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Dr. Pia Britto, UNICEF Director of Education, speaks with a student in a conflict-damaged classroom at Mustafa Abdulaal Boys School, serving 318 boys, including displaced children, in Khartoum state.

unicef for every child

Humanitarian Situation Report No. 46

Reporting Period
1 to 31 August 2026

Sudan

HIGHLIGHTS

- Despite nearly 5 million returns reducing Sudan's overall IDP population, escalating conflict in Blue Nile, Darfur and Kordofan displaced more than 58,000 people in August alone.
- UNICEF supported health interventions reached 751,400 people with cholera outbreak response and 769,900 people following a diphtheria vaccination campaign in high-risk localities. UNICEF supported the treatment of 51,506 children with Severe Acute Malnutrition and provided IYCF counselling to 183,264 caregivers. UNICEF also enabled 271,000 people to access safe water and reached 44,400 people with critical WASH supplies.
- With UNICEF support, 14,600 children accessed education opportunities, and 57,200 received learning materials. UNICEF also reached 112,700 people with critical Mental Health and Psychosocial Support services and provided Gender-Based Violence services to 84,000 people.
- As of 31 August 2026, UNICEF had mobilized US$352.2 million against US$962.9 million HAC appeal (63 per cent funding gap). Increased flexible funding is urgently required, particularly for critically underfunded child protection programme.

