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On 28 September, Amna, 10, demonstrates proper handwashing at Uhud Basic School in Nyala, South Darfur, helping classmates learn healthy hygiene practices supported by UNICEF.

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Humanitarian Situation Report No. 47

Reporting Period
1 to 30 September 2026

Sudan

HIGHLIGHTS

- In September, over 29,000 people were newly displaced, while more than 8.5 million remain internally displaced, placing immense pressure on basic services and humanitarian assistance.
- UNICEF enabled 333,500 women and children to access primary healthcare, reached 144,200 people through emergency health services, and supported routine immunization, including 1.2 million children vaccinated with DTP1 and 919,000 with measles vaccine.
- In September, 56,000 children with SAM received treatment, raising cumulative admissions to 417,130, while 139,000 caregivers were reached with IYCF counselling and 41,000 cartons of RUTF were dispatched.
- UNICEF reached 7.7 million people with safe water services, 1.4 million children with education opportunities, and 184,784 children with psychosocial support.
- As of 30 September 2026, only 40 per cent (US$382.5 million) of requirements had been secured, leaving a US$580.4 million funding gap, with critical shortfalls persisting in Child Protection Nutrition Health and humanitarian supply pipelines.

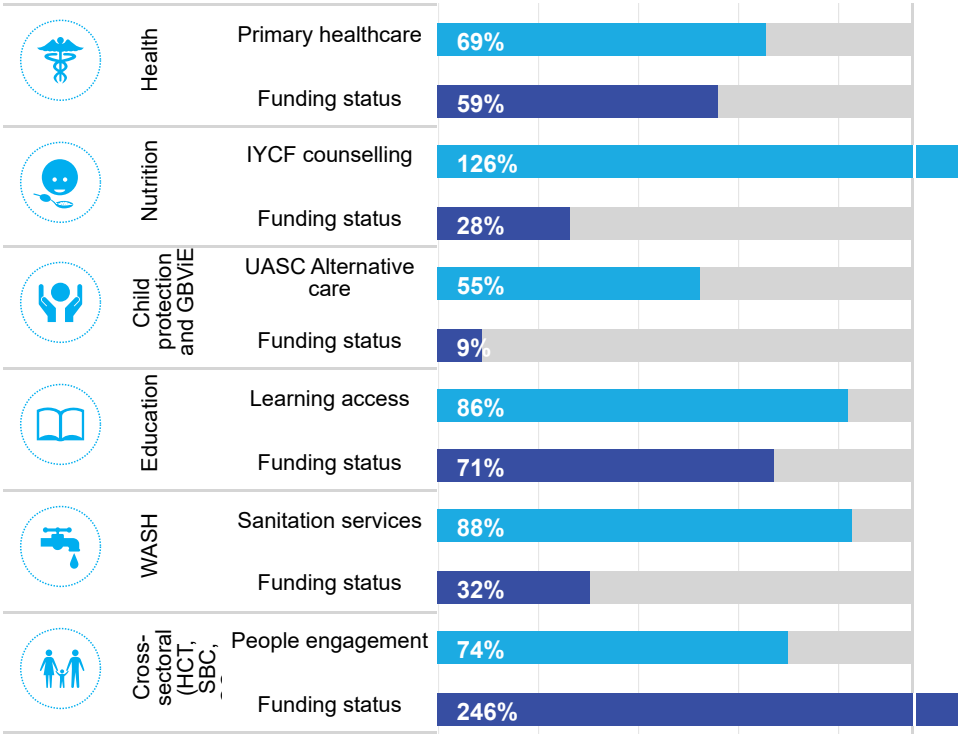
SITUATION IN NUMBERS

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

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

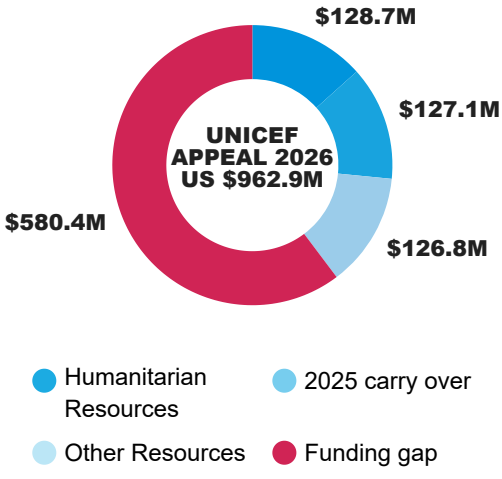
9,139,309
Internally Displaced People
3

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. 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 30 September 2026, UNICEF had mobilized US$382.5 million against its humanitarian appeal requirements of US$962.9 million, including US$128.7 million in humanitarian resources received in 2026, US$126.8 million from other resources used in 2026, and US$127.1 million carried forward from 2025. This represents 40 per cent of the appeal requirements, leaving a funding gap of US$580.4 million (60 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, the United States of America, Saudi Arbia, Malta, and Belgium, 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 lifesaving services, strengthen hotspot preparedness and response, expand child protection, 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

UNICEF continues to respond to a rapidly evolving and highly complex humanitarian crisis in Sudan, where ongoing conflict, displacement, disease outbreaks, climate-related shocks, and protection risks are compounding humanitarian needs across the country.

During September, the security situation deteriorated further in parts of Kordofan and Blue Nile. Escalating hostilities in North Kordofan, South Kordofan, and Blue Nile triggered continued displacement, with more than 10,000 people[4] newly displaced during the month in North and South Kordofan. Since October 2025, over 308,000 people[5] have been displaced from the Kordofan region alone. Many are moving towards Khartoum, El Obeid and Kosti, placing additional strain on already overstretched basic services and humanitarian assistance.

