In Otash Camp, Nyala, children and women access clean water through UNICEF-supported WASH interventions, reaching over 250 displaced households and strengthening health and child-friendly spaces.

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Humanitarian Situation Report No. 44

Reporting Period
1 January to 30 June 2026

Sudan

HIGHLIGHTS

- As Sudan's conflict entered its fourth year, humanitarian needs remained immense, with 33.7 million people requiring assistance amid displacement, disease outbreaks, food insecurity and disrupted services.
- UNICEF and partners screened 5.3 million children for acute malnutrition, treated 174,700 children with severe acute malnutrition, supported 1.3 million people with primary health care services, and vaccinated 3.8 million children against measles-rubella and 4.6 million against polio. WASH interventions provided 6.6 million people with access to safe water, including scaled-up cholera response activities in Kordofan.
- UNICEF reached 1.3 million children with education services and provided 940,700 people with mental health and psychosocial support, helping children and families cope with the impacts of conflict and displacement.
- UNICEF mobilized US$351 million against its 2026 HAC appeal by June, leaving a 64 per cent funding gap that continues to constrain the humanitarian response.

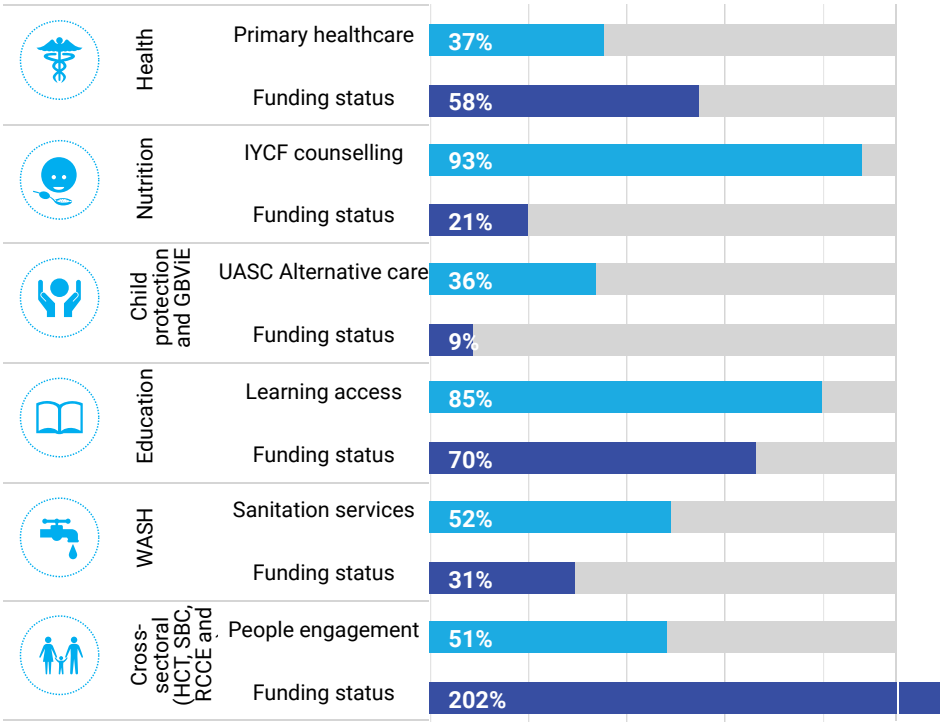
SITUATION IN NUMBERS

17,300,000
Children in need of humanitarian assistance[1]

33,700,000
People in need of humanitarian assistance[2]

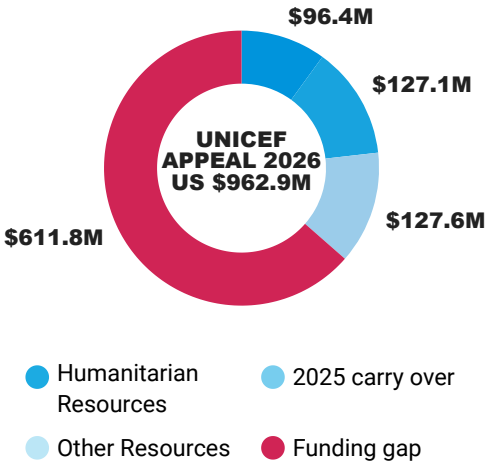
9,139,309
Internally Displaced People
3

UNICEF RESPONSE AND FUNDING STATUS*



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

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 Children (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 – of whom more than half (17.3 million) are children requiring urgent, life saving assistance. Sudan's now 37-month-long war (three years and one month) has shattered the country and shows little sign of abating, with the crisis driven by prolonged 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, child-centred, 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 and flexible funding to sustain services in a context of rising needs and constrained access. As of 30 June 2026, UNICEF had mobilized US$ 351.1 million for the 2026 Humanitarian Action for Children (HAC) appeal, including US$ 96.4 million received in 2026, US$ 127.6 million from other resources, and US$ 127.1 million carried forward from 2025. This represents 36 per cent of the total requirements, leaving a 64 per cent funding gap (US$ 611.8 million). The shortfall continues to constrain the scale and continuity of life-saving interventions for children across sectors, particularly in high-severity and hard-to-reach areas.
- On 15 April 2026, international leaders, humanitarian actors, and Sudanese civil society convened in Berlin for the Third International Sudan Conference, marking three years since the outbreak of conflict. Bringing together over 50 countries and international organisations, participants pledged approximately €1.3–1.5 billion in humanitarian funding and reaffirmed commitments to unhindered humanitarian access, civilian protection, and international humanitarian law. UNICEF welcomes this collective show of solidarity and looks forward to continuing to work with partners to protect and empower children across Sudan.
- 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 African Development Bank (AFDB), 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:
- Safe and unimpeded humanitarian access across conflict-affected areas, including Darfur and Kordofan.
- Flexible and predictable funding to sustain lifesaving assistance and support early recovery.
- Respect for international humanitarian law, including the protection of civilians, humanitarian workers, schools and health facilities.
- Urgent action to end the conflict, as humanitarian needs continue to outpace the response.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Sudan remains at the center of the world's largest humanitarian crisis as the conflict, now its fourth year, continues to deepen vulnerabilities across the country. The current war, which erupted in April 2023, has compounded the effects of decades of recurrent emergencies, including protracted conflicts in Darfur, Kordofan, and Blue Nile. The crisis has resulted in widespread displacement, civilian casualties, destruction of critical infrastructure, disruption of essential services, and recurring disease outbreaks, further eroding the resilience of already vulnerable communities.

