

Rapid Needs Assessment - Kadugli locality (South Kordofan state)

February 2026 | Sudan

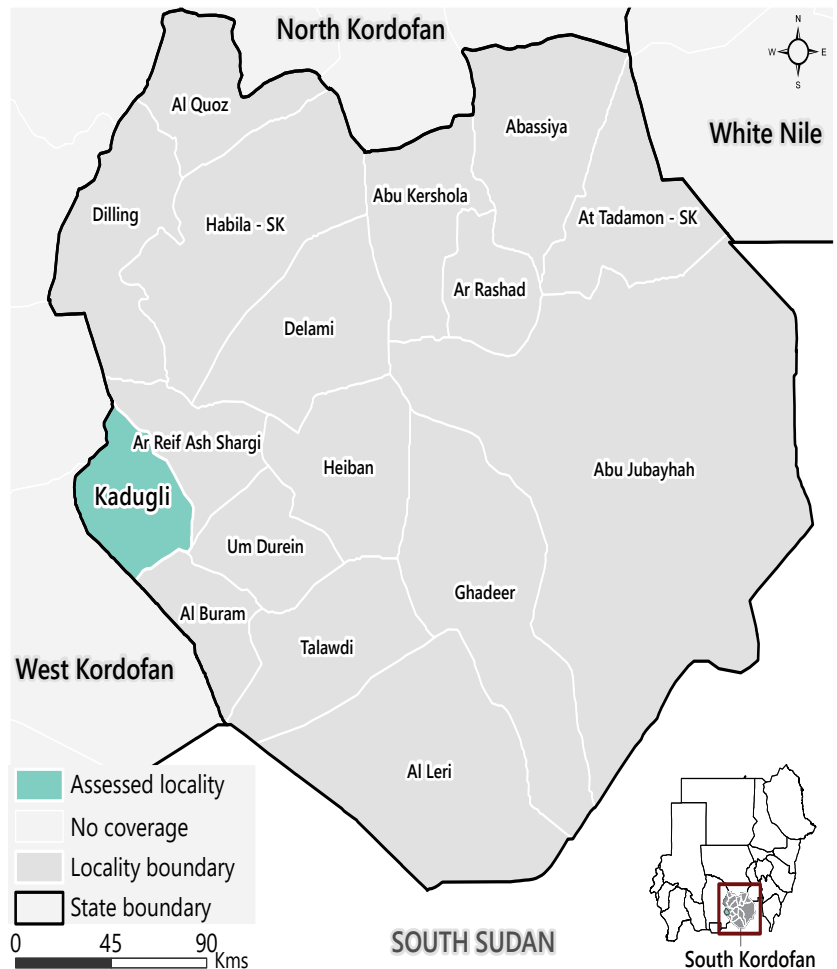
CONTEXT & RATIONALE

Since April 2023, the conflict in Sudan has continued across various parts of the country, severely affecting civilian populations and disrupting access to essential services. Famine (IPC Phase 5) is ongoing in Kadugli amid intensifying circumstances.¹

Although supply lines and access to the population of Kadugli is expected to improve with the easing of the siege, conflict continues to drive displacement, looting, and severe disruptions to livelihoods, trade, access to services, and mutual and humanitarian aid.² According to internal IMPACT Public Health Landscape data analysis, populations in Kadugli locality lack critical public health information, limiting evidence-based decision-making, program prioritization, and effective response. This assessment aims to generate critical evidence to inform humanitarian programming, guide response planning and support resource mobilization for a large, highly vulnerable population.

The rapid needs assessment was conducted in collaboration with Save the Children (SCI) between 6-18 of December 2025, covering 289 households (153 HHs: Internally Displaced Persons (IDPs) and 136 HHs: host community) with the objective of determining the humanitarian needs of affected populations in Kadugli locality. Findings are indicative only, and can not be generalized beyond the assessed populations.

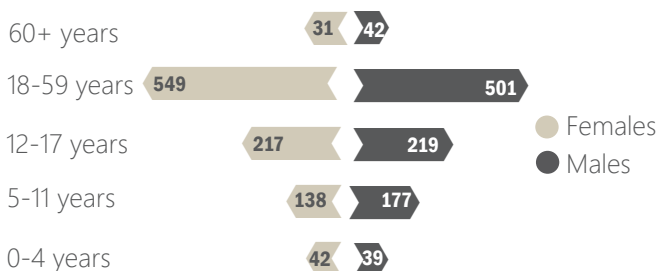
Map 1. Assessment coverage



Demographics

Data collection in Kadugli covered 289 households (HH), with 75% of total respondents being **females** and 25% **males**. The **median HH size** was **7** members.

Figure 1: Composition of the 289 assessed HHs by age group and sex



Health and Nutrition

Unaffordability registered the highest barrier to access health care in the 3 months prior data collection as reported with **56%**, followed by lack of health facility's **functionality (34%)**.

