

Photo: SCI Supported schools burnt down in West Darfur



Report

SUDAN CONFLICT RAPID NEED ASSESSMENT

May 3-8, 2023



Save the Children

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TOP HEADLINES:

- 736,223 individuals (149,599 households) displaced across the country
- 177,000 crossing into neighbouring countries
- 600 people amongst which 190 children were killed and 1,700 injured in just the first 11 days of the conflict that began on April 15.” Seven children were being killed or injured every hour. As of 5 May, over 5,100 of people are reported to be injured.
- The number of acutely food insecure is expected to rise to 19 M across Sudan in the next 3-6 months
- The fighting has disrupted lifesaving treatment services to about 50,000 children with Severe Acute Malnutrition (SAM), including 1,700 children with medical complications.
- Over 80,100 of the displaced are women and girls of reproductive age (15-49 years old), nearly 8,000 women are pregnant and in need of SRH.
- Grave violations are reported against children

EXECUTIVE SUMMARY:

From 3 to 8 May, a snapshot of the needs was conducted in Khartoum, Gezira, North and West Darfur states, and Red Sea state. These rapid needs assessment adopted a mix of desk review, phone-based interviews and observations.

The current clashes are creating an unprecedented humanitarian crisis in Sudan, and especially in Khartoum, West, North and South Darfur and North Kordofan. The situation West Darfur’s capital Geneina is very challenging after all gathering points burned down leaving more than 90,000 Individuals without access to shelter, food, water, and health and nutrition services.

The impact on children is immense. The conflict is deeply affecting important part of children’s lives. In Khartoum and greater Darfur, learning has been limited, or even non-existent. Some schools in safer areas are sheltering displaced families and examination is interrupted in a number of areas. In Khartoum and greater Darfur, school occupation by armed groups has been reported (EiE Cluster). Health facilities in Khartoum, and greater Darfur are collapsing limiting access to care, malnutrition treatment (15,000 of malnourished children seeing their treatment interrupted) and vaccination for children under five (millions of vaccine doses have been destroyed).

There have been reports of grave child rights violations including killing, maiming, and exploitation - recruitment of children in armed groups (esp. street children) and SGBV are frequently reported.

There is lack of fuel, electrical outages, insecurity, movement restrictions, looting and closure of shops and businesses due to the conflict is affecting people’s ability to earn a living. Disruption to market value chains, lack of access to money, are soaring already high pre-crisis prices. Prices of food and bottled water have soared by 40-100% due to interruptions in the basic supply chain in Khartoum (some prices have increased 300%, such as fuel in Khartoum). Pre-crisis food insecure children and adults were already in high number with most of the country being rated in IPC 3.

Lack of safe drinking water has been reported in all areas experiencing conflict, increasing the risk of water-borne diseases, including cholera and mosquito-borne diseases (dengue fever and malaria). People in crowded IDP camps experiencing shortages of water and latrines, further

increasing health and GBV risks. Water quality treatment units, drilling and other equipment have also been destroyed, exposing people to untreated drinking water.

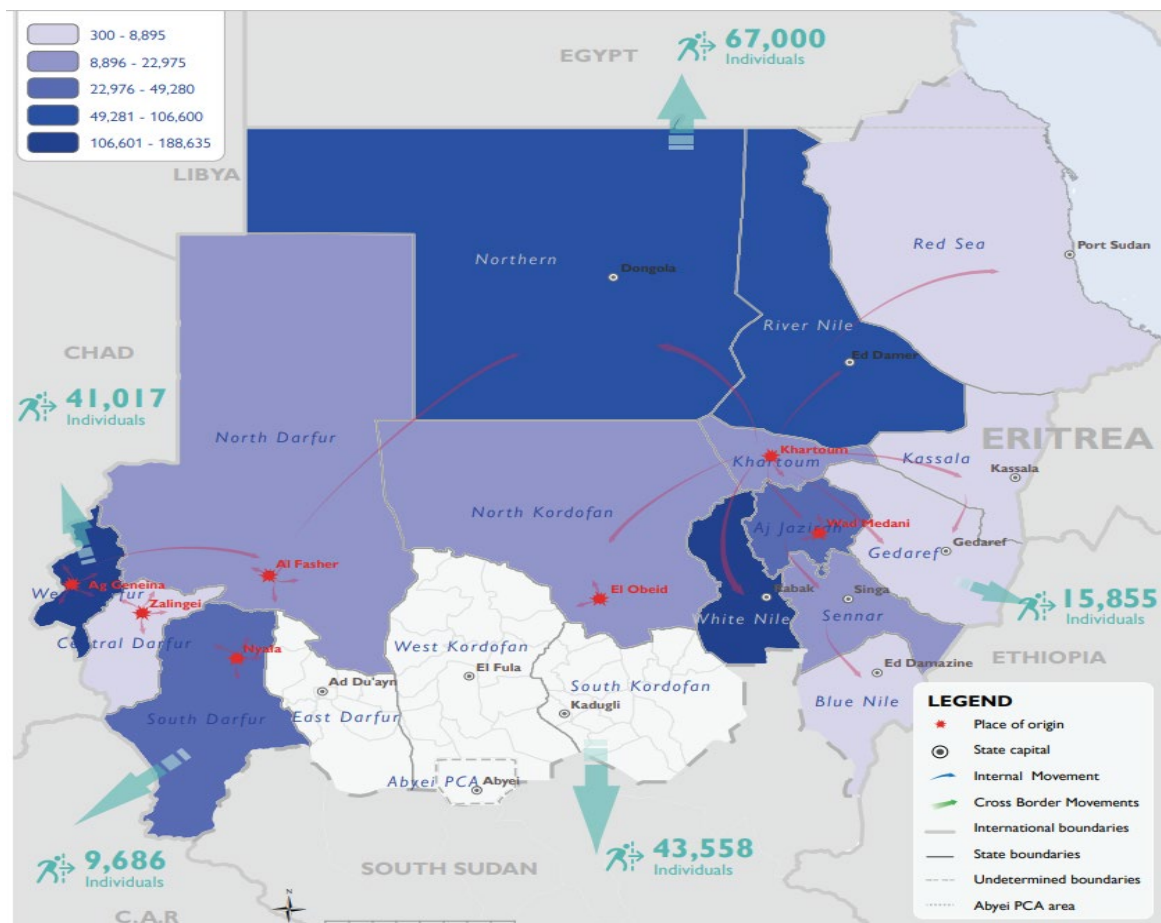
In the face of these challenges, several parameters need to be eased before a real scale up is possible (access, fuel, procurement ability, availability/access to cash or banking system). The report includes recommendations for when a few starts realising.

