

Sudanese Development Call Organization (NIDAA)

Rapid assessment report for conflict in Sudan between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF)

22nd of May, 2023



Creator: ABDELMONEIM SAYED | Credit: AFP via Getty Image

Background:

In Khartoum the capital of Sudan, an armed conflict started in the 15th of April 2023, between the Sudanese Armed Forces (SAF), and the Rapid Support Forces (RSF) around some military bases and strategic areas in the Capital. Soon after, the conflict has spread to all parts of Khartoum state and other Sudanese cities including Marawi airport (River Nile State), Nayala (South Darfur State), Alobaied (North Korfofan State) and Alfashir (North Darfur State) between the same parties. Civilians were not warned and many people were trapped in their working places, schools and hospitals for many days as they could not leave because of the nonstop violent fighting. Due to the usage of heavy weapons including air strikes and fighting in the residential areas, water stations, electricity stations, petrol stations, telecommunication and other public and private services providers were either damaged or significantly interrupted.

At the start of the conflict in Nayala the fighting was heavy and the main market has caught fire and destroyed. In Marawi, Alfashir and Alobaied the conflict started at Military bases and the airports then continued to the residential areas. The conflict

started in 27th of Ramadan when people were fasting and Eid holidays were approaching, this urged humanitarian call from the international community for the two parties to announce ceasefire, so eight ceasefires were announced for one day, three days and recently for one week, however the fighting did not stop and the ceasefires were not observed. The aim of the ceasefires were to grant the civilians a safe passage to reach hospitals and purchase basic needs items, also to evacuate their houses to a more safe areas.

As a result of this ongoing fighting, more than 850 deaths among civilians, about 4,000 injuries that include children, more than 736,223 (49,599 households) are displaced inside Sudan and outside a number of 41,017 people to Chad, unidentified number to Eritria, 15,855 (16% Sudanese) to Ethiopia, 67,500 (57,000 Sudanese) to Egypt, 43,558 (40,295 are South Sudanese) to South Sudan, 6,230 (3,456 CARs) Central African Republic according to (DTM Sudan, situation report 3 issued by IOM).

There was a huge internal displacement from Khartoum to safe areas in Algazera, Sinnar, White Nile and River Nile States, also from Alobaied to Kosti (White Nile State), Bara (North Kordofan State) and the surrounding areas.

Foreigners were evacuated from Khartoum and the other cities through Portsudan and Wadi Sayidna Military airbase in Khartoum. Followed by the death of three UN staff, the WPF stopped its operations for two weeks to resume it again. UN staff, International staff in the INGOs was evacuated from Khartoum and the other states, their offices were closed and their ongoing projects were suspended. Both in Khartoum and Nayala the offices and warehouses of the international and national NGOs were attacked and their assets were stolen the same is for some NGOs in Khartoum. At the start of the conflict WFP indicated a loss of 12 Mil worth inputs during the clashes.

In the 20th of May and agreement is signed between the two parties for a ceasefire for 7 days starting from Monday 22nd night including evacuating forces from hospitals and public institutions, this could pose as a good opportunity for humanitarian actors to provide urgent support to the community.

Main Objective of the rapid assessment:

- Provide basic information and contacts on the humanitarian situation of the affected areas in Sudan to enable service providers better plan and deliver the humanitarian support.

Methodology:

A tailored data collection tools were applied to gather relevant primary data from actors on the ground. This included face-to-face interviews and via phone calls since movement between the affected areas is a challenge. The assessment team also designed a matrix contains required information covering different humanitarian sectors and information per neighborhood in Khartoum state. Secondary data was obtained from reliable sources to solidify the analysis and the findings. The survey informants were mainly, Humanitarian taskforces at the community level, members of the National NGOs, Community Based Organization (CBOs), resistance committees, and individuals participated in this assessment voluntarily in all Sudan.

This report is drafted during April 20th to May 21st through a team of volunteers. There are limitations to this assessment because of the communication challenges the Matrix information is still being collected and will be sent when completed additionally to this report. There are some attachments, which are detailed reports either by NIDAA or other actors on ground to provide a source of information for the planned interventions.

This report will be distributed to partners and humanitarian actors to work on it for more update and improvement if interested ,providing a base for data collection and to avoid duplication of efforts.

Main recommendations and priorities of the findings:

- Putting pressure on both fighting parties to abide by and respect the international law of protection of civilians (UN and international observers).
- Providing safe passages for medical staff, people to reach hospitals and safe places, purchase commodities, technicians of electricity, telecommunication and water to fix the broken stations and lines (UN and international observers).
- Fix the damaged main roads and clean them from obstacles and ruins remains and explosives (UN, IOM, UNHabitat, MoIS and localities)
- Provide food, water and electricity to the hospitals and orphanages (Unicef, MoH and NGOs). Providing direct food support (in cash or in kind) to the affected people in Khartoum or in the safe areas who are displaced in particular for malnourished children (UN, WFP, FAO, IOM, MoSD and NGOs).
- Purchase supplies from the local markets and neighborhoods shops for the community members to mobilize the markets and the economical status that benefits beneficiaries from the community, other than export food from outside Sudan (UN, WFP, FAO, IOM, MoSD and NGOs).

