



In Um Sangour camp, White Nile State, UNICEF upgraded the water plant, providing clean and safe water to over 40,000 refugees and host communities and doubling production for homes and communal points

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Humanitarian Situation Report No. 40

Reporting Period
1 to 28 February 2026

Sudan

HIGHLIGHTS

- Sudan's crisis deepened in February, with 33.7 million people, including 17.3 million children, requiring urgent humanitarian assistance as conflict escalated across Darfur, Kordofan and Blue Nile. Displacement reached 9.1 million people, one of the highest figures globally.
- A significant achievement was the interruption of cholera transmission, with zero cases reported during the month. UNICEF and partners supported this outcome by delivering integrated health, nutrition, WASH and protection services at scale. 386,700 people received primary health care, 29,870 children were treated for severe acute malnutrition, and 3.9 million people gained access to safe water. Education support reached 10,400 children, while 311,400 children and caregivers accessed critical child protection services.
- UNICEF's Sudan humanitarian appeal remained only 16 per cent funded, significantly constraining the scale and continuity of lifesaving interventions and leaving crisis affected children increasingly vulnerable.

UNICEF RESPONSE AND FUNDING STATUS*

	Health	Primary healthcare	11%
		Funding status	27%
	Nutrition	IYCF counselling	13%
		Funding status	9%
	Child protection and GBVIE	UASC Alternative care	15%
		Funding status	4%
	Education	Learning access	34%
		Funding status	29%
	WASH	Sanitation services	19%
		Funding status	11%
	Cross-sectoral	AAP	27%
		Funding status	95%

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

SITUATION IN NUMBERS



17,300,000
Children in need of humanitarian assistance¹

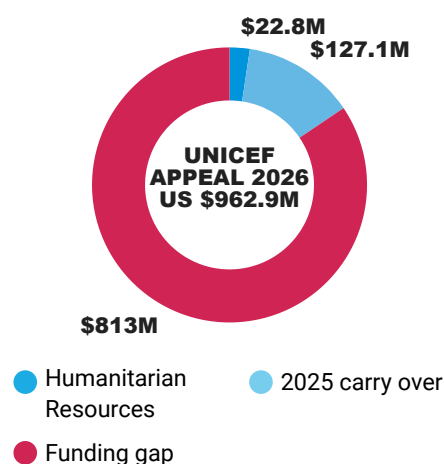


33,700,000
People in need of humanitarian assistance²



9,139,309
Internally Displaced People³

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

FUNDING OVERVIEW AND PARTNERSHIPS

In 2026, UNICEF's Humanitarian Action for Children⁴ (HAC) appeal for Sudan amounts to US\$ 963 million, highlighting the extraordinary scale and complexity of the crisis. Sudan continues to face one of the world's gravest humanitarian emergencies, with 33.7 million people—including

17.3 million children—requiring urgent, life saving assistance. The crisis is driven by nearly three years of conflict, widespread displacement, food insecurity, disease outbreaks and the collapse of essential services, leaving millions of children at risk of violence, malnutrition, exploitation, and prolonged disruption to education.

The 2026 HAC prioritizes lifesaving, childcentred, multisectoral interventions across health, nutrition, water, sanitation and hygiene (WASH), education, child protection and humanitarian cash assistance. UNICEF aims to reach 13.8 million people, including 7.9 million children, with an integrated package of essential services. Programming focuses on sustaining critical health and nutrition services, preventing and treating severe acute malnutrition, expanding access to safe water, ensuring access to learning and psychosocial support, and strengthening child protection systems—including family tracing, reunification, mine risk education and safe spaces.

The appeal underscores the urgent need for predictable, flexible funding to sustain service delivery amid rising needs and shrinking access. As of 28 February 2026, UNICEF had mobilised US\$ 149.9 million for the 2026 HAC appeal, including US\$ 22.8 million received in 2026 and US\$ 127.1 million carried forward from 2025. No new contributions were received in the reporting period and the US\$ 962.6 million HAC appeal remains significantly underfunded, with only 16 per cent of requirements met and an 84 per cent funding gap. This significant shortfall is already constraining the scale and continuity of lifesaving interventions across sectors, placing millions of children at heightened risk.

UNICEF extends its sincere appreciation to its donors and partners whose support has underpinned the 2026 response. Key contributors include the European Union and the governments of Canada, Cyprus, Czechia, Denmark, France, Germany, Italy, Japan, Kuwait, the Netherlands, Norway, Sweden, the United Kingdom and the United States of America, alongside multilateral and global partners such as the World Bank, the 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, UNICEF National Committees, and generous private sector partners.

With the conflict continuing to devastate communities and dismantle essential systems, children remain increasingly exposed to malnutrition, disease, exploitation and prolonged disruption to learning. UNICEF therefore calls for the following:

- Intensification of diplomatic efforts to secure an immediate cessation of hostilities and uphold international humanitarian law, placing the protection of civilians, especially children and women, at the forefront of all actions.
- Safety and protection of humanitarian workers and civilian infrastructure, including hospitals, schools and water systems, so that life-saving services for children and families can continue without interruption.
- Safe, sustained and unimpeded humanitarian access, including across borders and across conflict lines, so assistance can reach the most vulnerable children and families in need.
- Provision of timely, flexible and sustained funding to enable UNICEF and partners to deliver assistance at scale in an increasingly complex and volatile environment.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The humanitarian situation in Sudan remained highly complex, with escalating conflict in Kordofan, North Darfur, and Blue Nile states driving continued displacement, violence, and disruptions in access to essential services. These hotspots witnessed a rapid and further deterioration in conditions for already vulnerable populations.