Whilst feasibility monitoring is necessary, we are trying our best to be ready to front the worse impacts. Indeed, **we can expect outbreaks due to the lack of water, hygiene, sanitation, the coming rains and the density of population.** We must be ready to front the worst impacts on child protection and be ready to restore normality for children and provide people with life-saving items, commodities and larger range of services (including trauma care) as soon as possible using CVA to ensure that people keep their necessary mobility.

INTRODUCTION

Clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) that erupted on 15 April 2023 are having devastating consequences for civilians. The conflict also spread in other parts of the country (such as Darfur and North Kordofan). As of May 4th, at least 736,000 people have reportedly been displaced inside Sudan since 15 April, according to estimates by IOM's Displacement Tracking Matrix (DTM). In West Darfur, most of the residents of Ag Geneina town have left due to the fighting that erupted on 24 April. Although figures are not confirmed, about 156,500 people are estimated to be displaced in the state. Overall Fourteen (15) out of Sudan's 18 states have been affected by displacement. 177,000 people have crossed in neighboring countries.

Save the Children International in Sudan country office started building a picture of the needs. This report is based on a first attempt to rapidly assess needs and access and get top line information about the ongoing situation in the affected areas around Sudan. This will guide the first thinking into what assistance is needed and what response will be required when a number of key necessary parameters (such as access, fuel, electricity, ability to distribute stocks, ability to establish supply chains, access to money) will start easing. Whilst there are timid signs of positive developments in the banking system and negotiation to be able to import supplies, further improvements are necessary before being able to deploy a fuller response.



Sudan Sitrep IOM, 9 May 2023

Objectives of the exercise:

1. Identify the level of impact of the conflict on infrastructure and services provision across sectors
2. Identify the most urgent lifesaving needs across areas

3. Estimation of the number of affected populations in each location
4. Identify feasibility to establish activities in the different areas

Methodology

This assessment adopted a qualitative methodology based on desk reviews for available secondary data, along with primary data collected using phone-based interviews with key informants in the affected, observation during sites visits in accessible areas such as Port-Sudan and Al-Jazirah.

Limitations

Insecurity and access limited the availability of detailed information on the most urgent needs at sub-national level. The situation is extremely volatile, and it is difficult to confirm whether the humanitarian situation has improved, deteriorated, or remained the same in conflict-affected areas or other areas that the conflict has not directly affected.

SITUATION AND NEEDS PER THEMATIC AREAS

1. Child protection

- Children on the move to escape the violence and a number of children are unaccompanied and separated (no figure yet but assumed to be substantive).
- Reports of grave child rights violations including Killing and Maiming, and street children are more at the risk of recruitment, and SGBV are reported (still under verification).
- Increase in the cases of children getting recruited by armed groups (CAFAAGS) reported, particularly in Khartoum and the Darfur regions.
- Children are distressed because of witnessing violence, loss of family members, displacement and insecurity and are in urgent need of psycho-social support and normality.

2. Health and Nutrition

- Health facilities in Khartoum and in the greater Darfur are either not functioning or closed, which limits access to care, malnutrition treatment and vaccination for children under five.
- In Khartoum, 61% of health facilities are closed and only 16% are operating as normal, leaving millions of people without access to health care.
- Health system in West Darfur is on the verge of collapsing and no health services is available for the affected people with the exception of some mobile clinics established by the armed groups to provide first aid for the injured.
- An estimated 50,000 acutely malnourished children have had their treatment disrupted due to the conflict.
- Health facilities and warehouses in Khartoum and greater Darfur looted; there is lack of syringes, medicines, gloves and other medical supplies, further weakening the health system.
- Hospitals in Khartoum (East Nile hospital, among others) reported to be occupied by both sides of the armed groups and ambulances being hijacked and used for other purposes, preventing access to hospitals.

- Vaccines and cold chains destroyed in Khartoum and Darfur regions, affecting routine immunization services thus children under 5 are at risk of contracting preventable diseases.
- Lack of water and sanitation facilities and displacement situation increases the risk of GBV and outbreaks. There is need to support the health system to prepare for any possible outbreak as well as management of survivors of SGBV.
- Disruption in the health system increases further the preventable maternal, newborn and child mortality. The functional health facilities are overburdened and need to support all emergency care.

3. Education

- The conflict has severe impacts on learning opportunities.
- Schools in Khartoum and in the Greater Darfur are either not functioning or closed. Some schools in safer areas such as White Nile, South Kordofan and Gezira are currently occupied by families fleeing Khartoum and Darfur regions, thus schools cannot be used for learning purposes.
- Examinations interrupted in certain states due to the occupation of schools as well as conflict restricting movement and access to schools.
- Forced displacement of teachers and children.

4. Water, Sanitation and Hygiene (WASH)

- Lack of safe drinking water has been reported in all areas experiencing conflict, increasing the risk of water-borne diseases, including cholera and mosquito borne diseases (dengue fever and malaria) due to negative coping mechanisms such as drinking unsafe water, poor hygiene practices such as handwashing, clean food chain etc.
- Water quality treatment units, drilling rig and other equipment have also been destroyed, exposing people to untreated drinking water
- Newly displaced people find themselves in crowded IDP camps experiencing shortages of water and latrines, further increasing health and GBV risks
- Increased pressure on the use of the already insufficient water and sanitation infrastructure has led to increased breakdown of the existing and functional water points and yet travel and movement restrictions have made it difficult to move spares and labor to repair the damaged water and sanitation facilities.
- Lack of basic hygiene and Sanitation supplies such as soap, MHM materials, handwashing facilities is highly impacting on the social wellbeing and the health of the affected communities
- Long queues at water points due to the increased population in safe locations have led to scramble and violence at water points.

