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UNICEF's Health Officer vaccinates a child during the six-day cholera vaccination campaign in White Nile state.

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Humanitarian Situation Report No. 28







Reporting Period
1 - 28 February 2025

Sudan

HIGHLIGHTS

- UNICEF distributed **2.8 million vaccine doses** as part of the **Big Catch-Up (BCU) campaign**, reaching 91,500 children across seven states with diphtheria, tetanus, and pertussis (DTP) vaccines.
- Essential learning materials were provided to **230 schools** in Gedaref and Kassala, benefiting **over 15,000 students**. Additionally, **68 Safe Learning Spaces**, including **34 e-learning centres**, were established, reaching nearly 19,800 children with structured learning and psychosocial support.
- UNICEF and partners **improved access to safe water for 1.2 million people**, including **73,000 through durable water facilities**.
- 289,865 children under five were screened for malnutrition**, with **17,025 diagnosed with severe acute malnutrition (SAM) and treated**. To support these efforts, UNICEF distributed **over 60,000 cartons of ready-to-use therapeutic food (RUTF)**, **70 cartons of F-75**, **9 cartons of F-100**, and more than **500,000 reporting tools and equipment**.

UNICEF RESPONSE AND FUNDING STATUS*

	Health	Primary healthcare	17%				
	Nutrition	IYCF counselling	9%				
	Child protection	GBV response	41%				
	Education	Learning materials	5%				
	WASH	Water access	30%				
	Cross-sectoral	AAP	22%				

SITUATION IN NUMBERS

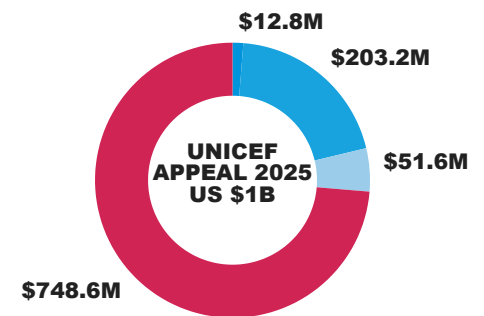


15,256,000
Children in need of humanitarian assistance¹



30,400,000
People in need of humanitarian assistance²

FUNDING STATUS (IN US\$)**



- Humanitarian Resources
- 2024 carry over
- Other Resources
- Funding gap

** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING OVERVIEW AND PARTNERSHIPS

In 2025, UNICEF is appealing for [US\\$ one billion](#) to deliver a comprehensive package of life-saving child protection, education, health, nutrition, water, sanitation and hygiene (WASH), and humanitarian cash interventions to reach 13.6 million people, including 8.7 million children. These efforts aim to save children's lives, alleviate their suffering, and build their resilience and dignity amid Sudan's ongoing and escalating humanitarian crisis.

As of 28 February 2025, UNICEF has US\$ 267 million available for its crisis response. This includes US\$ 203 million carried over from 2024, US\$ 51.5 million in other resources being leveraged to sustain community resilience and essential service delivery systems across Sudan, and US\$12 million newly received in 2025.

UNICEF expresses its gratitude to its donors for their generous, continuous, and unwavering support towards UNICEF's humanitarian response. These contributions enable UNICEF to provide life-saving assistance to vulnerable children and their families, maintain essential services and systems, build resilience, and support recovery efforts in areas of return and within host communities. This includes contributions from the European Union, the governments of Canada, Cyprus, Denmark, France, Germany, Japan, Netherlands, Norway, Sweden, Italy, the United States of America, and the United Kingdom, as well as multilateral partners such as the World Bank, Gavi, the Vaccine Alliance, the Global Fund, the Global Partnership for Education, Education Cannot Wait, the UN Central Emergency Response Fund (CERF), Education Above All, and UNICEF National Committees.

As 2025 begins, there is a renewed opportunity to mobilize resources and advocate for Sudan's children. While some critical support has already been secured, 74 per cent of UNICEF's humanitarian funding requirements remain unmet, posing a significant challenge for millions of children who need essential services to ensure their survival and dignity. With collective, strengthened commitment, the outlook for millions of vulnerable children can change.

Now is the time for accelerated investments to sustain and expand life-saving interventions in nutrition, child protection, health, WASH, education and cash, while also reinforcing Sudan's fragile social service systems and infrastructure. Flexible funding remains essential to enable UNICEF to respond swiftly and effectively to emerging crises and deliver uninterrupted support where it is needed the most.

Beyond funding, coordinated advocacy is critical to calling for an immediate end to grave violations of children's rights, progress towards peace, and safe, sustained humanitarian access across Sudan. Through continued efforts and collaboration, 2025 can mark a turning point in securing a better future for Sudan's children.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

On 17 February, the Under-Secretary-General for Humanitarian Affairs and Emergency Relief Coordinator, and the UN High Commissioner for Refugees, jointly launched the 2025 Sudan Humanitarian Needs and Response Plan (HNRP) and the Regional Refugee Response Plan (RRP). As outlined in the 2025 joint HNRP and RRP summary document, the appeals seek a total of US\$ 6 billion to assist nearly 26 million people inside the country and in the region, including US\$ 4.2 billion for the UN-coordinated plan inside Sudan and US\$ 1.8 billion for the Regional Refugee Response Plan in the Central African Republic, Chad, Egypt, Ethiopia, Libya, South Sudan, and Uganda.³

