After fleeing violence in Al Fasher, 13-year-old Azuz now lives in a gathering site in Atbara, River Nile State, where he is catching up on learning through UNICEF's alternative education programme.

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Humanitarian Situation Report No. 36

Reporting Period
1-31 October 2025

Sudan

HIGHLIGHTS

- Conflict escalation in Al Fasher and North Kordofan triggered mass displacement, with over 97,800 people fleeing violence. Public health emergencies worsened, as cholera spread to 82 localities with 2,396 new cases and a 3.7 per cent fatality rate, while dengue cases surged past 16,500.
- Humanitarian needs remain acute: 21.2 million people face food insecurity, including famine conditions in Darfur and Kordofan.
- UNICEF scaled up life-saving services: 811,000 people gained access to safe water; 491,700 vaccine doses were distributed; 5.5 million children screened for malnutrition and 500,000 treated for SAM; and 2,268 schools reopened in Darfur, restoring learning for thousands. Cash assistance reached over 50,000 women, with expansion to Northern and Gedaref States.
- Despite these gains, UNICEF's US$950M appeal remains 52 per cent underfunded, threatening continuity of critical services for millions of children.

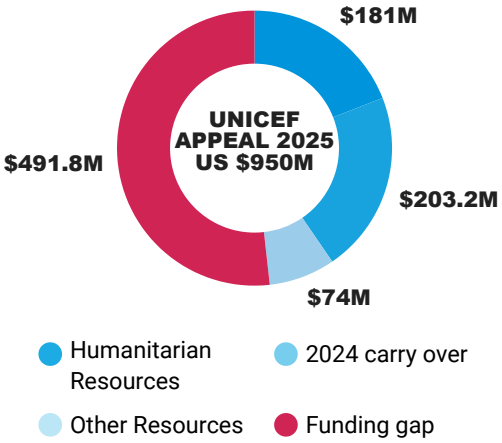
SITUATION IN NUMBERS[1]

15,256,000
Children in need of humanitarian assistance[2]

30,400,000
People in need of humanitarian assistance[3]

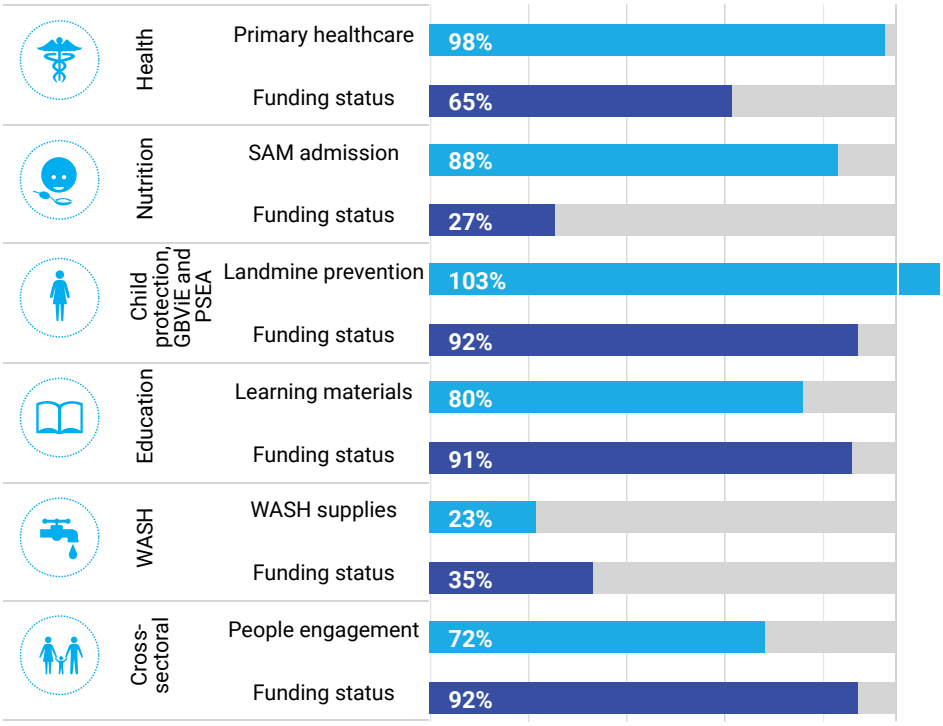
9,819,680
Internally Displaced People
4

FUNDING STATUS (IN US$)**



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

UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF's Humanitarian Action for Children[5] (HAC) 2025 urgently appeals for US$ 950 million to meet the critical, life-saving needs of children, adolescents, and their families across Sudan. In 2025, 30.4 million people require urgent assistance in the Sudan, up from 24.8 million in 2024, a 23 per cent increase. Despite the extreme situation and millions of people requiring assistance, the response in the Sudan remains critically underfunded, jeopardizing the well-being of vulnerable children and families. More than 15.6 million children are affected by the crisis. They face violence, including abuse and exploitation, along with forced displacement, malnutrition and disease outbreaks.

Now in its third year, the war continues to devastate communities and dismantle essential systems, leaving children increasingly exposed to malnutrition, disease, exploitation, and disrupted learning. The 2025 HAC prioritises life-saving, high-impact interventions that ensure access to nutrition, health, child protection, education, water, sanitation and hygiene (WASH), and humanitarian cash assistance—targeting 14 million people, including 8.7 million children, with immediate relief and longer-term resilience support.

As of 30 October 2025, UNICEF has mobilised over US$458 million, including US$203 million carried forward from 2024 and US$181 million in new contributions this year, alongside US$74 million leveraged through other resources to sustain service delivery and community systems. Despite these vital contributions, the appeal remains 52 per cent underfunded, threatening the continuity of life-saving services and the survival and dignity of millions of children.

UNICEF calls on the international community to amplify support through flexible and timely funding, enabling a sustained and scalable response to Sudan's rapidly worsening crisis. Predictable investments are crucial not only to save lives today but also to safeguard the country's future generation.

UNICEF expresses its deep gratitude to its donors and partners for their unwavering support, which enables the delivery life-saving assistance and preserve hope amidst Sudan's devastating crisis. Key supporters include the European Union, the governments of Canada, Cyprus, Denmark, France, Germany, Italy, Japan, Netherlands, Norway, Sweden, the United Kingdom, and the United States of America, as well as multilateral and global partners such as the World Bank, UN Central Emergency Response Fund (CERF), Gavi, the Vaccine Alliance, The Global Fund, The Child Nutrition Fund, The Global Partnership for Education (GPE), Education Cannot Wait (ECW), Education Above All, and UNICEF National Committees, alongside generous private sector partners.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The humanitarian crisis in Sudan has reached catastrophic levels, with intensified conflict across North Darfur and the three Kordofan States driving unprecedented suffering for children and families. In October, Al Fasher in North Darfur witnessed one of the deadliest escalations since the start of the conflict[6] . Following more than 18 months under siege, civilians, including children, have endured relentless attacks, displacement, severe food shortages, and near-total collapse of health services. The latest wave of violence has trapped thousands in life-threatening conditions, with grave violations of children's rights reported, including killing, abduction, maiming, and sexual violence.