5. Food security and livelihoods

- Acute food insecurity in Sudan is escalating rapidly and worsening the already high burden of food insecurity before the conflict. According to FEWSNET, the ongoing conflict has caused a swift and unanticipated disruption to trade and market functionality, household mobility, humanitarian assistance, and basic service provision, including healthcare, banking, electricity, transport, and communication, has left millions of people facing critical shortages of food, water, and basic supplies, including in dense urban areas and in greater Darfur, which hosts a large share of displaced and acutely food insecure people.

- It is also expected the current fighting will affect the rural areas as the trade disruptions and price increases are likely to continue, exacerbating the food consumption gaps.
- Prices of food and bottled water have soared by 40-100% due to interruptions in the basic supply chain in Khartoum.
- Availability of food items in the market is a major challenge, especially in the hotspot urban areas such as Khartoum and parts of Darfur, given disruption of the supply markets and closure of markets and limited access to markets that are functional. The number of people requiring food assistance is rapidly increasing from already high pre-crisis number, where the population was already in IPC 3.
- The very poor and poor households who are dependent on labor and daily income are reported to be the most affected.
- There is lack of fuel, electrical outages, insecurity, movement restrictions, looting and closure of shops and businesses due to the conflict is affecting people's ability to earn a living.

6. Gender and Inclusion

- It is also worth mentioning that most of the displaced population from conflict-affected areas to neighboring countries are women, girls, and children.
- Female headed households and persons with disabilities are more vulnerable to the consequences of conflict, including displacement, loss of income, and limited access to basic services and food supplies.
- Displacement, lack of basic services, and breakdown of law and order have exacerbated the situation, leaving women and girls vulnerable to sexual violence, forced marriage, and other forms of abuse.
- Many families have been forced to flee their homes, which is expected to disrupt their children's education, particularly girls who are more vulnerable to dropping out of school.
- A significant challenge facing survivors who have experienced GBV, including rape, is the lack of access to clinical management of rape and PEP kits and counseling services in health facilities, which is mostly not functional due to the fight.

7. Community Engagement and Accountability to Children and Adults

- Ensure future needs assessments capture children's and adult's preferences and capacities (e.g. language, literacy level, access to mobile networks, etc.) when it comes to receiving information, sharing feedback and concerns and participation, and share findings through AAP/CEA TWG (see above).
- Language mix and make-up of previously stable areas will shift with migration of individuals.
- Changing media reach, accessibility, landscape and infrastructure due to conflict, destruction of property, and access to necessary resources, such as fuel for generators
- Social media channels are active and continue to be a trusted source of information, however content is not always accurate and can be classified as mis-, mal-, or dis-information
- Humanitarian actors historically have not engaged extensively with these social media platforms as well as local media for improved communication penetration as well as to monitor on-going discourse, rumours, mis-information, feedback and needs in order to respond appropriately.
- Coordination efforts are underway, including an active AAP/CEA TWG in Sudan and CDAC CoP, bringing together response partners working on a multi-country response.

- Emerging information needs are around access to life-saving and supportive services, including in relation to health care, food, cash, immigration processes, MHPSS, and PSEA reporting
- Potential of growing mis-trust in the international humanitarian community given rapid departure and reduction in delivery capacity at crisis on-set. Further, use of stolen branded resources by armed forces.
- Community groups, both formal and informal have been active in the response, including in the provision of services, support and information.

RECOMMENDATIONS

The RNA identified a wide range of needs among the armed conflict - affected populations in all assessed sectors (i.e., health and nutrition, child protection, food security and livelihoods, education and WASH). The recommendations include:

General Operations, Distribution, & Integration

- I. Ensure geographical locations to respond in are selected in consultation with all technical staff (rather than being driven by one individual sector), to ensure children and their families in these communities can benefit from a package of integrated services and support; Save the Children support could and should also be integrated with that of partners in the same area
- II. Map and assess existing capacity of local/national partners, especially partners who may have been affected by looting of assets and supplies

Gender and inclusion

- I. Conduct a rapid gender assessment and establish feedback loops with crisis-affected women and adolescent girls.
- II. Ensure future needs assessments capture children's and adult's preferences and capacities (e.g. language, literacy level, access to mobile networks, etc.) when it comes to receiving information, sharing feedback and concerns and participation, and share findings through AAP/CEA TWG (see above). Use findings to further tailor existing information sharing approaches and our existing Feedback and Reporting Mechanism, to ensure it remains accessible and inclusive.

Health and Nutrition

- I. Where possible and safe, mobile clinics could start being run through SMOH staff
- II. Provision of emergency health kits, essential supplies and medicines to healthcare facilities to ensure access to basic health services and support the treatment of the injured.
- III. Prioritize immediately the need to distribute also trauma and war injury kits and at a later state training for medical and para medical staff. Assess when possible, the functional facilities (these can be saved supported or others) as well as national partners catering for the injured to assist with trauma and injury care.
- IV. Assess immediate needs for maternal and newborn care and based on information plan appropriate response in the communities (through support to trained midwives) and at functional health facilities (Health centers, BeMNOC and CeMNOC).

- V. Assess immunization situation in relation to the destruction of the cold chain. Liaise with the cluster and UNICEF to plan and implement alternative means to provide immunization.
- VI. Based on disruption in immunization / EPI program, destroyed water and sanitation system, lack of all basic services and displacement there is a very high risk and likelihood of outbreaks. Work with the cluster, ministry of health and partners/stakeholders to plan and prepare for potential outbreaks and response.
- VII. Where possible and safe, prioritize interventions to sustain Stabilization Centers for children with SAM complications, followed by treatment for SAM children without complications
- VIII. Where possible provide Mental health and psychosocial support for children and their families
- IX. Make sure to prioritize rape kit supplies, ensuring they are available and accessible to healthcare providers and survivors of sexual assault. This can involve coordinating with UNFPA and GBV AOR. Coordinate for CMR training when possible to ensure the correct services are provided to all survivors.
- X. Ensure access to life-saving sexual and reproductive health services aligned with the Minimum Initial Service Package for SRH in Crisis Settings and the continuation of other essential health services.
- XI. Where possible provide Mental health and psychosocial support for children and their families
- XII. Ensure frontline staff have training on PFA and have the skills and knowledge to appropriate and safely refer children and their families to other services, including MHPSS services, CP services, Health and Nutrition services, and to our internal teams organizing distributions of in kind or cash assistance