In Blue Nile, conflict-driven displacement continued from Kurmuk and Geissan localities. Approximately 100,000 people have been displaced since the beginning of 2026, including more than 13,000 in September[6] . Most displaced families are seeking refuge in Damazine and Roseires, increasing pressure on health, education, water, and social services.

In Darfur, conflict, insecurity, access constraints, and limited humanitarian presence continue to drive humanitarian needs, particularly in Kulbus, At Tina, Kernoi, Um Baru, and Al Fasher. More than 6,000 people[7] were newly displaced during the reporting period, primarily due to insecurity and competition over increasingly scarce food, water, and natural resources. Poor rainfall linked to El Niño and broader climate variability is further heightening risks of drought, food insecurity, malnutrition, and water shortages, particularly in Darfur, Kordofan, and eastern Sudan.

Nutrition indicators have deteriorated sharply, with 13 of 17 SMART surveys conducted in Darfur in 2026 reporting critical levels of acute malnutrition, while two internally displaced persons camps in Eastern Jebel Marra recorded GAM rates above famine thresholds (38 per cent and 30.8 per cent)10. Food security conditions are also worsening, with 64 per cent of cropland in North Darfur and around 50 per cent in South Darfur and the Kordofan states showing poor vegetation growth, leading to localized crop failures, depleted food stocks, and rising food prices. The IPC notes that the risk of famine is increasing in several areas, while humanitarian response remains severely constrained by insecurity and funding gaps in the humanitarian response plan.

Sudan continues to experience multiple disease outbreaks, including cholera and hepatitis E, alongside continued reporting of malaria and dengue cases. However, the overall outbreak burden remains lower than during the same period in 2025.

By the end of September 2026, 3,100 cholera cases and 260 associated deaths had been reported, representing approximately two per cent of cases recorded during the same period in 2025. The comparatively lower caseload reflects strengthened preparedness and response efforts, supported by close collaboration between UNICEF and the Federal Ministry of Health (FMOH). Hepatitis E transmission remains active in Blue Nile and Gezira states, with 148 cases reported in September, representing a decline from previous months. Cases were also reported in Red Sea and White Nile states, with pregnant women remaining at particularly high risk of mortality.

In September 2026, a total of 426,890 malaria cases were reported, representing a 2.6 per cent decrease compared to 438,508 cases in August 2026. The reporting rate remained stable at approximately 52 per cent (51.78 per cent in September vs. 51.84 per cent in August), suggesting that the observed decrease is unlikely to be influenced by changes in reporting completeness.

Female cases continued to account for most reported malaria cases, representing 54.3 per cent (231,911 cases) in September, compared to 54.9 per cent (237,239 cases) in August. Male cases accounted for 45.7 per cent (194,979 cases), a slight increase in proportional share from 45.1 per cent in August, despite an overall reduction in case numbers.

Among children under five years of age, 88,610 cases were reported in September, down from 100,505 cases in August. This represents an 11.8 per cent reduction and a decrease in the proportion of total cases from 22.9 per cent to 20.8 per cent, indicating a notable improvement in the burden of malaria among this vulnerable population group.

