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Maryam, 12, fled alone to Tawila, North Darfur after El Fasher fell in October 2025. Separated from her parents in the chaos, she shelters amid thousands uprooted by the Sudan's escalating war. UNICEF ensures access to documentation, family tracing, reunification and alternative care.

unicef
for every child

Humanitarian Action for Children

Sudan

HIGHLIGHTS

- The humanitarian crisis in the Sudan is grave: 33.7 million people, including 17.3 million children, require life-saving support. Children are trapped in a polycrisis of conflict, displacement, disease and hunger. They face overlapping threats that demand a multisectoral, integrated child-centred response.
- Conflict has displaced 9.5 million people and shattered essential services. More than 21 million people face acute food insecurity. Famine conditions remain in parts of Darfur and Kordofan (September 2025 - January 2026), requiring urgent humanitarian access and a response at scale[1].
- Through its 2026 Humanitarian Action for Children appeal, UNICEF seeks $962.9 million to reach 13.8 million people, including 7.9 million children, with life-saving health, nutrition, WASH, education and child protection interventions.
- UNICEF's response focuses on child survival and protection – sustaining essential services; preventing and treating severe acute malnutrition and disease; and providing family tracing and unification, mine risk education and safe spaces for children to learn, play and heal.

IN NEED

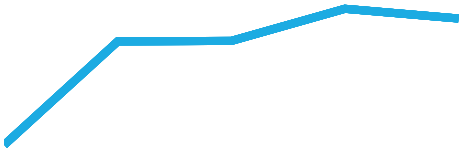
33.7 million people[2] | **17.3 million children**[3]

TO BE REACHED

13.8 million people[4] | **7.9 million children**[5,6]

FUNDING REQUIREMENTS

US$962.9 million



KEY PLANNED TARGETS

3.6 million
children and women accessing primary health care

633,611
children with severe wasting admitted for treatment

1.6 million
children accessing formal or non-formal education, including early learning

12 million
people accessing sufficient quantity and quality of water for drinking and domestic needs

Figures are provisional and subject to change upon finalization of the inter-agency planning documents.

HUMANITARIAN SITUATION AND NEEDS

The Sudan is facing one of the world's most severe humanitarian crises. Nearly three years of conflict, escalating violence, mass displacement, food insecurity, disease outbreaks and the collapse of essential services have pushed millions to the brink. In 2026, 33.7 million people – half of them children – will require urgent humanitarian assistance.[7]

As of 30 September 2025, the Sudan was facing the world's largest internal displacement crisis, with 9.5 million internally dispalced persons in 18 states. Three out of every five displaced Sudanese are children.[8] This represents a 17 per cent decrease[9] from the January 2025 peak of 11.5 million,[10] largely due to 2.6 million spontaneous returns in eight states.[11] However, many returnees remain in precarious conditions, and renewed fighting in Al Fasher and Kordofan has triggered new displacements, civilian casualties and severe protection concerns.[12] Since April 2023, more than 3 million Sudanese have fled to neighbouring countries.[13] The Sudan also hosts 860,000 refugees,[14] 67 per cent of whom live in camps – mostly in East Sudan and White Nile – with 41 per cent being children.[15]

Conflict-driven displacement and the breakdown of essential services have left 21 million people – nearly half of the population – facing high levels of acute food insecurity.[16] Crop failures, water stress and livestock losses are further worsening hunger.[17] Malnutrition is at critical levels,[18] with global acute malnutrition exceeding 15 per cent in several areas[19] and above 30 per cent in parts of Darfur and Kordofan, surpassing Integrated Food Security Phase Classification (IPC) Phase 5 famine thresholds. A projected 825,000 children will suffer from severe wasting in 2026.

The health system in the Sudan is at near total collapse, with 70 per cent of facilities non-functional, leaving 3.4 million children under age 5 at risk of deadly diseases. Cholera remains widespread, with more than 113,000 cases and 3,000 deaths reported since 2024. Malaria is also surging – the Sudan accounts for 41 per cent of global malaria cases and 49 per cent of malaria deaths, averaging 10,000 new infections and 21 deaths daily.[20] One in three persons lacks safe water, a WASH crisis that is affecting 28 million people and fueling outbreaks of cholera and diarrhoea.[21]

Grave child rights violations show a worsening situation due to escalations of conflict in Darfur and Kordofan.[22] The education crisis has reached unprecedented levels, with 10.8 million children deprived of safety and learning opportunities.[23] Women and girls face rising gender-based violence amid the collapse of protective systems.