Water, Sanitation and Hygiene (WASH)

- I. Ensure that IDP centers have sex-segregated toilets and bathing spaces.
- II. Assess and incorporate WASH facilities within health facilities and in communities as a response to potential outbreaks (most likely for outbreaks to occur due to the disrupted and compromised WASH system)
- III. Prioritize the provision of culturally appropriate WASH kits for infants and dignity/hygiene kits- including menstrual hygiene materials and incontinence pads for women, girls, and older people.
- IV. Ensure access to hygiene kits, dignity kits, cleaning tools in sanitation facilities through CVA or local purchase, whenever possible (market analysis beneficial).
- V. Work with existing community group to train on hygiene practices when possible.
- VI. When access permits, supply emergency water, tablets and re-stock necessary material.
- VII. Ensure that gathering points have latrines and showers rooms fenced, are rehabilitated, have electricity for lighting.
- VIII. Provide garbage collection tools.

Child Protection

- I. When appropriate set up cross referral with Health for SGBV survivors and in particular CMR cases.

- II. Collaborate with local actors to conduct SGBV and child protection services mapping, gap analysis, and referral pathways development, including GBV AOR (assign a focal point of communication).
- III. Disseminate information on available SGBV protection services and reporting channels through our accountability channels.
- IV. Train non-GBV and non-child protection actors to support survivors and inform themselves about referral pathways.
- V. Explore integration with education programmes and ensure child protection in schools.
- VI. Support the integration of protection and safety in the different interventions such as ensuring women and children's safety while accessing assistance or inform the design of infrastructure.

Education in Emergencies:

- I. Co-lead the EiE cluster
- II. Continued Access to education services where possible
- III. Identification of feasible actions to retain learners and teachers in schools where they move or live
- IV. Integration with CPiE to protect children from physical threats.
- V. Mental health and psychosocial support for children, carers and teachers.
- VI. Access to safe and protective learning environment for the well-being of children.
- VII. Working closely with CP, Nutrition, and WASH to promote an integrated approach.

Food Security and Livelihoods & cash and voucher assistance

- I. When the situation allows (when access, mobility and procurement are possible as well as banking system back on its feet): provision of food items, fuel for cooking, and/or cash (in bank notes) to the most vulnerable households in the short term whilst we assess/monitor the market for key food commodities, NFI e.g. cooking utensils, plastic mats and mattresses etc.) and services as well as the feasibility to deliver CVA through additional means.
- II. Consult with women on the food assistance and cash modalities, ensuring their safety while accessing assistance.
- III. Assess the labour market and opportunity for people to provide for themselves
- IV. Understanding of the intra-community informal safety-nets
- V. Where possible, provide in-kind and multipurpose cash assistance (MPCA) for affected population and IDPs so that they can meet their food related and other basic needs, this needs to be particularly prioritized for relatively stable areas such as River Nile, White Nile, Ai-Jazirah, and Port Sudan. As people are moving in a very dynamic way, there is a need to provide them with flexible means to access what they need.
- VI. Consider supporting traders to resume activities
- VII. Consider cross-border CVA/market support operations
- VIII. Assess the situation of current prepositioned supplies and estimate the needs of populations, as well as restocking strategies
- IX. Support the integrated phase classification effort, when/if relevant
- X. Engage in high level advocacy to open safe routes for humanitarian assistance as hundreds of thousands around the assessed areas are currently left without shelter, food, and drinking water due to inaccessibility for humanitarian assistance
- XI. Provide ways to generate income or food

FINDINGS AND RECOMMENDATIONS PER STATES:

1. Khartoum

General situation: The Clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in Khartoum continued for the 22 consecutive days with more than three broken truces. Since the start of the clashes significant movement has been reported although some families have been unable to move due to the high cost of transportation.

Accordingly, to the IOM 9 May 2023 sitrep, of those displaced from Khartoum, approximately 22,975 IDPs have sought refuge in other locations across Khartoum state, while the remaining 492,865 have fled to other states across Sudan. IDPs from Khartoum have been observed in 10 other states. IDPs from Khartoum have largely headed to White Nile (188,635 IDPs), Northern (106,600 IDPs), River Nile (96,095 IDPs), and Aj Jazirah (48,930 IDPs). Notably, entire IDP caseload in White Nile, Northern, River Nile, Sennar, Aj Jazirah, Red Sea, Blue Nile, Kassala, and Gedaref have reportedly arrived from Khartoum.

Some of the population crossed the border to Egypt, Ethiopia, South Sudan and Saudi Arabia. This population primarily include those who have residency permits to Gulf or Asian countries to transit through Saudi Arabia. During the fight's factories, banks, shops and markets have been looted or damaged, power and water supplies have been failing, with steep price rises and shortages of basic goods.

Internally displaced from Khartoum per state:

State	Sum of # IDP INDIVIDUALS
Khartoum (other areas)	22975
Al Jazirah	48930
Northern	106600
River Nile	96095
White Nile	188635

IOM, 9 May 2023

KEY FINDINGS

Humanitarian assistance and access: No humanitarian assistance was delivered to the affected people up to the time of the assessment as access and security still remain a challenge despite ongoing effort and repeated announcement of humanitarian truce which is unmet from both parties. Informants reported that the only humanitarian assistance provided was by neighborhood emergency committee with local effort to support the most vulnerable daily food needs, coordinating referral for cases in need for urgent health needs and supporting neighborhood health center to provide services. The security situation is still experiencing significant deterioration, as the fighting continues in most parts of Khartoum, due to the continuous shelling, total breakdown of law and order, looting and the presence of fighting forces in all Khartoum areas. Movement around Khartoum is still limited and considered risky with exception of few calm areas.

Food security and livelihoods: Due to the dependence of many families on the daily income, many families cannot bear the cost of movement from Khartoum due to the high cost of transportation to

the nearby safe cities. These families face an acute shortage of food resulting from their inability to bear the cost of food in addition to the high prices of basic materials such as flour, sugar, and cooking oil. These families do not also have access to cooking fuel as they depend on cooking gas which is in short supply around Khartoum and if available, it is not affordable to the most vulnerable. We couldn't determine a specific number of families who need food support, but it is certain, according to the key informants in the Emergency Committee, that a third of the families present need immediate food support or unconditional cash support to provide for their families. The number of families in need for food support is expected to increase if the security situation and restriction of movement continued.