Despite notable population movements back to areas of origin, humanitarian needs remain immense. More than 8.8 million people[4] remain internally displaced, while over 4.4 million people have returned, primarily to Khartoum and Aj Jazirah states, contributing to a 21 per cent reduction in overall displacement. March and May witnessed a significant increase in returnee arrivals compared to other months. However, returnees face significant barriers to sustainable reintegration, including limited access to health care, safe water, sanitation, education, and protection services. Areas experiencing large-scale returns remain highly vulnerable to disease outbreaks and lack the resources and infrastructure required to absorb returning populations.

At the same time, new waves of displacement continue to emerge in conflict hotspots. Since October 2025, escalating violence in Darfur, Kordofan, and Blue Nile, regions with longstanding histories of conflict, has displaced more than 420,000 people[5] . Renewed insecurity in North Kordofan, particularly around El Obeid, and in West Darfur, around Kulbus, raises concerns over further population movements should hostilities intensify.

Protection concerns have increased significantly over the past six months, driven by the expanded use of drone attacks across multiple regions. These incidents have resulted in civilian casualties, including women and children, and significant damage to critical civilian infrastructure, especially health facilities and schools. Attacks on health facilities have remained widespread since the start of the conflict in Sudan; a total of 2014 attacks were reported, resulting in over 2,000 deaths and 700 injuries. During the first quarter of 2026 alone, 13 verified attacks killed 184 people[6] and injured 290, severely disrupting access to healthcare services[7] . These incidents highlight the growing threat to civilians and the erosion of essential services.

The destruction of key transport infrastructure, including the Ardamata Bridge in West Darfur and two major bridges in South Kordofan, further constrained people's ability to access basic services. With the rainy season underway, the loss of these critical access routes risks

isolating affected communities and further complicating humanitarian response efforts unless alternative access solutions are urgently identified and implemented.

Public health situation remains extremely fragile. Population displacement, inadequate water and sanitation services, and limited access to health care continue to fuel multiple disease outbreaks, including cholera, dengue fever, malaria, measles, and hepatitis E.

While a previous cholera outbreak was declared contained in March 2026, a new outbreak has emerged in West Kordofan[8] , highlighting the country's ongoing vulnerability to epidemic disease. Hepatitis E cases, particularly among pregnant women, have been reported in the Blue Nile and Aj Jazirah states, while dengue transmission continues in the River Nile and Khartoum states. Malaria remains endemic across much of the country, and although vaccination campaigns have contributed to a reduction in measles cases, outbreaks persist in several hotspot areas, particularly in Darfur and Kordofan.

The rainy season is expected to further elevate the risk of outbreaks, especially of cholera and other waterborne diseases. UNICEF continues to work closely with government counterparts and humanitarian partners at national and subnational levels to strengthen outbreak preparedness, surveillance, and emergency response capacities.

Although the latest Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Situation for February -May 2026 and projections for June-September 2026 and for October 2026-Junaury 2027 analysis indicate a modest improvement compared to previous assessments, food insecurity remains at alarming levels. An estimated 19.5 million people, approximately 41 per cent of the population[9] , are currently experiencing Crisis (IPC Phase 3) or worse levels of acute food insecurity, down from 21.2 million people in the previous analysis. The food insecurity and malnutrition situation remains highly fragile and volatile, with 14 areas at risk of Famine across Greater Darfur and Greater Kordofan[10] .

Despite this marginal improvement, humanitarian concerns remain acute. Approximately 135,000 people are facing catastrophic levels of food insecurity (IPC Phase 5), while more than 5 million people are experiencing emergency conditions (IPC Phase 4). At least fourteen areas across Darfur and Kordofan remain at risk of famine – though data remains critically incomplete – particularly as the June–September lean season progresses, and access constraints, displacement, and economic pressures continue to undermine livelihoods and food availability.

Sudan's education crisis remains severe, with more than 8 million of an estimated 17 million school-aged children out of school. Learning disruption is most acute in Darfur and Kordofan, where insecurity, displacement, school occupation, and attacks on education continue to limit access to safe learning. Nationwide, 63 per cent of schools are operational, a 3 per cent increase since January; however, gains remain fragile and uneven, with 81 per cent of schools in Darfur still closed and 70 per cent of children in Darfur not attending school. In conflict settings marked by child recruitment and sexual violence, girls' primary enrolment is affected twice as severely as boys', with greater impacts on adolescent girls and secondary enrolment.11

An estimated 5.8 per cent of schools remain in use as shelters for internally displaced persons, mostly concentrated in the Kordofan region, reflecting the current patterns of displacement. Schools themselves have also come under direct attack during 2026, further eroding safe access to learning. UNICEF continues advocating for schools to remain safe and exclusively used for education.

School reopening remains a priority but is constrained by prolonged teacher salary non-payment, affecting more than half of the workforce and slowing education service resumption, particularly in conflict-affected areas. Access to national certification examinations also remains a major concern for students in Darfur and Kordofan. Ongoing discussions on establishing parallel examination arrangements in Darfur continue to raise questions about the recognition and equivalency of certification.

In April 2026, UNICEF successfully supported the Grade 12 national examinations, enabling more than 45,000 students from Darfur and Kordofan to sit for exams across ten states, primarily in River Nile, Northern, and Khartoum states. UNICEF provided integrated education, child protection, WASH, social and behaviour change, and accommodation support. However, many eligible students were unable to participate due to insecurity, displacement, and logistical constraints, underscoring persistent challenges in Sudan's education system.

Despite some progress in the first half of the year, including reduced overall displacement and modest gains in food security indicators, Sudan's humanitarian situation remains extremely severe. Intensifying conflict, rising protection risks, weakened infrastructure, disease outbreaks, and disrupted essential services continue to endanger millions of children and families. Sustained humanitarian access, increased donor support, and investment in emergency response and early recovery are urgently needed to prevent further deterioration and support vulnerable communities nationwide.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Since the start of 2026, UNICEF has supported over 1,400 health facilities across Sudan's 18 states, enabling more than 1.3 million people to access primary health care services (37 per cent of the annual target). Further 454,900 people were reached through outbreak response services, reflecting the continued impact of disease outbreaks on the health system.