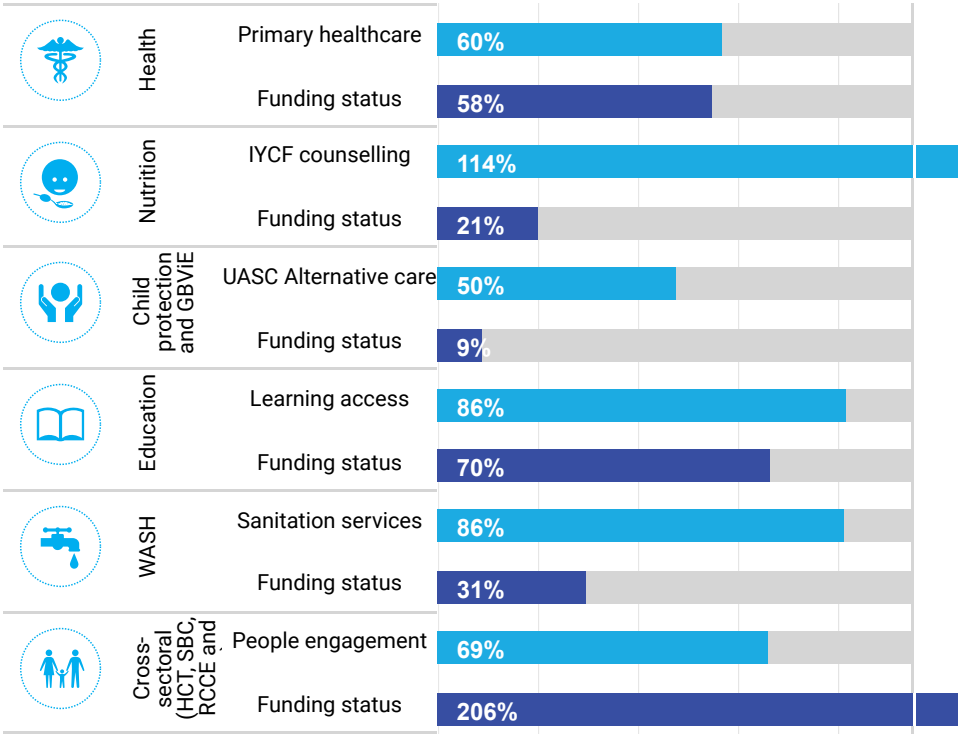
SITUATION IN NUMBERS

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

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

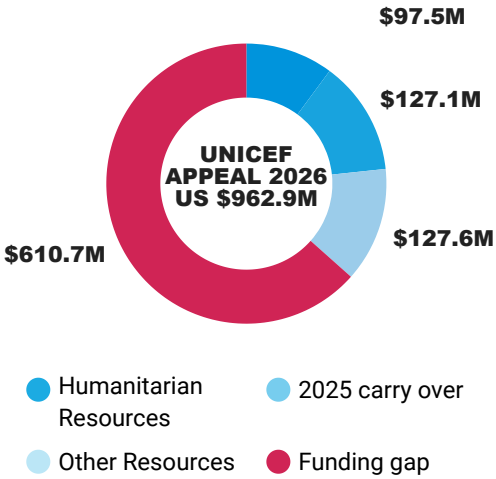
8,583,274
Internally Displaced People
3

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. The HAC prioritizes lifesaving, child-centred, multisectoral interventions across health, nutrition, water, sanitation and hygiene (WASH), education, child protection and humanitarian cash assistance aiming to reach 13.8 million people, including 7.9 million children, with an integrated package of essential services. 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 31 August 2026, UNICEF had mobilized US$352.2 million against the appeal, including US$97.5 million in humanitarian resources received in 2026, US$127.6 million from other resources used in 2026, and US$127.1 million carried forward from 2025. This represents 37 per cent of the total appeal requirements, leaving a funding gap of US$610.7 million (63 per cent).

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. Critical funding gaps persist in Child Protection, Nutrition, Health and the humanitarian supply pipeline, underscoring the urgent need for increased flexible funding to sustain life-saving assistance and rapidly respond to the needs of displaced and vulnerable children and families 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:

- The urgent advancement of a political resolution to the conflict and respect for international humanitarian law, including the protection of civilians, humanitarian personnel, schools, health facilities and critical infrastructure, and an end to attacks that hinder lifesaving assistance.
- Sustained, safe and unimpeded humanitarian access across conflict-affected areas, particularly Darfur, Kordofan and Blue Nile, including through cross-border and cross-line movements, reduced administrative impediments, humanitarian pauses where necessary, and the timely delivery of assistance and essential supplies to children and families in hard-to-reach areas.
- Increased international attention, resources and action to address escalating humanitarian needs, including famine risks, severe malnutrition, disease outbreaks, displacement and disruptions to essential services, particularly in Darfur and Kordofan, while supporting early recovery where feasible.
- Flexible, timely and predictable funding to sustain and scale humanitarian response efforts, enabling UNICEF and partners to maintain lifesaving services, strengthen hotspot preparedness and response, expand child protection services, and reach vulnerable children and families in high-risk areas.
- The protection of children's right to education and equitable access to national examinations, ensuring that all Sudanese students, including displaced and refugee children, can safely sit examinations regardless of their location and without administrative or logistical barriers.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The humanitarian needs in Sudan continue to deepen amid escalating conflict and ongoing displacement, particularly in Blue Nile, Kordofan, and Darfur. More than 58,000 people[4] were newly displaced during August, further increasing pressure on already overstretched services and heightening protection risks for women and children.

Blue Nile remained a major concern, with over 28,000 people displaced from Geissan and Kurmuk localities. Many have sought refuge in Damazine, Wad El Mahi, and Roseries, while thousands remain in hard-to-reach areas with limited access to services and humanitarian assistance. Damazine alone now hosts more than 173,000 IDPs[5] and returnees.

In Kordofan, intensified conflict displaced more than 15,000 people in North Kordofan, while El Obeid continues to absorb large population movements despite strained services and ongoing insecurity. In South Kordofan, conflict and intercommunal violence caused civilian casualties and new displacement, alongside growing humanitarian needs in areas with restricted access and limited assistance. Kauda in Heiban locality in South Kordofan witnessed horrific tribal clashes where many civilians were killed and others wounded in an attack. In West Kordofan, insecurity and the cholera outbreak continue to compound vulnerabilities.

In Darfur, insecurity remained a key driver of displacement. More than 12,000 people were displaced from Sirba locality in West Darfur, with many crossing into Chad, while intercommunal tensions continue to drive protection concerns in South Darfur.

Population movements remained highly dynamic, with new displacement occurring alongside returns to Khartoum and Aj Jazirah. While the number of IDPs has fallen from 11.5 million to 8.6[6] million due to an estimated 4.9 million returns, conflict continues to generate fresh displacement across several regions.