Shelter and NFIs: As mentioned by key informants, most families are not facing issue with shelter or NFIs in the current situation although few households experienced partial damage to their houses due to the shelling. Currently, NFIs and shelter support is not considered an urgent need.

Health: In Khartoum, 61 per cent of health facilities (52 hospital around Khartoum state) are closed due to direct attacks, occupation by fighting parties, access, lack of electricity, water supply or fuel, or stock out of medicine, according to the World Health Organization (WHO). Cold chain equipment, vehicles, records and assets have been either looted or destroyed and it is estimated half of the vaccines have been lost. Medical stockpiles are running critically low in conflict-affected areas, with shortage of all medical and surgical supplies, including oxygen and blood bags, according to the Sudan Doctors Union. Furthermore, an increasing number of children and parents need mental health and psychosocial support (MHPSS) and only 16 per cent of health facilities are operating as normal, leaving millions of people without access to health care. Some of the neighborhood health facilities are working with low capacity and for limited hours with support from neighborhood committees. Urgent support identified is lifesaving medicine, medications for chronic diseases (insulin), lab materials, support for transportation for health workers and safe routes for people to receive health services, if any.

WASH: Access to water remains one of the main challenges. In Khartoum, several neighborhoods face severe water shortages due to blackouts, lack of fuel, and damage to water supplies points during the fight. There is no reported damage to the household's sanitation facilities but there is likely damage of drainage lines in areas which are not accessible at the moment while shortage of water in most areas affect the community's good hygiene practices such as hand-washing at critical times and personal hygiene practices. The most vulnerable households, in low income strata, need support to access their basic hygiene materials. Girls and women will need dignity kits specifically sanitary pads as they are not able to get out of their houses with so many warnings of rape and roads not being safe for women and girls. There are limited Water and Sanitation facilities in the crowded public facilities such as schools, hospitals and markets where most displaced people have taken shelter leading communities to negative coping mechanisms such as open defecation, use of untreated and unsafe water for drinking and domestic use, poor hygiene practices etc.

Child protection: Many children were killed and many were injured with ongoing fight and most of the area of Khartoum considered not safe for children, some cases of rape was reported with no confirmed numbers, There is as well Presence of UXOs, ERWs in most of the neighborhood around Khartoum one of the key informants shared that they have Patrols to search for UXOs, ERWs when possible and inform the nearest troops either from RSF or SAF to collect or disassemble it. Although data is limited an increasing number of children and parents are expected to need Mental Health and Psychosocial Support (MHPSS) there is a need for prevention and response to child separation from

family during the current crisis, and prevention and response to child recruitment and use by armed actors.

Market assessment all the big markets around Khartoum have been looted and some were burned, which will affect the supply network for most commodities. Most of the groceries shop are still operating within the neighborhoods for limited hours within the day. With a noticeable rise in commodity prices to a degree that doubles in many cases. It can be said that the main barrier related to the market is accessibility with the continuation of the clashes. Prices are expected to rise even more with the scarcity of materials and inability of merchants to obtain supplies from outside Khartoum in addition to the inability of many families that depend on daily income to bear the cost of basic commodities. The main mean of transferring money is bank applications, with all banks in Khartoum not working and many have been looted and vandalized, in the current situation cash can be considered as the most used mean to buy commodities.

Khartoum urgent needs:

- High-level advocacy to provide safe routes for humanitarian assistance
- Provision of food items and cash to the most vulnerable households
- High-level advocacy to request conflict parties to stop occupying hospitals and allow safe access to health staff.
- Support the hospitals and health facilities with live-saving supplies
- Mental health and psychological support for children and their families

2. North Darfur, Al Fashir

General situation: Fighting with heavy weapons occurred between RSF and SAF, during that the residents of the city of Al Fashir live in a state of panic. They were not able to move to fulfill their basic needs or even aid the injured or collect the dead bodies from the streets. Clashes caused damage to the infrastructure and public services. Markets, government offices, banks, food stores, supplies and medicines warehouses were looted along with offices and warehouses of humanitarian aid organizations.

The fighting caused the displacement of 22,775 individuals in the state. The displacements are occurring within locations across Al Fasher, Kebkabiya, Al Malha, As Serief, As Salam, and Tawila localities, with the majority in Al Fasher Town. Displaced families are reportedly seeking shelter across Al Fasher, Dar As Salam, Al Koma, Melit, Kebkabiya, Kutum, Um Kedabah, As Serief, Al Malha, and Tawila localities to varying degrees. All IDPs within North Darfur have been displaced from locations across North Darfur and West Darfur. These families lost their basic household items and some of their houses are partially damaged due to the shelling. In general, the security situation is still fragile, and the clashes may restart at any time, but the population now has limited mobility within the neighborhoods to meet their basic needs. Lastly, there were separate clashes reported in Kabkaya locality with no available information on the effect.

KEY FINDINGS

Humanitarian assistant and access: It is a bit calm in Al Fashir after the intervention of the local community and some of the actors of the armed groups who signed Juba peace agreement. These groups also facilitated the agreement of a truce and a ceasefire but with expectations of renewed

clashes based on the effects of the ongoing fight in Khartoum. Limited or no humanitarian assistance has been provided to the affected households up to the date of the assessment with the exception of the effort of Sudanese Red Crescent in transporting the injured and collecting dead bodies from the streets. In the current situation, there is no safe access for humanitarian assistance and high-level advocacy and close coordination with armed group and conflict parties is needed to open safe routes for urgent humanitarian aid. Continuation of the current conditions for more than two weeks may lead to a catastrophic status of these families with existing vulnerabilities and currently not able to access their basic needs.

Food security and livelihoods: A high percentage of the population in Al Fashir was depending on daily work which has been interrupted due to security situation. Now these households are struggling to cover their basic needs and if the situation continued for more than two weeks it may result in crisis level of food insecurity for people in AL Fashir and most of the north Darfur localities.