- Provide emergency medical supplies and medications for the affected hospitals (WHO, MoH, UNFPA, IOM and NGOs).
- Conduct a malnutrition survey for children and provide food for the cases and support the manufacturing company (UN, MoF, Unicef, MoH, IOM, SCCW, and NGOs).
- Provide a mobile clinic services to the people at shelters and other affected places in the other states (WHO, MoH, UNFPA, IOM and NGOs).
- Evacuate and secure the Hospitals in Khartoum state and other affected states from fighting soldiers and protect the health facilities (UN and international observers).
- Provide incentives and cash support for the medical cadre to work in full capacity in providing reproductive health services (WHO, MoH, UNFPA, IOM and NGOs).
- Strengthen health interventions, including training the health staff and providing referral support for patients to nearest health facilities (WHO, MoH, UNFPA, IOM and NGOs).
- Rehabilitate the affected and damaged hospital (WHO, MoH, UNFPA, IOM and NGOs).
- Provide NFIs for people who are displaced in the safe areas such as mosquito nets, Tents, mats, cooking kits, improved stoves, and jerry cans (UN, IOM, UNHCR, and NGOs)
- Provide support for renting of the shelters and other expenditures (electricity and water) (UN, IOM, UNHCR, and NGOs).
- Provide support for transporting people who wants to be evacuated from center of Khartoum and the most affected areas to a safer areas or the nearest transport station (IOM and UNHCR).
- Support the deployment of the police forces in all the states in particular in Khartoum and Khartoum Bahri areas (Ministry of interior).
- Providing an urgent logistic support for Migrants who wants to leave to their countries (UN, IOM, UNHCR, COR and NGOs).
- Provide protection support through UNHCR and IOM for migrants at the borders and facilitate and monitor with the relevant countries the process taken to accommodate these migrants in line with the international migration and human rights conventions (UN, IOM, UNHCR, COR and NGOs).
- Establishment of a referral pathway for victims of GBV (MoH, UNFPA, IOM and NGOs).
- Provision of dignity Kits and sanitary pads for the most vulnerable women and girls at reproductive age in the shelters and affected areas (MoH, UNFPA, IOM and NGOs).

- Establish counseling and PSS services and train social workers (WHO, MoH, UNFPA, IOM and NGOs).
- Support the burial of dead bodies by supporting the MoH and other specialized NGOs (MoH, Localities, Red Cross and Crescent).
- Conduct a mass awareness campaign about sanitation and hygiene promotion (UN, MoIS, MoH, Localities, IOM and NGOs).
- Build on and support the existing community initiatives that supports people in the safe areas or inside Khartoum areas (UN organizations, NGOs, Line Ministries and International Community).
- Train and build the capacity of the volunteers who are providing direct services to the community in the humanitarian different issues (UN organizations, NGOs, Line Ministries and International Community).
- Foster negotiations and dialogue between tribal leaders, civil society actors and include them in the peace negotiations either directly or indirectly through a consultation mechanism (International community, UN, UNDP, IOM, MoSD, and NGOs).
- Provide support for projects and initiatives that is advocating for peace and conflict prevention (UN, UNDP, IOM, MoSD, NGOs).
- Conduct an awareness campaign through media to promote peace building and conflict prevention (UN, UNDP, IOM, MoSD, NGOs and local initiatives).
- Consolidate the partners data that is available in active platforms of National NNGOs, INNGOs, UN, and local taskforces, in one group that facilitate and coordinate the humanitarian support (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Work through the national NNGOs, CBOs to reach the local communities for providing support and information (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Adopt more cash transfer than in kind support to access people with difficult access and to mobilize the local markets through vouchers or direct cash (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Provide exceptional payments terms other than the regular ones, to facilitate the delivery of grants to the contractors and the transferring processes (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).

Situation by sector:

General protection:

With the start of the clashes there was complete absence of law enforcement bodies (police and justice system) in Khartoum and the other affected states. Soon, incidents of mass robberies for marketplaces, factories, warehouses, shops and houses started by both armed forces and thieves gangs. Roads high jacking using arms have also been reported by civilians who have lost their lives, cars, money, food and even telephones. There are specific places that witnessed these incidents regularly such as Alingaz road in Bahri, Khartoum-Medani road, and Jabal Alawlia road In hartoum State, and in Nayala, Alobaied and Alfashir. In Khartoum, some people were evacuated by force from their houses to be used as military base by RSF and others attacked inside their houses.

Many people lost their personal identification documents while they flee for their lives or as a result of destruction of their houses and working places.

It is declared after about two weeks of conflict that police forces (Central Reserve) will be deployed in Khartoum, but its presence is still not sufficient to prevent crime and has engaged with the RSFs in compact in Lebia Marketplace and hence declared as a fighting party by RSF. In Nayalathe police supported some people to regain their stolen assets. The security situation is still a great concern, as police forces are not covering all the areas, and the police stations and offices either are closed, or seized by RSF.

In some areas in Khartoum such as Burri, Alshati, Alriyad, Hilat Hamad and Alsafia people were evacuated by the RSF, so that they took reside inside the civilians houses. In Burry there are about 500 families left their houses to be taken by the RSF. These families were homeless some of them went to stay with their relatives others rented apartments in other areas of Khartoum.

There is a huge number of explosives that did not explode among community residence and on the roads especially in Alhalfaya, Burri and Umbadda. Some volunteers and Police have published instructions on the social media on how to treat it, but still the messages did not reach everyone.

People are afraid for their safety because of the bombing, random bullets, being kept a hostage or even killed by RSF in case suspected of having a military or police affiliation, or being killed by the thieves.

Old people who are residing in the elderly houses (Alsagana and Aldaw Hajooj) faced a serious situation at the start of the fighting, however with the support of volunteers

medical services, food supplies and water is provided. The houses will need further support in case the fighting is continued.

Disabled people were among the most vulnerable groups affected by this conflict, at least one person with disability is reported killed in Alobaied. The specific numbers are not counted yet. The need to support their evacuation, and providing them with special items in the shelters is still urgent.

Electricity and water were a main challenge for Khartoum residents who are under gunfire, but also for other people in states who are accommodating the displaced people. In some areas in Khartoum Bahri (North), there were no water supplies for 31 days now, and people who go outside their houses to fetch water or other needs risk their lives and safety.