By the end of October, over 62,200 people[7] were newly displaced from Al Fasher town and its surrounding villages. Among internally displaced populations access to food, water, healthcare, and protection remains the most urgent need. Health facilities have been targeted. The Saudi Maternity Hospital in Al Fasher was struck, destroying infrastructure and resulting in the killing or injuring of several health workers[8] . Civilians, including approximately 130,000 children[9] , remain cut off from humanitarian assistance and face heightened risks of grave violations. Reports of targeted attacks on aid workers have further constrained access, preventing the delivery of life-saving support[10] .

In parallel, the situation across the three Kordofan States has sharply deteriorated. In North Kordofan, renewed violence intensified in October, particularly in Bara and Um Dam Haj Ahmed localities, triggering large-scale displacement and widespread human rights violations. In the last week of October, the violence triggered multiple displacement incidents across the Bara, Sheikan, Ar Rahad, Um Rawaba, and Um Dam Haj Ahmed localities. An estimated 35,600 people were forced to flee their homes, many seeking safety in neighbouring villages or spontaneous displacement sites. Attacks on health infrastructure continue. The International Federation of Red Cross and Red Crescent Societies (IFRC) confirmed the killing of five Sudanese Red Crescent Society volunteers in Bara on 27 October 2025[11] . Ongoing hostilities continue to endanger health personnel and impede access to affected communities.

The protection situation in Sudan has reached a catastrophic threshold, particularly in Darfur and Kordofan. Attacks on schools, hospitals, mosques, and IDP sites have eroded safe spaces, depriving children of healthcare, psychosocial support, and access to learning. Ongoing hostilities have resulted in mass civilian casualties, forced displacement, and the destruction of critical infrastructure. Thousands of children remain trapped in active conflict zones, facing heightened risks of abduction, recruitment, family separation, killing, maiming, and gender-based violence.

Sudan faces overlapping public health emergencies compounding the crisis. Since July 2024, over 123,000 cholera cases[12] and 3,500 deaths have been reported across 18 States with a case fatality rate (CFR) of 2.8 per cent. The outbreak remains active in this year with over 72,000 cases of cholera reported from January to end of October 2025. New case surges have been reported in Darfur and Kordofan, particularly in Tawila, Nyala Janoub, Sharg Aj Jabal, Kadugli, Ar Reif Ash Shargi and Talawdi. Displacement, overcrowding, and ongoing clashes are driving rapid transmission. Similarly, Dengue fever has surged to over 40,000 cases and 108 deaths (with CFR of 0.3 per cent), with Khartoum, Aj Jazira, and White Nile among the hardest hit, indicating widespread community transmission. Measles outbreaks continue, with over 3,300 cases reported nationwide[13] . So far, North Darfur and Khartoum have recorded the highest caseloads of measles. Malaria remains a persistent threat with over 1.7 million cases across 15 States.

According to the latest Integrated Food Security Phase Classification (IPC) report, 21.2 million people—nearly half of Sudan's population—are

facing high food insecurity, including 6.3 million in Emergency (IPC 4) and 375,000 in Catastrophe (IPC 5). This reflects an improvement of 3.4 million people since the previous analysis, mainly due to stabilization and better humanitarian access in Khartoum, Aj Jazirah, and Sennar. The number of people facing high food insecurity is projected to decrease further to 19.2 million in the first projection period (October 2025–January 2026).

However, food security has sharply worsened in Darfur and Kordofan States due to active conflict and restricted access, where famine was confirmed in Al Fasher and Kadugli, with 20 additional areas at risk between October 2025 and May 2026. The situation is projected to worsen further in 2026, particularly in hard-to-reach areas, underscoring the urgent need to update response priorities and intensify response efforts.

Recent Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys confirm the severity of the malnutrition crisis. Between January and October 2025, 54 surveys were conducted, revealing that 28 localities (54 per cent) recorded Global Acute Malnutrition (GAM) rates at or above 15 per cent, exceeding the World Health Organization's "very high" threshold. The situation is particularly alarming in the Darfur States, where nearly 80 per cent of surveyed localities surpassed this level. Critically high GAM rates—approaching
or exceeding the famine threshold of 30 per cent—were reported in Melit (34 per cent) and At Tawisha (29 per cent) in North Darfur, Yassin (28 per cent) in East Darfur, and Tulus (28 per cent) in South Darfur. Encouragingly, a few areas show improvement compared to 2024: in Al Lait, North Darfur, GAM rates dropped from 31 to 19.6 per cent, and in Tawila, rates among the host community fell from 29.4 to 15.7 per cent, though GAM among IDPs remains high (22 per cent).

Across Sudan, children continue to bear the brunt of this multi-layered crisis—caught between violence, hunger, and disease. UNICEF and partners continue to advocate for unimpeded humanitarian access, the protection of civilians, and sustained international support to deliver life-saving assistance and safeguard the rights and well-being of every child.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Sudan's health situation deteriorated further in October 2025, as conflict, displacement and the collapse of essential services fuelled multiple disease outbreaks. Cholera remained a major concern, with 2,392 new cases and 88 deaths (CFR 3.7 per cent) reported across 80 localities in 16 States, particularly in Darfur and Kordofan, where overcrowding and poor water conditions persist. Dengue fever also spread widely in October 2025, with 16,536 cases and 52 deaths (CFR 0.3 per cent) across 13 States[14] , over two-thirds in Khartoum, which recorded an 85 per cent positivity rate, confirming extensive community transmission. Measles outbreak continued, with 58 new cases[15] reported mainly in North Darfur and Khartoum, while malaria remained Sudan's leading health threat, with 390,200 cases reported in October 2025—higher than September where 366,852 cases were reported but slightly lower than August 2025 (417,967 cases).

Amid this worsening situation, UNICEF continued to safeguard the lives of children and women by providing essential health services. To improve newborn survival, UNICEF continues to support 55 neonatal special care units across 14 States, covering 21 per cent of Sudan's localities. In October 2025 alone, 2,200 critically ill newborns received specialised care, achieving an 88 per cent survival rate. In addition, over 303,000 women and children accessed UNICEF-supported primary health care services, with 88 per cent children under five.

In response to Al Fasher attack, UNICEF provided midwifery, clean-delivery and community-midwife kits sufficient for 22,000 pregnant women and 22,000 newborns in Tawila and surrounding areas. Additional maternal and newborn health supplies were delivered to 12 other States, reaching around 32,300 mothers and 32,300 newborns with life-saving support. UNICEF is engaging with and the Federal Ministry of Health and partners in developing the National Maternal and Child Health Strategic Plan (2026–2030) and a two-year Maternal, Newborn, and Child Health Acceleration Plan to fast-track progress toward the SDG targets.

UNICEF also sustained routine immunisation in high-risk areas despite insecurity. In October, 491,700 vaccine doses—including Bacillus Calmette–Guérin (BCG), Oral Polio Vaccine (OPV), Inactivated Polio Vaccine (IPV), Penta (Pentavalent Vaccine protects against diphtheria, tetanus, pertussis, hepatitis B, and Haemophilus influenzae type b), Pneumococcal Conjugate Vaccine (PCV), Rota, Meningococcal A, Yellow Fever and Tetanus-Diphtheria (Td)—were distributed across North Darfur, North Kordofan and Red Sea, benefiting an estimated 82,000 children under one year. In addition, 964,400 Tetanus–Diphtheria vaccine doses were deployed to River Nile and Northern States for a diphtheria outbreak response planned for November, targeting around 877,000 children and adolescents aged 5–20 years.