In Kordofan states, the situation continued to worsen. Intensifying conflict, shelling, and shifting frontlines, particularly in South and North Kordofan severely restricted movement and humanitarian access. Drone strikes and military confrontations in Kadugli and Dilling deepened the crisis despite the partial lifting of sieges. Humanitarian delivery along the Al Rahad–Kurtalla–Dilling–Kadugli corridor remained extremely difficult. Population movements from Kadugli and Dilling toward North Kordofan, especially Al Rahad, and White Nile continued, while others fled to eastern localities in South Kordofan. Conflict in Al Obeid, Bara, and other parts of North Kordofan also caused continued displacement from hotspot areas to safer locations. So far, more than 115,000 people⁵ are displaced from three states in Kordofan. Renewed conflict in Blue Nile also displaced over 18,000 people from Kumruk, Tadamon, and Bau localities⁶.

North Darfur remained one of the most volatile areas, with frontlines shifting and military confrontations intensifying in Al Tina and Mistariha in Kabkabia locality. This insecurity disrupted humanitarian assistance and worsened an already critical nutrition situation. The escalation of conflict in Mistariha forced around 4,500 people⁷ to leave Mistariha to Kabkabia in February alone. Access to basic services in the hotspot localities in North Darfur including Al Fasher and surrounding areas remained severely constrained.

While no new Cholera cases were reported in February, disease outbreaks remained an issue of concern. Although overall cases of dengue fever, malaria, and measles generally declined, hotspots in Darfur, Khartoum and White Nile states continued to report cases. Hepatitis E cases continued to be reported, mostly from Aj Jazirah state.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In February 2026, Sudan's health response reached a critical transition point—from emergency containment of the large-scale cholera outbreak, toward sustained service delivery and strengthened preparedness in an increasingly fragile context. Despite ongoing conflict, displacement, and system disruptions, UNICEF and partners maintained lifesaving health services while consolidating outbreak control gains and preparing for new and recurring public health threats.

The most significant outcome in February was the effective interruption of cholera transmission. After months of sustained response, no new cholera cases were reported during the month—marking a turning point in a nationwide outbreak that had affected more than 123,000 people since 2025. This achievement reflects UNICEF's coordinated, multisectoral approach integrating health, WASH, and social and behaviour change interventions, alongside response efforts of multiple partners, demonstrating the impact of aligned humanitarian action even in complex settings.

However, this milestone does not signal the end of risk. Instead, it marks a shift toward preparedness. With continued population movements, limited access to safe water, and seasonal risks approaching, the likelihood of resurgence remains high. UNICEF translated lessons learned into forward-looking action by prepositioning Acute Watery Diarrhoea (AWD) kits capable of treating over 52,000 cases across high-risk states. This proactive positioning ensures that response capacity is no longer reactive but anticipatory, reducing the time between detection and treatment in future outbreaks.

At community level, early warning systems were significantly strengthened. Over 9,000 trained community volunteers are now actively engaged in surveillance, enabling faster detection and reporting of epidemic-prone diseases. This represents a shift from facility-based response to community-driven surveillance—critical in a context where access constraints often delay formal reporting.

While responding to outbreaks, UNICEF sustained access to essential primary health care for vulnerable populations. In February alone, more than 275,800 women and children accessed services through UNICEF-supported facilities and mobile teams. This represents 10.2 per cent of the annual target of 3.8 million people, indicating that service delivery remains on track despite severe operational constraints.

Beyond the numbers, this reflects continued functionality of a fragile health system under pressure. In many conflict-affected areas, UNICEF-supported facilities are often the only source of care. The combined use of static facilities, outreach sessions, and mobile clinics ensured continuity of services even where infrastructure is damaged or populations are on the move. Current service levels demonstrate strong operational capacity, but risks related to funding gaps, insecurity, and supply chain disruptions could reverse gains if not addressed in the coming months.

Immunization efforts in February contributed directly to reducing outbreak risks and restoring essential child health services. More than 26,900 children received measles vaccinations through supplemental activities, helping close immunity gaps created by prolonged disruptions.

At the same time, Sudan received over 14 million vaccine doses through Gavi support, strengthening both routine immunization and outbreak response capacity. UNICEF ensured last-mile delivery, including cross-border transport of over four million doses to Darfur—demonstrating operational adaptability in reaching conflict-affected populations.

Nationwide distribution of 2.57 million doses enabled 30,400 children to receive routine vaccines, while 2.46 million measles-rubella doses targeted over 2.3 million children in high-risk areas. In South Kordofan, the delivery of vaccines for the first time since the escalation of conflict allowed 13,700 children to complete their immunization schedules—an important step in restoring essential services in previously inaccessible areas.

Cold chain functionality remained a critical enabler. UNICEF's provision of over 16,000 litres of fuel ensured uninterrupted vaccine storage, safeguarding the effectiveness of immunization efforts across the country.

While cholera transmission declined, other disease threats continued to pose significant risks. UNICEF's response strategy focused on integrated outbreak management, combining service delivery, surveillance, and prevention.

Measles prevention was strengthened through a large scale catch-up campaign in Central and West Darfur, reaching over 814,800 children. This intervention reduced the risk of outbreaks in areas with low routine coverage and high population movement.

Hepatitis E continues to affect vulnerable populations, particularly in Aj Jazirah, Gedaref, and River Nile states, with 397 cases and 11 deaths reported since the beginning of the year. UNICEF's response in El Qurashi locality—where most cases are concentrated—combined support to 25 primary health care centres with mobile clinics serving 16 communities. This integrated approach, alongside WASH interventions, addresses both clinical needs and underlying transmission factors.