By mid-February, Sudan's Ministry of Health reported a surge in cholera cases, especially in Kosti locality in White Nile State. The outbreak is believed to be attributed to the damage to the Water Treatment Plant in the White Nile River due to a drone attack. Local health authorities are working towards reinforcing the chlorination in the water distribution system. To respond to the outbreak, a six-day cholera vaccination campaign was launched in Kosti and Rabak localities, targeting one million people with oral cholera vaccines.⁴

By late February, 6,200 cases and 125 deaths had been reported nationwide. Kosti locality in White Nile accounted for nearly half of these, with 2,740 cases and 60 deaths. In week nine of the outbreak, the number of cases dropped sharply by 91 per cent, falling from 1,331 cases in week eight to just 127 cases.⁵

During the reporting period, dengue cases also surged, reaching a peak of 304 reported cases, before dropping significantly to just 12 cases by the end of the month. Between week five and week nine, a total of 805 cases were recorded.⁶

Fighting persisted across multiple states, including Khartoum, Al Jazirah, Kordofan, White Nile, Darfur, and Sennar, with related conflict and displacements further straining humanitarian efforts. In North Darfur, heavy artillery attacks on Zamzam IDP camp killed dozens and forced thousands to flee. In East and South Darfur, most humanitarian activities were suspended except for life-saving health and water services. Inter-tribal clashes in East Darfur displaced over 400 households, while growing reports of targeted abductions in Adila, Abu Karinka, and Nyala towns in South Darfur raised serious protection concerns.⁷

Clashes in North Darfur led to the displacement of an estimated 11,544 households between 11-15 February.⁸ In White Nile, 6,514 households were reportedly displaced from various villages in Al Gitaina locality, White Nile state, between 12 and 13 February due to heightened insecurity.⁹

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Despite ongoing challenges, UNICEF continued to ensure life-saving health interventions reached the most vulnerable communities. The mobilization of vaccines, outbreak response, and system-strengthening initiatives highlight UNICEF's commitment to sustaining essential healthcare services in crisis settings. A total of 533,567 children and women accessed primary health care in UNICEF-supported facilities.

In February, 2.8 million vaccine doses were distributed as part of the Routine Immunization program and the Big Catch-Up (BCU) campaign. These efforts reached 91,500 children across seven states with diphtheria, tetanus, and pertussis (DTP) vaccines. Additionally, a targeted Measles-Rubella (MR) vaccination campaign in South Kordofan successfully immunized 78,730 children, achieving 93 per cent of the target. Under the BCU campaign, UNICEF vaccinated 82,300 previously unvaccinated children ("zero-dose" children) with the DTP vaccine, 138,800 children with the Measles-Rubella vaccine, and 108,700 children with the Inactivated Poliovirus Vaccine (IPV).

56,612 cholera cases and 1,496 deaths were reported across six affected states: White Nile, Aj Jazirah, Khartoum, Sennar, Gedarif, and North Kordofan. To support the response, UNICEF continued to operate 242 Oral Rehydration Points (ORPs), providing treatment for 484,000 individuals, and five Cholera Treatment Centres (CTCs). A total of 1.6 million cholera vaccine doses were allocated across Sudan. In the White Nile state, 909,300 people were vaccinated to contain the outbreak in Kosti and Rabak. In White Nile State alone, the oral cholera vaccination campaign reached 1.2 million people.

Community-based malaria services remained active in Gedaref and Kassala, reaching 48 communities with timely access to diagnostics and anti-malarial treatment. With UNICEF support, malaria treatment supplies were delivered to Obaid, North Kordofan, benefiting over 750,000 people. Additionally, more than 1.5 million insecticide-treated bed nets (ITNs) were distributed nationwide, aiming to protect over 2.5 million people ahead of the upcoming ITN mass distribution campaign.

Less than 33 per cent of health centres and 40 per cent of rural hospitals are functional in Darfur. Geneina Teaching Hospital remains the only secondary referral hospital in West Darfur. However, UNICEF's oxygen plant, established in February 2023, remains functional, providing life-saving oxygen to West and South Darfur.

UNICEF launched initiatives to restore essential health services and strengthen system resilience. A planning workshop in Kassala State led to the development of implementation work plans. The first list of Frontline Workers (FLWs) in River Nile, Kassala, and Northern State was received, with registration set to begin in March to register 1,380 Health Workers (HWs).

In February, UNICEF trained 96 health workers in River Nile and Aj Jazirah states on Essential Newborn Care, oxygen therapy for newborns, and information management. Reporting tools and registers were distributed to 16 hospitals to enhance data accuracy and service delivery.

Strategic Coordination continued in February 2025, with UNICEF supporting the Federal Ministry of Health (FMoH) in conducting the Annual Health Sector Planning Meeting for 2025. This platform enabled stakeholders to review achievements, align future plans, and enhance resource coordination for maximum impact.

Nutrition

The nutrition crisis in Sudan is at an unprecedented level, with a record 772,200 children under five projected to suffer from Severe Acute Malnutrition (SAM) in 2025. This alarming increase is driven by worsening food insecurity and conflict-related disruptions in 2024.