To curb cholera and acute watery diarrhoea (AWD), UNICEF supported one Cholera Treatment Centre (CTC), two Cholera Treatment Units (CTUs) and eight Oral Rehydration Points (ORPs) in Tawila locality, North Darfur. In West Darfur, four ORPs remained active in Dar As Salam and Ag Geneina, while in South and East Darfur, five CTUs and 12 ORPs are functional and have treated around 200 cholera cases. In Blue Nile, UNICEF continued to support one CTC at Ed Damazine Hospital, a CTU in Bau locality, and mobile health teams in nine Karama returnee camps. Through these facilities and the deployment of 90 frontline workers 6,226 diarrhoea and cholera cases received treatment in Blue Nile. In White Nile, five CTCs and 12 ORPs remain operational, responding to 234 reported cases.

UNICEF further supported the completion of the Oral Cholera Vaccination (OCV) campaign, reaching 3.47 million people (96.6 per cent of target) across 10 localities in the five Darfur States and three localities in Khartoum. Additionally, 314,900 OCV doses were received for a reactive vaccination campaign in Abu Jubayhah, South Kordofan, scheduled for November 2025 to protect high-risk communities.

Meanwhile, through 64 communities in Gedaref and Kassala, UNICEF continues to expand Home-based Management of Malaria (HMM), where 1,215 suspected cases were tested and 825 confirmed across 24 communities in Kassala and 40 in Gedaref. As part of the Phase II Insecticide-Treated Net distribution campaign, 1.3 million bed nets were distributed in Central Darfur, South Darfur and West Darfur, providing critical protection for children and families against malaria.

Nutrition

Conflict escalation in Al Fasher, North Darfur, has compounded the crisis, forcing large-scale displacement and exposing children to acute malnutrition. At reception sites, 10,800 children under five were screened for malnutrition; 5.4 per cent were identified with Severe Acute Malnutrition (SAM) and 15.1 per cent with Moderate Acute Malnutrition (MAM). All identified children were admitted for treatment and received ready-to-use therapeutic food (RUTF), with referrals made to health facilities and stabilization centres for further care.

To mitigate the unfolding catastrophe, UNICEF and partners have scaled up integrated life-saving and preventive nutrition services nationwide, prioritizing localities in famine and at a high risk of famine. Treatment for SAM has reached record levels in 2025, with monthly admissions surpassing previous years. Between January and October 2025, over 500,000 children under five were enrolled in treatment—representing
65 per cent of the national caseload and 84 per cent of UNICEF's annual target, marking a 32 per cent increase compared with
2024. During the same period, 3.8 million children aged 6–59 months received vitamin A supplementation, 2.5 million children aged 12–59 months received deworming tablets, 493,900 pregnant women received iron and folic acid supplementation, and 1.25 million caregivers participated in Infant and Young Child Feeding (IYCF) counselling sessions.

The rise in admissions reflects both worsening nutritional conditions and expanded programme reach, including in previously inaccessible areas such as Jebel Awlia, Khartoum, where monthly enrolments increased from fewer than 200 cases in May to 4,264 in August and 3,486 in September. Admissions also rose by 28.4 per cent in North Darfur and 13.8 per cent across the Darfur State, largely due to deteriorating conditions. Despite operational challenges, programme quality remains high, with a national cure rate of 92 per cent, default rate of 5.8 per cent, and mortality rate of 0.5 per cent, meeting Sphere standards. However, performance varies across conflict-affected States where access is constrained

SAM admissions remain particularly high in critical priority 1 localities, with 134,700 children admitted between January and October 2025, including 10,887 in September alone. These admissions account for 76 per cent of the total caseload in these areas. To address gaps in Stabilization Centre (SC) services, UNICEF has strengthened support in Tawisha and Al Lait localities in North Darfur by ensuring the operation of two SCs.

Between January and October 2025, screening activities have also expanded, through routine services and Integrated Nutrition Campaigns, with 5.5 million children screened for malnutrition across 90 localities, including 478,996 children in October alone, enabling early detection and timely referral for treatment.

The RUTF pipeline remains fully secured for 2025, with 340,790 cartons in transit through Port Sudan, Chad, and South Sudan. Since January, 418,943 cartons have been dispatched, including 100,500 to famine-risk areas. In September, 52,437 cartons were delivered nationwide, of which 19,277 reached hard-to-access communities in Darfur and Kordofan. Nevertheless, logistical bottlenecks and access restrictions in Al Fasher continue to pose challenges, with potential shortfalls anticipated through the Chad corridor if deliveries are delayed. UNICEF is coordinating closely with logistics teams to accelerate distribution and sustain uninterrupted supplies.

To avert a projected pipeline break in early 2026, UNICEF has begun preparing the 2026 Supply Plan, requiring US$11.5 million to maintain supplies through June 2026.

Preventive nutrition interventions have also been scaled up through Integrated Nutrition Campaigns (INC) and other delivery platforms, reaching 2.8 million children with vitamin A, 2.5 million with deworming, 208,000 children aged 6–23 months with micronutrient powders or lipid-based nutrient supplements, and 210,000 pregnant women with iron and folic acid.

UNICEF, WHO, WFP, and the Federal Ministry of Health jointly conducted field monitoring in Kassala, Sennar, and White Nile to strengthen the nutrition information system and improve data quality. In addition, 25 Emergency Nutrition Officers (ENOs) and third-party monitors continued their efforts in priority areas, conducting 316 monitoring visits in October alone to provide on-the-job mentoring and ensure compliance with national standards.

Water, sanitation and hygiene

Despite severe access challenges, UNICEF continued to deliver essential Water, Sanitation and Hygiene (WASH) services to children and families across Sudan. In October, over 811,000 people gained access to safe drinking water through chemical treatment, purification systems, and the rehabilitation or construction of water facilities. This progress brought cumulative reach to 12.2 million people, 115 per cent of the annual target, demonstrating UNICEF's leadership in sustaining life-saving water supply during the ongoing crisis.

Progress was also evident in sanitation and hygiene promotion, which saw significant month-to-month increases. Sanitation services reached over 33,600 additional people through the construction, rehabilitation and desludging of emergency latrines, while hygiene promotion activities benefited 279,400 people, while over 69,000 individuals received critical WASH supplies, including soap and hygiene kits. Compared with September, this represented a 67 per cent increase in people reached with sanitation support and a 65 per cent increase in the distribution of hygiene supplies—largely attributed to successful cross-border supply deliveries and closer collaboration with partners, community extenders and government counterparts.

The escalation of conflict in North Darfur created a sharp rise in humanitarian needs with an estimated 90,000 newly displaced people arrived in Tawila. UNICEF responded rapidly, providing safe drinking water for 45,000 people including IDPs and host communities through daily water trucking (155 m^3/day) and by operating and chlorinating 11 water sources. To ensure daily water quality meets the standards, WASH extenders in Tawila ensure that samples meet the residual chlorine standard (0.1–0.5 mg/L), ensuring the safety of supplied water. An additional 100 m^3/day of water trucking and solarization of four hybrid water sources (hand pump and diesel submersible pump) is planned through partners and is expected to reach additional 13,000 newly arrivals. To curb open defecation, 37 of the planned 300 emergency latrines are constructed and functional and are currently benefiting 1,500 people. Additionally, 520 newly arrived households and 2,850 school aged children received soap and hygiene kits. Hygiene promotion and awareness campaigns on handwashing and cholera prevention

continued in high-density areas.