Overall, September 2026 showed a modest decline in malaria transmission compared to August, with reductions observed in total cases and under-five cases, while the gender distribution of cases remained relatively stable.

UNICEF supported the National Malaria Control Program (NMCP) in strengthening malaria control efforts through supportive supervision, capacity building, and surveillance activities. Supportive supervision was conducted across 11 states, while 1,551 health workers received training on malaria case management. In addition, 39 laboratory personnel from 13 states were trained to enhance the quality of malaria diagnosis and the effective use of Rapid Diagnostic Tests (RDTs). To strengthen surveillance of antimalarial drug efficacy, four Therapeutic Efficacy Study (TES) sites were established in Sennar, White Nile, and Gedaref States. This support has contributed to improving the quality of malaria case management, diagnostic services, and evidence generation for monitoring the effectiveness of antimalarial treatments across Sudan.

Integrated Food Security Phase Classification (IPC) Alert published on 12 October 2026 warns of a rapidly worsening food security and nutrition crisis across multiple areas in Darfur and Kordofan, driven by conflict, displacement, funding shortfalls, and El Niño-induced drought.

The continued use of drone attacks affecting civilians and critical infrastructure is deepening humanitarian vulnerabilities, disrupting access to essential services, and increasing protection risks in several hotspot areas. A reported drone strike on an IDP shelter in Al Obeid, North Kordofan, killed one child and injured 12 others[8] , underscoring the growing impact of the conflict on children. Between January and September 2026, at least 410 children were reportedly killed or injured, with drone attacks accounting for a significant share of casualties. The attacks have also damaged critical civilian infrastructure and destroyed 330,000 learning materials stored in two warehouses, disrupting education for thousands of children in North Kordofan.

While Sudan's internally displaced population has reduced to approximately 8.5 million[9] , the number of returnees has risen to 5.1 million, including more than one million people returning from neighbouring countries[10] , predominantly Egypt. Most returnees are settling in Khartoum and central states, either returning to their homes or securing accommodation independently. This trend underscores the growing importance of investing in recovery, resilience, and service restoration in areas of return alongside emergency response efforts.

The coexistence of new displacement, protracted humanitarian needs, and increasing return movements is placing significant pressure on already limited resources. Sustained and flexible funding is required to maintain lifesaving services in displacement locations while supporting communities receiving large numbers of returnees.

Emerging developments in northern Ethiopia, particularly in the Tigray region, present an additional regional risk. UNICEF and partners are strengthening preparedness measures in Kassala and Gedaref to ensure readiness for a potential refugee influx should the situation deteriorate.

Disease outbreaks continue to pose a major public health threat. Cholera remains active in several hotspot states, particularly in Kordofan and Darfur, although overall caseloads are declining. Dengue fever cases have increased in Blue Nile and Sennar, while malaria remains the largest disease burden across 13 states. UNICEF's integrated support to the Ministry of Health, including health, WASH, and social and behaviour change interventions, has contributed to reducing disease transmission and improving outbreak control.

Access to education remains a critical concern, particularly in conflict-affected areas of Darfur and Kordofan, where insecurity, rising numbers of out-of-school children, and challenges affecting education delivery continue to undermine children's access to learning opportunities.

Overall, Sudan remains one of the world's most complex humanitarian crises. The convergence of conflict, displacement, disease outbreaks, climate shocks, and protection concerns continues to drive acute humanitarian needs. With several localities facing heightened food insecurity and famine risk, particularly in Kordofan and Darfur, increased donor support is urgently needed to sustain lifesaving assistance, strengthen preparedness, and support early recovery efforts for vulnerable populations.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In September 2026, 333,500 women and children accessed primary health care services through UNICEF-supported interventions. An additional 144,200 people benefited from emergency and outbreak response services, demonstrating continued efforts to maintain access to essential health services and strengthen timely response to disease outbreaks across Sudan.

UNICEF continued to support immunization services across Sudan. By the end of September 2026, 1.27 million children had received Diphtheria, Tetanus, and Pertussis (DTP1), and 919,000 had received measles-containing vaccine (MCV1) through routine immunization services. UNICEF supported the delivery of 1,139,000 doses of Rotavirus and Pneumococcal Conjugate Vaccine (PCV) vaccines, expected to protect more than 265,000 children. In addition, the program distributed over 4.2 million vaccine doses to 16 states to support routine immunization in Q4 2026, with the potential to vaccinate more than 163,000 children. An oral cholera vaccine (OCV) campaign in three West Kordofan localities - El Fula, El Nuhud, and Wad Banda - reached 675,200 people, achieving 99 per cent of the target.