The staff who are working in Water and Electricity Corporations some of them worked under gunfire to maintain and fix the broken stations and electricity lines and managed to restore the services for many areas. But both services are not stable yet due to the ongoing attacks. There was a huge electricity block when RSF took siege of one of the main electricity stations for more than 8 days in some areas and not less than 5 days in others.

Telecommunication faced a great challenge from the start of the conflict. There are four main telecommunication companies in Sudan, MTN, ZAIN and Sudani in addition to Cannar. During the ongoing fighting no staff can access their stations, and internet and phone call service is not stable. But lately MTN stopped completely due to lack of fuel for its generators and so is Sudani as the fiber lines were damaged, the only service provider which is functioning as of this date is ZAIN providing internet and calls services, and MTN and Sudani are weakly working as maintenance is ongoing. This affected very much the communication between people and the response to the emergencies. Besides, the poor communication has affected the completion of Matrix for this assessment.

Recommendations for general protection

- Putting pressure on both fighting parties to abide by and respect the international law of protection of civilians (UN and international observers).
- Providing safe passages for technicians of electricity, telecommunication and water to fix the broken stations and lines (UN and international observers).
- Provide safe passages for people to go out and purchase commodities and evacuate their places to a much safer areas (UN and international observers).

- Provide support for transporting people who wants to be evacuated from center of Khartoum and the most affected areas to a safer areas or the nearest transport station (IOM and UNHCR).
- Support the deployment of the police forces in all the states in particular in Khartoum and Khartoum Bahri areas (Ministry of interior).
- Provide emergency personal identification for the people who lost theirs through an emergency service points that is accessible and sufficient in the safe areas. (Ministry of Interior).
- Provide support to the Elderly Houses and for the disabled persons by supporting their evacuation and providing special needs items in the shelters.
- Support the awareness raising of the danger of unexploded weapons using the traditional media and the social media (UN, NGOs, volunteers).
- Support the formation/reformation and training of the Community-based protection networks benefiting from the already on ground active structures such as neighborhood committees and Resistance Committees to become the link between the community, NGOs and authorities in fighting and reporting the theft and crime within each community (Community-based protection networks, volunteers, UN, NGOs).

Child protection:

During the fighting hundreds of children lost their lives and get injured, there are many others who find themselves unaccompanied during their parents escape from the fighting. According to Unicef a number of 190 children died, 1700 injured during the first 11 days. 1 Mil vaccine of Polio is lost. The education in general is stopped in all the affected states. Children in the affected states suffer from trauma due to the violence and they witnessed. There is complete absence of psychosocial services in the affected states, however there are some services provided by volunteers in Gazera and Portsudan states. children in the Khartoum areas where people are still living at their homes especially children with special needs, suffer from nutrients deficiencies since their families could not provide food due to loss of jobs and income, and there are some people who has money but due to banks closure could not manage to cash it. The Community-based Child Protection networks in affected areas were not functioning or not existent. The children in Almaigoma Orphanage faced a serious situation as they need milk and food, medicines and water and electricity, but with the support of volunteers they managed to safe many children and provide them with the needs, however in case the situation is prolonged an urgent support will be needed. Many

newborn children have lost their lives either during the unattended deliveries or while in the nursery as a result of electricity absence, their numbers are not identified to date.

Recommendations for Child protection:

- Provide food, water and electricity to the hospitals and orphanages (Unicef, MoH and NGOs).
- Provide meals and nutrients for malnourished children (Unicef and WFP).
- Establish Child-Friendly Spaces and provide equipment with recreational Kits for the shelters in Madani, Aljinaina, Zalingai, Nayala, Alobaied, Portsudan, Halfa and the other safe areas (UN, MoSD, NGOs and volunteers).
- Establish/strengthen existing community-based child protection networks to identify and address child protection risks and link to service providers (UN, MoSD, SCCW, NGOs and volunteers)..
- Provision of protection and psychosocial support services (UN, MoSD, SCCW, NGOs and volunteers).
- Provision of case management services includes dignity kits, NFIs, cash assistance, awareness-raising events on PSEA, and awareness-raising in Child protection (UN, MoSD, SCCW NGOs and volunteers).
- Mapping and establishing a referral system for child protection. (UN, MoSD, SCCW NGOs and volunteers)
- Provide reunification services for Unaccompanied Children (UN, MoSD, SCCW NGOs and volunteers).
- Provide training to the CBCPWs members, other service providers, and community leaders on CP issues and SGBV /PSEA to ensure coordinated actions between local actors and service providers (UN, MoSD, NGOs SCCW and volunteers).
- Community awareness sessions and sensitization on child protection and rights, and GBV (UN, MoSD, SCCW NGOs and volunteers).

Gender-based violence (GBV):

Since the fighting is still going on and many cases were not reported because of absence of law enforcement bodies and weak access to hospitals besides the social stigma, this area remains underreported, however it is expected in this situation that incidents of sexual abuse and violence occur, especially for women traveling alone to the borders, going outside to get water and food or who were in the areas attacked by armed persons. Despite that at least 3 cases of rape were reported to Medani.