By the end of October, UNICEF's cumulative WASH results were substantial; 12.2 million people with access to safe water (115 per cent of target), over 247,700 people with access to sanitation services (50 per cent of target), 4.6 million people reached through hygiene promotion (77 per cent of target), and 535,000 people receiving essential WASH supplies (30 per cent of target). Despite logistical bottlenecks, insecurity and restricted access, UNICEF's WASH interventions remain on track to meet or exceed most annual goals, underscoring UNICEFs vital role in protecting children and families from waterborne diseases and safeguarding public health amid Sudan's worsening humanitarian crisis.

Child Protection

UNICEF and partners continued to expand child protection and gender-based violence (GBV) interventions in October 2025, reaching children and families in some of Sudan's most affected areas. Escalating violence in North Darfur and the Kordofan States heightened protection risks—exposing children and women to displacement, separation, and trauma. In response, UNICEF prioritised mental health and psychosocial support (MHPSS), GBV prevention and response, family tracing and reunification (FTR), and explosive ordnance risk education (EORE) for newly displaced populations. At the same time, community-based protection mechanisms were strengthened through the deployment of trained social workers and extenders, enhancing local resilience and accountability.

In October, over 229,400 children and caregivers accessed community-based MHPSS services, including 194,600 children (50 per cent girls) bringing the total reach in 2025 to more than 1.5 million people. These interventions helped children and families manage stress and trauma from displacement, violence, and loss, restoring a sense of stability and safety. Dedicated counselling sessions supported caregivers to cope with grief, fear, and economic hardship, recognising that their well-being directly influences children's emotional recovery. Through group activities, play therapy, and community sessions, UNICEF and partners fostered safe spaces where children could rebuild confidence and resilience amid ongoing instability.

In addition, 122,000 women and children benefited from GBV risk mitigation, prevention, and response services, including 76,750 children (62 per cent girls; 1,373 children with disabilities). This brought the cumulative total in 2025 to 865,470 women and children, a 29 per cent increase from September. Support included the establishment and operation of safe spaces for women and girls, provision of psychosocial services, and strengthening of referral pathways for survivors of violence. UNICEF and partners also conducted community awareness sessions to address harmful practices such as child marriage and female genital mutilation (FGM), encouraging collective dialogue and behaviour change to protect girls' rights and dignity.

UNICEF continued to prioritise family tracing and reunification for unaccompanied and separated children, a growing concern as families flee shifting frontlines. In October, 628 children (48 per cent girls) were reunified with their families or placed in alternative care arrangements, ensuring protection and stability amid insecurity. Since January, 16,629 children have benefited from family-based care, a vital safeguard against exploitation and abuse. Family Tracing and Reunification (FTR) mechanisms are being strengthened in North Darfur and the Kordofan States, with systematic follow-up visits and close monitoring to ensure long-term well-being for reunified children and those placed in alternative care.

Efforts to protect children from explosive ordnance also continued. In October 2025, over 61,000 children (52 per cent girls) were reached with EORE and survivor assistance interventions, bringing the total number of children reached in 2025 to 581,700. An additional 16,540 caregivers participated in community and school-based awareness sessions that taught practical safety measures for identifying and avoiding explosive hazards. Survivor assistance services provided psychosocial support and medical referrals to affected children and families, helping them recover and reintegrate safely. These activities remain essential in preventing injuries and deaths in areas of return which are contaminated by unexploded ordnance.

In October 2025, 91,000 people, including 44,590 children (57 per cent girls), gained access to safe and confidential reporting channels, bringing the total reached in 2025 to 604,864 individuals. Through community sessions, UNICEF promoted awareness of available reporting mechanisms, confidentiality procedures, and survivor-centred support. Teachers, community leaders, and service providers were trained on safe reporting practices to reinforce trust and ensure that children and families can report misconduct without fear.

Education

In October 2025, education access in Darfur States saw notable progress following the reopening of 2,268 schools, bringing the total number of operational schools across the Darfur States to 2,475—up from only 207 earlier in the year. This marks approximately 47 per cent of all schools in Darfur now reported as reopened (2,475 out of 4,873 functioning prior to the conflict). The reopening of schools represents an important milestone in restoring learning opportunities for thousands of children after months of closure and disruption.

South Darfur accounted for the largest share of the reopening surge, with all 1,504 schools officially declared operational in October 2025. In East Darfur, 383 of 453 schools (around 85 per cent) reopened, signalling a significant recovery from a previously fully closed education system. Central Darfur also reported progress, with 354 schools reopened, though insecurity and the lack of teacher incentives continue to constrain functionality in some areas. Meanwhile, West Darfur reported 180 of 444 schools (41 per cent) reopened, and North Darfur showed the lowest recovery rate, with only 54 of 1,118 schools (fewer than 5 per cent) operating, most of them located in Tawila locality. Despite these advancements, many reopened schools still lack basic infrastructure, learning materials, and teacher salaries, and are suffering from overcrowding when they are open, underscoring the urgent need for sustained assistance to ensure safe and inclusive learning. UNICEF is distributing supplies to schools for teachers and learners across all Darfur states, reaching 85 schools and 23,800 children, as part of the response within the formal education system. 73 tents have been distributed to schools to ease overcrowding and provide a safe learning environment for children.

During the reporting period, UNICEF and partners reached an additional 36,000 children through access to formal and non-formal education, bringing the total number of children reached in 2025 to close to 2 million (50 per cent girls), representing 84 per cent of the annual target. To strengthen formal education, 1,132 schools across River Nile, Northern, and Red Sea States received school grants supporting activities

identified in school improvement plans developed by parent-teacher associations and school management committees. Grants benefited 528,507 children enrolled in these schools and have been instrumental in enabling schools to undertake minor repairs, replace damaged furniture, and resume operations—particularly in areas where displacement, prolonged closures, and the repurposing of schools as shelters have severely disrupted education delivery.

At the same time, UNICEF expanded access to Safe Learning Spaces (SLSs) for children in conflict-affected areas where schools remain closed or damaged. In October 2025, 122 new SLSs were established, enrolling an additional 30,123 children (15,171 girls). This brings the cumulative total to 1,186 SLSs established since January, reaching 413,577 children, including 216,781 girls. These spaces continue to provide not only learning opportunities but also psychosocial support and structured routines that help restore normalcy for children affected by conflict. To sustain quality teaching, 641 teachers and facilitators received incentives, while 987 were trained in pedagogy and psychosocial support to strengthen classroom practices and promote child well-being.

UNICEF also distributed individual learning materials to 325,700 children during October, bringing the total to over 678,631 children supported since January. Additionally, 17,247 adolescents participated in life skills, sports, and cultural initiatives, helping to promote resilience, positive coping, and peer engagement among young people navigating the effects of conflict and displacement.

Enhancing Resilience, Social Inclusion and Cash Assistance

UNICEF's flagship Mother and Child Cash Transfer Plus (MCCT+) programme continues to serve as a vital lifeline for pregnant and lactating women (PLW) and their young children across Sudan. Through regular, predictable cash assistance, complemented by access to health, nutrition, and social and behaviour change (SBC) services, MCCT+ helps safeguard the well-being of mothers and their children during the critical first 1,000 days of life. As conflict continues to disrupt livelihoods and access to essential services, the programme provides an essential safety net, enabling families to meet their basic needs, sustain care practices, and protect child survival and development.