According to SMART surveys conducted in 50 localities, 72 per cent of surveyed areas report Global Acute Malnutrition (GAM) rates exceeding 15 per cent, a threshold classified as "very high" under WHO standards.

To combat this crisis, UNICEF continued to scale up life-saving nutrition interventions for both prevention and treatment. In February, 289,865 children under five were screened for acute malnutrition. Among them, 17,025 children were diagnosed with Severe Acute Malnutrition (SAM) and received treatment. Additionally, 155,969 caregivers of children aged 0–23 months received counselling on Infant and Young Child Feeding (IYCF) practices.

To further strengthen malnutrition prevention, 97,498 children received Vitamin A supplementation, while 44,552 pregnant women were provided with Iron-Folate supplementation through antenatal care (ANC). These interventions align with UNICEF's revised Famine Prevention & Response Plan to mitigate the crisis.

Over 60,000 cartons of Ready-to-Use Therapeutic Food (RUTF) have been delivered nationwide, including 37,600 cartons to Darfur through cross-line and cross-border operations in January. In February alone, UNICEF distributed an additional 48,000 cartons of RUTF, 70 cartons of F-75 therapeutic milk, nine cartons of F-100 therapeutic milk, and over 500,000 reporting tools and equipment.

Water, sanitation and hygiene

UNICEF continued to deliver lifesaving water, sanitation, and hygiene (WASH) services in Sudan, addressing the urgent needs of communities affected by conflict, cholera outbreaks, acute malnutrition, and displacement. In February, UNICEF and its partners provided 1.2 million people with improved access to safe water. This included rehabilitating durable water facilities for 73,000 people, reaching one million individuals through water treatment and trucking interventions, and ensuring 27,000 people had access to adequate sanitation facilities. In addition, 254,000 people benefited from hygiene promotion efforts focused on handwashing with soap and cholera prevention measures. To support women and girls, 10,000 individuals received menstrual hygiene management (MHM) materials, while critical WASH supplies were distributed to 144,000 people across 33 localities in 13 states.¹⁰

Given the severe impact of the conflict on urban settlements, where large numbers of displaced people rely on damaged infrastructure, UNICEF prioritised restoring essential WASH services. In February, 586,000 people in 15 major urban settlements received critical WASH support. A technical damage assessment of 18 major water treatment plants in Northern, River Nile, and Kassala states, which host significant displaced populations, identified urgent rehabilitation and maintenance needs. These findings are now being used to mobilise resources for immediate repairs.

Recognising the direct link between poor WASH services and malnutrition, UNICEF also intensified efforts in famine-affected areas, reaching 845,000 people in 24 high-risk localities. Over the past month, 27 water facilities were rehabilitated, 208 facilities received treatment and maintenance support, and 63,000 households were provided with safe water solutions. In locations without a reliable water supply, UNICEF trucked 51,000 cubic meters of safe water to communities in need. Meanwhile, sanitation improvements included the construction and rehabilitation of 1,000 latrines, alongside desludging efforts to maintain proper waste management. Hygiene promotion campaigns reached

32,000 households, and UNICEF distributed 80,000 bars of soap, 46,000 hygienic water containers, and 10,000 hygiene kits to vulnerable families. These interventions are essential in preventing the spread of waterborne diseases, particularly in malnutrition hotspots where children are at heightened risk of infection and mortality.

Child Protection

In February, UNICEF and its partners provided Mental Health and Psychosocial Support (MHPSS) services to 58,000 individuals, including 51,848 children, of whom 60 per cent are girls, and 6,097 caregivers, 71 per cent of whom are women.

In White Nile, UNICEF, in coordination with partners, conducted a one-day consultation to promote the Salema Girls Club and discuss the role of community girls' clubs. The workshop was attended by 90 participants, including government representatives, teachers, 22 members of girls' clubs, and 17 women from women's councils.

To address protection risks, 42,567 children and women—86 per cent of whom are children—received comprehensive gender-based violence (GBV) risk mitigation, prevention, and response services. UNICEF also established eight Child-Based Protection Networks (CBCPNs), comprising 80 trained members (36 women and 44 men). These members received training on child protection issues, gender-based violence prevention and response, and referral pathways.

UNICEF and its partners, including the National Child Care Welfare (NCCW) and the State Child Care Welfare (SCCW), along with CAFA Development Organization, Depth Action, and Jidian Youth Organization, marked the International Day of Zero Tolerance for Female Genital Mutilation (FGM) in Gedaref, White Nile, and Red Sea states. Events were held in 13 Child-Friendly Spaces (CFSs) and nine community gathering sites. In Gedaref State, participants received T-shirts, leaflets, and other materials highlighting the "Sameela" campaign and Article 141, which criminalizes female genital mutilation in Sudan¹¹.

To strengthen protection from sexual exploitation and abuse (PSEA), interventions reached 129,025 individuals, including 11,417 children. Additionally, 243 frontline workers (49 per cent women) in Darfur states were trained on PSEA measures.

A total of 744 unaccompanied and separated children (49 per cent girls) were identified and provided with alternative care, family reunification, individualized case planning, psychosocial support, and referrals for medical and other lifesaving services. In South Kordofan, 50 child protection specialists were trained in safe referral procedures and child information management.