SECTOR NEEDS[24,25]

21.9 million
people in need of health assistance

8.6 million
people in need of nutrition assistance

12.4 million
children in need of protection services

10.8 million
children in need of education support

28 million
people in need of WASH services

STORY FROM THE FIELD

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Crossing rivers, communities come together to help transport vital UNICEF supplies across the Azoom valley, Central Darfur state in August, ensuring life-saving aid reaches hard-to-access families cutoff by floods and insecurity.

In conflict-affected Darfur, delivering vaccines is a race against time. Despite blocked roads, insecurity and floods, UNICEF and the Ministry of Health – with support from partners and donors – transported millions of doses of vaccine and supplies into the Sudan across borders with Chad in the west and via an overland route from Port Sudan, in eastern Sudan. From refrigerated trucks to donkey carts, health workers braved rough terrain to reach remote communities. Their determination ensured that even children in the hardest-to-reach areas received life-saving protection against preventable diseases, proving that with partnership and perseverance no child is beyond reach.

Read more about this story here

HUMANITARIAN STRATEGY

UNICEF's humanitarian strategy for 2026 is grounded in the principles of the Humanitarian Reset, delivering life-saving, high-impact interventions that sustain essential services for the most vulnerable children and families (including refugee and displaced children) amid the Sudan's protracted and intensifying crisis.[26] With 17.3 million children in urgent need, UNICEF will ensure the continuity of basic services across conflict-affected, displaced, hard-to-reach and return areas, safeguarding children's survival, protection and dignity. Children in the Sudan are trapped in a polycrisis of conflict, displacement, hunger and disease that demands a multisectoral, holistic response to address their interlinked needs.

UNICEF's approach will integrate health, nutrition, WASH, education, child protection and social protection to provide a comprehensive package of life-saving assistance. In locations classified as famine/risk-of famine, UNICEF will strengthen intersectoral actions for famine response, scaling up health and WASH as critical life-saving priorities.[27] The response will focus on mitigating famine risk, expanding access to essential primary healthcare, vaccination and disease outbreak control; restoring safe water and sanitation systems; and scaling up nutrition screening and treatment for children with severe wasting, alongside the delivery of therapeutic foods, micronutrient supplements and community-based prevention and care practices. Sustaining the supply chain for life-saving commodities and ensuring field-level service continuity will remain critical to avert catastrophic outcomes.[28]

UNICEF will also work to protect children's right to learn and heal by providing safe and inclusive temporary learning spaces that serve as protective environments for recovery and psychosocial support. Support to teachers, accelerated, remote learning, and flexible education modalities will help children regain a sense of normalcy and continuity. In child protection, UNICEF will strengthen case management, family tracing and reunification and expand mental health and psychosocial support. UNICEF will also address gender-based violence and the risks posed by explosive ordnance.[29]

Cash assistance will provide households with the flexibility to meet urgent needs, preserve dignity and sustain access to essential services. Across all sectors, UNICEF will reinforce its field presence and partnerships with women-led, community-based and private-sector organizations to strengthen localization, accountability and responsiveness. As lead or co-lead for the WASH, nutrition, education and child protection coordination platforms, UNICEF will continue to drive collective efforts that sustain humanitarian lifelines across the Sudan.[30] In the face of escalating conflict, economic collapse and projected risk of famine in specific areas, UNICEF calls for renewed global solidarity to keep children in the Sudan alive, safe and learning.

Progress against the latest programme targets is available in the humanitarian situation reports: https://www.unicef.org/appeals/sudan/situation-reports

2026 PROGRAMME TARGETS[31,32]

Health (including public health emergencies)

- 3,600,000 children and women accessing primary health care in UNICEF-supported facilities
- 1,344,038 children vaccinated against measles, supplemental dose [33]
- 1,429,000 people accessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities

Nutrition

- 5,631,420 children 6-59 months screened for wasting
- 633,611 children 6-59 months with severe wasting admitted for treatment[34]
- 2,079,020 primary caregivers of children 0-23 months receiving infant and young child feeding counselling
- 991,818 pregnant women receiving preventative iron supplementation
- 4,223,351 children 6-59 months receiving vitamin A supplementation

Child protection and GBViE

- 1,042,458 children, adolescents and caregivers accessing community-based mental health and psychosocial support[35]
- 765,690 women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions
- 15,427 unaccompanied and separated children provided with alternative care and/or reunified
- 846,905 children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions

Education

- 1,620,000 children accessing formal or non-formal education, including early learning
- 1,130,000 children receiving individual learning materials

Water, sanitation and hygiene

- 12,028,799 people accessing sufficient quantity and quality of water for drinking and domestic needs
- 150,359 people accessing appropriate sanitation services
- 4,510,800 people reached with handwashing behaviour-change programmes
- 1,578,779 people reached with critical WASH supplies

Cross-sectoral (HCT, SBC, RCCE and AAP)

- 100,000 households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)
- 132,000 people engaged in AAP through community feedback mechanisms
- 4,430,300 people who participate in engagement actions for social behaviour change
- 4,834,586 people with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations

This appeal is aligned with the revised Core Commitments for Children in Humanitarian Action, which are based on global standards and norms for humanitarian action.