Malaria remains one of the leading causes of morbidity. In February, 177,300 cases were reported, though the actual burden is likely significantly higher due to underreporting. Nearly 28,500 cases were among children under five, underscoring their vulnerability. UNICEF supported national malaria control through strategic planning processes, including the Malaria Programme Performance Review and development of the next National Strategic Plan, ensuring that response efforts are both immediate and system-strengthening.

Efforts to improve maternal and newborn health focused on service availability and quality. Kangaroo Mother Care (KMC) services are now operational in 13 facilities, improving survival outcomes for premature and low-birth-weight newborns. The rollout of the Quality of Care (QoC) model, following national training, marks a shift toward standardized, higher-quality maternal and neonatal services.

UNICEF-supported interventions provided essential commodities for over 21,200 pregnant women and newborns, ensuring access to safe delivery and immediate postnatal care.

Service utilization data further illustrates continued demand and access: over 14,400 antenatal visits, 1,500 skilled births, and 2,500 postnatal consultations were conducted. Family planning services reached 3,300 individuals, while more than 3,500 adolescents accessed

health services, highlighting the importance of maintaining a comprehensive continuum of care even during emergencies.

Community outreach remained essential for reaching populations beyond facility coverage. In February, 570 outreach sessions reached more than 24,500 people, while mobile clinics served an additional 3,700 individuals in hard-to-reach areas.

Health education and community engagement activities—152 sessions and nearly 1,000 household visits—strengthened prevention, awareness, and early care-seeking behaviours. These interventions are particularly critical in settings where delayed access to care can lead to increased morbidity and mortality.

Nutrition

Sudan continues to face one of the highest levels of acute malnutrition globally, with conditions further deteriorating. Validated SMART survey⁸ results from 78 localities since January 2025 show that nearly half exceed the WHO emergency threshold of 15 per cent for global acute malnutrition (GAM), placing them at very high risk

In February, six additional SMART surveys were conducted with UNICEF support. These findings informed a comprehensive analysis led by UNICEF, the Nutrition Cluster and partners to update geographical prioritization for scale-up. As a result, 36 localities are now categorized as Critical Priority-1, 75 as Priority-1, and 63 as Priority-2, with updates ongoing as new evidence emerges⁹.

UNICEF supports integrated nutrition services through more than 2,000 health facilities and 148 mobile teams nationwide. In 2026, UNICEF aims to reach 85 per cent of the national Severe Acute Malnutrition (SAM) caseload (633,000 children). In February, 29,870 children with SAM were admitted for treatment, with a 75 per cent reporting rate. A total of 722,000 children under five were screened for acute malnutrition, including 54,770 children screened through integrated campaigns in Ar Rashad, Ghadeer, Talawdi (South Kordofan), Shattaya (South Darfur) and Beida (West Darfur).

To further strengthen malnutrition prevention, Integrated Nutrition campaigns (INC) conducted in February across five localities delivered key preventive nutrition services, including 47,100 Vitamin A doses, 9,760 multiple micronutrient supplements for children under two, 8,970 iron–folic

acid supplements for pregnant women, and Infant and Young Child Feeding (IYCF) counselling for 2,200 caregivers.

Across the country, 106,800 caregivers received counselling on optimal IYCF practices in February, including 18,800 in Darfur and 16,300 in Kordofan, delivered through both facility- and community-based platforms. Counselling addressed early initiation and exclusive breastfeeding, complementary feeding and maternal nutrition.

UNICEF remained the sole provider of Ready-to-Use Therapeutic Food (RUTF) and essential nutrition supplies for the treatment of SAM, delivering to all states and partners. In February, 43,320 cartons of RUTF were distributed through cross-line and cross-border operations, compared with over 60,000 cartons distributed in February last year. Combined efforts with partners reduced RUTF stock-out rates to 11 per cent, slightly above the programme target

To strengthen service quality, UNICEF also supported capacity-building for frontline workers. In February, 380 nutrition personnel and community cadres were trained on Community-Based Management of Acute Malnutrition (CMAM), Infant and Young Child Feeding in Emergencies (IYCF-E), micronutrients and dietary diversity.

Water, sanitation and hygiene

In February, UNICEF sustained and expanded its water-supply interventions across conflict-affected, displacement-hosting and high-risk areas, ensuring continuity of life-saving safe-water services for vulnerable populations. An additional 2.1 million people gained access to safe drinking water through combined emergency and systems-strengthening measures, bringing the total reach since January to 3.9 million people (26 per cent of the annual target). Of those reached, 1.8 million people accessed safe water through chlorination of water sources, emergency water trucking and operation and maintenance of existing water systems, while 226,700 people benefited from the construction or rehabilitation of water points and improved water infrastructure.

Key infrastructure upgrades supported the water response. A total of 28 improved water points were constructed or rehabilitated, and water treatment chemicals were supplied to four water systems. Compared to the first quarter of last year, UNICEF is now providing sustained water sources across several states rather than temporary water provision. This shift has contributed to the containment of the cholera outbreak and a reduction in water-related diseases. Daily emergency water trucking continued to serve communities without alternative water sources, ensuring uninterrupted access to safe drinking water amid ongoing conflict-related disruptions.

In February, 14,600 people gained access to adequate sanitation facilities through the construction, desludging and rehabilitation of emergency latrines in displacement sites, return areas and host communities. This represents an eight per cent increase from January and contributes to 19 per cent of the annual sanitation target. Restoring functional sanitation in congested and underserved areas helped reduce open defecation, improve environmental hygiene and lower transmission risks of cholera, dengue and acute watery diarrhoea, particularly in areas experiencing rising population movements.