Since the clashes between RSF and SAF started, families have adopted some coping mechanisms such as sharing food stock with other families and having less meal per day. Households are also facing shortage of fuel for cooking. The main type of food for most households is porridge, asseda, and kessara which are all made of Millet. In general, the main concern for food in the current situation is shortages due to access and affordability.

Health: Al Fashir has a main hospital, primary health centers and health units providing health services. These services were interrupted for 2 days at the start of the fighting, then there was no access even to provide health services for injured. Currently, four hospitals and some health centers have resumed providing services to injured, people suffering from other diseases such as malaria.

Although health services provision has resumed, there is number of challenges such as shortage of medical supplies and drugs, mainly because the main drug warehouse for the state was reported to be burned down during the fight. There is also a shortage in consumables. Furthermore, health staff are facing a lot of difficulties accessing health facilities with no guarantee for their safety. Currently the most urgent support needed for health is medical supplies such as drugs, consumables, and medical equipment.

Shelter and NFIs: As a result of the fights between RSF and SAF it was reported that some houses were partially affected, the exact number is not available. Most of the families in the fight areas had moved to safer parts of the city but now the majority has returned. However most of them lost their household items due to looting that happened during their absence and many are currently in need of essential household/nonfood items for instance cooking utensils, plastic mats and mattresses etc. Although there is no available information about the situation of the IDPs who fled from Al Fashir it is expected that most of them will be in need for shelter and NFIs assistance.

WASH: Access to water supplies in Al Fashir was interrupted due to an electrical outage. Limited access to water supplies in the prolonged IDPs camps was also reported due to the lack of fuel. In Eltahir, the water quality treatment unit and drilling rig and other equipment have been destroyed. For sanitation, 90% of the household latrine are considered emergency latrines with very few communal latrines available. In general, there is no barriers to access sanitation facilities caused by the current event except the chronic issue and there is no increase of waterborne diseases reported. The most urgent need is support for the water system with fuel to supply the city, some households' goods for households whose houses were looted and the IDPs around the state need family hygiene kits, dignity kit and, water containers, and hygiene promotion.

Child protection: There is no available data on the child protection cases, though an increasing number of children and parents are expected to need Mental Health and Psychosocial Support (MHPSS) there a need for Prevention and response to child separation from family during the current crisis, prevention and response to child recruitment and use by armed actors. - Gender Based Violence (GBV) prevention and response services (UNICEF Situation report).

Education: There is no available data yet on school age children. It is anticipated that these children are moving with their parents to various destinations.

Market assessment: At the time of the assessment, 90% of shops around the city are closed, 10% open during the day from 8:00 AM to 3:00PM. Only the men are able to access the nearby markets and it is considered risky for women girls and boys. Main items needed are Millet flour, sorghum flour, wheat, oil, sugar and fuel for cooking. These commodities are available but unaffordable as the prices have doubled due to looting and supply chain breakdown. This is expected to increase due to the ongoing fight in Khartoum and risk of robbery during transport of goods.

Al Fashir Urgent needs:

- High level advocacy to provide safe corridors for humanitarian assistance
- Urgent support for health facilities with drugs and consumables
- Where possible assess the situation of the IDPs to provide urgent humanitarian assistance
- Provide multipurpose cash for the most vulnerable families within Alfasher
- Support for the city water supply with fuel and maintenance of water points
- Mental health and psychological support for children and their families
- Provision of Nonfood items for the effected household who lost their items

3. West Darfur, Ag Geneina

General situation: On April 24th, fight broke out between RSF and SAF in the city of Ag Geneina, and reports indicate that the conflict has turned into a tribal conflict between the Arabs tribes supporting the RSF and the Maslit along with some other armed groups. Some IDPs residences were burned, causing displacement of 156,565 according to IOM DTM (9May 2023). Displaced people fled to separate areas inside West Darfur and across the border to Chad and the Central African Republic. During the fight some armed groups looted government offices, banks, hospitals, ministries offices, schools, food and medicine warehouses, as well as offices and warehouses of humanitarian actors.

Many of the houses inhabited by their residents were not spared from looting, vandalism, and intimidation of the people. There is no official number of casualties, estimates provided are more than one hundred from both groups and hundreds of injuries. The looting of the main markets continued with a complete interruption of electricity from the city and the lack of the water and health services. After ten days of clashes both parties with support of local effort agreed on a truce, which brought some ease of movement within the neighborhoods. There is a belief that each party could move in a specific area inside the city despite the truce there are still sporadic shooting and killing, with snipers in high places and on the roofs of some houses, along with informal check points spread around the city which makes the movement inside the city even more risky.

KEY FINDINGS

Humanitarian assistant and access: Until the date of the assessment no humanitarian assistance was provided except for some intervention from the Sudanese Red Crescent and the –so-called emergency committees to help some cases and attempts to support the provision of water to the city. The situation is not safe for humanitarian organizations to work unless it is coordinated with the armed groups to provide safe routes and provide protection for humanitarian aid to reach the people in need. In general, the humanitarian situation is beyond catastrophic, with 195,593 individuals displaced and now without shelter, food and water as all the gathering points within the city were completely burned. There is no immediate hope for any feasible humanitarian intervention in light of the current situation in Ag Geneina.

Food security and livelihoods: Since most of the markets are closed now, and given that most of the food stocks, whether those of the government, organizations, or even families, were all looted, the situation of food availability is catastrophic, and things may worsen in the absence of security and urgent food aid. By taking all these factors into account, all the residents of Ag Geneina, in particular the displaced and the most vulnerable families, are in urgent need of food support, given that the source of income for most of the population is daily income, and it is rare for families to have sufficient food stocks for their needs for more than one week.

Health: The health system in the state was destroyed, Ag Geneina Hospital was looted, the blood bank and the radiology department were destroyed, the Sultan Complex was looted and vandalized, the Ministry of Health, the rotating drug warehouses and some private clinics were looted and some were burned down. In the current situation only, some mobile units established by the armed groups are providing health services for the injured and according to the key informant some of the critical cases from both armed groups were referred to Sarfomera and Nyalya. In line with the current situation health support is urgently needed for Ag Geneina including urgent support to operation of main hospital and provision of essential medicine and medication for chronic disease.