Programme targets are provisional and subject to change upon finalization of the inter-agency planning documents.

FUNDING REQUIREMENTS IN 2026

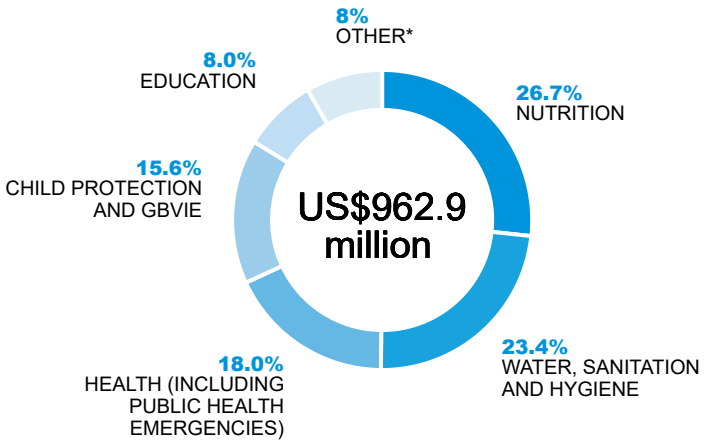
UNICEF is appealing for $962.9 million to deliver life-saving assistance and sustain essential services for 7.9 million children in the Sudan in 2026.[36] This appeal recognizes global funding constraints and prioritization under the Humanitarian Reset. The scale of the appeal reflects the scale of needs and the imperative to preserve the few remaining humanitarian lifelines for children. This appeal also includes $83.4 million for critical health, nutrition, WASH and protection interventions for refugee children, their families and host communities.

As conflict, displacement and access challenges intensify, UNICEF continues to scale up response efforts. UNICEF is expanding its presence to reach all children. Rising operational costs – driven by insecurity, fuel shortages and logistical barriers – have increased the overall funding requirement.[37] Flexible and predictable resources are essential to sustain and scale up interventions that keep children alive, safe and learning.

The appeal concentrates on nutrition, WASH and child protection, where needs have escalated followingthe increased number of internally displaced persons and urban returnees affected by conflict and disease outbreaks. The health target has been slightly reduced compared with 2025, in line with the Health Cluster's reprioritization of life-saving services.

Failing to act at scale would carry a devastating cost: 825,000 children suffering from severe wasting face a heightened risk of death and millions more risk disease, disrupted education and violence. Every delay in funding translates into lives lost, deepened deprivation and irreversible harm to the Sudan's next generation.

UNICEF leverages its global mandate and strong local partnerships to maximize the impact of every contribution – working closely with national and community-based organizations to ensure that assistance remains efficient, equitable and accountable, even in the most challenging conditions. This appeal represents a deliberate and principled commitment to safeguard the essential services that uphold children's survival and dignity, while ensuring that every investment delivers tangible and measurable results for the Sudan's most vulnerable people.



Sector	2026 requirements (US$)[38]
Health (including public health emergencies)	**173,439,014**
Nutrition	**257,220,326**
Child protection and GBViE	**150,020,620**
Education	**77,159,895**
Water, sanitation and hygiene	**225,444,667**
Social protection	**58,681,584**
Cross-sectoral (AAP, SBC, and PSEA)	**20,900,000**
Total	**962,866,106**

**This includes costs from other sectors/interventions : Social protection (6.1%), Cross-sectoral (AAP, SBC, and PSEA) (2.2%).*

UNICEF's appeal aligns with inter-agency response plans and adopts a child-centred, cross-sectoral approach integrating health, nutrition, WASH, education, and child protection as life-saving priorities.

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ENDNOTES

1. Integrated Food Security Phase Calculation (IPC), IPC Alert: Sudan, IPC, 5 February 2026, available at https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_Feb2026.pdf.

2. Preliminary figures from the 2026 Humanitarian Needs and Response Plan. The number of people in need includes 8.1 million internally displaced persons; 1.5 million returnees attempting to rebuild their lives; 23.1 million people in host communities who are struggling to meet their basic needs; and 882,100 refugees seeking safety and support.