The major concerns identified by women are the lack of access to food shops due to insecurity, loss of livelihood sources, access to health services, lack of electricity and water supplies. The loss of food stock and livelihood sources exacerbated the families food insecurity status, forcing families to adopt food-based coping mechanisms. This will likely exacerbate food insecurity in the short to medium term exposing them to protection and health risks. And because of the lack of the reproductive health care, many pregnant women moved from their houses to the nearest safe place where they will have a safe delivery. The main special Gynecology hospitals were out of service in Khartoum (see attached report By Doctors Syndicate), The Umdorman Gynecology Hospital was taken by RSF and is used as military base and so is the Khartoum Hospital. Many women use the help of the skilled trained midwives during emergencies, but there is mortality among women and newborns still and statistics could not be obtained yet. Some efforts were done by the community in the fighting areas in Khartoum to prepare labor rooms and nurseries such as Tuti Island community initiative after pregnant women in the island faced challenges to reach hospitals resulted in a death of at least one newborn. Other efforts by volunteers and taskforces publishing on social media a referral pathway for pregnant women inside Khartoum to access available services. The medical staff in the functioning hospitals worked in a none stop shifts in operating CSs and normal deliveries, this helped in saving lives of hundreds of women and newborns.

Recommendations for GBV:

- Evacuate and secure the Gynecology Hospitals in Khartoum state and other affected states from fighting soldiers (UN and international observers).
- Provide incentives and cash support for the medical cadre to work in full capacity in providing reproductive health services (WHO, MoH, UNFPA, IOM and NGOs).
- Strengthen reproductive health interventions, including training the health staff and providing equipment to facilitate safe delivery and timely referral (WHO, MoH, UNFPA, IOM and NGOs).
- Establishment of a referral pathway for victims of GBV (MoH, UNFPA, IOM and NGOs).
- Provision of dignity Kits and sanitary pads for the most vulnerable women and girls at reproductive age in the shelters and affected areas (MoH, UNFPA, IOM and NGOs).
- Establish counseling and PSS services and train social workers (WHO, MoH, UNFPA, IOM and NGOs).

- Deploy social workers to ensure quality psychosocial support (PSS) and case management services and address GBV and protection concerns (WHO, MoH, UNFPA, IOM and NGOs).
- Establishing Community-Based Protection Networks (CBPNs) to provide psychological first aid (PFA) and as entry points for referral to available services.
- Support the functioning of women's and girls' spaces in the safe areas (MoH, UNFPA, IOM and NGOs).
- Community awareness and sensitization on protection-related issues, including GBV (WHO, MoH, UNFPA, IOM and NGOs).

Health and Nutrition:

Health is one of the major sectors affected by the conflict. Many hospitals were at the center of Khartoum and the other cities, have become out of services due to either being bombe, attacked, used as military bases or because of lack of secure access for medical cadre, water and electricity.

*“(67%) of the hospitals * adjacent to the areas of clashes* that we have confined to are suspended from service, out of (89) basic hospitals in the capital and the states, there are (60) hospitals that are suspended from service and (29) hospitals that are fully or partially operating (some of them provide first aid services Initial only) and it is also threatened with closure due to the lack of medical personnel, medical supplies, water and electricity current. All health facilities are still out of service in the city of El Geneina, after they were attacked and looted. The only kidney center in El Geneina is out of service.*

A puncture in the water tank in Nyala Hospital, and an explosion occurred near the dialysis center in Nyala. (17) hospitals have been bombed, and (20) hospitals have been forcibly evacuated since the beginning of the war. (9) ambulances were attacked by the military forces, and others were not allowed to pass to transport patients and deliver aids.”

Preliminary Committee of the Sudanese Doctors Syndicate report on the hospitals situation released on 20th of May 2023

Many medical cadres lost their lives while providing services for people (at least 11 doctors while on Job). The ambulances were attacked and seized by armed forces. Volunteers were working with hospitals staff to provide medical supplies and medicines with community support but some of them were arrested during their work. Central Medical Supply warehouses in Nayala was completely destroyed, in Khartoum it is surrounded by armed forces RSF and there is no access to it. In many areas in Khartoum the health centers were not functioning, and people get services from health personnel at their houses.

Patients with chronic diseases suffer most, as they need medication and medical supervision that is not available (kidney failure, diabetic, etc).

Malnutrition was a great concern even before the conflict, now with the poor food security situation it is expected that many more children will be severely malnourished. Unfortunately during the bombing a factory that manufacture the food for malnutrition is bombed and destroyed.

Recommendation for Health:

- Provide safe passages for medical staff and patients to receive health services and for medication and medical supplies to reach hospitals (UN and international observers).
- Provide emergency medical supplies and medications for the affected hospitals (WHO, MoH, UNFPA, IOM and NGOs).
- Conduct a malnutrition survey for children and provide food for the cases and support the manufacturing company (UN, MoF, Unicef, MoH, IOM, SCCW, and NGOs).
- Provide a mobile clinic services to the people at shelters and other affected places in the other states (WHO, MoH, UNFPA, IOM and NGOs).
- Evacuate and secure the Hospitals in Khartoum state and other affected states from fighting soldiers and protect the health facilities (UN and international observers).
- Provide incentives and cash support for the medical cadre to work in full capacity in providing reproductive health services (WHO, MoH, UNFPA, IOM and NGOs).
- Strengthen health interventions, including training the health staff and providing referral support for patients to nearest health facilities (WHO, MoH, UNFPA, IOM and NGOs).
- Rehabilitate the affected and damaged hospital (WHO, MoH, UNFPA, IOM and NGOs).

WASH (water and sanitation):

Water is still a challenge, till this day after five weeks of the conflict there are many areas in Khartoum without water (Bahri). The drinking water is not safe as the stations needs maintenance. There is huge amounts of waste in the streets and garbage besides there are still in many areas unburied dead bodies (mainly soldiers) could not be reached due to continuous fighting, which resulted in offensive odor, and dangerous sanitation hazards, in particular with the coming rainy season. Many water stations

suffered from the electricity cut, people bought fuel by community support to make it work from time to time, but still there is great need for maintenance and electricity supply.