In October 2025, UNICEF achieved significant progress in delivering payments to MCCT+ beneficiaries across Red Sea, Kassala, and River Nile States. In Red Sea, 17,214 of 17,976 enrolled women (96 per cent) received their transfers, while in Kassala, 6,406 of 6,612 women (97 per cent) were paid. In River Nile, cash transfers are ongoing across Atbara, Ad Damar, and Barbar localities, reaching 26,309 PLW. These timely payments are helping vulnerable households cope with the impacts of displacement, rising food prices, and reduced access to services.

The programme's scale-up to new localities in Northern and Gedaref States also advanced during the month. In Wasat Al Gedaref and Madeinat Al Gedaref, the first round of payments is underway and is expected to reach over 19,000 women. In Merwoe, Northern State, enrolment for more than 8,000 PLW has been completed, and programme cards have been distributed to facilitate upcoming payments.

In parallel, the emergency GBV cash pilot, implemented jointly by UNICEF and child protection partners, provided cash assistance to 2,320 of 2,359 enrolled women (98 per cent of planned target) across Khartoum and Al Jazirah. The support is delivered in multiple payment rounds, ensuring continuity for survivors and women at risk of gender-based violence.

Additionally, UNICEF continues to support community kitchens in North Darfur and South Kordofan, prioritising areas experiencing acute humanitarian needs and new displacement. These kitchens provide hot, nutritious meals for vulnerable families, mitigating the impact of food insecurity amid crises.

Social and Behaviour Change (SBC)

Amid Sudan's rapidly evolving humanitarian crisis, social and behaviour change (SBC) interventions remain critical for promoting life-saving practices, strengthening community trust, and ensuring the effective delivery of health and nutrition services. In October 2025, UNICEF and partners intensified community engagement and communication efforts to counter misinformation, promote vaccination, and encourage early care-seeking behaviours. Through a mix of social listening, interpersonal communication, and mass media outreach, these interventions aimed to empower communities—particularly in Darfur, Kordofan, and Eastern States—to make informed decisions that protect the health and well-being of children and families.

In Tawila, North Darfur, social listening through focus group discussions and key informant interviews revealed widespread stigma and fear surrounding cholera, contributing to delayed treatment-seeking among affected families. Misconceptions were particularly pronounced among young men, with persistent false beliefs linking the Oral Cholera Vaccine (OCV) to fertility issues, resulting in vaccine hesitancy. This misinformation posed a serious public health risk and prompted the deployment of targeted social and behaviour change (SBC) interventions to counter rumours, build trust, and promote accurate health information.

To address these challenges, UNICEF and partners implemented an integrated, multi-channel communication strategy delivering life-saving messages on cholera and dengue prevention, routine immunisation, polio and OCV promotion, essential family practices (including maternal and child health, nutrition, and early care-seeking), and peacebuilding, social cohesion, and GBV/PSEA awareness. Face-to-face communication remained the cornerstone of the approach, with house-to-house visits, community dialogues, and focus group discussions conducted across West, Central, and North Darfur, as well as Kassala, Gedaref, Red Sea, and the South Area. Innovative methods such as interactive theatre, mobile cinema, and open community days helped engage communities in meaningful dialogue on disease prevention and vaccination. In total, 84,000 people (37 per cent of whom were children) were directly reached through community-based communication activities.

Capacity-building remained central to scaling up community engagement. Training in interpersonal communication and key preventive messaging was delivered to 250 community and religious leaders, health promoters, and mothers' groups, who now serve as trusted local advocates for health promotion and behaviour change. In parallel, mass media and social media platforms amplified message reach, with 11 radio programmes and nine radio spots produced in Red Sea State, and health messages disseminated via social media in Gedaref and other States. Overall, an estimated six million people were indirectly reached through radio, social media, and mobile sound systems mounted on vehicles during cholera, polio, and "Big Catch-Up" immunisation campaigns[16] —significantly increasing community awareness

and vaccine uptake.

Community engagement also focused on strengthening the role of trusted local leaders. In South Kordofan, 60 religious leaders were identified and 43 trained to disseminate accurate health messages, while in Gedaref, 32 religious and media leaders were trained on cholera prevention and community behaviour change. Across Red Sea and White Nile, 40 women religious leaders were trained on gender mainstreaming in polio and immunisation, subsequently conducting 480 awareness sessions that reached over 11,000 community members. These efforts contributed to exceptional vaccination coverage rates, achieving 100 per cent of targets during the Zero Dose campaign in White Nile and 90 per cent in Red Sea State.

The “Big Catch-Up” campaign in Khartoum stood out as a flagship initiative for the month. The campaign trained 30 community leaders as immunisation ambassadors and engaged more than 37,000 individuals through mobile media units, community dialogues, and interactive theatre. Mobile cinema shows in Gedaref, South Area, Red Sea, and White Nile provided dynamic, interactive platforms for communities to engage directly with health workers, dispel misconceptions, and reinforce trust in vaccination and disease prevention efforts. Mothers’ groups, youth clubs, and community platforms remained central actors in mobilising households—reaching over 6,000 households with key messages promoting vaccination and preventive health practices.

Monitoring and feedback collection remained challenging due to network disruptions and limited access in conflict-affected localities, resulting in reporting delays. However, social listening in Tawila (112 participants) provided critical insights into cholera-related fears, misinformation, and treatment-seeking behaviours, directly informing subsequent communication strategies. Encouragingly, evidence of positive behaviour change was observed during the “Big Catch-Up” campaign in Khartoum, where improved community attitudes translated into increased turnout at vaccination centres and stronger public confidence in immunisation services.

Accountability to Affected Population (AAP)

UNICEF has placed Accountability to Affected Populations (AAP) and localization at the heart of its humanitarian response in Sudan, ensuring that communities are meaningfully engaged in shaping assistance and that their voices directly inform programme decisions. Through Community Feedback Mechanisms (CFMs) operating across all 18 States, UNICEF has enabled affected populations to safely and effectively share feedback, raise concerns, and request support. In addition to the existing toll-free hotline, WhatsApp, digital helpdesk, and email channels, a new digital feedback system using QR codes was launched in 2025, expanding access for communities in hard-to-reach and insecure areas. These mechanisms continue to play a vital role in building trust, strengthening mutual accountability, and improving programme quality through real-time feedback and evidence generation that informs advocacy and operational decision-making.

In October 2025, the Inter-Agency Community Feedback Mechanism (IA-CFM) received 23,858 feedback cases, representing a 55 per cent increase from the previous month. The rise was largely attributed to the expansion of cash transfer programmes, registration drives, and sensitisation campaigns, including outreach via bulk SMS. Women accounted for 83 per cent of all cases received, demonstrating their strong engagement in community feedback processes. Of all submissions, 95 per cent were successfully closed, and 98 per cent of respondents expressed satisfaction with how their cases were handled. Only a small proportion (3 per cent) reported dissatisfaction, primarily due to perceived exclusion from assistance programmes.

UNICEF also advanced efforts to ensure inclusive participation of persons and children with disabilities, who submitted 79 feedback cases, most originating from Gedaref, followed by River Nile and Red Sea States. Reported needs related primarily to cash for basic needs, livelihood grants, assistive devices, psychosocial and medical support, highlighting the importance of maintaining inclusive programming across sectors.

