

## Sudan Conflict: Wad Madani, Al Jazira State Rapid Needs Assessment Report

26 April 2023

### Introduction

This report outlines the findings of a rapid needs assessment conducted by the Norwegian Refugee Council (NRC) in Madani between 23-25 April 2023. The assessment was conducted on new arrivals who had fled the active fighting between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) in Khartoum.

Conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) erupted in Khartoum on 15 April 2023. Heavy gunfire and explosions were heard from several locations in Khartoum whilst significant clashes were reported throughout other parts of the country including in Al Fasher in North Darfur, El Obeid in North Kordofan, Nyala in South Darfur, Zalingei in Central Darfur, Kassala in Kassala State, and in West Darfur state. Humanitarian activities were interrupted in many states due to widespread insecurity with many reports of looting humanitarian assets. An estimated 400 fatalities, including five humanitarian workers, have been reported whilst 4,000 individuals have been injured.

The conflict has resulted in displacement of civilians in Khartoum, Northern, Blue Nile, North Kordofan, North Darfur, West Darfur, central Darfur and South Darfur states, as well as cross-border movements to surrounding countries. There are currently an estimated 3,000 – 3,500 IDPs and refugees in Madani, spread across 16-18 locations, primarily from Khartoum and mainly women and children, whilst a further 18,000 displaced people are estimated to be staying in villages surrounding Wad Madani and Al Manaquil towns. Composition of the displaced population includes 75% of IDPs and 25% of refugees, mainly from South Sudan, Ethiopia, and Eritrea. The state Humanitarian Aid Commissioner (HAC) further indicated that 25,000 individuals, both IDPs and refugees, have passed through Madani to other states, such as Gedaref, Kassala, and Port Sudan.

NRC conducted a rapid needs assessment in the 8 gathering sites in Madani (Abdallah Mosa school, Abu Zaid school, Agricultural Research School, Alanjelia 1&2, AlBandar School, Alshima Hostel, Maknemer Hostel) between the 23<sup>rd</sup> and 25<sup>th</sup> of April 2023. A total number of 104 individual (67% female and 33% male) households were interviewed through a household survey. The assessment adopted a quantitative approach to data collection through

households' surveys using kobo collect. The data collected was also triangulated with the results of key informants' interviews and direct observations at the gathering sites.

### Key Findings

#### General Findings

**Intention to return to places of origin:** 92% of the respondents indicated their intention to return to places of origin. The main barrier to return included the security situation in the places of origin as reported by 66% of the respondents, lack of access to land 21% of the respondents and lack of access to services 9% of the respondents.

**Priority needs:** According to the ranking by displaced households, Food was identified as priority 1 (66% of the respondents, health was identified as priority 2 (54% of the respondents), whilst protection including access to civil documentation was ranked as priority 3 (67% of the respondents).

**Preferred transfer Modality:** Cash was identified as the most preferred transfer modality by 63% of the respondents, followed by in-kind assistance 25% of the respondents, whilst 11% of the respondents preferred service provision. Safe access to markets was reported by 88% of the population.

#### Sectoral Findings

**Food:** 44% of the respondents had a poor food consumption score, whilst about 69% of the respondents reported a high coping strategy index indicating extensive use of negative coping strategies and hence increased food insecurity. The main source of food for the households was through humanitarian assistance 64% and from donations from well-wishers 23% especially in the host communities. The main barriers to accessing food was lack of financial resources 76%.

**Shelter:** Lack of access to shelter was reported by 60% of the interviewed population. The main barriers to shelter reported include lack of financial ability (65%), availability of shelter (18%), whilst 13% reported on security.

**Health:** Affected households reported that they could access health services at nearby health facility (65%). However, the main barrier to accessing health was lack of financial ability due

to high cost of drugs as reported by 62% of the respondents.

**Access to water:** The main source of water reported was tap water (89% of the respondents). 85% indicated that the quantity of water collected was adequate for their daily needs whilst 94% reported that the quality of water was acceptable. Lack of water storage containers was however reported by 62% of the population.

**Sanitation and Hygiene:** 94% of the respondents reported that they have access to latrines. A few issues were noted on handwashing behaviours which would need to be addressed to avoid public health risks as 66% of the respondents indicated that they do not wash their hands with soap or ash.

**Education:** 80% of the households reported that boys between the ages of 6 to 11 were out of school whilst 76% of girls of the same age were also out of school. The main barriers to education cited include non-functioning of school (96% of the respondents) and security situation in locations of origin (62% of the respondents).

**Protection:** Respondents indicated that women and adolescent face protection risks which include risk of being attacked when accessing latrines and marketplaces (27%), 16% of the respondents indicated that there was no safe place for women and girls whilst 6% reported on the risk of sexual violence. The risk was high in locations such as waterpoints, unoccupied shelters and marketplaces. Households also reported on the loss of key official documents such as National IDs (27%), birth certificates (23%), passports (18%) and marriage certificates (17%).

## Recommendations

The general observation is that Madani is being used more as a transit/relocation point by affected families as they move further to other locations which they consider safe. Based on this, there is need to implement immediate life saving assistance that helps families to meet their basic needs as they continue to move to their destination. However, there is need to ensure adequate services are provided especially at the gathering sites to reduce the possibility of public

health risks. Based on the findings the following recommendations are put forward:

**Multi-purpose cash assistance:** Due to the fluid nature of the IDPs, it is recommended that MPCA be implemented to support the families to meet their basic needs. Rapid market and cash feasibility assessments will need to be prioritized to inform the transfer value. The current increase in prices in Sudan has impacted on the Cash Working Group's minimum expenditure basket (MEB) valuation, hence the market assessment will help inform a relevant MEB to address the needs of the affected families.

**Provision of Health services:** Where feasible there is need to provide mobile health services to complement the existing facilities.

**Nutrition monitoring:** The current FCS and coping strategy index point out the high food insecurity. This could lead to malnutrition especially amongst children and pregnant and lactating mothers. Hence provision of nutrition monitoring services is highly recommended.

**Protection services:** There is need to strengthen protection monitoring services as well as strengthening of referral pathways to ensure victims receive the needed support. PSS services should be provided to families and partners can consider setting up protection posts at the transit centres as well as child friendly spaces to cater for unaccompanied and separated children. Support for women and girls through the provision of dignity kits is also recommended.

**Further WASH assessments:** Due to the high numbers passing through the transit centres in Madani it is recommended that further standalone WASH assessments be conducted to understand the impact of the inflow of people on the existing wash systems to identify any potential public health risks.

*Please refer to attached dashboard for more details on rapid needs assessment findings.*



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