to data collection.
2. KIs considered that they had enough knowledge to report on the situation and needs in their settlement of knowledge.
3. KIs confirmed that there were people remaining in their settlement of knowledge.

A total of 733 key informants were interviewed in Kadugli city and Alkewek from March 17 to 26, 2024, providing information about 124 settlements across the six assessed localities. All data has been aggregated at the settlement level: when different surveys were collected about the same settlement, responses were merged, taking the value of the most reported answers. For infographics (excluding maps), findings concerning under 30 assessed settlements were reported as absolute numbers instead of percentages.

Due to the sampling method used (purposive sampling), findings should be considered indicative only, as they are not statistically representative for the situation in assessed localities. For more information on the sampling tools and methods used, please refer to the [Terms of Reference \(TOR\)](#) of the research.

## LIMITATIONS

As KIs were requested to report on the situation at the settlement level, some may have encountered challenges in accurately reporting on the situation for households other than their own, particularly regarding indicators such as access to food. Additionally, since the majority of interviewed KIs were adult males, issues primarily affecting women and girls, persons with disabilities, etc., may have been under-reported or less accurately reflected in the findings. Finally, due to selection criteria for KIs, which allowed them to participate if they had been in or had contact with someone from settlements of interest in the 30 days prior to data collection, developments in the situation occurring towards the end of the recall period are likely to be less reflected in the findings. Where possible, findings should be triangulated with new information.

## ENDNOTES

### ALL PAGES

\* As KIs could select multiple options, percentages do not add up to 100%.

### PAGE 1

<sup>1</sup> [Sudan: One Year of Conflict - Key Facts and Figures | OCHA | April 2024](#)

<sup>2</sup> [Sudan Food Security Outlook | FEWS NET | February 2024](#)

### Page 2

<sup>1</sup> [Conflict incidence and fatalities | ACLED](#)

<sup>2</sup> [Sudan Situation Analysis | iMMAP | February 2024](#)

### Page 3

<sup>1</sup> [Joint Market Monitoring Initiative | Sudan Cash Working Group & REACH | February 2024](#)

<sup>2</sup> [Sudan Situation Analysis | iMMAP | February 2024](#)

### Page 4

<sup>1</sup> [Burden of disease attributable to unsafe drinking-water, sanitation and hygiene | WHO | 2019](#)

<sup>2</sup> [Sudan Livelihoods Descriptions | FEWS NET | 2011](#)

<sup>3</sup> [Sudan: Cholera outbreak Flash Update | OCHA | Octobre 2023](#)

<sup>4</sup> In this assessment, improved water sources were defined as sources protected from the outside (piped connection, public tap or standpipe, covered dug well, pumped well or borehole, protected spring, tanker truck, carts tank or drum, water kiosk, bottled or sachet water, protected rainwater, etc.), unimproved water sources were defined as sources not protected from the outside (unprotected well, unprotected spring, traditional dug well, etc.), while surface water comprised hafir, river, dam, lake, pond, stream, canal, irrigation channels.

<sup>5</sup> In this assessment, improved sanitation facilities were defined as facilities designed to hygienically separate excreta from human contact (flush to piped sewer system/septic tank, pit latrines with slabs, composting toilets, etc.), unimproved sanitation facilities as facilities that does not hygienically separate human excreta from human contact (pit latrine without slab or platform, hanging latrines, bucket latrines, etc.), while open defecation referred to no facility, fields, bush or other open spaces.

<sup>6</sup> [Sudan Displacement Situation - IDPs | IOM DTM | March 2024](#)

### Page 5

<sup>1</sup> [Sudan | South Kordofan State Profile | OCHA | March 2023](#)

<sup>2</sup> [Sudan Situation Analysis | iMMAP | February 2024](#)

<sup>3</sup> Plumpy Sup, CSB++ or similar items.

<sup>4</sup> Key informants could select up to 3 options.

### Page 6

<sup>1</sup> Basic services included electricity, water, waste disposal, health, education, and internet and telecommunication networks.

<sup>2</sup> [Sudan: One Year of Conflict - Key Facts and Figures | OCHA | April 2024](#)

### Page 7

<sup>1</sup> Neighborhood groups included for example Resistance committees and Active emergency rooms.

<sup>2</sup> Disabilities included difficulties seeing even if wearing glasses, hearing even if wearing hearing aids, walking or climbing steps, remembering or concentrating, communicating, understanding and being understood, and difficulties with self-care.

## ASSESSMENT COVERAGE

Assessed localities	Number of KIs interviewed	Number of settlements assessed
Areif Alshargi	174	20
Al Quoz	78	28
Delami	46	6
Dilling	104	25
Habila	64	21
Kadugli	256	24

## ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).