

Rapid Needs Assessment in Dilling locality (South Kordofan state)

February 2026 | Sudan

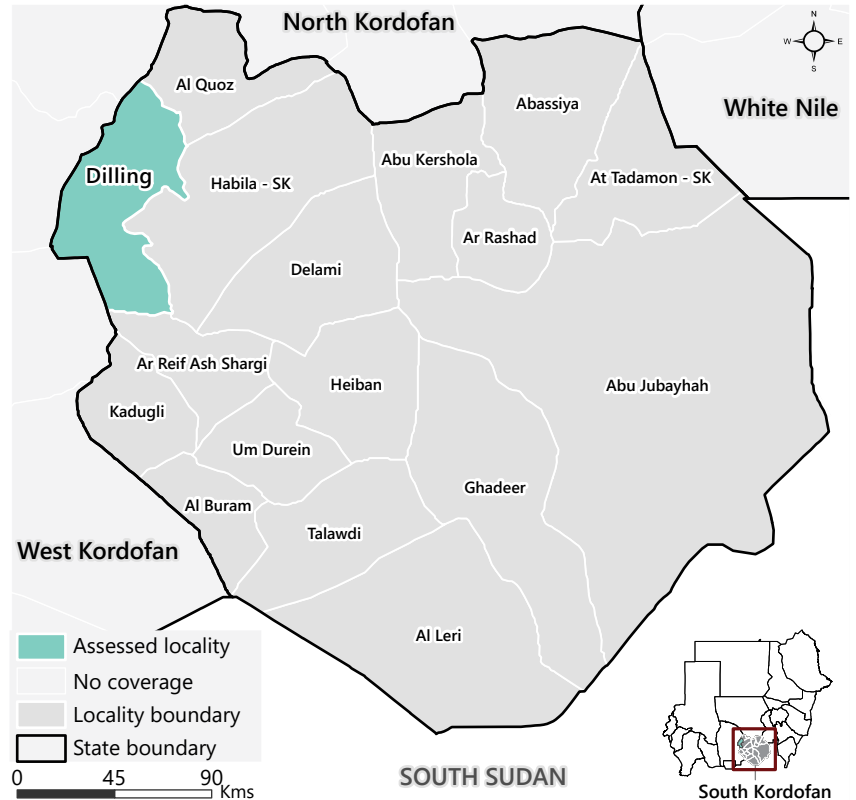
CONTEXT & RATIONALE

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 displacement, disrupt essential services, markets, and constrain humanitarian access.¹

As of December 2025, the situation in South Kordofan has further deteriorated amid ongoing hostilities. Dilling has experienced prolonged insecurity and siege-like conditions, severely limiting access to food, healthcare, and other essential services. According to FEWS NET, an Emergency (IPC Phase 4) outcomes with populations in Catastrophe (IPC Phase 5) reported in key hotspot areas, including Dilling. The cumulative effects of conflict, movement restrictions, and market disruptions have significantly heightened vulnerabilities among both displaced and non-displaced populations. The scale of hunger, acute malnutrition, and mortality is still expected to remain high in Dilling and surrounding areas.²

In this context, IMPACT conducted a Rapid Needs Assessment (RNA) in Dilling locality in collaboration with Save the Children (SCI) Sudan from 10 to 28 December 2025. The assessment comprised 128 household surveys (77 internally displaced households and 51 non-displaced households) 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.

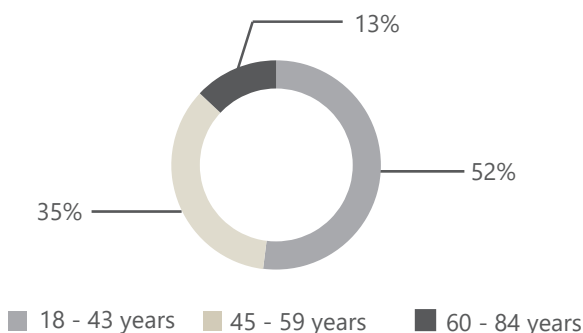
Map 1. Assessment coverage



Demographics

A total of 128 households were assessed, of which 68% were female-headed while 32% were male-headed. The median household size was 8 members.