UNICEF's hygiene response complemented water and sanitation interventions by addressing immediate and preventive public-health needs. In February, 369,500 people were reached with hygiene behaviour-change messaging and community outreach activities, marking an 8 per cent increase from the previous month. Messaging focuses on safe water handling, handwashing, household sanitation, and cholera prevention. To strengthen household preparedness, 40,500 individuals received essential hygiene supplies including soap, jerrycans, and menstrual-hygiene materials. This represents a 3 per cent increase compared with January. With these results, UNICEF has reached 14 per cent of the annual target for hygiene promotion and 6 per cent of the annual target for hygiene supplies distribution.

UNICEF supported two additional health facilities, ensuring access to safe water, sanitation, and infection-prevention infrastructure. Support included the rehabilitation of water systems, provision of emergency water supply, installation of latrines, and reinforcement of waste-management and hygiene stations. This progress brings achievement to 4 per cent of the annual target for WASH in health-care

facilities.

Additionally, two schools received WASH upgrades aimed at improving learning environments and reducing health risks for children. Interventions included the construction or repair of water points, installation of gender-responsive latrines, and provision of handwashing facilities with soap. These improvements support safe service delivery and enhance school retention in crisis-affected areas. With these results, UNICEF has reached 3 per cent of the annual target for WASH in schools.

Child Protection

UNICEF and partners continued delivering critical child-protection services despite severe access constraints, including movement restrictions, disrupted supply routes and insecurity.

Across North Darfur, the Kordofan states, Khartoum, Aj Jazirah, River Nile, White Nile, Sennar and Northern states, structured and community-based mental health and psychosocial support (MHPSS) services reached 190,100 children and caregivers, representing a 45 per cent increase in the number of people reached with MHPSS when compared to the previous month. At least 88 per cent of people reached were children, including 2,000 children with disabilities. Interventions included referrals to specialized care, safe spaces, group counselling and recreational activities to help children cope with trauma, restore emotional stability and regain a sense of safety amid ongoing violence. Community-based extenders, frontline workers and social workers enabled service continuity in hard-to-reach locations, mitigating heightened protection risks. In February, 30 per cent of the annual target was reached, driven by the engagement and scale-up of partners in hard-to-reach communities and an increase in displaced families requiring MHPSS in the Kordofan region. Between January and February 2026, UNICEF and partners reached 311,400 children and caregivers with structured and community-based MHPSS services, representing 30 per cent of our annual targets and portraying a steady progress. Partners supporting the implementation of MHPSS activities have observed that children who showed signs of anxiety, depression and other stress related conditions demonstrated change in their behaviours such as withdrawal and other difficult social interactions after participating in activities at Child Friendly Spaces.

Gender-based violence (GBV) prevention, risk-mitigation and response services supported 149,900 individuals, 72 per cent of whom were girls and women, through community-based protection networks and women- and girls-safe spaces. Caseloads increased in North Darfur, North Kordofan, Gedaref and Sennar due to long-distance secondary displacement, heightening exposure to violence, exploitation and harmful coping strategies. Adolescent girls accessed tailored life-skills sessions and referral pathways, while community volunteers conducted awareness-raising on safety and service access. Cash assistance continued to support women and girls facing acute protection risks in displacement hotspots. A total of 246,200 people benefited from GBV risk-mitigation interventions representing 32 per cent of the annual targets for 2026 and demonstrating a steady progress during this reporting period.

UNICEF and partners identified and assisted 860 unaccompanied and separated children -including 116 children with disabilities- through alternative care, family tracing and reunification (FTR) and case-management services. The 860 unaccompanied and separated children caseloads rose in East Darfur, South Kordofan, West Kordofan, North Kordofan, White Nile, Blue Nile and Sennar, driven by ongoing hostilities and new waves of displacement. While access restrictions hampered FTR in some locations, community-based child-protection networks played a critical role in preventing family separation, early identification of children without parental care and rapid reunification. A total of 2,240 860 unaccompanied and separated children received alternative care or family reunification support with either biological parents or members of their communities. While entire population is uprooted because of the conflict, the system community care for children has served as a motivating factor for families from the same clans or communities to volunteer to provide care for unaccompanied children from their communities or tribes.

A total of 48,500 children received Explosive Ordnance Risk Education (EORE) to help them recognize and avoid explosive hazards. As conflict expanded and displacement routes shifted—especially in North Darfur, South Kordofan and Blue Nile—the risk of mines and unexploded ordnance (UXO) increased, further compounded by return movements from Kassala, Gedaref, Red Sea, Northern states, and Egypt toward Khartoum and Aj Jazirah. UNICEF also scaled up EORE in urban areas such as Khartoum, which is receiving large numbers of returnees with limited awareness of explosive risks. Children remain particularly vulnerable, as many cannot distinguish explosive devices from toys.

UNICEF supported 103 child survivors of landmine and UXO explosions (33 per cent girls) with direct medical and psychosocial assistance, while 147 additional children (48 per cent girls) were referred to other service providers. EORE sessions were conducted by mobile teams, teachers, social workers and community volunteers, ensuring lifesaving information reached children, families and communities. A total of 77,000 children received mine/UXO survivor assistance and related support. Strong coordination with the National Mine Action Commission (NMAC) at national and State was a key factor in dissemination of life saving information and providing medical referrals to survivors of mines. EORE activities were successful due to delivery mechanism focusing awareness on contaminated areas and integrating risks education through schools, child friendly spaces and community outreach.

Education

In February, UNICEF and partners reached 10,400 children and adolescents (56 per cent girls) with access to formal and non-formal education, bringing the cumulative total to over 546,000 learners against an annual target of 1.6 million, helping safeguard children's fundamental right to education.