To strengthen the vaccine cold chain, UNICEF delivered 536 refrigerators, including 352 through cross-border operations to Darfur. Once fully installed and operational, the equipment is expected to benefit more than 2 million children nationwide.

UNICEF introduced integrated management of newborn and childhood illness (IMNCI) in 40 additional health facilities and concluded clinical mentorship in 10 states and 18 localities, conducting 770 mentorship visits and reaching 250 health workers. The intervention contributed to an increase in adherence to IMNCI guidelines from 75 per cent to 93 per cent. UNICEF also supported the training of locality child health coordinators in six states on the IMNCI Operational Guide, strengthening the translation of the strategy into practical and standardized actions. Community midwives' supportive supervision and monthly meetings were completed in 10 states, contributing to improved supervision and quality of community-based maternal and newborn health services.

UNICEF provided technical support for the Maternal and Child Health (MCH) strategy and finalization of national Maternal and Perinatal Death Surveillance and Response (MPDSR) Standard Operating Procedures (SOPs) and guidelines, with perinatal deaths now formally integrated into the national MPDSR system. The rehabilitation of the oxygen system at Omdurman Maternity Hospital Neonatal Intensive Care Unit (NICU) is also ongoing to strengthen reliable oxygen access for sick and vulnerable newborns.

Nutrition

The evolving nutrition situation across Sudan requires continued monitoring to identify changes in the severity and geographic distribution of acute malnutrition. By the end of September, of 37 SMART surveys conducted in 2026, 18 (49 per cent) reporting Global Acute Malnutrition (GAM) above WHO emergency threshold of 15 per cent. The findings continue to show substantial variation in severity of acute malnutrition across the country.

56,033 SAM cases admitted in September, cumulatively reaching 417,136 (66 per cent) against annual target. Geographic distribution of severe acute malnutrition (SAM) admissions highlights areas with continued and increasing needs despite an overall decline nationally January–September recorded during same period in 2025, unsurprising areas affected by conflict, displacement and severe food insecurity. North Darfur recorded the most pronounced increases, with admissions in Al Malha more than 12-fold higher in context of recovery from prolonged siege and limited resumption of basic services. In Um Baru, where famine conditions have been reported, admissions more than doubled as the response was scaled up and access improved. The increase in As Sereif was similarly pronounced, with admissions more than doubling alongside a deterioration in the latest SMART survey, where GAM increased from 16.9 per cent to 21.7 per cent. In Tawila, however, the increase in admissions occurred despite a decline in GAM prevalence compared with 2025, with continued population influxes contributing to additional caseload and concerns of straining existing services.

Infant and Young Child Feeding (IYCF) support was strengthened in September across nutrition hotspot and displacement-affected areas, combining caregiver counselling and awareness with community-based support and practical measures at household level. More than 139,000 mothers and caregivers received IYCF counselling across 12 states, with a further 66,380 women reached through awareness sessions in Darfur and Kordofan and in White Nile and Blue Nile, including areas hosting newly displaced populations. This was reinforced through more than 150 new Mother Support Groups (MSGs) established in Kordofan and other displacement-affected areas, alongside training of more than 290 Lead Mothers to extend community outreach. Practical activities, including home gardening and cooking demonstrations, further supported caregivers to improve applicable household food diversity.

UNICEF is strengthening preventive nutrition interventions through the upcoming nationwide Integrated Nutrition Campaign (INC), building on the first round implemented in 2026 and the 2025 campaign, with prioritization of food-insecure and El Niño-affected areas. The campaign will expand delivery of micronutrient interventions for children under five, including Micronutrient Powder (MNP) and Lipid-Based Nutrient Supplements (LNS) for children aged 6–23 months, including children in internally displaced persons reception sites and areas at risk of famine. For the first time in Sudan, the campaign will also introduce iron–folic acid supplementation for adolescent girls, reducing iron deficiency and anemia during adolescence and strengthening nutritional status before pregnancy. One of the strategic exercises, UNICEF is supporting the first exercise to map salt iodization, including production plants and their capacity, to identify gaps and inform measures to strengthen the availability of adequately iodized salt and prevent iodine deficiency.