Despite growing needs, access challenges, and resource limitations, UNICEF continued to sustain essential services in protracted displacement settings while delivering life-saving assistance in newly affected hotspot areas.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Despite insecurity, access constraints and seasonal flooding, UNICEF-supported health facilities provided primary health care services to 751,400 children and women during August. More than 1,000 UNICEF-supported primary health care facilities remained operational through the provision of essential medicines and supplies, operational-cost support and incentives for over 3,200 frontline health workers, 71 per cent of whom were female. Mobile and outreach teams extended services to more than 50,000 people in hard-to-reach areas, including over 20,000 females and 11,000 children under five years of age.

With the ongoing rainy season, cholera transmission remained a major public health concern, UNICEF supported the health sector response to cholera, acute watery diarrhoea and other public health threats through the provision of essential medicines and supplies, strengthening case management capacity, community-based surveillance and the maintenance of oral rehydration points in affected localities. Cholera transmission remained concentrated in West Kordofan, with additional cases reported in North Kordofan and Kassala states. UNICEF also supported preparedness measures, including the pre-positioning of emergency supplies in high-risk locations and oral cholera vaccination campaigns reaching over 10 million people. Hepatitis E transmission remained active in Aj Jazirah and Blue Nile states, although the number of reported cases declined to 262 in August.

UNICEF continued to support immunization services and outbreak response activities across Sudan. During the reporting period, a diphtheria vaccination campaign in five high-risk localities in Khartoum and Northern states reached 769,900 people aged 5 to 20 years, achieving 89.9 per cent coverage. Sudan also received more than 1.8 million vaccine doses, including deliveries through cross-border operations to Darfur and Kordofan, while UNICEF supported the nationwide distribution of over 850,000 doses and provided 1,500 temperature-monitoring devices to strengthen cold-chain capacity.

To improve the quality of child health services, UNICEF continued supporting Integrated Management of Newborn and Childhood Illnesses (IMNCI) clinical mentorship in 205 health facilities across 18 localities. Adherence to IMNCI guidelines improved from 73 per cent during the first mentorship visit to 93 per cent by the fourth visit, while documentation of IMNCI classifications increased by 26 per cent and caregiver knowledge improved from 65 per cent to 82 per cent. UNICEF also supported supervision and review meetings for midwives across 10 states, contributing to health services for 8,696 mothers and newborns, and initiated rehabilitation of the oxygen system in the Neonatal Intensive Care Unit at Omdurman Maternity Hospital.

Nutrition

The nutrition situation continued to deteriorate in several conflict-affected areas. In August, eight SMART surveys[7] were completed, bringing the total conducted in 2026 to 33. Nearly half reported Global Acute Malnutrition (GAM) levels above emergency thresholds, including in several priority localities, underscoring the need for continued scale-up of nutrition interventions.

UNICEF and partners continued to expand access to life-saving nutrition services. As of August, 5.8 million children aged 6-59 months had been screened for wasting, enabling early identification and referral for treatment. Of the total screened, 348,438 children with severe wasting were admitted for treatment, representing 55 per cent of the annual target. In August alone, 51,506 SAM children were admitted for treatment, with admission remaining particularly high in Darfur and Kordofan states.

Marked improvement in humanitarian access during the second quarter of 2026 was most evidenced in West Kordofan, enabling a broad expansion of nutrition services in areas previously difficult to reach. This included An Nuhud, which hosts the largest displaced population in the state, where more than 4,000 SAM cases were reached, exceeding the annual People in Need (PIN) and representing more than an eight-fold increase compared with the same period in 2025. Similar gains were recorded across newly accessible localities, with SAM reach increasing more than ten-fold in Wad Bandah, nearly five-fold in Keilak and more than seven-fold in Abu Zabad, while reach also increased in Al Dibab and in the continued response areas of As Salam. In As Sunut and Al Lagawa, the state's only two localities identified by Integrated Food Security Phase Classification (IPC) as at risk of famine and both classified as Critical Priority 1 (CP1), SAM reach was substantially higher than during the same period in 2025.