A total of 543,800 children accessed formal and non-formal learning opportunities during February, while 31,100 children received essential learning materials.

Nationwide, 12,243 schools are operational out of 19,883, representing 62 per cent of all schools. School closures remained most acute in North Darfur, South Darfur, West Kordofan and West Darfur, where fewer than one in three schools are open. Only six states currently have all schools operational: Aj Jazirah, Blue Nile, Northern, Red Sea, River Nile and Sennar.

UNICEF continued advocating for schools to remain safe, civilian spaces used exclusively for education. In areas where schools remain

closed or unsafe, Safe Learning Spaces (SLSSs) continued to provide structured learning and psychosocial support. In February, 20 new SLSSs were established, enrolling more than 5,300 children (54 per cent girls). A total of 24,000 children received individual learning materials within SLSSs.

In February, 74,500 children received individual learning materials across formal and non formal education interventions, bringing the cumulative total since the start of the year to over 83,800. The priority for 2026 is to ensure that children in reopened schools and Safe Learning Spaces are supported with essential teaching and learning materials,

E-learning remains a key modality within SLSSs. During the month, 41 e-learning-enabled SLSSs were operational, providing access to Let Us Learn, a digitized Accelerated Learning Programme that supports children who have missed extended periods of schooling to catch up and transition into formal education. In February, 3,528 children (50 per cent girls) accessed Let Us Learn through e-learning-enabled SLSSs, more than double the number in January.

UNICEF's Learning Passport, a self-paced online platform aligned with the Sudanese curriculum and zero-rated for users, reached an additional 1,500 children (52 per cent girls) during February, bringing total enrollment to 61,000 learners. The platform continues to provide a vital learning pathway amid ongoing conflict and long-standing barriers to education.

Enhancing Resilience, Social Inclusion and Cash Assistance

UNICEF Sudan's Mother and Child Cash Transfer Plus (MCCT+) resilience programme continued to support pregnant and lactating women (PLW) and their families as they navigate the compounded challenges created by the ongoing conflict. The programme is currently active in Red Sea, Kassala, Gedaref, Northern and River Nile states, targeting 90,000 PLW—equivalent to approximately 540,000 household members—in 2026. MCCT+ is also expanding to Blue Nile State, with the aim of reaching an additional 10,000 PLW (representing 60,000 household members) in the next quarter.

MCCT+ provides regular cash assistance alongside access to integrated health, nutrition and social and behaviour change (SBC) services to support mothers and young children during the first 1,000 days of life, a critical window for long-term growth and development. The programme also integrates financial-literacy support, equipping women with the knowledge and skills to manage household resources effectively.

During the reporting period, payments continued under the latest cycle across Gedaref State. In Wasat Al Gedaref, more than 200 PLW received transfers, bringing the cycle total to around 9,000 women paid—representing 54,000 household members and 94 per cent of the enrolled women for this payment cycle. In Medinat Al Gedaref, over 800 PLW received payments, contributing to a cumulative total of around 7,800 women (95 per cent of enrolled women for this payment cycle), or more than 46,000 household members reached in the locality.

Social and Behaviour Change (SBC) activities continued across all programme states, with health promoters and Mother Support Group (MSG) leaders engaging communities through awareness and behaviour-change activities. Messaging focused on the eight essential family practices, encouraging the uptake of health and nutrition services among PLW and their families.

The emergency cash initiative for GBV prevention and response in Darfur expanded its reach during the month, with approximately 570 women receiving payments—equivalent to 3,400 household members. Since its launch at the end of 2025 and inclusive of the women who were paid during the reporting period, 2,180 women (91 per cent of a 2,400-woman caseload) have now been supported. This initiative, implemented in close collaboration with Child Protection partners, builds on a successful 2025 pilot in Khartoum and Aj Jazirah.

Communal kitchens supported by UNICEF and implemented through local mutual-aid groups¹⁰ (LMAGs) continued providing critical assistance in areas where access to basic services remains disrupted. During February, these kitchens served around 16,000 people in North Darfur and more than 8,000 people in South Kordofan, offering vital meals to vulnerable households. LMAGs remain an agile and reliable mechanism for delivering community-level support, and UNICEF is strengthening these partnerships to ensure continuity amid shifting humanitarian needs.

Social and Behaviour Change (SBC)

In February, SBC interventions across over 30 localities reached over 501,000 people with prevention messages on cholera, dengue, Hepatitis E, routine immunization, and maternal and child health, contributing to improved health seeking and adoption of protective behaviours. SBC teams trained over 1,500 frontline health workers, volunteers and community leaders—to strengthen community level communication and reinforce consistent delivery of lifesaving information. Additionally, 2,400 community mobilizers conducted household visits, community dialogues and awareness campaigns, enhancing early care seeking, increasing immunization demand, and supporting community level outbreak prevention especially amongst most vulnerable groups in Blue Nile, Kordofan and North Darfur. These results show increased participation in SBC interventions compared to January 2026, driven largely by the expanded SBC presence in previously hard-to-reach areas of Blue Nile and the Kordofans. The strengthened field footprint enabled wider community coverage and more consistent engagement, contributing to higher uptake of preventive behaviours and essential health services.

An additional 61,700 people were engaged in actions to strengthen community-based behaviour changes in response to the measles outbreak in South Darfur, supporting increased awareness and uptake of prevention practices. In Aj Jazirah, limited awareness of Hepatitis E transmission prompted enhanced hygiene promotion and engagement with community leaders. Across other states, no major misinformation trends were detected, though continuous perception monitoring remained essential to inform timely communication responses.