To strengthen preparedness, UNICEF pre-positioned more than 7,000 emergency health kits nationwide, including over 2,400 Acute Watery Diarrhoea (AWD) kits with capacity to treat up to 240,000 moderates to severe cholera cases. Pre-rainy season preparedness measures, including strategic stockpiles, trained health workers, and strengthened surveillance systems, enabled a rapid response to the cholera outbreak declared in West Kordofan on 29 June. By the end of June, more than 800 suspected cases and 117 deaths had been reported in West Kordofan, with additional suspected cases in North Kordofan. UNICEF, together with the Federal Ministry of Health, WHO, and partners, supported an integrated response through cholera treatment services, emergency health supplies, surveillance, risk communication, and coordinated Health-WASH interventions.

UNICEF also supported routine immunization and outbreak response activities. By the end of June, 728,808 children had received DTP1, and 469,300 had received MCV1. Measles-Rubella catch-up campaigns in Darfur and Kordofan reached more than 3.8 million children, while oral cholera vaccination campaigns reached 572,100 people in high-risk areas. Polio campaigns vaccinated 4.6 million children under-five across seven states.

To sustain immunization services, UNICEF delivered more than 42 million vaccine doses, including supplies transported through cross-border operations from Chad to hard-to-reach areas of Darfur and Kordofan, and supported the distribution of over 19 million doses nationwide. Cold chain capacity was further strengthened through the provision of refrigerators, freezers, cold rooms, temperature-monitoring devices, and fuel for vaccine storage facilities.

UNICEF continued to strengthen the quality of health services through capacity-building initiatives, including training on gender-based violence management in health facilities and supportive supervision for midwifery services. In collaboration with the University of Pretoria, UNICEF completed a six-month Kangaroo Mother Care (KMC) training programme covering 13 hospitals, with four facilities already providing continuous KMC services. Updated clinical protocols and job aids on breastfeeding, care of preterm newborns, and infant feeding practices were also introduced to improve quality of care.

Nutrition

Throughout the first half of the year, UNICEF and partners continued to scale up life saving nutrition services across priority locations. A total of 5.3 million children were screened for acute malnutrition (95 per cent of the annual target).UNICEF and partners admitted 174,737 children with severe acute malnutrition (SAM) for treatment (28 per cent of the annual target). Reported admissions declined compared to the same period in 2025, this is largely attributed to access constraints, reporting limitations, and service disruptions in conflict-affected areas, particularly in Darfur and South Kordofan.

Preventive nutrition interventions remained a core component of the response. UNICEF reached 1.3 million caregivers with infant and young child feeding (IYCF) counselling (60 per cent of the annual target) through facility- and community-based platforms, including mother support groups and breastfeeding corners. In addition, 366,475 pregnant women received iron and folic acid supplementation. Capacity-building efforts continued, with more than 800 service providers and community volunteers trained on IYCF counselling and preventive nutrition interventions.

The Integrated Nutrition Campaign (INC) remained a key platform for delivering preventive services at scale. By June, the campaign had expanded to 133 localities and reached more than 3.3 million children under five with integrated nutrition interventions. Through the campaign, children received vitamin A supplementation, nutrition screening and other preventive services, while caregivers received nutrition counselling and support.

To strengthen programme oversight and accountability, UNICEF continued implementing Third-Party Monitoring (TPM) through a nationwide network of nutrition extenders. By June 2026, TPM activities had covered more than 1,000 health facilities, including facilities in 31 of 36 critical priority localities, providing independent verification of service delivery and strengthening monitoring in hard-to-reach areas.

UNICEF also acted as provider of last resort to maintain continuity of critical nutrition services following the suspension of several USG-funded activities. Support was provided to outpatient therapeutic programmes and stabilization centres in priority locations to minimize service interruptions while transition arrangements with implementing partners were established.

Supply chain continuity remained a priority. By June 2026, UNICEF had dispatched more than 313,000 cartons of ready-to-use therapeutic food (RUTF), including 56 per cent to Darfur and Kordofan. UNICEF also distributed vitamin A supplements and multiple micronutrient powders to support preventive interventions and diversified supply routes, including cross-border operations, to sustain deliveries to hard-to-reach areas. Despite these efforts, a funding gap of approximately US$21.2 million for the RUTF pipeline continues to pose a significant risk to the continuity of SAM treatment services.

Water, sanitation and hygiene

During the first half of 2026, the WASH sector maintained a dual focus on delivering life-saving humanitarian assistance while strengthening the resilience and sustainability of water supply services across Sudan. Between January and June, UNICEF WASH provided access to safe water for 6.6 million people. Approximately two-thirds of beneficiaries were reached through emergency interventions targeting internally displaced persons (IDPs), returnees, cholera-affected communities and conflict-affected populations, while the remaining one-third benefited from recovery interventions aimed at restoring water infrastructure and strengthening service sustainability.

Despite access constraints caused by ongoing conflict, UNICEF deployed WASH extenders across the country and instated a USD 45 million WASH Cluster Core Pipeline, which rapidly scaled up emergency WASH interventions. UNICEF, as the CLA (Cluster Lead Agency), is the designer and leader of the WASH core pipeline. As a result, a massive scale-up has been achieved, and 4.4 million people (included within the overall water supply reach) benefited from emergency water chlorination and water quality monitoring activities. In addition, these affected families received WASH cholera kits containing soap, jerry cans and chlorine tablets to reduce disease transmission and strengthen safe water handling and household treatment practices.