Community-based CFMs have proven particularly effective in amplifying local voices. By October, 130 collective reports—representing input from over 500,000 community members—had been compiled and shared with partners. These reports paint a stark picture of the humanitarian emergency, with North Darfur at its epicentre. More than 40 real-time reports from AAP community networks in and around Al Fasher describe tens of thousands of civilians trapped without food, water, or medical aid, as violence and displacement spread across Tawila, Korma, and surrounding areas. Over 74,000 people are sheltering in displacement centres, many of them unaccompanied and separated children (UASC) whose cases have been referred to Child Protection teams for urgent follow-up.

In North Kordofan, community focal points reported that more than 35,000 civilians have fled attacks in Um Rawaba and Bara, seeking safety in Al Obeid under dire conditions with limited access to basic services. Central Darfur communities continue to face severe shortages of food, water, and education services, while reports from Blue Nile, Khartoum, Aj Jazirah, Gedaref, and Kassala describe worsening malaria and dengue outbreaks, rising food insecurity, collapsing schools, and overstretched WASH systems. Across all affected areas, families are exposed to hunger, disease, and protection risks, with women and children disproportionately affected.

Protection from Sexual Exploitation and Abuse (PSEA)

Throughout October 2025, UNICEF intensified efforts to strengthen Protection from Sexual Exploitation and Abuse (PSEA) both internally and externally, ensuring that principles of zero tolerance, accountability, and survivor-centred response are embedded across all interventions. Guided by the national PSEA Action Plan, the UNICEF focused on operationalising PSEA within humanitarian programming and partner engagement. All SEA/SH (Sexual Exploitation and Abuse/Sexual Harassment) cases reported against UNICEF partners are being addressed through established compliance and investigative systems, reinforcing institutional accountability and transparency.

To build a culture of prevention and awareness, UNICEF delivered comprehensive PSEA training and orientation sessions to 310 participants (185 men, 125 women) across Blue Nile, South Kordofan, Red Sea, West Kordofan, Khartoum, Gedaref, and Aj Jazirah. Participants included UNICEF staff, implementing partners, community representatives, frontline workers, third-party monitors, contractors, and suppliers. These sessions focused on identifying SEA risks, strengthening referral pathways, and ensuring safe and accessible reporting mechanisms for affected populations.

In Red Sea state, UNICEF conducted community outreach and awareness campaigns, including focus group discussions with women and

girls Om Algora Women Empowerment Centre. The discussions helped identify GBV/SEA risks and their underlying causes, while participants were provided with information on PSEA reporting lines and key protection messages. Additionally, UNICEF conducted a PSEA Risk Assurance exercise for the Muzna Charitable Organisation, which received a “Moderate Capacity–Moderate Risk” rating, confirming strong compliance with PSEA standards.

At the inter-agency level, UNICEF played a leading role in the Sudan Inter-Agency PSEA Network, focusing on strengthening local partner capacity in SEA investigation, a key gap identified among national actors. With support from UNICEF MENARO, a five-day SEA investigation training workshop was organised for 31 participants, resulting in the certification of 16 new investigators and expanding the national Inter-Agency Pool of Investigators to 23 members (15 men, 8 women), now available to support case management across all States.

UNICEF also supported the PSEA Working Groups (WGs) in West Darfur and Sennar, facilitating coordination and outreach in crisis-affected areas. In West Darfur, two WG meetings were convened to maintain responder coordination and promote safe, dignified assistance amid the escalating emergency in North Darfur. WG members were deployed to Tawila and Al Garin to disseminate PSEA key messages. In Sennar, the newly established WG endorsed its Terms of Reference and Action Plan, strengthening local ownership of PSEA coordination mechanisms.

UNICEF’s SEA reporting mechanisms remain accessible and trusted by diverse groups, including women, youth, and persons with disabilities. During the month, one SEA case was reported through the UNICEF hotline and referred for follow-up in accordance with established protocols. However, access and referral systems remain partially constrained in conflict-affected and remote areas such as North Darfur, where limited partner capacity and security restrictions continue to hinder implementation. In response, UNICEF is expanding refresher training and on-site mentoring for partners and newly deployed staff to reinforce compliance and ensure consistent prevention and response standards across all operational areas.

Supply and Logistics

Despite ongoing access and operational challenges, UNICEF’s supply operations continue to prioritise the timely delivery of critical humanitarian supplies to meet urgent needs across Sudan. In October 2025, UNICEF distributed 4,420 metric tons of life-saving supplies valued at approximately US$ 7.6 million, reaching an estimated 5 million people. This includes 200 metric tons of essential supplies delivered to Dilling and Kadugli in South Kordofan through a joint United Nations convoy with UNHCR and WFP, demonstrating the effectiveness of inter-agency coordination in overcoming access constraints.

Since January 2025, UNICEF has delivered a cumulative 41,573 metric tons of supplies worth US$ 90.5 million, ensuring continuity of essential services across some of Sudan’s most conflict-affected and hard-to-reach areas. Of this, 13,506 metric tons were delivered to high-priority locations—including Darfur, Kordofan, and Khartoum—while 28,067 metric tons reached other vulnerable States such as Red Sea, Kassala, River Nile, Gedaref, Sennar, Blue Nile, White Nile, and Northern that are also hosting IDPs from conflict hotspots that are seeking refuge in these states. The distributed supplies covered health, nutrition, WASH, education, and child protection items, enabling the continuation of life-saving and early recovery interventions for children and families affected by crisis.

UNICEF’s procurement throughput for goods and services reached US$185 million, representing 72 per cent of the US$258 million annual supply plan. Of the US$161 million planned for programme supplies, 61 per cent (US$98 million) have been converted into sales orders, with 77 per cent (US$62 million) sourced from offshore suppliers—of which 35 per cent (US$34 million) have already been delivered in-country.

In line with UNICEF’s localisation and resilience agenda, locally sourced goods and services accounted for 64 per cent (US$118 million) of total procurement. This reflects deliberate efforts to strengthen local supply chains, build national capacity, and contribute to economic recovery in a highly constrained environment.

To meet the 2025 supply projections and sustain pipeline continuity, UNICEF continues to advocate for additional resources to close the US$62 million funding gap. Timely and flexible funding remains critical to replenish stocks, sustain distribution networks, and ensure that essential supplies—including therapeutic nutrition products, vaccines, WASH materials, and learning kits—reach children and families when and where they are needed most.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The Humanitarian Response Plan (HRP) is being finalized, including updated People in Need (PiN) figures and severity rankings for all States. However, the target-setting and prioritisation process remains ongoing with a streamlined approach aiming to sharpen focus on urgent lifesaving needs. Discussions within the Inter-Agency Standing Committee (IASC) and cluster coordination platforms are ongoing to ensure alignment between strategic planning, field priorities, and community-identified needs.

In light of the deteriorating humanitarian situation following the escalation of hostilities in Al Fasher and Kordofan, coordination efforts have intensified to ensure a unified and strategic inter-agency response. The Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG) have activated multiple operational platforms to coordinate response efforts across North Darfur and the three Kordofan States. Area-based ICCG meetings have proven instrumental in enhancing field-level coordination, allowing humanitarian partners to align operational plans, identify service-delivery gaps, and strengthen collective response capacity in the most affected areas.