Key messages focused on preventing cholera, dengue and Hepatitis E through safe water practices, sanitation, waste disposal and handwashing, alongside promotion of routine immunization, early care-seeking, antenatal care, breastfeeding and appropriate IYCF practices. Messages were delivered primarily through face-to-face communication, including household visits and community dialogues, complemented by radio broadcasts, mosque announcements, mobile sound systems and theatre performances. Communication materials were distributed in local languages to enhance comprehension and uptake.

Community engagement remained central to SBC programming. In Aj Jazirah, mobilizers reached 90,000 people with Hepatitis E messages helping to strengthen hygiene practices and reduce transmission risks at community level. In Kassala, theatre-based health education encouraged community dialogue on sanitation, while in Northern and River Nile states, youth volunteers led dengue-prevention and environmental-health activities. Community and religious leaders, youth groups, committees and mother support groups played a key role in mobilizing communities and strengthening two-way communication.

Accountability to Affected Population (AAP)

Community Feedback Mechanisms (CFMs) remained active in all 18 states, ensuring communities had accessible and trusted channels to share concerns and receive responses. In February, the UNICEF-managed inter-agency CFM received 18,400 feedback cases a six per cent increase compared to January and consistent with recent reporting trends. Women continued to represent the majority of users (90 per cent), consistent with previous trends. Overall, 90 per cent of feedback cases were successfully closed, with 91 per cent of users expressing satisfaction with the support received. In addition, 71 collective reports were submitted through AAP community volunteers representing feedback from 299,332 community members.

To strengthen inclusion, UNICEF advanced efforts to make CFMs more accessible to persons with disabilities (PWD). A video-call CFM channel is being developed with the Federal Deaf Union to enable feedback from individuals with hearing impairments. As part of this initiative, 10 CFM staff completed Training of Trainers in Level-One sign language strengthening their capacity to manage and respond to feedback received through the video call. Persistent language barriers and remote locations continued to limit access to CFMs, as highlighted during an AAP mission to Blue Nile State (Baw, Bawt and Gissan) in February, where many residents primarily communicate in local languages.

Community feedback highlighted severe food insecurity, disease outbreaks and repeated displacement across several states. Reports pointed to acute shortages of food, rising cases of watery diarrhea resulting in 45 deaths, and the displacement of more than 1,500 families, creating urgent needs for shelter, safe water and healthcare.

Communities also reported increasing malaria, dengue and other vector-borne diseases due to poor sanitation and overstretched health services, as well as limited access to education in areas where only private schools remain operational. Insecurity—including theft, recurrent displacement and child-protection risks—was a recurring concern.

In North Darfur, new displacement increased pressure on food, water, shelter and basic services, with only a portion of the population receiving food assistance, leading to overcrowded conditions and heightened disease risks.

Feedback was shared with all UNICEF programme sections to ensure responses are informed by community priorities.

Protection from Sexual Exploitation and Abuse (PSEA)

In February, UNICEF field missions to North Darfur, West Darfur and Red Sea State, enabled direct engagement with community networks through focus group discussions (FGDs), key informant interviews (KIIs) and community meetings. These sessions provided opportunities for localized Protection from Sexual Exploitation and Abuse (PSEA) training and the dissemination of confidential reporting channels. A strong emphasis was placed on supporting Women-Led Organizations (WLOs). Assessments identified limited funding and technical capacity as key constraints, prompting UNICEF to advocate for more flexible resources to strengthen localization.

In Tawila (North Darfur), a new PSEA Working Group was established following three Training-of-Trainers (ToT) workshops during February. Co-chaired by local actors, the group launched an immediate action plan to counter circulating media rumors of “sex-for-food” exploitation, reaching 1,423 people with accurate information. Community feedback also highlighted critical shortages of post-exposure prophylaxis (PEP) and dignity kits, which were escalated to relevant clusters for urgent follow-up.

The protection environment remained high-risk, with conflict, staff turnover and extreme poverty driving reports of “survival sex” as a last-resort coping mechanism. In North and West Darfur, the absence of mobile networks severely restricted reporting. To mitigate this, UNICEF strengthened community-based focal points for face-to-face reporting and worked with UNFPA to repair and reinforce survivor referral pathways.

As Co-Chair of the Inter-Agency PSEA Network, UNICEF led coordination at both state (Darfur) and national levels. High-level engagements were also held with senior management and partner leadership to ensure sustained organizational commitment and compliance with PSEA standards.

Supply and Logistics

In February, UNICEF delivered 4,274 metric tons of critical supplies valued at US\$ 6.1 million across Sudan. Of this total, 939 metric tons were dispatched to hotspot areas, including the Kordofan and Darfur states, with 120 metric tons reaching Darfur through Chad cross-border operations. The remaining 3,455 metric tons supported safe states such as Red Sea, Kassala, River Nile, Gedaref, Sennar, Blue Nile, White Nile and Northern. The supplies, including essential health, nutrition, WASH, education and child protection items, are expected to benefit an estimated 4.4 million children across the country. UNICEF continued to scale up pre-positioning efforts in strategic locations, with an additional 4,000 metric tons planned for delivery through Port Sudan, Chad and South Sudan to reach all 18 states in March 2026.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF, as the lead agency for WASH, Nutrition, Education, and the Child Protection Area of Responsibility (CP AoR), continued to provide strong humanitarian leadership at both national and sub-national levels. Across clusters, UNICEF ensured coordinated, timely and needs-based responses through technical guidance, strategic planning, information management, advocacy and partner support particularly

critical as large-scale displacement and recurring disease outbreaks continue to strain services.