The continued deterioration of public infrastructure, attacks on water and electricity infrastructure, recurring electricity outages and rising fuel costs placed significant pressure on water supply systems nationwide. In response, the sector prioritized the rehabilitation and solarization of urban water facilities to ensure bulk supply of water. During the reporting period, 2.2 million people were reached through the construction or rehabilitation of 120 urban water facilities, including in Khartoum. This included large-scale rehabilitation of water treatment plants, deployment of Robotics to identify damaged water pipelines buried underground, and replacement of looted pumps and solar systems. These investments reduced dependence on diesel fuel, lowered operating costs, replaced water trucking, and improved the sustainability of water services in both urban and connected areas. A notable achievement was the rehabilitation and solarization of key urban water infrastructure in Nyala city, South Darfur, restoring reliable access to safe drinking water for approximately 600,000 people (included within

the total reached) and the initiation of the Tawila semi-permanent water supply scheme in North Darfur benefiting over 100,000 internally displaced persons by the end of June, water supply interventions had achieved 55 per cent of the annual target.

Progress in sanitation services continued despite significant operational challenges. Between January and June, approximately 52 per cent of the annual target was met. In many camps, the number of users per latrine still exceeds the emergency standard of 50 people, reaching up to 100 people per latrine in some locations. This situation is driven by large-scale population movements, continued displacement across Darfur, Kordofan and Blue Nile states, and persistent underfunding of sanitation activities. Limited resources have constrained the construction of new facilities, maintenance of existing infrastructure and desludging operations, increasing the risk of Acute Watery Diarrhoea (AWD) and other public health outbreaks.

Progress in hygiene promotion and distribution of WASH supplies remained significantly below target. By the end of June, 897,900 people had been reached with hygiene promotion activities, representing 20 per cent of the annual target, while 369,700 people received WASH supplies, achieving 23 per cent of the annual target. Performance was affected by limited dignity kits, funding shortages, procurement delays, supply chain challenges and access constraints in insecure and hard-to-reach areas. Additional resources and operational support will be required to accelerate implementation during the second half of the year. Through an integrated package of support, including WASH services, hygiene and dignity kits, meals, and mental health and psychosocial support, UNICEF helped facilitate safe access to examinations for more than 45,000 students from Darfur and Kordofan.

UNICEF maintained an operational presence across all 18 states through 50 WASH Extenders, particularly in inaccessible areas, supporting programme implementation and monitoring. During the reporting period, extenders conducted more than 15,000 residual chlorine tests across IDP sites, institutions, rural communities and urban areas. Results showed that 46 per cent of water samples met national drinking water quality standards and45 per cent of the population meet SPHERE standards of 15 litres per capita per day (lpcd), 29 per cent received between 7.5 and 15 lpcd. Extenders also played a key role in disseminating hygiene messages in cholera-affected and high-risk areas.

Recognizing the substantial impact of the conflict on sector performance, UNICEF supported a comprehensive WASH sector capacity assessment covering public and private institutions. The assessment was completed and validated in June 2026 through a national workshop attended by government officials, State Water Corporations, civil society organizations and private sector representatives. Participants endorsed a 14-point resolution to guide implementation of the recommendations.

The assessment found that the conflict has severely weakened institutional capacity. Functionality has declined from approximately 80 per cent before the war to 45–55 per cent during the conflict, alongside the loss of more than 60 per cent of civil servants. Between 35 and 50 per cent of institutions reported staff displacement, while 60–65 per cent experienced salary disruptions. Technical cadres—including engineers, technicians, geologists, laboratory personnel and monitoring staff—have been particularly affected. Infrastructure performance has also deteriorated due to shortages of spare parts, unreliable energy supplies and funding constraints. More than 50 per cent of states reported shortages of critical supplies, while fewer than 3 per cent reported adequate budgets for operations and maintenance.

To strengthen resilience and ensure continuity of WASH services, UNICEF will prioritize a tariff study to support the financial sustainability of water services and advance establishment of a WASH Academy to strengthen technical and managerial capacity across the sector.

Child Protection

UNICEF and partners continued to scale up critical child protection services across Sudan amid escalating conflict, particularly in the Kordofan region, where intensified hostilities, displacement and heightened protection risks continued to affect children. Despite significant access and security challenges, interventions were expanded to address urgent needs through mental health and psychosocial support (MHPSS), case management, family tracing and reunification (FTR), gender-based violence (GBV) prevention and response, and Explosive Ordnance Risk Education (EORE).

UNICEF and partners provided community-based MHPSS services to 940,757 people (reaching 90 per cent of the annual target) - including 766,400 children (53 per cent girls), of whom 54,000 had disabilities. The high achievement reflects increasing demand for MHPSS services driven by ongoing conflict, displacement and heightened protection concerns, particularly in the Kordofan region. Services were delivered through Child-Friendly Spaces (CFSs), schools, nutrition centres, community platforms and integrated protection programmes across conflict- and displacement-affected areas. Special attention was given to children with disabilities and children affected by displacement, family separation, violence and other protection risks. In response to the escalating conflict in North Kordofan and continued displacement across Sudan, MHPSS services were complemented by individual counselling, community outreach and psychosocial support integrated into education and lifesaving nutrition programmes.

Overall, 686,400 women, girls and boys accessed GBV risk mitigation, prevention and response services, reaching 90 per cent of the annual target. The high achievement reflects increased demand for GBV risk mitigation, prevention and response services among displaced and conflict-affected populations, including people displaced from North Darfur and the Kordofan states. Beneficiaries included 231,900 girls and 146,800 boys, among them 4,100 children with disabilities. Community awareness campaigns addressed GBV risks, child marriage, female genital mutilation and referral pathways. In Kassala, over 15,500 people received prevention messages; 21,600 benefited from interventions in Red Sea, and more than 13,000 participated in awareness activities in Sennar. Response services also expanded, with 120 GBV survivors in White Nile receiving specialized case management and referrals. Community engagement mobilized leaders to challenge harmful social norms and strengthen support for survivors.

During the reporting period, UNICEF and partners supported 5,500 unaccompanied and separated children (UASC), including 43 per cent girls and 138 children with disabilities, through family tracing and reunification, alternative care arrangements, case management and referrals to essential services. As conflict intensified across the Kordofan states, particularly in North Kordofan, and displacement increased across several regions of Sudan, growing numbers of children were separated from their families and caregivers, exposing them to heightened protection risks. While displacement continued to increase across several regions, progress against the annual target remained constrained by insecurity, population movements, limited access to affected communities, and challenges in identifying and verifying unaccompanied and separated children. In response, 1,840 children were successfully reunified with their families or placed in appropriate

alternative care arrangements, helping to restore protective family environments and ensure access to critical support services.