In River Nile State, the State Child Care Welfare (SCCW) provided two days of training for social workers from seven localities and partner organizations. Following the training, the Family Tracing and Reunification (FTR) system was launched at the state level, with 33 individuals trained to support family reunification efforts.

During the reporting period, 2,374 children (46 per cent girls) received individual case management support after being identified in emergency gathering areas in Aj Jazirah villages. These children received mental health and psychosocial support, individual counselling, and referrals for additional services in River Nile and Northern states.

UNICEF also prioritized mine risk education and unexploded ordnance (UXO) awareness, reaching 49,837 individuals (70 per cent children). These sessions provided life-saving knowledge to help communities safely navigate areas contaminated by explosive remnants of war.

In Red Sea State, UNICEF and its partners conducted a birth registration campaign in six localities—Algunub Aloleeb, Sinkat, Sawakin, Haya, Dordaib, and Toker. As a result, 7,000 children were officially registered, 800 birth certificates were issued, and 500,000 people received awareness messaging on the importance of birth registration.

Additionally, UNICEF continued distributing non-food items (NFIs) to vulnerable populations. This included 2,400 sleeping mats, sanitary kits, and health kits for 231 displaced girls, as well as sanitary napkins and blankets for 71 women in prisons in Aj Jazirah and White Nile states.

Education

Sudan is facing the world's largest learning crisis, with 16.5 million children out of school (approximately 80 per cent of Sudan's children)¹² as ongoing conflict continues to disrupt education nationwide.

Despite these challenges, progress was made in February 2025 toward reopening schools. After nine months of closure, Sennar became the eighth state to resume classes on 23 February 2025. In Khartoum, 500 out of 3,600 schools reopened, bringing the total number of reopened schools across Sudan to approximately 6,314. However, 2,800 schools remain occupied as shelters for internally displaced persons (IDPs), further restricting access to education.

UNICEF remained committed to advocating for the safe reopening of schools wherever possible. In states where schools reopened, UNICEF supported children's return to formal education through school grants, essential learning materials, and back-to-learning campaigns.

During the reporting period, 230 schools in Gedaref and Kassala received essential learning materials, benefiting over 15,000 students (61 per cent girls); 68 new Safe Learning Spaces, including 34 e-learning centres, were established, providing structured learning and psychosocial support to nearly 19,800 children (50 per cent girls); close to 34,000 children (52 per cent girls) received individual learning materials in these spaces and over 6,300 adolescents participated in sports, cultural, and health clubs to promote personal development and well-being. A total number of 21,732 children accessed formal and non-formal education in February.

In addition, the Learning Passport, UNICEF's global digital learning platform, continued to be a lifeline for conflict-affected children, providing online access to Sudan's national school curriculum. Currently, approximately 72,500 children (52 per cent girls) are engaged in structured learning through the Learning Passport and Let Us Learn initiative, which offer digital and self-paced learning opportunities. These programs ensure that vulnerable and displaced children can continue their education despite ongoing disruptions.

Social Inclusion and Cash Assistance

Since early November 2024, Sudan has faced an escalating liquidity crisis, driven by the currency replacement process, a new official bank withdrawal limit of 200,000 Sudanese Pounds (SDG), and the ongoing digitization of cash payments. These financial disruptions have caused significant delays in top-up payments in Port Sudan (Red Sea State) and both quarterly and top-up payments in Kassala State, directly impacting over 62,000 of the 96,500 women enrolled in UNICEF's flagship Mother and Child Cash Transfer Plus (MCCT+) programme. This program, which currently operates in Kassala, Red Sea, and River Nile states, is a vital lifeline for vulnerable women and children.

In response, UNICEF has been working closely with partners and stakeholders to address the crisis. Efforts focused on advocating for policy adjustments and exemptions for vulnerable communities, in coordination with the United Nations system and the broader humanitarian community. Additionally, UNICEF explored alternative payment methods and strengthened financial inclusion support, including helping women obtain national identification documents to facilitate secure transactions.

To address delayed payments affecting 62,207 women¹³—including 48,616 in Kassala and 13,591 in Port Sudan—UNICEF partnered with financial service providers (FSPs) to enable cash disbursements via bank transfers. A mobile registration campaign was conducted in Port Sudan, River Atbara, Aroma, and North Delta in Kassala State, ensuring that 93 per cent of women in the targeted Kassala localities received their payments through personal or family bank accounts. In Port Sudan, 91 per cent of recipients successfully authorized transfers to their own or a family member's account. To further improve access, UNICEF also facilitated the opening of bank accounts for women who wished to establish their own financial independence. Preparations are now underway to expand cash payments to the remaining Kassala localities of Hamashkureib and Telkok.

Looking ahead, UNICEF plans to expand the MCCT+ programme to Gedaref and Northern states in the coming months. Stakeholder consultations and field assessments have already begun to ensure a smooth rollout and to continue providing financial stability for the most vulnerable women and children.

Social and Behaviour Change (SBC)

Social and Behaviour Change (SBC) played a critical role in responding to disease outbreaks in Sudan, particularly cholera, measles, and other vaccine-preventable diseases. Through targeted interventions, SBC efforts reached 455,713 individuals across Gedaref, Kassala, Sennar, Northern, Red Sea, River Nile, Blue Nile, and White Nile states.