This reinforced coordination framework is supporting joint assessments, harmonised response plans, and strengthened accountability mechanisms across sectors. Within this framework, UNICEF is actively contributing to inter-agency coordination, ensuring that nutrition, health, child protection, education, and WASH services are delivered in a timely, integrated, and child-centred manner. By linking sectoral responses and facilitating cross-cluster collaboration, UNICEF is helping ensure that children and their families in North Darfur, North Kordofan, South Kordofan, and West Kordofan receive essential, life-saving assistance that meets their immediate needs.

Child Protection Area of Responsibility (CP AoR)

In October 2025, the Child Protection Area of Responsibility (CP AoR) continued to strengthen coordination, advocacy, and response for children across Sudan amid escalating conflict and growing protection risks. On 11 October, the CP AoR and GBV AoR jointly issued an advocacy note for the International Day of the Girl Child, calling for the urgent protection of girls from violence, exploitation, and harmful practices, particularly in conflict-affected areas. This joint action underscored the collective commitment to amplifying girls' voices and safeguarding their rights amid worsening insecurity.

To ensure that protection remains central to the humanitarian response, the CP AoR held a joint session with the Food Security and Livelihoods (FSL) Cluster, highlighting the centrality of protection in food assistance delivery and identifying barriers to equitable access for vulnerable families. The CP AoR also contributed to the Protection Analysis Update for Sudan and the Global Protection Cluster (GPC) statement on Al Fasher, drawing attention to the heightened risks facing children due to ongoing hostilities, forced displacement, and service disruptions.

Technical coordination continued to advance key policy and case management tools. The CP AoR and GBV AoR, with technical support from a consultant, are reviewing the Legal Framework for Children Born Out of Rape, a critical step toward strengthening legal protections and ensuring access to justice for survivors. The finalization of this framework is expected in the coming months. In parallel, the CP AoR supported a consultation meeting on child survivors of sexual violence, bringing together sub-national coordinators and UNICEF focal points to improve coordination and case referrals. Additionally, the Case Management Standard Operating Procedures (CM SOPs) were finalized in collaboration with the Case Management Taskforce, standardizing procedures across partners and improving the quality and accountability of child protection case management.

Following the escalation of conflict in Al Fasher coordination meetings were held in Tawila (North Darfur), North Kordofan, White Nile, and Northern State are facilitating joint planning, information sharing, and cross-sectoral referrals to strengthen protection outcomes.

Education Cluster

In North Darfur, where recent hostilities and displacement have severely disrupted education, the Cluster has strengthened coordination to ensure an effective and integrated response. An Information Management Officer was deployed to Tawila locality to support the response in Tawila and Al Fasher, working closely with field partners and State education authorities. Coordination at the State level has also been enhanced through Plan International's support to the Education Cluster Coordinator, ensuring timely data collection, needs analysis, and partner alignment. Support was secured for three full-time state coordinators for one year in North, Central, and South Darfur through ECHO funding via Plan International, Save the Children, and NRC—addressing coordination challenges in conflict-affected areas. . The Cluster continued building partner capacity for reporting through ActivityInfo, conducting several sessions to improve monitoring and reporting of EiE interventions.

Nutrition Cluster

Service mapping in Al Fasher and Tawila (North Darfur) revealed critical service gaps, particularly in Infant and Young Child Feeding (IYCF), TSFP, and SAM kits. Alarmingly, 34 per cent of localities lack services for treating malnutrition with medical complications, and only 18 of 43 OTP sites are complemented by TSFP services. These gaps underline the need for integrated service delivery and supply pipeline strengthening to ensure that every child suffering from acute malnutrition receives complete and continuous care.

Coordination mechanisms have continued to strengthen at both national and sub-national levels. In Tawila, weekly cluster coordination meetings led by the sub-national cluster coordinator have improved information sharing, partner alignment, and monitoring of response activities. To enhance coverage in West Darfur, UNICEF is recruiting a dedicated Nutrition Cluster Coordinator for Ag Geneina, expanding coordination capacity in one of Sudan's most complex operating environments.

WASH Cluster

The dire situation in Al Fasher triggered new and large-scale displacement, the WASH Cluster is working closely with the Shelter/NFI Cluster and other sectors to ensure that the newly displaced population receives safe water, sanitation, hygiene supplies, shelter, and non-food items through a coordinated, inter-sectoral response. However, access constraints continue to hinder delivery in parts of North and South Kordofan, where several areas remain unreachable with WASH supplies due to insecurity and logistical challenges.

To strengthen coordination and accountability, area-based coordination platforms have been scaled up in the Darfur States, while national coordination meetings—previously held weekly—have transitioned to a biweekly format to allow more time for State-level meetings and follow-up actions. Training sessions were conducted for partners on ActivityInfo reporting, leading to increased submission of monthly reports and improved data reliability. The cluster also continues to raise critical advocacy issues in Inter-Cluster Coordination Group (ICCG) meetings to ensure WASH priorities remain central to the humanitarian response.

Accountability to Affected Populations (AAP) Working Group

Led by UNICEF, the Accountability to Affected Populations (AAP) Working Group continues to ensure that humanitarian response efforts are guided by the voices and priorities of affected communities. Through an extensive network of community champions, the group maintains active feedback and communication channels, including in conflict-affected areas such as Al Fasher (North Darfur). These mechanisms enable real-time two-way communication between communities and humanitarian actors, ensuring that interventions remain responsive, inclusive, and grounded in people's needs.

In response to the escalating crises in Al Fasher and Bara (North Kordofan), the Working Group established a dedicated AAP Emergency Room, which operates 24 hours a day, seven days a week. Staffed by field-based community champions and central coordination teams, the Emergency Room collects and verifies information on displacement, casualties, health needs, and shelter gaps, which are then shared with clusters, humanitarian coordinators, and decision-makers to guide timely response. Despite severe access restrictions in Al Fasher, the group continues to facilitate accurate field reporting and coordinate rapid referrals to key sectors—including Protection, Health, and Food Security—ensuring that urgent needs identified through community feedback are promptly addressed.

By consolidating and analysing community-generated data, the AAP Working Group strengthens evidence-based advocacy and accountable decision-making within the humanitarian system. These feedback loops have enhanced coordination between clusters, improved programme relevance, and increased community trust in humanitarian actors. As one displaced community champion in North Darfur shared: “Despite the pain, we must continue to raise our communities’ voices. We are their messengers—and their hope.”

To enhance accessibility and inclusion, especially in hard-to-reach and high-risk areas, a new QR code–enabled digital feedback form was launched in Arabic and English. This innovation allows affected individuals to confidentially submit questions, complaints, and feedback—even
in areas with limited physical access—strengthening accountability and ensuring that community perspectives continue to shape humanitarian response.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

What does it take to get vaccines to children in Darfur?

Convoys carry millions of doses and supplies across rivers, valleys, and borders to protect children from deadly diseases.

A race against time to protect children

Reaching children with lifesaving vaccines in Darfur is no easy task. Years of conflict, insecurity, and access constraints have made it almost impossible for millions to receive critical health services. Thousands of children under five remain un- or under-vaccinated, missing out on essential protection against deadly but preventable diseases such as polio, measles, diphtheria.