UNICEF and partners reached 340,300 children and caregivers with Explosive Ordnance Risk Education (EORE) and survivor assistance services, helping communities reduce exposure to the growing threat posed by landmines and explosive remnants of war. EORE interventions were prioritized in conflict-affected and displacement-affected areas, including the Kordofan states, Blue Nile, White Nile, Sennar and Red Sea. Among the states most affected by explosive contamination, 12,800 children and caregivers in the Kordofan region received EORE services, enhancing awareness of explosive ordnance risks and promoting safer behaviours, while 61 child survivors received victim assistance. Despite insecurity and access constraints, community-based awareness sessions remained critical in reducing risks and strengthening protective capacities in highly vulnerable communities.

UNICEF and partners continued to support the release and reintegration of children detained for alleged association with parties to the conflict, while strengthening collaboration with government institutions to ensure that affected children are treated in accordance with child rights standards. Efforts focused on building the capacity of social workers, child prosecutors, Family and Child Protection Unit (FCPU) personnel and other frontline stakeholders on child-friendly justice approaches, child rights principles, case management and standard operating procedures for the safe release and reintegration of children. In parallel, UNICEF continued to engage with national authorities and other stakeholders to advance action plans aimed at preventing and ending grave child rights violations, while promoting the protection, recovery and long-term reintegration of conflict-affected children into their families and communities.

Despite important achievements, child protection interventions continued to face significant challenges due to escalating conflict in North Kordofan, ongoing insecurity in Darfur and access constraints in other conflict-affected areas. These conditions disrupted service delivery, increased protection needs among displaced populations and limited the expansion of specialized interventions, including EORE and family tracing and reunification services. Funding shortfalls further constrained partner capacity and the ability to reach vulnerable children in hard-to-access locations.

Education

As of June, 1.3 million children and adolescents (52 per cent girls) have accessed formal and non-formal education with UNICEF support since January, representing 84.7 per cent of the annual target of 1.6 million. This was enabled through a combination of modalities to support access to formal and non-formal education.

Between January and June, 1.32 million children (51 per cent girls) accessed formal education in reopened schools supported by school grants in Aj Jazirah and Khartoum. These grants enabled schools to address needs identified in school improvement plans developed by Parent Teacher Associations and school management committees, ensuring safe learning environments where children can resume learning. They remain a critical resource amid prolonged school closures and limited funding in a strained education system.

Establishing Safe Learning Spaces (SLSs) has been critical to reaching children in areas where schools remain closed or where there is a large presence of out-of-school children. Since the start of the year, 338 Safe Learning Spaces (SLSs) have been established across 14 states, comprising Accelerated Learning Programme (ALP) and e-learning centres. These spaces have reached a cumulative total of 41,500 children (57 per cent girls) with structured learning and psychosocial support since January.

Within the support to non-formal education, digital modalities, comprising Let Us Learn and the Learning Passport, have helped in expanding access to non-formal education. 244 e-learning-enabled SLSs have been established and 21,000 children (50 per cent girls) reached since the start of the year. The Learning Passport platform enrolled a total of 62,700 learners since the start of 2026.

Access to essential learning materials remain a determining factor in whether children can actively participate once back in the classroom or in a Safe Learning Space. In the first six months of the year, 171,500 children (51 per cent girls) have been provided with learning materials, contributing toward 15 per cent of the annual target of 1.13 million supplies. Across schools in Aj Jazirah, Kassala, North Darfur, Northern, Red Sea, River Nile and White Nile, 88,300 5children (50 per cent girls) received teaching and learning supplies to support active participation in classroom learning since the start of the year. IGrade 12 national examinations were held from 13 to 23 April, the third sitting since the outbreak of conflict in 2023. A total of 481,300 students registered for the examinations, of whom 331,463 sat the exams across 3,215 centres nationwide. An estimated 51,000 students from Darfur and Kordofan were expected to sit their exams in other states, with the largest concentrations in Northern, River Nile and Khartoum. Learners from Darfur and Kordofan, where insecurity has prevented exams from being, have faced the greatest barriers to participation.

Enhancing Resilience, Social Inclusion and Cash Assistance

During the first half of 2026, UNICEF Sudan's Mother and Child Cash Transfer Plus (MCCT+) programme continued delivering cash-plus support to pregnant and lactating women (PLW) across six states and 19 localities. MCCT+ combines regular payments with health, nutrition, protection, WASH, social and behavioural change, and financial literacy support during the critical first 1,000 days of children's lives. Pairing cash with services helps address the immediate needs of PLW and their children while building household resilience and longer-term human development.

By the end- of June, over 103,000 PLW were enrolled in MCCT+ across Red Sea, Kassala, Gedaref, Northern, River Nile, and Blue Nile states. This includes around 13,000 women in Damazine and Al Rosaries localities, marking the programme’s first implementation in Blue Nile. Following the enrolment and card distribution to PLW, payments in Blue Nile are expected to begin in the coming months.

Across the remaining states, over 86,000 women have been paid out of around 90,000 enrolled PLW (95 per cent), reaching over 500,000 household members in the first half of 2026. Most recently, during June, nearly 14,000 out of 16,000 enrolled women (85 per cent) were paid in Kassala, representing over 80,000 household members. Further payments were also made in River Nile State, where around 26,400 out of 26,700 (99 per cent) registered PLW were paid, reaching nearly 160,000 household members.

As Sudan advances toward digital payments, strengthening MCCT+ participants’ financial and digital literacy has become central to the programme. This year, UNICEF has worked closely with financial service providers and other stakeholders to support women to open

personal accounts and receive their entitlements directly. In Port Sudan, a dedicated account-opening campaign helped more than 3,400 women open accounts, in addition to around 2,000 women who already had accounts, meaning that over half of the approximately 10,000 MCCT+ beneficiaries in the locality now have personal accounts. In Merwoe, a similar campaign supported more than 3,400 women to open accounts, bringing the total number of women with personal accounts to 5,200, nearly 60 per cent of enrolled participants. Efforts are ongoing to expand account ownership among MCCT+ participants and enable women to participate more meaningfully in Sudan's increasingly digitalized economy.