3. Fifty-one percent of people in need are children.

4. The number of people to be reached is calculated based on the highest targeted indicator for each demographic group: 672,019 children aged 0–5 months vaccinated against measles (50 per cent of the target for children under age 1); 5,631,420 children aged 6–59 months screened for wasting; 1,620,000 school-age children (6–17 years old) accessing formal and non-formal education; and 5,845,996 adult women and men targeted with WASH interventions (i.e. 48.6 per cent of the WASH target). The total number of people to be reached includes 15 per cent people with disabilities.

5. The number of children to be reached is calculated based on the highest targeted indicator for each demographic group: 672,019 children aged 0–5 months vaccinated against measles (50 per cent of the target for children under age 1); 5,631,420 children aged 6–59 months screened for wasting; and 1,620,000 school-age children (6–17 years old) accessing formal and non-formal education

6. UNICEF is prioritizing the most vulnerable children and families through its interventions. Other humanitarian partners are expected to help address remaining gaps by reaching additional children and families who are still in need.

7. Preliminary figures from the 2026 Humanitarian Needs and Response Plan, based on the Multi-Sector Needs Assessment and the International Organization for Migration Displacement Tracking Matrix for the Sudan, Sudan Mobility Update September 2025.

8. IOM, Displacement Tracking Matrix: Sudan Mobility Update (22): September monthly report, 16 October 2025.

9. Ibid.

10. IOM, Displacement Tracking Matrix: Sudan Mobility Update (15), 5 February 2025.

11. IOM, Displacement Tracking Matrix: Sudan Mobility Update (22), 16 October 2025.

12. Displaced people are largely concentrated in the following states: Khartoum, Aj Jazirah, Sennar, Blue Nile, North Darfur, White Nile, River Nile, and West Darfur. Displacement Tracking Matrix: Sudan Mobility Update (22), 16 October 2025

13. Ibid.

14. The highest number of refugees are mainly from South Sudan, Eritrea and Ethiopia followed by Syrian Arab Republic, Central African Republic, Yemen and Chad.

15. Office of the United Nations High Commissioner for Refugees (UNHCR), Operational Data Portal, available at https://data.unhcr.org/en/country/sdn. In March 2023, the Sudan reached the highest registration number of refugee and asylum seekers in the year with 1,144,675 refugees registered in the country. The ongoing war has severely damaged drinking water supply systems – either partially or completely – due to direct attacks on infrastructure, and from indirect impacts stemming from financial and human resource constraints affecting operations and maintenance, particularly in Khartoum, the Darfur region and southern areas.

16. Sudan: Acute Food Insecurity Situation - Updated Projections and FRC conclusions for October 2025 to January 2026. The Integrated Food Security Phase Classification (IPC) is a set of standardized tools used to classify the severity of food insecurity using a widely accepted five-phase scale: Minimal (IPC Phase 1), Stressed (IPC Phase 2), Crisis (IPC Phase 3), Emergency (IPC Phase 4) and Catastrophe/Famine (IPC Phase 5). Source: https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Sudan_Acute_Food_Insecurity_Sep2025_May2026_Special_Snapshot.pdf

17. Intergovernmental Authority for Development (IGAD), Summary for Decision Makers – Seasonal forecast October to December 202, IGAD, 30 September 2025, available at www.icpac.net/publications/summary-for-decision-makers-october-to-december-2025-season/.

18. Even before the conflict escalation in April 2023, the Sudan had one of the highest rates globally of acute malnutrition, at 13.6 per cent of children under age 5.

19. The World Health Organization emergency threshold is 15 per cent.

20. As of November 2024: https://reliefweb.int/report/sudan/sudan-rolls-out-first-malaria-vaccines

21. In addition to recurrent cholera outbreaks, the Sudan continues to experience widespread cases of communicable diseases, including malaria, dengue fever, measles, diphtheria, pertussis, hepatitis A and E and circulating vaccine-derived poliovirus type 2 (cVDPV2). The spread of these diseases is driven by the collapse of health, water and sanitation systems, mass displacement and limited access to preventive and curative care.

22. According to the Secretary-General's annual reports on children and armed conflict (2025 report covering 2024 and 2024 report covering 2023), verified grave violations against children in the Sudan increased by 19 per cent in 2024 compared with 2023. In 2024, killing and maiming represented about 85 per cent of verified violations; attacks on schools and hospitals about 5 per cent; and sexual violence about 4 per cent.

23. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Sudan – 2025 Multi-Sector Needs Assessment identified 58 per cent of children out of school. In addition, according to UNHCR, 34 per cent of refugee children are school-aged.