The expansion of Outpatient Therapeutic Programs (OTP) coverage and improved partner operationality in South Darfur translated into greater reach of nutrition interventions in 2026, particularly in localities prioritized based on severity of nutrition and food-security conditions. In localities identified by IPC as at risk of famine, SAM reach exceeded annual estimates in both Nyala Janoub and Nyala Shamal; with the former recording nearly 1.5 times the number of cases during the same reporting period in 2025. Similar trends are reported among localities where SAM coverage has increased significantly including across Critical Priority 1 localities (As Salam, Shattaia and As Sunta) where OTP scale up resulted in higher SAM admissions compared to similar period in 2025 while also surpassing their annual need.

Preventive nutrition services also continued at scale. As of August, 2.4 million primary caregivers of children aged 0-23 months received infant and young child feeding (IYCF) counselling, 900,471 pregnant women received preventive iron supplementation, and 4.2 million children received vitamin A supplementation. During August, an additional 183,264 caregivers received counselling on optimal IYCF practices, including during World Breastfeeding Week activities promoting early initiation and exclusive breastfeeding.

UNICEF continued to expand nutrition services for newly displaced populations through mobile and community-based approaches in Blue Nile and the Kordofan states, while maintaining treatment services in refugee-hosting areas. To support continuity of care, 54,500 cartons of Ready-to-Use Therapeutic Food (RUTF) were dispatched during August, bringing cumulative distributions in 2026 to 449,503 cartons.

Water, sanitation and hygiene

Despite ongoing conflict, displacement and access constraints, UNICEF and partners continued delivering life-saving WASH services across

Sudan, with a particular focus on cholera prevention and response in high-risk and displacement-affected areas.

As of August, 7.2 million people (60 per cent of the target) had access to safe water for drinking and domestic use through UNICEF-supported interventions including rehabilitation of water systems, water quality monitoring and treatment, and chlorination activities in cholera hotspot areas. Of this total, 271,000 people were reached in August alone. These efforts helped reduce the risk of waterborne diseases while improving access to safe water for vulnerable households.

Sanitation interventions reached 3,100 people during the reporting period through the construction and rehabilitation of communal latrines in displacement settings. Cumulatively, 128,800 people gained access to appropriate sanitation services, representing 86 per cent of the annual target. While this demonstrates strong progress towards UNICEF's annual sanitation targets, significant challenges remain in meeting sanitation needs in locations with large influxes of IDPs, especially in Blue Nile and North Kordofan states. Limited availability of adequate latrine facilities in these areas continues to pose public health concerns and underscores the need for additional investment in sanitation infrastructure.

Hygiene promotion activities reached 56,503 people in August through community engagement, awareness campaigns and behaviour-change activities focused on safe hygiene practices and cholera prevention. Since January, over 992,200 people have been reached with handwashing behaviour-change programmes, representing only 22 per cent of the annual target of 4.5 million. Despite its critical role in cholera prevention and outbreak response, hygiene promotion activities remain substantially below the level required to meet annual targets, primarily due to insufficient emergency funding and accessibility constraints in some affected areas.

In addition, over 44,400 people received critical WASH supplies during the month, including hygiene kits, soap, jerry cans and household water storage containers. As of August, 479,200 people had been reached with critical WASH supplies. These interventions supported vulnerable and displaced households to maintain safe hygiene practices and improve access to safe water storage and handling.

Significant progress was made in strengthening drinking water services and water sector governance. Capacity assessments conducted across all 18 states revealed a decline of more than 35 per cent in mid-level government staff, limited capacity among existing personnel, and low recruitment of young professionals. To address these gaps, efforts are underway to establish a WASH Academy to build sector capacity and develop a skilled workforce.

The localization agenda was advanced through the dissemination of the Polyaluminum sulfate final report, promoting greater national ownership and capacity development. Establishment of local manufacturing of polymers water treatment chemicals within Sudan would reduce dependence on imports, ensure a more reliable supply chain, and lower water treatment costs. Local production would improve the sustainability of water utilities, reduce foreign currency expenditures, create employment opportunities, and strengthen the resilience of the water sector against disruptions in international supply markets. Furthermore, efforts to reduce non-revenue water were strengthened through the provision of leak detection equipment, while comprehensive mapping of water resources and distribution networks in Khartoum State supported the identification and rehabilitation of damaged infrastructure, improving the efficiency and resilience of water supply systems.