The same challenge was also faced regarding **complementary feeding**, specifically among IDP children, with **financial barriers** registering at **88%**.

One third of surveyed children were measured and found to be **malnourished (31%, n=22)**, with the rate comparatively higher among the host community (**42%, n=8**) than among IDPs (**27%, n=14**).



Despite this, **access to selective feeding programmes/centres** was slightly higher for IDPs (**93%**) compared to host community children (**88%**).

Figure 2: % of children aged 6-59 months in need of healthcare, by type of reported illness (two weeks before data collection) (select multiple; n=35)



Food Security and Livelihoods

In the 7 days prior data collection, households relied on **purchasing food with own cash** (80%), **in-kind food assistance** (36%), and their **own production** (26%). Both groups share **purchasing with own cash as their top source**, though IDPs rely on it far more **heavily (95% vs. 63%)**, reflecting fewer alternatives.

Food consumption levels were **poor** for **44%** of HHs, **30%** were **borderline**, and only **26%** were **acceptable**. Notably, consumption is **worse** among hosts, with **56%** recording poor in comparison to **34%** of IDPs.

To cope with food insecurity, households relied on livelihood coping strategies, with the widespread use of crisis and emergency strategies, particularly **reducing health expenditures (63%)** **selling household assets/goods (52%)**, and **spend saving (44%)** highlighting reliance on coping strategies that have longer-term negative impacts on human capital, dignity and wellbeing.³

Table 1: % of households by Livelihood Coping Strategy Index (LCSI) (4 weeks before data collection)

LCSI	Frequency	Percentage
Crisis	158	55%
Emergency	63	22%
None	39	13%
Stress	29	10%

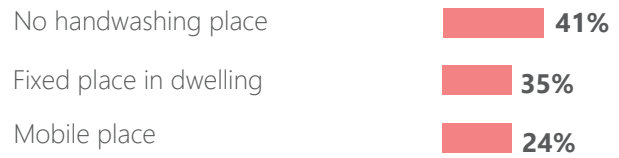
Water Sanitation and Hygiene

Majority of HHs relied on **hand pumps** as a main drinking water sources (**85%**), with an average traveling distance of 16-30 minutes for both population groups. **59%** of HHs **treated their water**, with **bleach/chlorine** being the most reported method for those households (94%).

19% of households practiced **open defecation**, while this is much higher for host community (**33% vs 7%**). **25%** of IDPs rely on **unimproved** sanitation facilities, compared to only **10%** of the host community. Sharing facilities with others was more reported among host community (**84%**), while only **22%** for IDPs. In general, 47% reported **sharing their facilities** with an average of **30** households.

Lack of sanitation facilities was the most reported sanitation challenge (**23%**), followed by lack of functionality or fullness of facilities (**20%**) and unclean or unhygienic conditions (**15%**).

Figure 3: % of HHs by type of handwashing facility most commonly used



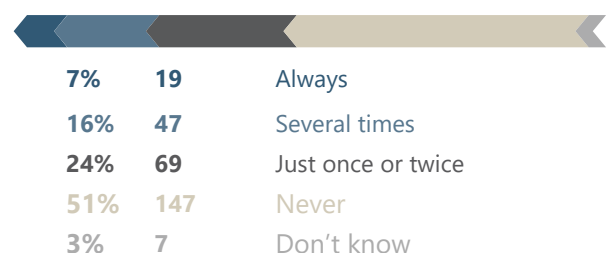
Water for handwashing is reported highly available (98%), but most households lack soap or detergent (66%), highlighting a critical hygiene supplies gap.

Protection

Almost half of the assessed households (**46%**) reported facing **difficulties accessing** health services in the 3 months prior data collection, due to safety concerns around their communities.

In the 3 months preceding data collection, women and girls reported avoiding certain locations due to security risks, most commonly **markets (89%)**, **routes to collect firewood (41%)**, and **routes to schools (19%)**. Both areas were also the most avoided per each population group (IDPs: **90%** and **38%** consequently; Host community: **89%** and **44%** consequently).

Figure 4: % of women and girls reported feeling unsafe walking in their communities in the last 3 months prior data collection



Methodology Overview

The assessment was conducted in collaboration with Save the Children (SCI) Sudan between 6-18 of December 2025, with a total of 289 household surveys. Out of the total, 153 surveys targeted IDPs and 136 targeted host communities in the locality. 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 Kadugli 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, 1km² grid cells (hexagons) are selected using probability proportional to size (PPS) from a sampling frame based on WorldPop (2024) and IOM-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 (28) 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 [Sudan Food Security Outlook Update December 2025: Famine \(IPC Phase 5\) expected to persist amid escalating conflict and tightening sieges](#)

² [IPC Alert | Famine threshold for acute malnutrition surpassed in two more North Darfur localities, crisis worsening in Greater Kordofan](#)

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 families across the country.

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.