Recommendations for WASH (Water and Sanitation):

- Provide safe passages for technicians to fix and maintain the damaged stations, and protect it from attacks (UN and international observers).
- Provide fuel to make some stations at neighborhood level work in case of electricity absence (UN, MoIS, IOM and NGOs).
- Support the burial of dead bodies by supporting the MoH and other specialized NGOs (MoH, Localities, Red Cross and Crescent).
- Support the cleaning and waste disposal campaigns and efforts by the official locality bodies and at community levels to reduce the hazards of pollution (UN MoIS, MoH, Localities, IOM and NGOs).
- Support the efforts of insects and pests control by spraying pesticides and anti-septic in the areas were dead bodies are and in areas where there are stagnant water pools(UN, MoH, Localities, IOM and NGOs)..
- Conduct a mass awareness campaign about sanitation and hygiene promotion (UN, MoIS, MoH, Localities, IOM and NGOs).

Non Food Items and Shelter:

Many people who left their houses, did not carry with them any items less of some cloths. They have taken reside with families or in shelters run by community support. The numbers of displaced could not be confirmed and counted but the estimation by IOM (DTM Sudan) is 736,223 (49,599 households). Some of the people are living now in schools, mosques, churches or houses rented for them as shelters. In the Darfur states people left their villages to stay outside without any shelter. They need NFIs especially with the coming rainy season. People also needs mosquito nets. Some of the people needs cash to pay for their shelter. Communities are supporting this huge displacement being part of the Sudanese culture of welcoming guests, but for more than a month their scarce resources are stretched to the point that all the community members now are struggling as a result of this conflict. Shelters needs urgent support in terms of rent and maintenance costs. Displaced people in Darfur needs adequate shelter (Tents) to protect them from the harsh environment and this rainy season which has already started in many states.

Recommendation for the NFI and Shelter:

- Provide NFIs for people who are displaced in the safe areas such as mosquito nets, Tents, mats, cooking kits, improved stoves, and jerry cans (UN, IOM, UNHCR, and NGOs)
- Provide support for renting of the shelters and other expenditures (electricity and water) (UN, IOM, UNHCR, and NGOs).
- Establish a referral pathway for shelter from Khartoum to safe areas (UN, IOM, UNHCR, and NGOs)

Food security and Livelihoods:

The food security of the Sudanese people in all Sudan is affected severely due to the conflict. It was a critical food security situation even before the conflict. Now most of the people struggle to provide for their daily meals. In Khartoum state, due to the ongoing fighting most of the bakeries and shops are closed, many stores and warehouses were broken and stolen, and major market places were damaged directly such as the Central Bahri Market Place and Umdorman Market place in Khartoum, Nayala Market place and Alginaina Market place. At the community level there are many initiative to support community its members, and coping mechanisms were adopted. The community organized itself and put some guidelines for the consumption of food. In some areas bread is given to people by quotas and so is the other groceries, sheep and cattle meat are locally slaughtered and sold on weekly bases, vegetables and fruits are brought from the functioning markets. Some people lost their lives while bringing food to the areas such as the Tuti Island vegetable seller case. There are merchants who brought their stocks to be kept at their houses for fear of theft. In the other safe states the prices went high so is the fuel prices. There were attempts from the governors of some states to activate the Emergency Law in order to prevent people from taking advantage of the situation to make profits. This helped stabilizing the prices to some extent. In general, the food is still available inside most of the areas in Khartoum state, but the cash to buy it is not available.

This is the second month that employees do not get paid, the government employees as well as most of the private companies employees. In Sudan more than 80% of the people work in the informal sector according to ILO, with this conflict this huge percentage in Khartoum state have lost their income. These fragile families depends on a day by day income from hand labor or small businesses in marketplaces. These people now either left their houses and took shelter in other states or stayed and get supported by community members, or worse become a victim for gradual starvation. Many

families tried to sell their assets but there is no demand. These people now needs urgent cash support in Khartoum or outside it. This will enable them regain their strength to continue their jobs after the ceasefire. Later on there will be a need for some sort of government subsidies for them.

In the other affected states, the same situation is there, salaries were not received and informal sector is struggling. In particular we are now in the (Mean period) the time of the cultivation preparations when normally is known as the most difficult three months for the farmers (June-Sept) in the agricultural season. This indicates the importance of directing funds to support small farmers cultivation to guarantee a successful agriculture season that reduce the chances of getting the country into famine.

Profound merchants and businessmen in the affected states are severely affected when their shops, warehouses, factories and investments are lost due to conflict. Many labors work in these businesses, will automatically lose their jobs, besides that this will harm the Sudanese Industrial sectors directly, this requires some sort of Governmental or/and international compensation mechanism to preserve such important sector.

Recommendations for food security and livelihoods:

- Providing direct food support (in cash or in kind) to the affected people in Khartoum or in the safe areas who are displaced in particular for malnourished children (UN, WFP, IOM, MoSD and NGOs).
- Protect shops and business from theft by deployment of police forces in the marketplaces and shops areas (MoI, UN, International observers).
- Purchase supplies from the local markets and neighborhoods shops for the community members to mobilize the markets and the economical status that benefits beneficiaries from the community, other than export food from outside Sudan (UN, WFP, IOM, MoSD and NGOs).
- Encourage the government to pay the bending salaries and pensions of the people to help them survive (MoI, UN, ILO, International observers).
- Support banks to provide loans in easy terms for small business holders and companies to pay for the damage and other admin costs (MoF, UN, ILO, and NGOs).
- Support the coming agriculture season directly by supporting small farmers through NGOs and MoA with agric inputs and cash transfer (MoF, MoA, MoSD, FAO, and NGOs).
- Mobilize the international resources to provide individual subsidies to Sudanese people and compensations to industrial sector (MoF, UN, and International community).