Key strategies focused on risk communication and community engagement (RCCE) to raise awareness, promote essential health practices, and generate demand for immunization services by addressing vaccine hesitancy. Community engagement activities included home visits, dialogue sessions with community leaders, participatory theatre, mobile cinema screenings, media outreach, and community consultations, ensuring that accurate health information reached communities in culturally relevant ways. To further strengthen outreach efforts, state-level RCCE committees, such as the White Nile RCCE committee, were strengthened, while national coordination structures provided strategic support to align messaging and intervention efforts.

In addition to disease outbreak response, SBC also contributed to the insecticide-treated net (ITN) distribution campaign, embedding behaviour change strategies to encourage the proper use of mosquito nets and maximize protection against malaria.

The SBC strategy prioritizes strengthening coordination and partnerships, capacity building, and continuous community engagement. Moving forward, efforts will focus on scaling up interventions in high-risk areas, enhancing RCCE coordination and preparedness, and improving monitoring and feedback mechanisms to address misinformation and refine intervention strategies for greater impact.

Accountability to Affected Population (AAP)

UNICEF remained committed to Accountability to Affected Populations (AAP) and localization, ensuring these principles were systematically integrated into programme design and implementation at both UNICEF and inter-agency levels. A key focus was empowering communities to voice their needs and concerns, strengthening their role in shaping humanitarian response efforts.

During the reporting period, 10,128 individual cases were addressed through the Interagency Community Feedback Mechanism (CFM)—a significant increase from 2,300 cases in January. This resulted in a 94 per cent closure rate, with cases resolved through counseling, referrals for case management, and feedback provision. Additionally, 182 collective reports, reflecting the needs of more than 123,200 individuals, were referred to relevant clusters, working groups, and partners for further response and action.

To enhance capacity building and knowledge sharing, 195 individuals, including UNICEF staff, partners, and stakeholders, participated in training sessions focused on strengthening community engagement, sensitization, and the development of AAP messaging. Moreover, 9,200 individuals received sensitization through 115 community focal points across all states, equipping them with the knowledge to access and utilize various communication channels to reach UNICEF and inter-agency partners through the CFM.

A key achievement in localization efforts was the identification, assessment, and mobilization of 104 newly established women-led organizations and Community-Based Organizations (CBOs). These groups have been capacitated and integrated into community outreach initiatives, playing a vital role in expanding community-based feedback mechanisms and strengthening local implementation efforts.

Protection from Sexual Exploitation and Abuse (PSEA)

During this reporting period, UNICEF continued to strengthen preventive and response measures at both organizational and inter-agency levels. As Co-Chair of the Inter-Agency Sudan PSEA Network, UNICEF led the implementation of activities including the Inter-Agency Rapid Assessment (IARA) on Sexual Exploitation and Abuse (SEA). This assessment was conducted across 12 states¹⁴ in collaboration with the Child Development Foundation (CDF), CAFA Organisation, and Y-Peer. It was carried out under the guidance of UNICEF and the PSEA Network Steering Advisory Group (SAG), with the participation of the International Organization for Migration (IOM) and the United Nations Population Fund (UNFPA).

Capacity-building remained a key focus, with 121 humanitarian staff participating in four training workshops in February. In-person PSEA and IARA assessment tool training was provided to CDF staff and enumerators in Kassala and Gedaref, while online sessions reached personnel in Blue Nile, White Nile, Sennar, West Darfur, South Darfur, and Central Darfur.

Within UNICEF, efforts continued to engage UNICEF staff and partners to uphold zero tolerance for sexual exploitation and abuse and reinforce accountability mechanisms. PSEA Risk Assurance assessments were conducted for three partners, all of which received a "Full Capacity, Low-Risk" rating. In Gedaref and Kassala, training and orientation sessions on PSEA principles and accountability were delivered to 368 participants (183 women, 185 men), including UNICEF staff, security personnel, cleaners, frontline workers, partner staff and community members. Additionally, three field missions were conducted in Gedaref and Kassala, where on-site monitoring of partner service centres included ad-hoc PSEA orientations for UNICEF partners, aligning with donor requirements. Discussions were also held with government officials to enhance PSEA mechanisms within public institutions.

UNICEF played an active role in the Protection and Gender-Based Violence (GBV) Working Group and internal coordination meetings, ensuring a multi-sectoral approach to safeguarding affected populations. UNICEF also shared insights from the Sudan Country Office PSEA efforts at a PSEA Programming Community of Practice meeting, attended by 130 UNICEF staff from seven regions. The presentation highlighted best practices, including contextualizing PSEA messages in local languages, strengthening partner capacity, conducting due diligence, enhancing government engagement, and expanding community outreach through joint PSEA, Social and Behaviour Change (SBC), and Child Protection campaigns. These efforts have contributed to significant improvements in PSEA indicator performance, reinforcing UNICEF's commitment to ensuring the protection and dignity of affected populations.