In 2026, the humanitarian cash transfer (HCT) initiative for GBV prevention and response in Darfur, implemented with Child Protection partners, reached approximately 2,300 of 2,400 households (97 per cent), extending support to over 14,000 household members. Given the ongoing needs and prevalence of GBV, particularly in hotspot areas, options are being explored to mobilise additional resources to provide emergency cash support to more survivors and people at risk of GBV.

UNICEF has also continued its support for community-led emergency social assistance, delivered through local mutual aid groups (LMAGs), in 2026. Across targeted areas of North Darfur and South Kordofan, around 25,000 people were supported through communal kitchens, which act as platforms for integrated service delivery. Available funding was finished at the end of March, and resuming this assistance remains a key priority given the demonstrated capacity of LMAGs to deliver urgently needed assistance to the most vulnerable communities in access-constrained areas of Sudan.

Social and Behaviour Change (SBC)

From January to June, UNICEF and its partners expanded integrated Social and Behaviour Change (SBC) interventions across Sudan to support outbreak response efforts, strengthen demand for essential services and promote the adoption of protective behaviours among conflict-affected populations. During the reporting period, more than 2.3 million people participated in community engagement activities, achieving 51 per cent of the annual target of 4.4 million people. This progress was driven by the scale-up of operations in priority localities across Blue Nile, Kordofan, Darfur, Gedaref, Khartoum and Red Sea states, despite ongoing insecurity and access constraints that continued to affect implementation in some high-risk areas.

UNICEF strengthened community-level capacity by training and orienting more than 9,500 frontline actors, including community mobilizers, health workers, volunteers, religious leaders and youth representatives. These actors were equipped to deliver evidence-based communication and community engagement on cholera, measles, polio, dengue fever, Hepatitis E, malaria, immunization, maternal and child health, infant and young child feeding, and WASH practices. Leveraging these networks, UNICEF facilitated sustained interpersonal communication through household visits, community dialogues, focus group discussions, interactive theatre, mobile cinema and advocacy activities. These efforts increased awareness of health risks, addressed misinformation and strengthened demand for preventive and curative health services.

Interpersonal engagement was complemented by mass communication channels, including radio, SMS, social media and community platforms, significantly expanding the reach of life-saving information. The School Grants communication campaign alone, implemented through radio broadcasts and bulk SMS messaging, reached more than 14 million people. In addition, over 30,000 information, education and communication materials were distributed to reinforce key health and protection messages. During June, integrated SBC activities supported community preparedness for the introduction of the Hepatitis B vaccine, facilitated the resolution of vaccination refusal cases through community dialogue and strengthened demand generation for routine immunization across ten states.

Community feedback mechanisms informed targeted communication strategies to address vaccine hesitancy, dengue treatment misconceptions, and stigma linked to malnutrition, while promoting vaccination, hygiene, care-seeking behaviours, and trust in frontline providers. In River Nile, SBC supported broader outbreak response as reported dengue cases declined, while targeted engagement in South Darfur addressed concerns and misinformation around measles vaccination.

Despite persistent challenges, including insecurity, displacement, low literacy, funding constraints, socio-cultural barriers limiting women's participation in some locations and weak communication infrastructure, UNICEF sustained essential SBC interventions in priority humanitarian settings through trusted community structures, local-language messaging, stronger coordination with state authorities and enhanced feedback mechanisms.

Accountability to Affected Population (AAP)

During the first half of 2026, UNICEF-supported Accountability to Affected Populations (AAP) mechanisms continued to provide accessible and trusted channels for communities to seek information, raise concerns and influence humanitarian action across Sudan. Between January and June, the Inter-Agency Community Feedback Mechanism (IA-CFM) received 143,144 feedback cases, including 566 collective community feedback reports, representing the perspectives of an estimated 2.7 million people across all 18 states. Community engagement remained strong despite conflict, displacement and access constraints, reflecting continued trust in the mechanism and increased awareness of available feedback channels.

Humanitarian cash assistance generated the largest volume of feedback, with communities seeking information on payment schedules, beneficiary selection, registration processes and programme updates. Health-related feedback was the second largest category and focused on disease outbreaks, access to health services, shortages of medicines and limited-service availability. Communities also raised concerns related to water access, food assistance, nutrition, education, child protection, shelter and other protection services, underscoring continued multi-sectoral humanitarian needs.

To strengthen accessibility and inclusion, the IA-CFM introduced two new feedback channels: a WhatsApp video call service for persons with hearing impairments, developed in collaboration with the Sudanese Deaf Association, and a QR-code complaint platform to facilitate access in hard-to-reach areas. UNICEF also strengthened institutionalization of AAP through 53 capacity-building sessions reaching more than 500 UNICEF and partner personnel, contractors, community leaders and community structures. Notable progress was achieved in WASH, Nutrition and Education programmes across Kassala, River Nile, Khartoum, Northern and Gedaref states through the integration of

community feedback and referral mechanisms into programme implementation.

Feedback from female recipients of the MCCT+ intervention which included requests for capacity building on financial literacy and management, informed, the inclusion component of the programme and supported design and delivery of targeted capacity building

Community feedback continued to provide valuable insights into evolving humanitarian needs and informed programme adaptation. Communities reported concerns related to disease outbreaks, displacement, limited access to health, WASH, education and protection services, and deteriorating living conditions in conflict-affected areas. These insights enabled humanitarian actors to strengthen response planning, improve service delivery and ensure that community perspectives remained central to humanitarian action.

Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF accelerated efforts to institutionalize Protection from Sexual Exploitation and Abuse (PSEA) standards across its operations and partnership networks. During the reporting period, two field missions to Khartoum State and the Blue Nile Region were conducted to monitor programme implementation, undertake safety audits and provide technical support to address identified operational gaps. Partner accountability was further strengthened through PSEA risk assurance assessments of Dirar Charity Organization, Blue Mountain Organization, Maarif Organization for Development and the Initiative for Peace and Sustainable Development, all of which were assessed as having full capacity and low risk.