Migrants:

Sudan is one of the major receiving countries that provided hosting for Migrants from all neighboring countries, with this conflict most of the Migrants decided to move back to their countries or to other countries. Khartoum state is one of the states that has the majority of Migrants (refugees, foreign workers, irregular migrants, and IDPs). Most of the foreign workers has left Sudan. There is also a movement of irregular migrants back to their countries, however those needs transportation support. They tried to sell their assets but could not find buyers, they faced a problem in paying their rents because they depends mainly on a day by day income or monthly hand labor, those needs transport support to their countries and a safe passage. Since refugees could not go back to their countries most of them decided to move to other safe areas inside Sudan same as the Sudanese people, however most of the South Sudanese went back to South Sudan. All of those faced critical situation at the borders, countries differed in their response to this influx of refugees from welcoming to restricting to even blocking their entrance, however urgent support must be provided to them by IOM and UNHCR to facilitate their safe entry to their destination countries.

Recommendations for Migration:

- Providing an urgent logistic support for Migrants who wants to leave to their countries (UN, IOM, UNHCR, COR and NGOs).
- Provide protection support through UNHCR and IOM for migrants at the borders and facilitate and monitor with the relevant countries the process taken to accommodate these migrants in line with the international migration and human rights conventions (UN, IOM, UNHCR, COR and NGOs).
- Provide a specific targeted support to the refugees in displacement areas inside Sudan immediate food support and subsidies (UN, IOM, UNHCR, COR and NGOs).
- Facilitate and coordinate among the Migrants relevant organizations and networks, and authorities and the other humanitarian sectors and service providers to guarantee their inclusion in the services provided to the Sudanese people (UN, IOM, UNHCR, COR and NGOs).

Access for humanitarian support:

In all the states affected by conflict, Khartoum state remains the one with poor access to the target communalities. Many ceasefires announced but still there was no stopping of fighting. Armed forces keeps moving and changing battlefield inside Khartoum, which make it difficult to identify specific roads or access points that are safe. Anywhere in

Khartoum could be safe today and not safe tomorrow. Despite that, community members managed to find ways to get some of their needs from markets, access hospitals and even leave their areas, each time risking their lives and properties. This has been said, there are areas with less probability of conflict than others inside the state. This is been identified using another exercise within this assessment by the community taskforces on ground (will be attached to this assessment).

For the other states hosting displaced people there is no problem of access for humanitarian workers, even some organizations started to open temporarily offices in Medani and Portsudan to facilitate their operations. The same applies to Darfur and Kordofan states however the challenge there is the security for staff. There are two officially opened airports in Portsudan and Dongola that can be used for bringing aid from outside Sudan, besides The main Port of PortSudan.

Recommendation for access:

- Urge the fighting parties to hold fires and be committed to a permanent ceasefire (UN, International observers).
- Use the available airports and main port to import aid when needed, but depend mainly on the local Sudanese markets whenever possible to avoid loss of aid (MoF, UN, International community).
- Fix the damaged main roads and clean from obstacles and ruins remains and explosives (UN, IOM, UNHabitat, MoIS and localities)
- Support and monitor the establishment of the safe passages using the information provided by the community taskforces and members and the agreement of the both fighting parties (UN, International observers, NGOs and community structures).
- Use in cash (voucher or direct cash) support in the Khartoum areas where physical access is a challenge (UN, IOM, FAO, WFP and NGOs).
- Coordinate with Local NGOs and CBOs who are already existing in the affected areas and facilitate with HAC their operations even if they do not have an active registration or operations now to help grant more access to the areas (UN, HAC, NNGOs, INGOs, Local initiatives).
- Support the emergency taskforces, resistance Committees and the other informal community based active organizations through local NGOs and CBOs (UN, HAC, NNGOs, INGOs, Local initiatives).
- Publish a safe access mapping updates on daily bases to be shared with humanitarian partners (UN, HAC, NNGOs, INGOs, line ministries, and Local initiatives).

Community action:

After five weeks from the start of the conflict that soon spread all over Sudan, till this day the major support delivered to the affected people come from the community initiatives. However, some emergency support provided by Red Cross and some countries in the region reached to Portsudan, but there is no data on its distribution yet except Saudi support reaching Portsudan and Medani. On the first days of the conflict and because of the shock, the response was not organized, then gradually the community came together and organized itself to support the people in need. What made this organization fast and efficient, that it is build on the existing structures of the Resistance Committees and local community initiatives, besides the Syndicates and Unions such as Doctors Syndicate. Despite the Millions of people leaving their houses and becoming displaced, the community all over Sudan managed to host them and provide for their daily needs. Many initiatives and generous people donated money, shelter, transport, time and labor to help. These efforts managed to safe thousands lives, and it should be supported and encouraged by the international and humanitarian community. The available resources are stretched to its limits and it is high time that external support should be provided.

Recommendations for community action:

- Build on and support the existing community initiatives that supports people in the safe areas or inside Khartoum areas (UN organizations, NGOs, Line Ministries and International Community).
- Train and build the capacity of the volunteers who are providing direct services to the community in the humanitarian different issues (UN organizations, NGOs, Line Ministries and International Community).
- Recruited some of the active volunteers to work in the humanitarian projects based on their experience and knowledge of the area (UN organizations, NGOs, Line Ministries and International Community).
- Foster the community-based structures and provide support to it to function in the crises management and prevention now and in the future (UN organizations, NGOs, Line Ministries and International Community).
- Celebrate and honor the people who gave their lives while providing support for their communities together with the communities to encourage the spirit of volunteerism and service (UN organizations, NGOs, Line Ministries and International Community).