Shelter and NFIs: All the gathering points in the city were completely burned down and all IDPs have fled to different locations and currently without shelter. Some of the IDPs are using some governmental offices and humanitarian organization premises as shelter. There is no precise number on the people in need for shelter and NFIs available but it is estimated that more than 194,593 are now displaced and in urgent need for shelter and NFIs support.

WASH: As a result of the ongoing clashes Ag Geneina suffered from complete lack of water and electricity services for more than a week, with a gradual return of water because of a community initiative. Furthermore, all IDPs currently without shelter are in need for sanitation facilities, girls and women do not have access to dignity kits and families do not have access to basic hygiene services.

Child protection: There is no available detailed data on the child protection cases but there is high need to response to child recruitment and use by armed actors. As mentioned by the key informants, most armed groups in the streets and in informal check points have high number of boys under 15 years of age, armed and supporting the fight. There is also increasing number of children and parents expected to need Mental Health and Psychosocial Support (MHPSS) there is need for Prevention and response to child separation from family during the current crisis.

Market assessment: Ag Geneina main market have been looted and looting is still on going as of the day of the assessment. There is no open market currently in the Ag Geneina with an exception of small shops in the neighborhood that opens for limited time during the day. Main items needed are Millet

flour, sorghum flour, wheat, oil, sugar, and fuel for cooking. Additionally, the scarcely available commodities will finish soon because of breakage in the supply chain as roads to the city remains unsafe for transportation.

Ag Geneina Urgent needs:

- High level advocacy to provide safe routes for humanitarian assistance
- Provision of food items to the IDPs and the most vulnerable
- Urgent need for NFIs and shelter support
- Health support to the IDPs and to the overall health system in Ag Geneina
- Prevention and response to child recruitment and use by armed actors and prevention of grave violations of child rights
- Mental health and psychological support for children and their families

4. Red Sea, Port Sudan

General situation: The city of Port Sudan is considered one of the areas that did not witness severe fighting in the current conflict between the RSF and the SAF, except for one incident that ended by SAF taking over the RSF. Considering that the city is a safe place, the city received 8,895 IDPs until the date of the assessment, about 40% in need humanitarian assistance. Most of the arrival are only transiting to other countries, and a few of the IDPs will settle in the city until situation is calm in Khartoum.

Since the first arrival of the displaced, the local non-governmental initiatives provided housing and food for the families, followed by the intervention of government agencies by registering the displaced, providing health and food services, and coordinating evacuation services. And for the Sudanese who intend to stay for an indefinite period until conditions in Khartoum allow them to return, as of the date of the assessment, 18 gathering center established to accommodate the arriving IDPs.

KEY FINDINGS

Humanitarian assistance and access: with the local effort and some governmental support all IDPs center have been supported with food, water, some sleeping materials and ongoing support with the registration and evacuation for those who are transiting to other countries. In general humanitarian assistance is accessible for all the IDPs.

Food security and livelihood: Most of the IDPs in the gathering points have access to food through local support, some purchase their food from the market which is functional and accessible. As per key informant, there is a need for wet feeding for 4500 individuals daily as none of the IDPs have cooking items or fuel and the gathering points do not have facilities to support the IDPs to prepare their food. Prices have however been driven up by the higher population density and relocation of humanitarian organizations.

Health: State Ministry of Health (SMoH) has provided 2 mobile clinics for the displaced, and referrals are being made to Port Sudan hospital which is not far from the centers. As shared by key informants, mobile clinics need to be supported with medicines and consumables to provide integrated and continuous care.

Shelter and NFIs: The number of gathering points up to the assessment date are 18 distributed around Port Sudan city (see table in Annex 1)

Most of the gathering points are considered temporary especially the one occupied by transiting IDPs and there is no confirmation for permanent gathering points. As shared by the key informants the most urgent need is tents for some of the temporary centers as there is no shade area during the day, mosquito nets and some basic non-food items.

WASH: Most of the gathering points suffer from a lack of drinking water, as most of the centers are supported with water trucking with the local support and it is expected to stop due to limited local capacity to continue. SCI participated in interagency WASH rapid assessment on 5th of May with 2 UN agencies, 3 NGO, and 2 governmental offices. During the assessment, the team found that the WASH services declined and the situation deteriorated in most visited gathering points, indicating there is a need to increase amount and quantities of solid waste sites and garbage and solid waste collection materials (dust bins, plastic bags, brooms, rakes, shovels and wheel barrows). Most of the gathering points are suffering from shortage of safe drinking water, increase in number of flies and mosquitoes was observed. Lastly, four gathering points need drainage and suction of sewage. Furthermore, key informant shared a need for dignity kits for women and girls, and family hygiene kits.

Child protection: The number of children in all the gathering points is 453 children (245 girls, 208 boys), 10 of the children are children with special needs, and there is one case of a separated 15 years boy and an unaccompanied 4 years old girl. The most urgent need for child protection is mental health and psychological support for children and families and the provision of safe corners or safe spaces for the children in each gathering center.

Market assessment: All markets in Port Sudan are functional with no significant rise in the prices but more rise is expected as most commodities that used to be supplied from Khartoum will be replaced with imported from neighboring countries. In general, market is functional all traders can supply all the essential commodities, banks are functional, bank money transferring application are working with some network connectivity issues.

Port Sudan urgent needs:

- Provision of safe drinking water
- Provision of unconditional cash for the most vulnerable households
- Provision of tents or shelter materials and NFIs
- Support for Water Hygiene and sanitation consist of water trucking, provision of water container, garbage collection tool, hygiene kit, and dignity kits for women and girls
- Establish child friendly corner or spaces for children
- Mental health and psychological support for children and their families

5. Al Jazirah

General situation: According to HAC commissioner over 390,000 (unconfirmed figure) individuals have moved to the state since the fighting started, significant number were hosted by their families and relatives, while more than 563 HHs or 3810 individuals -90% being children and women settled in 43 gathering sites in the 4 localities of Madani, Hasahisa, Sharg AL Gazira and to lesser extent Kamlin. Local authorities are planning to relocate the IDPs to 3 main gathering sites in Madani, Hasahisa, and Sharg AL Gazira to ease provision of services.