24. All sector needs are preliminary figures from the 2026 Humanitarian Needs and Response Plan, based on the Multi-Sector Needs Assessment and the International Organization for Migration Displacement Tracking Matrix for the Sudan, Sudan Mobility Update September 2025. They include vulnerable residents, internally displaced people, refugees and returnees.

25. The total refugee population in need is estimated at 882,100 individuals. For WASH and health, the entire refugee population was considered in need, given the universal requirements for access to safe water, sanitation, hygiene and essential health services. Nutrition estimates are based on the current UNHCR refugee population disaggregation, identifying 23.8 per cent as women of childbearing age or mothers and 7.4 per cent as children under age 5 years. For education and child protection, calculations are based on the same UNHCR population disaggregation, which indicates that school-aged children make up 34.1 per cent of the refugee population.

26. The Humanitarian Reset is a system-wide reform initiative led by the Inter-Agency Standing Committee to reimagine humanitarian response amid declining resources and growing global needs. It calls for prioritizing life-saving interventions, sustaining essential services and shifting resources and decision-making closer to affected communities. The Reset aims to ensure that humanitarian responses remain principled, efficient and impactful in an era of protracted crises and constrained funding.

27. Nutrition interventions will use a life-cycle approach to prevent all forms of malnutrition and to detect and treat children with wasting through facility and community platforms, strengthened by social and behaviour change, guided by timely nutrition information systems for action and sustained through pre-positioning of supplies and reliable pipelines for preventive and therapeutic nutrition commodities.

28. The health response will prioritize integrated community health service delivery through community health workers and community volunteers, including community-based surveillance.

29. UNICEF will continue to prevent and respond to grave violations against children in line with Security Council resolutions on children and armed conflict. Working through existing government systems, local authorities and relevant child protection actors, UNICEF will support the development of an Action Plan to end and prevent the six grave violations – recruitment and use of children, killing and maiming, sexual violence, abduction, attacks on schools and hospitals, and denial of humanitarian access – and assist partners in implementing and monitoring its commitments.

30. UNICEF co-leads the Education Cluster with Save the Children.

31. UNICEF 2026 programme target includes vulnerable residents, internally displaced people, refugees and returnees.

32. UNICEF is prioritizing the most vulnerable children and families through its interventions. Other humanitarian partners are expected to help addressing remaining gaps by reaching additional children and families who are still in need.

33. In 2026, UNICEF aims to reach 70 per cent of all children under age 1 year with essential immunization services.

34. The caseload is estimated based on the prevalence and incidence at the locality level, which is in line with the nutrition standard methodology. Caseload = children under age 5 * prevalence of severe wasting * incidence.

35. The education programme will target 200,000 children to access mental health and psychosocial support in their schools and safe learning spaces.

36. UNICEF's funding requirements are aligned with inter-agency response plans, such as the Humanitarian Needs and Response Plan and UNHCR's Sudan Emergency: Regional refugee response plan, andare also aligned with additional UNICEF-led priorities. The 2026 Humanitarian Needs and Response Plan for the Sudan is not yet published; however, UNICEF is actively contributing to all inter-agency humanitarian planning processes, in keeping with the priorities of the Humanitarian Reset. UNICEF's appeal takes a comprehensive, child-centred approach that recognizes all core life-saving sectors – health, nutrition, WASH, education and child protection – as essential to children's survival and well-being. These sectors together sustain critical basic services, protect children and ensure continuity of care and learning amid the Sudan's worsening crisis.

37. Rising operational costs in the Sudan are driven by a combination of hyperinflation, market volatility and escalating security and logistics constraints. The depreciation of the Sudanese pound, rising global fuel and transport prices and increased insurance and security expenditures in high-risk environments have significantly inflated delivery costs. Limited humanitarian access caused by insecurity, road closures, and restrictions on crossline and cross-border movement further compounds expenses for transport, storage and last-mile distribution. On average, it costs approximately $53,000 to deliver 50 metric tons of supplies from Port Sudan to locations in hard-to-reach areas of Darfur and Kordofan – around five times higher than shipping the same volume from Asia to Port Sudan by sea. Additional detention fees of about $100 per truck per day are often incurred when convoys are delayed for extended periods before crossing front lines, due to insecurity and access restrictions. The volatile operating environment has also forced humanitarian agencies to rely on costlier delivery modalities, including air transport and emergency procurement, while disruptions in financial systems have constrained in-country transactions and supplier payments. These compounding pressures mean that, despite efficiency gains, the cost of maintaining essential operations has risen substantially – underscoring the need for flexible and predictable funding to sustain life-saving assistance at scale.

38. The funding requirement includes 8 per cent for programme support, including monitoring and evaluation, communication, operations and security.