Nutrition monitoring conducted by 27 Emergency Nutrition Officers (ENOs) covered 317 health facilities and 99 warehouses across 79 localities in all 18 states. Of the health facilities visited, 193 were repeat visits, enabling follow-up of performance identified during previous monitoring; 67 (35 per cent) showed improved performance compared with the previous visit

UNICEF supported FMOH to strengthen programme implementation capacity through training of 29 Training of Trainers (ToT) on supply chain management, alongside Community based Management of Acute Malnutrition (CMAM) to strengthen the quality and consistency of service delivery.

In September, 41,000 cartons of Ready-to-Use Therapeutic Food (RUTF) were dispatched, including 5,395 cartons to Darfur and Kordofan, bringing cumulative 2026 dispatches to 450,292 cartons. While the RUTF supply pipeline is secured for 2026, UNICEF continues to mobilize resources to maintain supply continuity into 2027, with concerns of possible gap of supplies should climatic shocks increase estimated caseload.

Water, sanitation and hygiene

In September, the WASH response continued to deliver critical lifesaving services across water supply, sanitation, hygiene promotion, and

the distribution of essential WASH supplies. Overall progress remained positive, particularly in water access and sanitation interventions; however, significant gaps persist in handwashing and hygiene-related activities, requiring increased attention and resources.

Access to safe water remained the largest area of intervention, reaching 7.7 million against a target of 12 million, representing 64 per cent achievement. While this demonstrates substantial progress in improving access to safe drinking water for affected populations, approximately
4.3 million people remain unreached. Continued support for water infrastructure rehabilitation, operation and maintenance of water systems, and coordination with local authorities will be essential to accelerate progress and meet annual targets.

Sanitation services showed the strongest performance among all WASH indicators. A total of 131,650 people benefited from sanitation interventions against a target of 150,350 people, achieving 88 per cent of the planned target. This achievement reflects effective implementation of sanitation activities and indicates that the sector is well positioned to attain its target in the coming months.

In contrast, handwashing interventions recorded the lowest level of achievement. Cumulatively, only 1.06 million have been reached against a target of 4.5 million, representing only 24 per cent achievement. This significant gap highlights the need for increased investment in hygiene promotion, and distribution of hygiene materials. Challenges related to funding, access constraints, and competing humanitarian priorities may have contributed to the low coverage levels.

The distribution of WASH supplies reached 701,980 people out of a target of 1.5 million, achieving 44 per cent of the planned target. Although progress is continuing, more than 876,000 people still require support to meet the target. Strengthening procurement processes, supply chain management, and last-mile distribution mechanisms will be critical to improving performance in this area.

To address the growing pressures on urban water services resulting from population movements and rapid urbanization linked to the conflict in Sudan, national workshops on urban and peri-urban water management and water tariff systems were organized during the reporting period. These consultations brought together key stakeholders to identify sustainable solutions for the water sector and strengthen long-term service delivery. A key recommendation emerging from the workshops was the introduction of smart water metering systems to replace the existing flat-rate tariff approach, while ensuring that tariff reforms take into account affordability considerations and the needs of vulnerable populations. The proposed approach aims to improve operational efficiency, enhance cost recovery, and promote both the financial sustainability of water utilities and equitable access to safe drinking water.

Overall, the September WASH response demonstrates strong achievements in sanitation services and moderate progress in water access. However, persistent gaps in handwashing and WASH supplies indicate the need for targeted interventions and additional resources. Priority actions for the coming month include scaling up hygiene promotion and handwashing activities, accelerating WASH supplies distribution, sustaining progress in sanitation services, and expanding access to safe water for underserved populations. Continued coordination with partners and local authorities will be essential to address operational challenges and ensure that affected communities receive the critical WASH services they need.

Child Protection

Amidst the escalating conflict in Sudan, particularly the intensified hostilities in the Kordofan, Darfur regions and Blue Nile, UNICEF has strategically scaled up its child protection interventions. The operational environment remains characterized by high-security risks and access
constraints; however, the response has prioritized a multi-sectoral approach, integrating protection into nutrition, health, and education platforms to reach the most vulnerable children. The strategic focus remained on lifesaving Mental Health and Psychosocial Support (MHPSS), Gender-Based Violence (GBV) mitigation, Family Tracing and Reunification (FTR), and Explosive Ordnance Risk Education (EORE), while building the foundations for a sustainable national protection system.