Supply and Logistics

In February, UNICEF distributed 1,940 metric tons of essential supplies, valued at US\$ 3.8 million, across Sudan to support ongoing humanitarian efforts. Of this, 890 metric tons were sent to high-priority areas, including Kordofan, Darfur, and Khartoum, where humanitarian needs are most acute. Meanwhile, 1,050 metric tons were allocated to Red Sea, Kassala, Gedaref, Sennar, Blue Nile, and White Nile states. As part of these efforts, 670 metric tons were delivered to Darfur states through cross-border operations with Chad, while an additional 50 metric tons—the first truckload to West Kordofan—was dispatched via Chad.

The total procurement throughput for January and February reached US\$ 8 million, utilizing available funds to meet program needs identified during the previous year's implementation. Meanwhile, the development of the 2025 supply plan is underway, and is expected to be finalized in early March 2025. UNICEF Sudan anticipates a supply plan with an estimated value of US\$ 165 million, ensuring the continued procurement of essential, lifesaving supplies and services for all affected populations, including those in conflict-affected areas. These procurements will play a critical role in sustaining UNICEF's response efforts.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continued to play a critical role in Sudan's humanitarian response as an integral member of the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG). UNICEF ensured effective leadership and coordination of the Education, Nutrition, and Water, Sanitation, and Hygiene (WASH) clusters, as well as the Child Protection Area of Responsibility (CP AoR). This was achieved through maintaining a dedicated national coordinator, information management (IM) capacity, and sub-national coordinators for each cluster/AoR, with field-level coordinators managing operations on the ground.

The annual Cluster Coordination Performance Monitoring (CCPM) assessment reflected positive results across all four sectors, with strong partner engagement rates ranging between 60 per cent and 84 per cent. Despite a challenging operational environment, most sectors showed improvements compared to the previous year. Encouragingly, all clusters received predominantly "good" ratings across the six core cluster functions and AAP indicators. This feedback will be used to develop an action plan that addresses gaps and further strengthens cluster coordination.

To reach hard-to-reach areas, UNICEF developed a comprehensive strategy that includes expanding access through dedicated personnel, providing direct cash payments to frontline workers, and strengthening partnerships with NGOs, community networks, and mutual-aid organizations. Additionally, logistics and supply chains were reinforced by prepositioning essential supplies in critical locations. UNICEF also implemented a mobile service delivery model to ensure that Health, Nutrition, and Child Protection services reach those in need.

To bolster monitoring in areas without a permanent presence, UNICEF continued to utilize remote monitoring through partners and has deployed 15 third-party monitoring facilitators and 24 extenders. Additionally, UNICEF conducted missions into high-need areas such as Darfur and Aj Jazirah while actively advocating for expanded access to other humanitarian hotspots.

CP AOR: Between January and February, 33 CP AoR partners reached 242,600 individuals across 15 states and 74 localities, with 66 per cent of beneficiaries being children.

During this period, 135,710 children and caregivers (46 per cent female) participated in child protection awareness sessions, which included family awareness-raising activities, home visits, and parent/caregiver support groups. These efforts targeted 1,879 families identified as at risk, ensuring they received guidance on child protection practices and available support services.

Additionally, 4,300 caregivers took part in parenting programs designed to strengthen family resilience and improve caregiving practices. Mental health counseling services reached 3,000 children (49 per cent girls). While 81,300 (51 per cent girls) accessed structured and sustained psychosocial support (PSS) services.

To provide more comprehensive protection, case management services supported 4,629 children (51 per cent girls), ensuring that they received individualized support, referrals, and follow-up care. Among unaccompanied and separated children, 590 (41 per cent girls) were placed in alternative care or reunited with their families.

Capacity-building efforts remained a priority, with 994 individuals (64 per cent women) trained on child protection best practices. Community-based interventions provided direct support to 3900 children (61 per cent girls). 2100 caregivers (21 per cent women), reinforcing protection mechanisms at the grassroots level.

To create safe and supportive environments for children, child-friendly spaces were newly established, renovated, or maintained, benefiting 1,500 children (51 per cent girls). Additionally, dignity and recreational kits were distributed to 27,200 children (58 per cent girls), ensuring they had access to basic hygiene supplies and play materials to support their well-being.

Education Cluster: 27 Education Cluster partners supported over 107,000 children (54 per cent girls), ensuring they had access to education in a safe and protective environment. This included the distribution of essential learning and recreational materials to 58,147 children. Demonstrating a strong commitment to inclusivity, this month's reach among children with disabilities increased to 2,828, ensuring more equitable access to learning opportunities.

Beyond direct support to children, 52 awareness campaigns and training sessions were conducted, indirectly benefiting around 36,400 children by promoting the importance of education and community engagement. Recognizing the critical role of teachers in providing lifesaving support to school-aged children, the cluster trained over 2,000 teachers and provided incentives to 2,400 educators to strengthen teaching quality and classroom engagement.

To enhance local capacity and coordination, the Education Cluster and the Global Education Cluster (GEC) organized a hybrid three-day training workshop for subnational coordinators on Core Cluster Coordination. The training, attended by 15 State Coordinators from UNICEF and Save the Children, significantly improved participants' understanding of critical cluster functions, particularly in navigating the humanitarian program cycle. Pre- and post-training assessments indicated notable learning gains, reinforcing the importance of strengthening education coordination at the subnational level.