Figure 1: % assessed households by age of the respondents



Food Security and Livelihoods (FSL)

Food security among the assessed households is precarious, with **75%** 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 indicates that **67%** of the households were classified as poor, 20% (n=25) as borderline, and 13% (n=17) as acceptable. The median Food Consumption Score was recorded at **14**, 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 **borrowing (66%), selling of household assets (66%), spending saving (63%), reducing health expenditures (59%), selling of productive assets (55%) and selling of house where the household was permanently living in (18%, n=23)**, highlighting reliance on coping strategies that have longer-term negative impacts on human capital, dignity and wellbeing.³



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

| LCSI | Frequency | Percentage |
|-----------|-----------|------------|
| None | 26 | 20% |
| Stress | 8 | 6% |
| Emergency | 33 | 26% |
| Crisis | 61 | 48% |

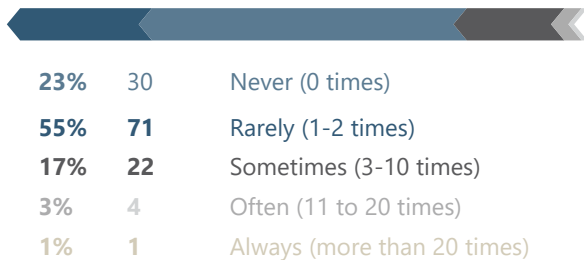
Water Sanitation and Hygiene

WASH conditions remain critical. Around 27% of assessed households rely on unprotected water sources, and a third of these do not treat their drinking water before consumption.

Among households using protected water sources (70%), a minority (28%, n=25) reported treating their drinking water.

Boiling was the most common treatment method (69%), followed by chlorination (24%, n=12). In addition, 17% of assessed households (n=22) 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



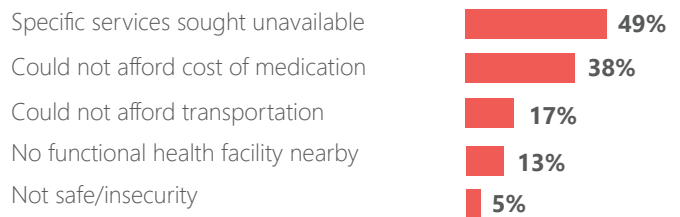
Access to sanitation facilities appears relatively limited, with 31% of respondents citing lack of facilities and overcrowding and 30% reporting inadequate toilet functionality.

Health

Healthcare access remains limited, with 98% of the assessed households reporting barriers to essential services. Overall, a minority of respondents (5%, n=6) 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 (9%, n=3), followed by preventative check up (6%, n=2).

Figure 3: Top 5 reported healthcare access barriers per % of assessed households



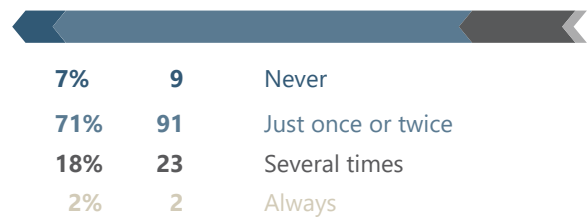
Protection

Safety concerns and ongoing conflict continue to restrict physical access to essential public services, including healthcare and education, reportedly affecting 76% of assessed household’s access to public service places, including schools (42%), government facilities (34%) and healthcare facilities (23%). Respondents primarily cited fear of insecurity as the reason for avoiding these services.

78% 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, 91% 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 4: % 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 between 10 to 28 December 2025, with a total of 128 household surveys. Out of the total, 77 surveys targeted Internally Displaced Persons (IDPs) and 51 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 Dilling 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 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 (58%) 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 [Famine Early Warning Systems Network \(FEWS NET\), Sudan Food Security Outlook \(February – September 2026\)](#)

3 [World Food Program, Livelihood Coping Strategies for Food Security Guidance Note, March 2023](#)

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.

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.



Save the Children

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Influencing policies
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