As Co-Chair of the Sudan Inter-Agency PSEA Network, UNICEF co-led sub-national PSEA Working Groups in Central Darfur, Aj Jazirah, Khartoum, Kassala and North Darfur (Tawila), while facilitating a targeted session on ICVA funding requirements to strengthen members' compliance and access to resources. Coordination with humanitarian sectors, implementing partners and the Inter-Cluster Coordination Group (ICCG) continued to support the integration of PSEA standards across the response.

UNICEF-led PSEA capacity-building initiatives reached 243 stakeholders (140 males and 103 females), including contractors, frontline workers, government counterparts, suppliers, volunteers and community focal points across Kassala, Gedaref and Darfur (Zalingei and Golo). The training strengthened participants' knowledge and skills to implement safe disclosure channels, mitigate protection risks at service delivery points and promote adherence to zero-tolerance standards within their respective organizations and communities. These efforts contributed to improving awareness of and access to safe reporting channels for affected populations, particularly in conflict-affected and high-risk areas.

Supply and Logistics

Since the start of the year, UNICEF has delivered more than 25,969 metric tons of critical lifesaving supplies valued at US$39.3 million across Sudan. Of this total, 11,489 metric tons were delivered to hard-to-reach areas in Darfur and Kordofan, while 14,480 metric tons were distributed to more accessible areas, including Red Sea, Kassala, River Nile, Gedaref, Sennar, Blue Nile, White Nile and Northern states. The supplies delivered are estimated to support 23.2 million people across the country.

UNICEF continues to sustain the flow of critical supplies through Port Sudan and cross-border operations from Chad and South Sudan to meet urgent humanitarian needs across Sudan. In June alone, 5,040 metric tons of lifesaving supplies valued at US$6.7 million were distributed. These supplies supported ongoing programme implementation and the pre-positioning of critical stocks ahead of the rainy season to ensure rapid response capacity in high-risk and hard-to-reach areas.

As of mid-year, the Sudan Country Office Supply Plan is valued at US$291.6 million, reflecting the scale of UNICEF's humanitarian and development operations. The plan comprises US$152.4 million in services (52.3 per cent) and US$139.2 million in goods (47.7 per cent). To date, commitments totaling US$134.9 million, representing 46.3 per cent of the overall Supply Plan value, have been recorded. Close coordination between Supply and programme teams continues to ensure the timely procurement and delivery of critical goods and services in support of programme objectives across Sudan.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

During the first half of 2026, UNICEF led clusters strengthened preparedness, coordination, oversight and advocacy to sustain life-saving services amid insecurity, worsening access constraints, funding shortages and a complex operating environment. Through targeted field engagement and inter-sectoral collaboration, partners prioritised service continuity and protection outcomes, including safe access to essential services and health risk prevention, guided by a protection at the centre approach across affected states.

Child Protection Area of Responsibility (CP AoR)

During the first half of 2026, the Child Protection Area of Responsibility (CP AoR) strengthened national and sub-national coordination, partner support and information management across Sudan, including. through joint Strategic Advisory Group meetings, targeted state-level support, and rollout of 2026 indicator guidance and the updated 5Ws reporting tool on ActivityInfo.

The AoR revised case management SOPs and tools in line with global standards, producing bilingual guidance and data packages for endorsement and rollout, while state-level training advanced implementation of case management, CPIMS+/Primero, family tracing and reunification, and referral pathways.

Field missions to North Darfur, Blue Nile and other states strengthened protection risk analysis, service mapping and referral pathways, including establishment of a Case Management Task Force in Blue Nile.

The AoR also supported child protection advocacy through examination-related services, Centrality of Protection planning, cholera response guidance and protection alerts, while sustaining a needs-driven response

Education Cluster

With the rollout of the 2026 HNRP, the Education Cluster standardized all reporting indicators through a Technical Working Group and trained 132 focal points from 40 organizations on reporting procedures and reach calculations to improve data quality and consistency.

The Cluster launched an updated Integrated Dashboard, providing a single platform for information products, reporting tools, analyses, and situational updates. In East Darfur, a School Needs Assessment aligned with Global Education Cluster standards was completed to inform prioritization, resource allocation, and service expansion.

Ahead of the 2026 national secondary examinations, the Cluster reactivated the National Examination Task Force and, together with the CP AoR and AAP Working Group, established joint monitoring and incident-reporting mechanisms, enabling coordinated risk mitigation and real-time resolution of protection, accessibility, and logistical issues.

At the subnational level, two State Coordinators were deployed in Darfur, while a four-week field mission across the region identified coordination and response gaps and informed action planning. Findings from five state-level workshops were presented to the Strategic Advisory Group and donors to support strategic decision-making and resource mobilization.

The Cluster also developed and secured endorsement of Sudan's Minimum Standards for learning and teaching materials, recreational materials, and menstrual health and education, strengthening the quality and consistency of education responses. The Cluster strengthened inter-cluster coordination with Health, Nutrition and AAP partners, supporting integrated cholera preparedness and response efforts through joint assessments, risk communication activities and coordinated service delivery in outbreak-prone and displacement-affected areas.

To prepare for a potential influx of IDPs from North Kordofan into White Nile State, the Cluster developed a contingency plan and consolidated partner response plans for six localities. Meanwhile, escalating conflict in Kadugli and Dilling continued to restrict humanitarian access, disrupt schooling, and limit service delivery, particularly affecting girls, children with disabilities, and displaced children.

Nutrition Cluster

During the first half of 2026, the Nutrition Cluster strengthened coordination, oversight and advocacy to sustain life-saving nutrition services amid worsening access constraints, funding shortages and a complex operating environment. National and 13 sub-national coordination platforms remained active, enabling partners to monitor coverage, identify gaps and prioritize interventions.

Analyses in Darfur and Kordofan informed partner commitments to expand services in underserved areas, while monitoring missions in Darfur, Khartoum and Aj Jazirah identified actions to improve programme quality, AAP, inter-cluster collaboration and partner engagement.

Information management was strengthened through regular analytical and reporting products, including operational presence and supply-tracking data, and training for focal points from 36 partner organizations.

The Cluster prioritized resource mobilization by reviewing Sudan Humanitarian Fund proposals, advocating for donor support following funding suspensions affecting more than 200 nutrition sites, analysing impacts on treatment continuity, and coordinating with UNICEF, WFP, WHO and the Federal Ministry of Health to safeguard critical supplies.