Frequent vaccine stockouts and shortages of syringes and safety boxes have only made it harder to sustain routine immunization. With supply routes unsafe or completely blocked, the time required to move vaccines into Darfur has more than doubled.

Despite these immense challenges, the relentless efforts of the Ministry of Health, with support from UNICEF and partners, are helping to turn the tide- proving that where there is a will, there is a way.

An extraordinary mission

Abdulaziz Adam, a UNICEF Health Officer, recounts how close collaboration made a delivery to Sudan’s west area possible. The operation began with an assessment of vaccine needs and careful mapping of routes. With most traditional pathways blocked, teams turned to innovation — charting a cross-border route from Chad to the Geneina subnational supply hub, from where vaccines would be dispatched to the rest of Darfur. In Chad, more than 3.4 million vaccine doses were loaded onto refrigerated trucks and flagged off to Geneina. Every kilometre counted as the truck raced against time to ensure no vial was lost.

After a risky month-long journey across rivers, rough terrain, and insecurity, the convoy successfully delivered vaccines to four main key hubs: Geneina, Nyala, Zalingi, and El Daien.

Meanwhile, from Post Sudan, another convoy with 5.9 million syringes and over 37,000 safety boxes embarked on its own arduous journey through Ad-Dabbah in Northern state before finally reaching Darfur. Without these essential supplies, immunization world simply not be possible.

From the cold chains to children’s arms

But the arrival of vaccines in Darfur was only half the battle. The real mission was to reach children in their communities and health facilities.

In Central Darfur, Immunization Officer Mohammed Afatih led a team determined to deliver. The rainy season made roads impassable- vehicles were stuck in mud and valleys were flooded. Yet the team did not stop. They carefully transferred vaccine carriers, cushioned with ice packs, onto donkey carts, and trudged on foot, rolling up their trousers and wading through waterlogged terrain.

Along the way, women and community members joined, pushing carts and guiding the mission through rough paths until the vaccines reached health facilities safely.

The smiles that make it worthwhile

At Abata health centre, queues of mothers with their little ones stretched long. One by one, infants were vaccinated- finally shielded from deadly diseases.

“Hundreds of children under one year old received their routine immunization doses,” Mohammed said with a smile. “This makes the journey worthwhile.”

With vaccines and supplies in place, sensitization drives helped mobilize families. Caregivers were reminded of the importance of routine immunization, ensuring no child was left behind. For the first time in months, sufficient vaccine stocks were available to cover the coming months in Central Darfur.

Protecting children amid conflict

In Sudan, emergency after emergency has disrupted routine health services, leaving vaccination coverage dangerously low. Every missed dose leaves children at risk of deadly outbreaks.

With the government and partners, UNICEF continues to:

- Deliver lifesaving vaccines and supplies across borders and conflict lines.
- Support health workers in restoring and strengthening routine immunization services.
- Engage communities to ensure parents and caregivers bring their children for vaccination.

- These efforts are a lifeline for thousands of children — proving that even in the hardest-to-reach places, protection is possible.

- Press release: Joint UN convoy brings vital aid to besieged communities in Sudan's South Kordofan.
- Press release: IOM, UNHCR, UNICEF and WFP urge immediate action to address escalating humanitarian c
- Press release: At least 17 children reportedly killed in attack on displacement centre in North Darf
- Article: Polio stops here: Hanan's mission to protect every child in Darfur.
- Article: Hope in a red sachet.
- Article: Khalid's colors of hope: healing childhood trauma through art.
- Article: Learning to earn.
- Article: What does it take to get vaccines to children in Darfur?

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: DECEMBER 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	-	2.8 million	2.7 million	▲ 11%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.2 million	866,538	▲ 3%	-	-	-
Persons assessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities.	Total	-	5.9 million	6.3 million	▲ 1%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.6 million	6 million	▲ 8%	5.6 million	6 million	▲ 8%
Children 6-59 months with severe wasting admitted for treatment	Total	-	573,190	503,912	▲ 9%	573,190	503,912	▲ 9%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	1.3 million	▲ 6%	2.1 million	1.3 million	▲ 6%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	3 million	2.9 million	▲ 8%	508,377	759,643	▲ 24%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	650,900	880,539	▲ 19%	515,000	174,075	▲ 8%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	3.6 million	2.6 million	▲ 3%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	14,300	16,629	▲ 4%	22,000	11,043	▲ 14%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	581,270	598,240	▲ 11%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	2.4 million	1.4 million	▲ 2%	3 million	802,787	▲ 1%
Children receiving individual learning materials	Total	-	1.5 million	1.2 million	▲ 22%	2 million	464,295	▲ 1%
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	-	11 million	12.6 million	▲ 7%	10.1 million	12.6 million	▲ 11%
People accessing appropriate sanitation services	Total	-	500,000	247,742	▲ 7%	2.5 million	3.1 million	▲ 13%
People reached with handwashing behaviour-change programmes	Total	-	6 million	4.6 million	▲ 5%	9.1 million	6.7 million	▲ 6%
People reached with critical WASH supplies	Total	-	1.8 million	407,154	▲ 4%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	92,000	3,576	▲ 2%	-	-	-
People engaged in AAP through community feedback mechanisms.	Total	-	132,000	181,717	▲ 30%	-	-	-
People participating in engagement actions for social and behavioral change	Total	-	4.1 million	2.9 million	▲ 2%	-	-	-

**Progress in the reporting period 1-31 October 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health	218,445,630	45,911,427	35,354,000	61,514,570	75,665,633	35%
Nutrition	234,719,080	35,846,942	-	27,529,053	171,343,085	73%
Child protection	142,170,276	5,296,833	2,757,000	32,869,179	101,247,264	71%
Education	91,147,895	26,612,207	12,110,000	44,517,631	7,908,057	9%
WASH	200,000,000	34,470,623	23,781,593	11,336,318	130,411,466	65%
Cross-sectoral	63,543,191	32,874,617	-	25,421,698	5,246,876	8%
Total	**950,026,072**	**181,012,649**	**74,002,593**	**203,188,449**	**491,822,381**	**52%**

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/sudan
2. https://dtm.iom.int/reports/dtm-sudan-mobility-update-19?close=true
3. Humanitarian Needs and Response Plan 2025.
4. https://dtm.iom.int/sites/g/files/tmzbdl1461/files/reports/DTM%20Sudan%20Mobility%20Update%20%2821%29.pdf?iframe=true
5. https://www.unicef.org/appeals/sudan
6. https://news.un.org/en/story/2025/11/1166311
7. DTM Sudan Flash Alert: Al Fasher (Al Fasher town), North Darfur (Update 106): 31 October 2025 - Sudan
8. https://news.un.org/en/story/2025/10/1166210
9. https://www.unicef.org/press-releases/no-child-safe-al-fasher
10. DTM Sudan Flash Alert: Al Fasher (Al Fasher town), North Darfur (Update 106): 31 October 2025
11. https://www.icrc.org/en/statement/sudan-statement-red-crescent-volunteers-bara
12. HEEC Surveillance Reports.
13. Ibid.
14. National HEEC Surveillance - Sudan
15. Ibid.
16. The Big Catch-up is a global initiative aimed to close immunization gaps caused by the backsliding of immunization coverage during the COVID-19 pandemic. In Sudan, Big Catch-Up activities target communities with the lowest immunization levels with targeted campaigns to increase demand and uptake of available routine immunization services.