Tribal Conflict prevention and peace building:

Despite the fact that this conflict is between two parties the RSF and the SAF, still due the complexity of the Sudanese context there is a possibility that this conflict will lead to tribal conflict if not Civil war if not controlled. Already tribal conflicts erupted in West Darfur, South Darfur and now there is a declaration from some tribe that it supports the RSF and on the other hand declaration from other tribes that it supports the SAF. This situation needs attention from the international community. The humanitarian situation of course is taking the great interest because of its priority in urgent lifesaving, however if neglected the tribal conflict will be another reason for an escalating this conflict and losing many more lives not only in Sudan but in all the region.

Recommendations for tribal conflict prevention:

- Foster negotiations and dialogue between tribal leaders and civil society actors and include them in the peace negotiations either directly or indirectly through a consultation mechanism (International community, UN, UNDP, IOM, MoSD, and NGOs).
- Support the local conventions that prevent conflict the new and the old ones (UN, UNDP, IOM, MoSD, NGOs, Native administration, and local initiatives).
- Provide support for projects and initiatives that is advocating for peace and conflict prevention (UN, UNDP, IOM, MoSD, NGOs).
- Conduct an awareness campaign through media to promote peace building and conflict prevention (UN, UNDP, IOM, MoSD, NGOs and local initiatives).

Humanitarian coordination and response modules:

In Sudan humanitarian response is organized for many years through the UN and Partners Humanitarian work plan, Joint-Reponses, and individual projects by all UN, INNGOs, NNGOs and governmental bodies supported by the generous donors. For this conflict due to the fighting in the capital where all the headquarters of these organizations exist, besides the still ongoing fighting the humanitarian actor could not responds immediately. The humanitarian sector also received many attacks to its partners and stocks and hence lost connection and means. International staff were evacuated from Sudan, and some national staff remain in the safe areas mainly in Portsudan. On the other hand, national partners also lost their headquarters offices, but they are still functioning through their staff and personnel on ground in all states besides their connection to the volunteers and community initiatives at community level. NIDAA started and initiative of forming a group of national organizations to which

many NNGOs joined together to organize itself and plan together for the interventions. Also NIDAA called among the other National Platforms such as the Development Platform for NNGOs to participate, they did so and worked together in collecting the data for the matrix (will be attached to this assessment including the participating NNGOs). Unicef, IOM, UNHCR, and some other INNGOs are engaged in mapping for the 3Ws and 4Ws in all Sudan. There may also be other initiatives or actor not captured by this assessment due to the limitations known.

Recommendation for humanitarian and response module:

- Consolidate the partners data that is available in active platforms of National NNGOs, INNGOs, UN, and local taskforces, in one group that facilitate and coordinate the humanitarian support (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Work through the national NNGOs, CBOs to reach the local communities for providing support and information (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Adopt a virtual coordination mechanism since physical meetings will not be possible for monitoring the operations (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Publish the humanitarian information and make it accessible to the public including links and contact to connect the local community with humanitarian actors to guarantee accountability (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Adopt a more flexible and swift contracting mechanism and grating type (fixed amount), that avoids the bureaucratic delays for funding considering the urgency of the situation (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Provide exceptional payments terms other than the regular ones, to facilitate the delivery of grants to the contractors and the transferring processes (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).
- Adopt a weaver for the required procurements processes and documentation as suitable or needed based on individual cases (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives)..
- Adopt more cash transfer than in kind support to access people with difficult access and to mobilize the local markets through vouchers or direct cash (Donors, UN, Joint responses, NNGOs, INNGOs and local initiatives).

Appendix 1:

Detailed Hospitals situation according to the:
Preliminary Committee of the Sudanese Doctors Syndicate

Report on the status of hospitals:

—For May 18, 2023—

For the thirty-second day since the start of the clashes.

Release date: Saturday 20 May 2023

Release time (11:40)

(67%) of the hospitals * adjacent to the areas of clashes* that we have confined to are suspended from service, out of (89) basic hospitals in the capital and the states, there are (60) hospitals that are suspended from service and (29) hospitals that are fully or partially operating (some of them provide first aid services Initial only) and it is also threatened with closure due to the lack of medical personnel, medical supplies, water and electricity current.

All health facilities are still out of service in the city of El Geneina, after they were attacked and looted. The only kidney center in El Geneina is out of service.

A puncture in the water tank in Nyala Hospital, and an explosion occurred near the dialysis center in Nyala.

(17) hospitals have been bombed, and (20) hospitals have been forcibly evacuated since the beginning of the war.

(9) ambulances were attacked by the military forces, and others were not allowed to pass to transport patients and deliver aids.

The capital, Khartoum:

First: Khartoum City:

Hospitals out of service:

| Governmental Hospitals |:

- Khartoum Teaching Hospital: The hospital was bombed and evacuated
- Al-Shaab Teaching Hospital: The hospital was bombed and evacuated.
- Ibrahim Malik Hospital: The pediatric department was bombed (the hospital was out of service previously).
- Bashair Teaching Hospital: The hospital was bombed and evacuated
- Police University Hospital: The hospital has been evacuated
- Ibn Sina Specialist Hospital: The hospital was bombed and evacuated.
- Dental Hospital: The hospital has been evacuated
- Ear, Nose and Throat Hospital: The hospital has been evacuated
- Dr. Salma Center for Kidney Diseases: The hospital has been evacuated
- Khartoum Hospital for the treatment of tumors (corn): the service is suspended

- Eye Hospital: The hospital has been evacuated

| private hospitals | :