Overall, WASH interventions continued to play a critical role in protecting vulnerable populations from disease outbreaks and improving access to essential services, particularly in conflict-affected and displacement-affected areas where humanitarian needs remain high.

Child Protection

The humanitarian crisis in Sudan is a child protection crisis. The escalating conflict in the Kordofans continues to expose children to grave child protection risks, including killing and maiming, displacement, family separation, UXOs, GBV and other forms of violence and exploitation. In September alone, over 75 cases of killing and maiming of children were reported with the Kordofans and Darfur contributing to over 64 per cent of the reported incidents. The social delivery system is on the brink of collapse, severely impacting the availability and accessibility of critical child protection services. Children across the country face heightened vulnerabilities, while overstetched protection systems struggle to respond to their growing needs.

Child protection interventions continued to provide critical support to conflict-affected children and families, particularly in areas experiencing displacement and returns. As of August, 1.2 million children, adolescents and caregivers had accessed community-based mental health and psychosocial support (MHPSS) services through child-friendly spaces, community-based protection structures, health facilities and mobile teams. In August alone, 112,700 people received MHPSS, helping strengthen resilience and address the protection impacts of conflict and displacement.

UNICEF and partners continued to support unaccompanied and separated children (UASC) through identification, family tracing, reunification (FTR) and alternative care services. As of August, 7,700 unaccompanied and separated children had been provided with alternative care and/or reunified with their families. During the reporting period, 1,500 children received FTR services, with the majority of cases reported in Darfur.

Gender-based violence (GBV) prevention and response interventions remained a core component of the child protection response. As of August, 891,800 women, girls and boys had accessed GBV risk mitigation, prevention and response interventions. In August alone, 84,000 people were reached through community-based awareness raising, prevention activities and access to protection services, including interventions addressing child marriage and female genital mutilation.

UNICEF and partners also expanded explosive ordnance risk education and survivor assistance interventions, reaching 432,000 children and caregivers in areas affected by landmines and explosive ordnance as of August. Over 49,700 people received risk education, while 85 survivors accessed assistance services, including emergency medical care, rehabilitation and psychosocial support. These interventions are particularly critical in areas affected by conflict, displacement and returns, where exposure to explosive hazards remains a significant

protection risk.

Flexible funding is urgently required to expand life –saving mine risk education in hard-to-reach communities that are receiving new displacements, adapt to interventions that address emerging contamination risks and provide survivor assistance to the growing number of children injured by UXOs in the North and South Kordofan and Blue Nile. Gaps in the provision of case management services to unaccompanied minors, survivors of GBV, and provision of psychological first aid need to be urgently addressed.

Education

The education crisis in Sudan remains severe, with learning disruptions most acute in Darfur, Greater Kordofan and Blue Nile due to insecurity, displacement and damage to education infrastructure. An estimated 14,000 of Sudan's 19,390 schools were operational as of August, while at least 236 schools continued to be used as shelters for IDPs.

In August, UNICEF and partners reached 14,600 children and adolescents (53 per cent girls) with access to formal and non-formal education opportunities, bringing the cumulative total to 1.4 million children (51 per cent girls) since the beginning of the year. Safe Learning Spaces continued to provide structured learning and psychosocial support for children in areas where schools remain closed, damaged or inaccessible. Furthermore, 119 new Safe Learning Spaces were established in August, enrolling 14,400 children (53 per cent girls). Cumulatively, a total to 549 Safe Learning Spaces have been established reaching 67,400 children (52 per cent girls). To support quality learning, 130 facilitators were trained on education in emergencies and psychosocial support.

Digital learning remained an important modality for reaching conflict-affected children. In August, 35 new e-learning-enabled Safe Learning Spaces were established, enabling 3,200 children (41 per cent girls) to access the Let Us Learn accelerated learning programme. UNICEF's Learning Passport platform reached an additional 200 children (51 per cent girls) during the month, bringing total enrolment to 63,400 active learners.

In August, 57,200 children received individual learning materials through schools and Safe Learning Spaces, including 46,800 children in Blue Nile, Sennar and White Nile states and 10,400 children reached through Safe Learning Spaces. Cumulatively, 259,800 children have received individual learning materials, towards the annual target of 1.1 million children.