Child Protection Area of Responsibility (CP AoR)

Ahead of the April 2026 National Certification Exams, the CP AoR and Education Cluster strengthened joint coordination through the reactivated Exam Taskforce, focusing on risks related to access, safety, psychosocial stressors and protection concerns for school-aged children—particularly those displaced or living in insecure areas.

Capacity-building efforts included training on information management, service mapping and reporting for partners in Red Sea State, as well as additional sessions in Khartoum and Aj Jazirah. A coordination meeting in River Nile State allowed partners to share updates and raise concerns about reduced funding for child-related interventions.

Field visits to River Nile and Northern State were carried out to provide technical support and reinforce sub-national coordination. At national level, the AoR convened partners to discuss the humanitarian reset and review strategic priorities. An AAP staff capacity assessment was completed, and the Case Management Task Force advanced the harmonization of case-management tools across states. Coordination with the Protection Cluster was reinforced through joint Strategic Advisory Group (SAG) meetings, while engagement with CBOs increased through IM-led sessions and active participation in the PSEA SAG.

Education Cluster

Ahead of the 2026 national secondary certification examinations, the Education Cluster reactivated the National Examination Task Force to ensure coordinated monitoring, risk mitigation and cross-sector preparedness. To uphold the “Protection at the Center” approach, the cluster worked closely with the CP AoR to anticipate risks linked to population movement and school access in conflict-affected areas.

With the launch of the 2026 Humanitarian Needs and Response Plan (HNRP), the Cluster aimed to ensure that all partners' contributions were harmonized and standardized so that children reached through the response receive consistent and comparable forms of support across locations and partners. To achieve this, the Cluster developed and agreed on standard definitions and scope for all 2026 HNRP indicators. The comprehensive indicator definitions, scope, and reporting guidance package was finalized and produced in February. This was followed by a series of online orientation and training sessions throughout the month, designed to familiarize the reporting focal points of Cluster partners with the agreed calculation methods for reach, as well as the standardized reporting procedures. As a result, during February, the Cluster not only finalized the 2026 indicator definitions, scope, and reporting guidance, but also delivered targeted orientations and specialized training to partner reporting focal points to strengthen reporting accuracy and ensure data consistency across the response.

The Cluster also contributed to a global webinar organized by the Inter-agency Network for Education in Emergencies (INEE), which focused on the severe and largely under reported education crisis in Sudan, highlighting the mass displacement, destruction of schools, and the urgent need to protect children's right to learn amid ongoing conflict, while amplifying the voices of Sudanese educators and advocating for global support. The session emphasized that, beyond the 1.5 million exam candidates, more than 17 million children are affected by school closures, displacement and prolonged learning disruptions, reinforcing the need for safe, inclusive learning environments and recognized certification pathways.

Nutrition Cluster

Following the 94 per cent completion rate of the 2025 Cluster Coordination Performance Monitoring (CCPM), partners validated findings showing 17 of 18 sub-functions rated as “good” implying strong performance as expected based on the CCPM rating scale. An action plan was developed to address remaining gaps and will guide improvements throughout 2026.

The annual review of the 2025 Nutrition Cluster Work Plan (AWP) showed that 75 per cent of the 84 indicators reached at least 50 per cent of their annual targets. The 2026 AWP was then finalized, consolidating all CCPM-related actions into a single operational plan.

In response to catastrophic acute malnutrition levels in Um Baru and Kornoi, and emergency conditions in Al Tina (North Darfur), the Cluster reactivated a dedicated coordination forum in the three localities. A deep-dive analysis of life-saving nutrition responses—covering access, supply pipelines, coverage and frontline challenges—was conducted with all active partners. Despite insecurity impacting other nutrition modalities (Targeted Supplementary Feeding Program (TSFP), emergency-Blanket Supplementary Feeding Program (e-BSFP), Stabilization Centre (SC), Outpatient Therapeutic feeding Program (OTP) coverage increased from 23 to 32 sites by the fourth week of February. Based on the success of this approach, partners recommended conducting similar deep dives in Blue Nile and the Kordofan states, where access and insecurity also constrain operations.

WASH Cluster

In February, the WASH Cluster completed a comprehensive needs assessment in Tawila, identifying significant gaps in water supply, sanitation coverage and hygiene services following repeated shocks. Findings were shared with partners and translated into immediate follow-up actions. Coordination intensified between UNICEF, INGOs and national actors to prioritize critical needs and mobilize resources.

The Cluster also convened its annual workshop, which included CCPM review and the development of the 2026–2028 coordination strategy, with participation from more than 40 partners. A joint call to action was issued for three North Darfur localities where nutrition indicators reached critical levels, underscoring the urgency of integrated WASH-nutrition responses.

A major milestone was the launch of the new WASH Indicators Manual, standardizing reporting and beneficiary counting across partners. Alongside this, the 2026 reporting system was rolled out and 211 partners and staff were trained. The national WASH Cluster also conducted a field mission to West Darfur to reinforce local coordination and address operational bottlenecks. Newly appointed Darfur State Coordinators (UNICEF) assumed their roles, strengthening sub-national leadership.

AAP Working Group

The inter-agency AAP Working Group continued advancing localization by strengthening engagement with community-based organizations (CBOs), clusters and humanitarian actors. A review workshop brought together 11 CBOs receiving small grants to showcase achievements

and share lessons on mainstreaming AAP. The workshop improved CBO understanding of the Humanitarian Programme Cycle and cluster mandates, with cluster coordinators facilitating direct linkages and inclusion of CBOs into coordination structures.