- Fadil Hospital: The hospital was bombed and evacuated.
- Al-Zaytouna Specialist Hospital: The hospital was bombed and evacuated
- Al-Jinan Cancer Center: The hospital was bombed and evacuated
- Imperial Hospital: The hospital has been evacuated
- Al-Faisal Hospital: The hospital has been evacuated
- Royal Care Hospital: The hospital has been evacuated
- Modern Dental Center: The hospital has been evacuated
- Rejoice Hospital: The hospital has been evacuated
- Dar Al-Alaj Hospital: The hospital has been evacuated
- Al Moallem Hospital: The hospital has been evacuated
- Al-Mawaddah Hospital: The hospital has been evacuated
- Hira Hospital: The hospital has been evacuated
- Baraa Specialist Hospital: The hospital has been evacuated
- Al-Munira Hospital: The hospital was evacuated
- Sharif Hospital: The hospital has been evacuated
- Doctors Hospital: The hospital has been evacuated
- Best Care Hospital: the service is suspended
- Sheikh Hospital: the service is suspended
- Al-Saha Hospital: the service is suspended
- Al-Tebib Hospital: Service is suspended
- Al-Raqi Hospital: the service is suspended
- Kuwaiti Hospital: The service is suspended
- Hawasha Hospital: the service is suspended
- Excellence Hospital: the service is suspended
- Al-Jawda Hospital: the service is suspended

Hospitals that operate with minimal capabilities and are threatened with closure:

| Governmental Hospitals |:

- Turkish Hospital: (emergency, general surgery, dialysis) in urgent need of oxygen cylinders
- Bashaer Teaching Hospital: The service is available in the departments (emergency, general surgery, orthopedics, dialysis) in urgent need of oxygen and fuel cylinders
- | Private Hospitals |:
- Al-Fouad Hospital: The service is available in departments (emergency, general surgery, orthopedics, dialysis) in need of medical and drug supplies.
- Hamida Children's Hospital: The service is available
- Al-Razi Hospital: The service is available (the service is not stable).

Second: Bahri City:

Hospitals out of service:

| Governmental Hospitals |:

- Bahri Teaching Hospital: The hospital was bombed and evacuated
- East Nile Hospital: The hospital was evacuated
- Haj Al-Safi Hospital: The hospital has been evacuated

Private hospitals:

- Al Baraha Medical City Hospital: The hospital was bombed and evacuated
- Al-Rehana Hospital: out of service
- Tabarak Hospital: Service is suspended
- New Dairy Hospital (East Nile): Service is suspended

Hospitals threatened with closure:

| Governmental Hospitals |:

- Umm Douban Hospital: service is available (first aid), but service is unstable

| Private Hospitals |:

- International: The service is available, in need of medical personnel and drug supplies
- Martyrs Hospital: The service is available
- Bashayer Specialized Hospital (East Nile): Service is available (morning shift only)

Third: Omdurman City:

Hospitals out of service:

| Governmental Hospitals |:

- Omdurman Maternity Hospital (Diyat): The service was suspended after the occupation of the hospital.

| Private Hospitals |:

- Al-Arbaeen Hospital: the service is suspended
- Taqi Hospital: Service is suspended
- Al-Wydad Specialized Hospital: the service is suspended
- Waad Hospital: Service is suspended
- Asia Hospital: the service is suspended
- Al-Nada Hospital: the service is suspended

Hospitals whose operational status may stabilize with the availability of urgent needs:

| Governmental Hospitals |:

- Omdurman Teaching Hospital: There is a need for surgeons, internal medicine specialists and anesthesiologists
- Al Nou Hospital: Service is available (emergency, general surgery, orthopedics, dialysis) in need of medical and drug supplies and anesthesiologists

Hospitals providing services:

| Governmental Hospitals |:

- Ambada Model Teaching Hospital: The service is available
- Al Balak Hospital: The service is available
- Muhammad Al-Amin Hamed Hospital: the service is available

- Abu Saad Hospital: The service is available

| Private Hospitals |:

- Al-Baqaa Hospital: The service is available
- Al-Hakim Hospital: The service is available
- Al-Wydad Hospital: The service is available
- Qatar Al Nada Hospital: Provides first aid
- Blue Nile Hospital: Provides emergency services, dialysis and small operations.

The other States:

Hospitals out of service:

| Governmental Hospitals |:

- Children's Teaching Hospital (Al-Obeid City): The hospital was bombed and evacuated
- El Geneina Teaching Hospital: The hospital was attacked and the service was suspended
- Karima Teaching Hospital (Marawi): The service is available

| Private Hospitals |:

- Social Security Hospital (Marawi City): the service is suspended
- You will be described as Hi Care Specialist (Al-Abyad City): The service is available
- The British Hospital (Al-Abyad City) service is available
- Children's Specialist Hospital (El Fasher): Service is suspended
- Iqraa Hospital (El Fasher): Service is suspended
- Nabd Al Hayat Hospital (El Fasher): Service is suspended

Hospitals providing the service:

| Governmental Hospitals |:

- El-Fasher Teaching Hospital: It suffers from a severe shortage of medical staff, water and foodstuffs
- Al-Abyad Teaching Hospital: The service is available, and medical and medical supplies are needed
- Kassala Teaching Hospital: severe lack of oxygen
- Kassala Saudi Hospital for Obstetrics and Gynecology: lack of oxygen and blood bottles
- New Halfa Hospital (Kassala): Severe hypoxia
- Marawi Military Hospital: Provides a service
- Nyala Hospital: returned to service

| Private Hospitals |:

- El Fasher Specialized Hospital for Obstetrics and Gynecology: The service is available
- Al-Daman Specialist Hospital (Al-Obeid City): returned to service

Preliminary Committee of the Sudanese Medical Association - Information Office

Saturday 20 May 2023

Corresponding to 30 Shawwal 1444

Appendix 2:

The mapping Matrix tool (attached)