Enhancing Resilience, Social Inclusion and Cash Assistance[8]

UNICEF’s Mother and Child Cash Transfer Plus (MCCT+) programme continued to provide cash assistance and integrated services to pregnant and lactating women, supporting maternal and child wellbeing during the critical first 1,000 days of life. The programme is operational across six states and 19 localities, with more than 103,000 women enrolled, benefiting over 600,000 household members.

The first payment cycle was launched in Blue Nile State, while payment cycles continued across Gedaref, Kassala, Northern, River Nile and Red Sea states. Across programme locations, thousands of women received cash transfers, contributing to improved access to essential goods and services for vulnerable households. The increasing proportion of women receiving payments directly into their own accounts reflects continued progress in financial inclusion and women’s economic empowerment.

In Darfur, UNICEF supported cash-based assistance for GBV prevention, reaching approximately 2,300 vulnerable households, equivalent to more than 14,000 household members, through partnerships with Child Protection actors. The intervention provided timely support to populations facing heightened protection risks in conflict-affected areas.

Community-led emergency social assistance implemented through Local Mutual Aid Groups (LMAGs) and partners in North Darfur and South Kordofan continued to provide critical support to conflict-affected communities. In 2026, approximately 25,000 people have benefited from integrated assistance through community kitchens and other locally led response mechanisms, helping address urgent needs in areas with constrained humanitarian access.

Social and Behaviour Change (SBC)

Despite insecurity, movement restrictions, communication constraints and limited partner capacity in some locations, social and behaviour change (SBC) and risk communication and community engagement (RCCE) interventions continued to maintain broad coverage across Sudan, strengthening community engagement, supporting outbreak response efforts and increasing demand for essential health services.

In August, UNICEF and partners reached approximately 604,000 people through SBC and RCCE interventions, contributing to preparedness and response efforts for cholera, Hepatitis E, dengue fever and vaccine-preventable diseases across the country. Activities included community engagement, household outreach, mass media, school-based interventions and vaccination demand-generation efforts.

SBC interventions contributed to increased demand for immunization and outbreak prevention services. In Kassala State, almost 60,000 household visits led to the identification of around 5,700 Hepatitis B zero-dose and dropout children, resulting in more than 1,000 children being vaccinated. In Khartoum State, community mobilization efforts supported the identification of over 283,000 eligible children and adolescents during the diphtheria vaccination campaign, of whom nearly 266,000 were vaccinated. Community dialogues, listening groups and outreach activities also helped address misconceptions, promote preventive behaviours and strengthen community feedback and accountability mechanisms.

To strengthen community-level response capacity, more than 5,700 SBC actors and community mobilizers were trained, oriented or deployed, while 13 RCCE committees were established in the West Area to enhance local coordination and community-led prevention efforts. Moreover, community-based surveillance networks continued to support early detection and response efforts. In Kassala State, community structures reported 11 suspected cholera cases, including one death, while community surveillance systems in the West Area identified and reported eight additional suspected cases across three localities, enabling timely follow-up by health authorities.

Accountability to Affected Population (AAP)

During August, UNICEF community feedback mechanisms remained operational across humanitarian response areas through the toll-free hotline, Whatsapp channels, community champions and the network of community-based organizations (CBOs), supporting two-way communication between communities and service providers.

As of 30 August, 21,690 people had been engaged through the community feedback mechanisms, enabling UNICEF and partners to identify community concerns, address complaints and adapt interventions based on feedback. Community engagement efforts were integrated across sectors, including health, nutrition, WASH, education and child protection, helping improve the relevance and responsiveness of humanitarian assistance. Most of the engagement from affected communities through the hotline or community actors related to service information and requests for information on assistance, availability and distribution. Most of these were dealt with through provision of information and immediate referral, closing over 90 per cent of the cases immediately.

The community consultations for the HNRP 2027 were completed by the AAP champion network which are part of the SCO's CFM architecture. Consultations were completed with 4985 HHs and 111 CBOs. Cash assistance followed by food and health were key priorities for communities. The research design and questionnaires were adapted from the global HNRP design. The consultations will inform the macro HNRP process helmed by OCHA.

Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF continued to strengthen Protection from Sexual Exploitation and Abuse (PSEA) systems across operational areas through capacity-building, risk mitigation and community engagement initiatives. Field missions to River Nile, Kassala, West Darfur and North Darfur supported PSEA integration across humanitarian programmes, strengthened reporting mechanisms and promoted safe access to services.

As co-chair of the Sudan Inter-Agency PSEA Network, UNICEF continued to support sub-national PSEA working groups and coordinated preparations for a community outreach campaign in North Darfur to raise awareness of SEA risks and available reporting channels. Preparatory activities engaged humanitarian partners, community structures and local organizations to strengthen prevention and response efforts.

In River Nile and Kassala states, UNICEF delivered PSEA training and awareness sessions for contractors, frontline workers and partner personnel involved in education, health, WASH and child protection interventions. PSEA risk assessments and safety audits were conducted at schools, primary health-care facilities and water infrastructure sites, resulting in mitigation measures to strengthen safeguarding and reporting mechanisms. Furthermore, PSEA risk assurance assessments was conducted for four implementing partners, all of which met required safeguarding standards and were assessed as low risk. Overall, 454 individuals (310 male, 144 female), including contractors, frontline workers, volunteers, community focal points and partner staff, received PSEA training and awareness support. These efforts strengthened partner capacity to prevent SEA, promote safe reporting channels and reinforce zero-tolerance standards across the humanitarian response.

As of August, 3.8 million people had access to safe and accessible channels to report sexual exploitation and abuse by aid workers, contributing to safer and more accountable humanitarian programming.

Supply and Logistics

UNICEF continued to prioritize the delivery of life-saving supplies across Sudan through Port Sudan and cross-border operations from Chad and South Sudan. In August, UNICEF distributed 3,957 metric tons of humanitarian supplies valued at approximately US$8.7 million, supporting an estimated 3 million people.

Since the beginning of 2026, UNICEF has delivered 32,216 metric tons of supplies valued at US$58.9 million. Of these, 15,055 metric tons were delivered to hard-to-reach areas in Darfur and Kordofan, while 17,161 metric tons were transported to more accessible areas, including Blue Nile, Gedaref, Kassala, Northern, Red Sea, River Nile, Sennar and White Nile states.

The supplies included health, nutrition, WASH, education and child protection commodities, enabling the continuation of essential services and emergency response activities across the country. Overall, supplies delivered since January are estimated to support humanitarian assistance for 30 million people.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF led clusters continued to strengthen preparedness and coordination amid ongoing displacement and insecurity. 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)

The Child Protection AoR continued to strengthen sub-national coordination, capacity-building and evidence generation across affected states in the reported period. 90 child protection and GBV practitioners in Darfur were trained on child survivor support, safe disclosure and safety audit methodologies. Coordination forums across Darfur, Blue Nile, Red Sea and Sennar states addressed funding gaps, rainy season preparedness and case management challenges. Inter-agency assessments identified persistent protection concerns, including family separation, child labour, child marriage, psychosocial distress and limited access to protection services and civil documentation. Following renewed displacement in Blue Nile State, partners provided case management, awareness-raising and support to at-risk children despite ongoing funding constraints.

At national level, the CP AoR strengthened accountability and child participation by training AAP Call Centre Coordinators, finalizing guidance on child participation and accountability to children, and developing integration guidelines between child protection and food security programming. The AoR also updated its 2026 Capacity Building Plan and supported national partners to share Sudan's experience on child participation in humanitarian action through a global learning event.

Education Cluster

The Education Cluster convened local and national NGOs and Education Cannot Wait (ECW) to advance localization efforts and strengthen the participation of national actors in the education response. The Cluster also trained 35 information management focal points from 21 partner organizations to improve the quality and timeliness of response reporting. To inform upcoming Sudan Humanitarian Fund allocations, the Cluster completed a service-gap analysis covering 97 priority localities and contributed education severity and PIN analysis for 2027 humanitarian planning. The Cluster further engaged regional partners to raise awareness of Sudan's education crisis and advocate for sustained support to the sector.