CBOs will jointly support two advocacy initiatives: one highlighting education as a life-saving intervention, and another—led by persons with disabilities—calling for the inclusion of disability-specific nutritional supplements in Food Security and Livelihoods (FSL) assistance.

The Working Group continued engaging with the food security and livelihoods (FSL) Cluster, supporting community consultations across Darfur and Kordofan to ensure community feedback informs cluster planning. Collaboration with the Access Monitoring Working Group strengthened systematic information sharing on access constraints. Joint work with the CP AoR included capacity-building for CFM , improving referral pathways and enhancing integration of AAP principles into child protection programming.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- [Article: The School That Never Sleeps.](#)
- [Article: The powerhouse of motherhood.](#)
- [Article: Clean water, renewed hope.](#)
- [Article: Humans of Al Fasher.](#)
- [Article: Breaking the cycle of female genital mutilation and child marriage.](#)
- [Article: Tawila, a refuge for tens of thousands uprooted by conflict.](#)
- [Article: Strengthening healthcare services in remote areas.](#)
- [Article: “Wherever the water was, is where we went.”](#)
- [Press release: Joint UN convoy brings vital aid to cut-off communities in Sudan's South Kordofan Sta](#)

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: APRIL 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	3.6 million	386,741	▲ 8%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.3 million ¹¹	39,548	▲ 2%	-	-	-
People accessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities	Total	-	1.4 million	141,052	▲ 8%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.6 million	1.3 million	▲ 12%	-	-	-
Children 6-59 months with severe wasting admitted for treatment	Total	-	633,611 ¹²	50,398	▲ 4%	-	-	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	277,333	▲ 6%	-	-	-
Pregnant women receiving preventative iron supplementation	Total	-	991,818	129,275	▲ 6%	-	-	-
Children 6-59 months receiving vitamin A supplementation	Total	-	4.2 million	285,409	▲ 2%	-	-	-
Child protection and GBVIE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1 million ¹³	311,420	▲ 18%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	765,690	246,291	▲ 20%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	15,427	2,246	▲ 6%	-	-	-
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	846,905	77,029	▲ 6%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.6 million	543,814	▲ 1%	-	-	-
Children receiving individual learning materials	Total	-	1.1 million	31,124	▲ 2%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Water, sanitation and hygiene								
People accessing sufficient quantity and quality of water for drinking and domestic needs	Total	-	12 million	3.1 million	▲ 18%	-	-	-
People accessing appropriate sanitation services	Total	-	150,359	28,432	▲ 10%	-	-	-
People reached with handwashing behaviour-change programmes	Total	-	4.5 million	615,163	▲ 8%	-	-	-
People reached with critical WASH supplies	Total	-	1.6 million	99,699	▲ 3%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	100,000	1,467	▲ 1%	-	-	-
People engaged in AAP through community feedback mechanisms	Total	-	132,000	35,701	▲ 14%	-	-	-
People who participate in engagement actions for social behaviour change	Total	-	4.4 million	616,788	▲ 11%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations	Total	-	3.9 million	306,351	▲ 3%	-	-	-

*Progress in the reporting period 1 to 28 February 2026

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements ¹⁴	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health	173,439,014	15,380,554	-	31,343,816	126,714,644	73%
Nutrition	257,220,326	3,282,113	-	18,764,982	235,173,231	91%
Child protection and GBViE	150,020,620	611,592	-	4,747,825	144,661,203	96%
Education	77,159,895	387,665	-	21,808,832	54,963,398	71%
WASH	225,444,667	695,420	-	24,333,717	200,415,530	89%
Social protection	58,681,584	-	-	8,587,611	50,093,973	85%
Cross-sectoral (AAP, SBC, and PSEA)	20,900,000	2,469,640	-	17,468,900	961,460	5%
Total	962,866,106	22,826,984	0	127,055,683	812,983,439	84%

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 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Who to contact for further information:

ENDNOTES

1. <https://dtm.iom.int/sudan>
2. <https://humanitarianaction.info/document/global-humanitarian-overview-2026/article/sudan-4>
3. <https://dtm.iom.int/sudan>
4. <https://www.unicef.org/appeals/sudan>
5. DTM Sudan Focused Flash Alert: Kordofan Region (update 004): <https://mailchi.mp/iom/dtm-sudan-focused-flash-alert-kordofan-region-update-004?e=e885648a4f>
6. According to Government Humanitarian Aid Commission and UN OCHA.
7. <https://mailchi.mp/iom/dtm-sudan-flash-alert-kebkabiya-misteriya-town-north-darfur-update-001?e=e885648a4f>
8. A SMART survey refers to a Standardized Monitoring and Assessment of Relief and Transitions survey — a globally used, standardized nutrition and mortality assessment methodology widely applied in humanitarian contexts.
9. [https://reliefweb.int/attachments/02a36cc3-a634-43cf-aab7-f235b8dc2482/Final per cent20draft- per cent20Nutrition per cent20cluster per cent202026 per cent20HRP per cent20narrative-updated1.pdf](https://reliefweb.int/attachments/02a36cc3-a634-43cf-aab7-f235b8dc2482/Final%20draft-%20Nutrition%20cluster%202026%20HRP%20narrative-updated1.pdf)
10. Local mutual aid groups are community-led groups of volunteers that provide lifesaving assistance to communities in need, particularly in areas that may be hard to reach for other partners.
11. In 2026, UNICEF aims to reach 70 per cent of all children under age 1 year with essential immunization services.
12. 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.
13. The education programme will target 200,000 children to access mental health and psychosocial support in their schools and safe learning spaces.
14. The funding requirement includes 8 per cent for programme support, including monitoring and evaluation, communications, operations and security.