The 2026 Annual Work Plan reflected Cluster Coordination Performance Monitoring recommendations, with partners rating 17 of 18 coordination functions as performing well. Preparations were also completed to deploy an additional sub-national coordinator in Darfur.

WASH Cluster

During the first half of 2026, the WASH Cluster strengthened coordination, preparedness, information management and response capacity across all 18 states, including finalization of the 2026—2028 WASH Cluster Coordination Strategy.

Information management was strengthened through updated reporting guidance, tools and dashboards, alongside training for more than 125 partner staff to improve monitoring and evidence-based decision-making.

A major milestone was the rollout of Sudan's Core Pipeline model, through which UNICEF supplies emergency WASH items and partners support last-mile delivery. By mid-year, the system was operational in 11 states through eight strategic hubs, improving emergency supply access and response readiness. Capacity-building on supply management, Accountability to Affected Populations (AAP), and Protection from Sexual Exploitation and Abuse (PSEA) was also conducted.

Preparedness efforts included 14 state-level cholera preparedness workshops, development of Hepatitis E preparedness guidance, joint assessments in North Darfur and Blue Nile, and the launch of the Khartoum Water Facilities Mapping Initiative to support evidence-based planning.

The Cluster also supported resource mobilization and emergency response planning through donor engagement, cholera advocacy in West Kordofan, and development of a response concept note for the Tawila displacement crisis. Coordination was further strengthened through state-level mechanisms, NGO co-coordination, deployment of a dedicated Darfur Coordinator, and expanded Strategic Advisory Group representation to include four national NGOs, reinforcing localization and national leadership.

AAP Working Group

During the first half of 2026, UNICEF led inter-agency AAP coordination through the AAP Working Group, engaging clusters, technical working groups, government counterparts and local organizations to ensure community perspectives informed humanitarian planning. Th. The sampling frame and tools for the community consultations covering 3,500 respondents for the Humanitarian Needs Response plan were completed; the consultations will be conducted in Q4 2026. Technical support was provided to IOM on the MSNA for 2026.

The Working Group supported Food Security and Livelihoods, Site Management, Education, Health and Child Protection through community consultations, rapid needs assessments and community feedback analysis, including in 41 gathering sites in South Kordofan and 39 locations across eight localities.

Localization remained a priority. Through CERF-supported initiatives and the Community Champions network, UNICEF supported the

mapping of 178 active community-based organizations, including women-led organisations, organisations of persons with disabilities, youth and child-focused groups, strengthening their participation in humanitarian coordination. Peer learning with the South Sudan AAP Working Group and support to feedback mechanisms further promoted an accountable and inclusive response.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- A new teaching approach transforms learning
- More than just a safe space
- Turning skills into income
- A day in a life of Mohammed, a community worker
- Restoring school and learning in Sudan

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: JUNE 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	1.3 million	▲ 37%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.3 million[11]	534,036	▲ 40%	-	-	-
People accessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities	Total	-	1.4 million	455,393	▲ 32%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.6 million	5.3 million	▲ 95%	-	-	-
Children 6-59 months with severe wasting admitted for treatment	Total	-	633,611[12]	238,099	▲ 38%	-	-	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	1.9 million	▲ 93%	-	-	-
Pregnant women receiving preventative iron supplementation	Total	-	991,818	750,605	▲ 76%	-	-	-
Children 6-59 months receiving vitamin A supplementation	Total	-	4.2 million	3.9 million	▲ 91%	-	-	-
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1 million[13]	940,757	▲ 90%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	765,690	686,440	▲ 90%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	15,427	5,507	▲ 36%	-	-	-
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	846,905	340,339	▲ 40%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.6 million	1.4 million	▲ 85%	-	-	-
Children receiving individual learning materials	Total	-	1.1 million	204,142	▲ 18%	-	-	-

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	6.6 million	▲ 55%	-	-	-
People accessing appropriate sanitation services	Total	-	150,359	78,249	▲ 52%	-	-	-
People reached with handwashing behaviour-change programmes	Total	-	4.5 million	897,936	▲ 20%	-	-	-
People reached with critical WASH supplies	Total	-	1.6 million	369,799	▲ 23%	-	-	-
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	2,348	▲ 2%	-	-	-
People engaged in AAP through community feedback mechanisms	Total	-	132,000	119,758	▲ 91%	-	-	-
People who participate in engagement actions for social behaviour change	Total	-	4.4 million	2.3 million	▲ 51%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations	Total	-	3.9 million	2.3 million	▲ 58%	-	-	-

**Progress in the reporting period 1 January to 30 June 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	28,375,270	41,150,433	31,343,816	72,569,495	42%
Nutrition	257,220,326	29,495,561	6,698,467	18,764,982	202,261,316	79%
Child protection and GBViE	150,020,620	2,600,697	5,604,040	4,747,825	137,068,058	91%
Education	77,159,895	876,655	31,294,833	21,808,832	23,179,575	30%
WASH	225,444,667	20,691,970	25,180,429	24,333,717	155,238,551	69%
Social protection	58,681,584	-	7,295,395	8,587,611	42,798,578	73%
Cross-sectoral (AAP, SBC, and PSEA)	20,900,000	14,315,913	10,404,946	17,468,900	-	0%
Total	**962,866,106**	**96,356,066**	**127,628,543**	**127,055,683**	**611,825,814**	**64%**

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

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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://mailchi.mp/iom/sudan-displacement-and-return-snapshot-6?e=e885648a4f
5. https://mailchi.mp/iom/dtm-sudan-focused-flash-alert-blue-nile-update-003?e=e885648a4f
6. https://www.unicef.org/sudan/press-releases/attacks-against-hospitals-and-health-facilities-must-end
7. 78.-01-14-April-2026-Attacks-on-Health-Care-in-Sudan.pdf
8. Sudan Federal Ministry of Health
9. https://reliefweb.int/report/sudan/sudan-ipc-acute-food-insecurity-analysis-l-february-2026-january-2027-published-3-june-2026
10. https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1163315/?iso3=SDN
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.