Nutrition Cluster

The Nutrition Cluster conducted its mid-year review of the 2026 Annual Work Plan with approximately 60 partners, identifying priorities and adjustments for the remainder of the year. The Cluster also engaged donors on response coverage, nutrition supply needs and 2027 funding requirements, while supporting prioritization of 106 underserved localities for upcoming humanitarian allocations. To strengthen coordination capacity, 23 participants from NGOs and state health authorities in Khartoum and Aj Jazirah received training on the cluster approach and emergency nutrition coordination. A task force was established to support development of national health and nutrition referral standard operating procedures.

AAP Working Group

The AAP Working Group supported inter-agency community consultations for the 2027 Humanitarian Needs and Response Plan (HNRP), generating more than 7,000 consultation records across all 18 states. The group also contributed to a global webinar on child participation and accountability, showcasing Sudan's Inter-Agency Community Feedback Mechanism (IA-CFM) as a good practice for community engagement and accountability in humanitarian action.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Photo essay: The people behind the reach
- Photo essay: Rains, floods wash away homes in Darfur
- Article: A cause driven by communities
- Article: Leading change in Kaima camp
- Article: Safe, but not safe yet

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: SEPTEMBER 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	2.2 million	▲ 10%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.3 million[9]	810,729	▲ 2%	-	-	-
People accessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities	Total	-	1.4 million	751,470	▲ 10%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.6 million	5.8 million	▲ 5%	-	-	-
Children 6-59 months with severe wasting admitted for treatment	Total	-	633,611[10]	348,438	▲ 10%	-	-	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	2.4 million	▲ 9%	-	-	-
Pregnant women receiving preventative iron supplementation	Total	-	991,818	900,471	▲ 7%	-	-	-
Children 6-59 months receiving vitamin A supplementation	Total	-	4.2 million	4.2 million	▲ 2%	-	-	-
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1 million[11]	1.2 million	▲ 11%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	765,690	891,829	▲ 11%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	15,427	7,759	▲ 10%	-	-	-
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	846,905	432,084	▲ 6%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.6 million	1.4 million	▲ 1%	-	-	-
Children receiving individual learning materials	Total	-	1.1 million	290,907	▲ 5%	-	-	-

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	7.2 million	▲ 2%	-	-	-
People accessing appropriate sanitation services	Total	-	150,359	128,801	▲ 2%	-	-	-
People reached with handwashing behaviour-change programmes	Total	-	4.5 million	992,232	▲ 1%	-	-	-
People reached with critical WASH supplies	Total	-	1.6 million	479,234	▲ 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	2,348	0%	-	-	-
People engaged in AAP through community feedback mechanisms	Total	-	132,000	172,408	▲ 17%	-	-	-
People who participate in engagement actions for social behaviour change	Total	-	4.4 million	3.1 million	▲ 8%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations	Total	-	3.9 million	3.8 million	▲ 15%	-	-	-

**Progress in the reporting period 1 to 31 August 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements[12]	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	28,656,898	41,150,433	31,343,816	72,287,867	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	15,210,013	10,404,946	17,468,900	-	0%
Total	**962,866,106**	**97,531,794**	**127,628,543**	**127,055,683**	**610,650,086**	**63%**

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. DTM Sudan Flash Alert: Geisan (Geisan town and various villages), Blue Nile (Update 004) & https://mailchi.mp/iom/dtm-sudan-flash-alert-sheikan-umm-sumeima-and-abu-haraz-villages-north-kordofan-update-002?e=e885648a4f & DTM Sudan Flash Alert: Sheikan (Umm Sumeima and Abu Haraz villages), North Kordofan (Update 002)
5. DTM Sudan Focused Flash Alert: Blue Nile (Update 003)
6. Sudan Displacement and Return Snapshot (8) - https://mailchi.mp/iom/sudan-displacement-and-return-snapshot-8?e=e885648a4f
7. SMART survey is a globally recognized survey methodology used in humanitarian and development settings to assess the nutritional status of children and mortality rates in a population.
8. Results reported in this section relate to social protection and resilience programming and are not currently reflected in the HPM indicators reported in Annex A.
9. In 2026, UNICEF aims to reach 70 per cent of all children under age 1 year with essential immunization services.
10. 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.
11. The education programme will target 200,000 children to access mental health and psychosocial support in their schools and safe learning spaces.
12. The funding requirement includes 8 per cent for programme support, including monitoring and evaluation, communications, operations and security.