KEY FINDINGS

Humanitarian assistant and access: MSF Belgium is providing health services in two gathering points in Wad Medani and PUI is providing services in Hasahisa and Rifaa localities. There are other INGOs on the ground including SCI, RI, Qatar charity organization, and others. There are initiatives from the host communities and are supporting with limited food, water and are arranging with different health facilities to support the affected people. All the IDPs arrived are registered and registration is ongoing with new arrivals. As of the date of the assessment Security situation is calm in Al Jazirah, and the state remains accessible and safe for humanitarian assistant delivery

Food security and livelihood: The affected people reported that they fled, leaving all their asset behind, seeking for safety, and currently are totally depending on the offer provided by the host communities, some of the IDPs indicated extensive use of negative coping strategies impacting their food insecurity. Some of the IDPs reported delays in provision of food, some reported provision of two meals a day with insufficient quantity. The main source of food for the IDPs was through humanitarian assistance, and support from host communities. The main barriers to accessing food was lack of financial resources. Food assistance has started being provided through local community led initiatives under the management of resistance committees, our stocks won't last further than 7 to 10 days, and without additional assistances the IDPs will go food insecure again.

Health: Affected households reported that they could access health services at a nearby health facility. However, the main barrier to accessing health was a lack of financial ability due to the high cost of drugs. There is a need for free health support as most of the IDPs cannot access their livelihood source in the current situation. Health services are provided by MSF Belgium and Switzerland in Madani through mobile clinic in two gathering points. Hashisa, where 500 individuals are in need of health services is covered by other partners (POI)

Shelter and NFIs: NFIs are needed since the displaced people lack essential items like mattresses, jerrycans to store water, utensils, and mosquito nets but also hygiene kits (and female hygiene kits). As of 7 May, there is still no need for shelter assistance.

There is a huge gap in CP activities as children and their families indicated they are lacking safe spaces for play and recreational activities, which could be supported through provision of tents and tarpaulins.

Locality	No of Gathering Points
Wad Madani	18
Rifaa	4
Alkamleen	16
in Hasahisa	6

IOM, 9 May 2023

WASH: all the gathering points were linked with the water network that were not stable due to power cut off, that's the main reason IDPs shared their need for water containers to store water. in some of in Rifaa and Hasahisa gathering points water network is in need for maintenance, especially as the rainy season is approaching, if the poor infrastructure is not improved then the water networks will be completely damaged and there will be a large-scale water contamination. For Sanitation, all gathering points have latrines and showers rooms fenced, and need minor rehabilitation such as

maintenance and repair for lighting in some gathering points. IDPs shared that the number of sanitation facilities is limited and overcrowded. The needs identified by the IDPs are hygiene kits, dignity kits, and cleaning tools. All these items are available in the local market. Cleaning tools are quite important to clean unhygienic sanitation facilities that could be breeding ground for flies. See under NFIs for kits provision.

Child protection: as of 28 April, but the number is probably higher, no unaccompanied children were reported, children and their families need mental health and psychosocial support, and safe corners or spaces at gathering points. Some of the IDPs reported the loss of key official documents such as National IDs, birth certificates, and passports. Some of the girls shared high risk of sexual violence in locations such as water points, unoccupied shelters, marketplaces, and when accessing latrines and marketplaces. There is a huge gap in CP activities as children and their families indicated they are lacking safe spaces for play and recreational activities, which could be supported through provision of tents and tarpaulins.

Market assessment: All markets in Al Jazirah are functional with a significant rise in the prices but more rise is expected as most commodities that used to be supplied from Khartoum will be replaced with imported from neighboring countries. In general, market is functional all traders can supply all the essential commodities, banks are functional, and bank money transferring applications are working with some network connectivity issues.

Al Jazirah urgent needs:

- As soon as possible, Cash (MPG) assistance to cover the cost of food, health and hygiene needs.
- Establish 2 child friendly spaces
- Provision of NFIs kits mattresses, jeri-cans to store water, utensils, and mosquito nets but also hygiene kits (and female hygiene kits), cleaning tools and some tents for recreational places for children
- Establish 1 mobile clinic in 1 gathering point in Wad Madani
- Provision of unconditional cash for food and other basic items for the most vulnerable
- Provide garbage collection materials.
- Mental health and psychological support for children and their families

LIST OF KEY INFORMANTS

Code	Name and last name of KI	Gender	Role of the KI	State	Name of SC staff leading
KI1	Hajer Adam Osman	Female	Member of Ombada emergency committee /	Khartoum	Reem Awad
KI2	Sara Salah	Female	Algriaf Garib emergency committee liaison coordinator	Khartoum	Reem Awad

KI 3	Mohammed Adam Fedail	Male	Head of program implementation	North Darfur	Reem Awad
KI 4	Modassir Hamid	Male	Emergency response manger	West Darfur	Reem Awad
K5	Sawsan Abdellah Ahmed	Female	State emergency department manger and INGO coordinator	Aj Jazirah	Nahid Elgozoli

Annexes

Annex 1

The table is based on 28 April 2023 numbers. The current numbers (as of 9 May 2023) is slightly lower (8895 instead of 10908 individuals)

IDPS gathering points in Port Sudan							
		male	female	girls	boys		
1	Mid wifery school	19	22	14	4	59	Sudanese
2	Girls interiors	0	360	72	70	502	Nigerian
3	Reem festivals hall	487	283	67	63	900	Yamani
4	Hi Al Aman health centre	6	4	8	7	25	Syrian
5	Asnayain committee centre	55	0	0	0	0	Yamani and one Egyptian
6	Hi koria apartments	64	61	15	10	140	Yamani
7	Koria School	324	311	8	7	650	Bangladesh
8	British education School	33	35	26	24	118	Syrian
9	Customs club					33	Sudanese individuals
10	Boys interiors	870	0	0	0	870	One separated child
11	Zoon park/Luna park	-	-	14	13	750	6 Africans countries
12	Almwani club					5000	Different nationalities
13	Al Gabas school	22	23	11	10	66	Syrian + one family stay in truck
14	See side /beach					1200	Different nationalities

15	Bani Amer Dar					120	Sudanese
16	Police Dar					270	
17	Hi Hadal mosque					160	
18	Hadal centre					45	
Total						10,908	Individuals estimate