Nutrition Cluster: The 2025 Nutrition Cluster annual work plan was developed during a one-day workshop attended by all partners, outlining the strategic focus areas, targets, and key indicators to be monitored throughout the year. As part of the implementation strategy, it was agreed that a mid-year review would be conducted to assess progress and make necessary adjustments.

Nutrition partners reviewed and endorsed a minimum intervention and response package for 188 prioritized localities, categorized into four tiers based on severity. This package was shared with the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) to guide the implementation and monitoring of inter-cluster responses in 63 of these prioritized localities, with 30 confirmed to be at risk of famine between December 2024 and May 2025.

The Nutrition Cluster re-activated subnational meetings in five Darfur states that had been disrupted due to staff movement, relocations, and role transitions. Additionally, the list of subnational cluster coordinators across all 18 states was updated, consolidated, and submitted to OCHA to improve response coordination.

18 Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys were conducted in 18 localities between December 2024 and February 2025. The Nutrition Information Technical Working Group (NISTWG) validated the results, which revealed severe levels of Global Acute Malnutrition (GAM) exceeding WHO emergency thresholds in seven locations, five of which were in Darfur (two in East Darfur, one in North Darfur, and two in South Darfur). Lastly, the Nutrition Cluster mobilized 13 nutrition partners, including NGOs and UN agencies, who expressed their commitment to resuming nutrition responses in Aj Jazirah State, ensuring continued support for vulnerable populations.

WASH Cluster: In 2025, the WASH Cluster partners have provided critical services to 1.85 million people across Sudan. This included safe water access to 530,000 individuals, water quality interventions benefiting 2.58 million people, sanitation services to 300,000 people, and hygiene promotion reaching 1.25 million individuals.

WASH Cluster coordination remained active at both national and subnational levels, focusing on emerging priorities, including cholera outbreaks, famine risks, and displacement-related challenges. These issues were discussed in strategic forums, including the Strategic Advisory Group (SAG) meeting and ICCG discussions.

To strengthen cluster effectiveness, a hybrid (in-person and online) workshop was held to review 2024 cluster coordination performance, drawing insights from the Cluster Coordination Performance Monitoring (CCPM) exercise conducted in January 2025. The workshop, led by the Drinking Water and Sanitation Unit (DWSU) Director and Undersecretary, resulted in a strategic action plan for 2025, focusing on enhancing coordination, service delivery, and emergency response mechanisms.

Recent drone attacks on power installations in Merowe, Gedaref, and White Nile States severely disrupted water supply systems, leading to a surge in cholera cases in Khartoum and White Nile, as communities resorted to using unsafe river water. In response, UNICEF-led WASH Cluster partners intensified interventions in White Nile, providing fuel, consumables, and essential supplies to restore operations at water treatment plants. As a result, cholera cases have begun to decline.

In Aj Jazirah State, where access to Medani has recently improved, initial assessments indicate that over 3,000 water sources are non-functional. While the main water treatment plant is partially operational, it requires urgent rehabilitation and additional supplies to resume full functionality. The threat of cholera remains high, as returning populations still lack access to safe drinking water. WASH Cluster partners are actively working to repair and rehabilitate water points and treatment plants, however, movement restrictions in Medani and Aj Jazirah continue to hamper response efforts.

AAP Working Group: To strengthen community engagement and ensure accountability in humanitarian response, the AAP Working Group (AAP WG) selected three new international NGO co-chairs—World Vision, Action Contre la Faim (ACF), and the International Medical Corps (IMC)—alongside three local organizations to promote localized ownership of Accountability to Affected Populations (AAP) initiatives in Sudan.

The AAP WG co-led a cross-cutting thematic coordination workshop with ICCG members to develop a joint action plan that reinforces

accountability and inclusive humanitarian response across all clusters. To protect affected populations' right to information and assistance, national and sub-national referral pathways have been shared across clusters to streamline case escalation and response coordination.

To further integrate and mainstream AAP principles, key questions and indicators were incorporated into the Intersectoral Rapid Needs Assessment Tool (ISRNA) to better capture community needs, perceptions, and preferences at both individual and leadership levels.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- [Report: Operational update on escalation of conflict in Khartoum State and its impact on children.](#)
- [Blog post: Water: A lifeline frayed by conflict.](#)
- [Blog post: Bringing hope to Darfur.](#)
- [Article: A Community's fight.](#)
- [Article: Breaking Barriers and Taboos.](#)
- [Article: Courage through adversity.](#)
- [Press release: Cholera surges in Sudan's White Nile State, more than 292,000 children at risk in Kos](#)
- [Statement: At least 40 children reportedly killed in three days across Sudan – UNICEF.](#)

HAC APPEALS AND SITREPS

- Sudan Appeals
<https://www.unicef.org/appeals/sudan>
- Sudan Situation Reports
<https://www.unicef.org/appeals/sudan/situation-reports>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: MARCH 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	3.1 million	533,567		-	-	
Children vaccinated against measles, supplemental dose	Total	-	1.3 million ¹⁵	102,708		-	-	
Persons assessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities.	Total	-	5.9 million	93,255		-	-	
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.7 million ¹⁶	1.1 million		5.7 million	1.1 million	
Children 6-59 months with severe wasting admitted for treatment	Total	-	603,298	52,276		603,298	52,276	
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.8 million ¹⁷	251,974		2.8 million	251,974	
Child protection, GBVIE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	3 million	235,586		508,377	84,218	
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	460,000	188,522		515,000	4,380	
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	4.8 million	336,986		-	-	
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	14,300	2,187		22,000	590	
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	352,286 ¹⁸	200,937		-	-	
Education								
Children accessing formal or non-formal education, including early learning	Total	-	2.4 million	197,096		3 million	221,867	
Children receiving individual learning materials	Total	-	1.6 million	76,117		2 million	111,905	
Water, sanitation and hygiene								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	9 million	2.7 million	▲ 13%	10.1 million	2.9 million	▲ 13%
People accessing appropriate sanitation services	Total	-	700,000	44,400	▲ 4%	2.5 million	304,272	▲ 9%
People reached with handwashing behaviour-change programmes	Total	-	9 million	848,954	▲ 3%	9.1 million	1.2 million	▲ 6%
People reached with critical WASH supplies	Total	-	1.8 million	204,285	▲ 8%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	100,000	-	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	72,000	15,672	▲ 14%	-	-	-
People participating in engagement actions for social and behavioral change	Total	-	4.1 million	779,988	▲ 11%	-	-	-

*Progress in the reporting period 1 - 28 February 2025

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	233,276,300	2,709,305	35,354,000	61,514,570	133,698,425	57%
Nutrition	257,226,174	1,840,920	-	27,529,053	227,856,201	89%
Child protection	144,811,336 ²³	941,831	2,757,000	11,336,318	129,776,187	90%
Education	92,797,895	1,121,804	12,110,000	44,517,631	35,048,460	38%
WASH	220,541,000	1,029,019	1,360,000	32,869,479	185,282,502	84%
Cross-sectoral	67,543,191 ²⁴	5,147,293	-	25,421,698	36,974,200	55%
Total	1,016,195,896	12,790,172	51,581,000	203,188,749	748,635,975	74%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources - humanitarian funding commitments received from donors in the current appeal year.

Other resources - non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over) - funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. <https://dtm.iom.int/dtm-insights/january-2025-edition/data-update-spotlight-crisis-sudan>
2. <https://humanitarianaction.info/plan/1220/document/sudan-humanitarian-needs-and-response-plan-2025/article/hnrrp-glance-0>
3. <https://reliefweb.int/report/sudan/sudan-situation-external-update-101-9-22-february-2025>
4. <https://reliefweb.int/report/sudan/sudan-situation-external-update-101-9-22-february-2025>
5. <https://app.powerbi.com/view?r=eyJrJoiZDdhYjczYmItMmU1My00OGRlWlxMTU0MTM2VjZjg4YjE5ZmNlIiwidCI6ImZzZTVkYjVILTl5NDQ0NDgzNy05OWY1LTc0ODhhY2U1ND>
6. Ibid.
7. <https://reliefweb.int/report/sudan/sudan-situation-external-update-100-2-8-february-2025>
8. <https://reliefweb.int/report/sudan/dtm-sudan-flash-alert-al-fasher-and-dar-salam-localities-north-darfur-update-073-19-february-2025>
9. <https://reliefweb.int/report/sudan/dtm-sudan-flash-alert-al-gitaina-locality-white-nile-20-february-2025>
10. North, West and Central Darfur, North Kordofan, White and Blue Nile, Gezira, Red Sea, Gedaref, Kassala, Northern, River Nile and Khartoum States.
11. Article 141: This article criminalizes anyone performing FGM, imposing a three-year prison sentence, a fine and the closure of the institution where the circumcision was performed.
12. Federal Ministry of Education.
13. of 48,616 women in Kassala State with pending payments, 16,845 are in River Atbara, 10,219 in Aroma, 8,177 in North Delta, 3,3038 in Hamashkureib, and 10,337 in Telkok.
14. The 12 states are: Northern, River Nile, Kassala, Gedaref, Blue Nile, Sennar, White Nile, Aj Jazirah, Central Darfur, South Darfur, and West Darfur
15. UNICEF targets U1 children for measles and supplemental dose vaccination
16. UNICEF's target is higher than the cluster's because the Humanitarian Needs and Response Plan (HNRP) does not include a target for screening all children aged 6 to 59 months for acute malnutrition. The cluster target focuses solely on malnourished children and pregnant and breastfeeding women (PBWs) due to prioritization, whereas UNICEF's approach emphasizes the importance of comprehensive screening for early detection and prevention.
17. Ibid
18. UNICEF has increased its target by 1% above the Mine Action AoR to address escalating needs in this programmatic area. This decision is driven by the emergence of new conflict hotspots, territorial shifts with the Rapid Support Forces (RSF) losing control in key states, and the return of communities to areas previously under RSF control, which remain hazardous due to unexploded ordnance (UXO).
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23. This includes US\$ 3,569,000 for providing accessible ways to report sexual exploitation and abuse and US\$ 54,280,000 for prevention and response to gender-based violence.
24. This includes US\$50,000,000 for humanitarian cash transfer, US \$2,072,000 for accountability to affected populations; the remaining amount is for social and behavioural change communication, including community engagement activities.