The demand for MHPSS has surged as children face the dual traumas of displacement and violence. In response, UNICEF reached 159,590 individuals, including 184,780 children (43 per cent girls), with community-based MHPSS services. A key strategic element of this reach was the inclusion of 1,370 children with disabilities, ensuring that the most marginalized groups were not left behind in the humanitarian response.
Services were delivered through diverse models utilizing Child-Friendly Spaces (CFS), Women and Girls Safe Spaces (WGSS), and schools, while also being integrated into life-saving nutrition and education programmes to maximize entry points for vulnerable families. As of September, the programme had achieved 75 per cent of its annual MHPSS target, demonstrating sustained progress despite a highly challenging operational environment.

Gender-Based Violence remains a core pillar of UNICEF’s protection response, particularly among internally displaced populations where exposure to violence and protection risks remains high. During the reporting period, 159,590 individuals, including 102,210 children, accessed GBV risk mitigation and prevention services. Among those reached were 607 children with disabilities, reflecting efforts to ensure inclusive programming. This achievement represents 133 per cent of the annual target, demonstrating UNICEF's significant scale-up of prevention and community-based response interventions throughout 2026.

To further strengthen the quality of services available to child survivors, UNICEF initiated a capacity-strengthening process for GBV and Child
Protection partners to improve the quality of care provided to child survivors.

The intensification of conflict in North Kordofan and Blue Nile states has led to a critical increase in the number of unaccompanied and separated children (UASC). UNICEF and its partners provided case management and alternative care for 740 UASC (36 per cent girls), including 29 children with disabilities. Through dedicated tracing efforts, 170 children were successfully reunified with their families or placed in appropriate care arrangements. This work is vital to mitigating the heightened risks of exploitation and abuse that separated children face during active displacement. As of September, the programme had achieved 57 per cent of its annual target, while continuing to prioritize case management services in newly affected and displacement-affected locations.

The widespread contamination of conflict-affected areas by explosive remnants of war continues to pose a serious threat to children and communities. UNICEF and partners reached 44,218 children and caregivers with EORE and survivor assistance services, helping

Red Sea. By the end of September, the EORE programme had reached 56 per cent of its annual target, with implementation expected to accelerate in the final quarter of the year as access expands in priority locations.

UNICEF continued to support national efforts to strengthen child protection systems and advance commitments to ending violence against children. As part of Sudan's preparations for the Second Global Ministerial Conference on Ending Violence Against Children, UNICEF supported two national consultations meetings involving 51 participants (41 women and 10 men). The discussions focused on strengthening legal and policy frameworks, enhancing survivor-centered services, addressing child marriage and female genital mutilation, with meaningful participation from children and adolescents leading school-based Girls' Clubs. Participants made personal commitments, while the Government proposed national pledges to accelerate efforts to end violence against children.

Additionally, UNICEF supported a three-day workshop engaging 29 justice and child protection professionals, including 20 men and 9 women. Participants strengthened their knowledge of child-friendly justice approaches, diversion measures, alternatives to detention, social probation, and standard operating procedures for Family and Child Protection Units. Through case-based exercises, participants identified practical measures to facilitate the early release of children and ensure detention is used only as a measure of last resort and for the shortest appropriate period. The State Council for Child Welfare will lead follow-up on implementing alternatives measures to detention.

Education

The education crisis in Sudan remains severe. Learning disruption is most acute in Darfur, the Kordofan states, and areas hosting displaced populations, where insecurity continues to prevent children from accessing safe learning environments. Nationwide, an estimated 14,000 schools were operational out of 19,390 schools, representing approximately 70.2 per cent of all schools. An estimated 236 schools remained occupied by armed groups or used as shelters for internally displaced persons.

In September, UNICEF and partners reached 2,350 children and adolescents (42 per cent girls) with access to formal and non-formal education opportunities, bringing the cumulative total since the beginning of the year to 1.4 million children (51 per cent girls), or 86 per cent of the annual target of 1.62 million.

Safe Learning Spaces (SLSs) continued to offer structured learning and psychosocial support for out-of-school children and those in areas where schools remain closed, damaged or unsafe. E-learning was the contributing SLS modality in September. All 17 SLSs established during the month were e-learning-enabled centres, enrolling 1,550 children (37 per cent girls) in Let Us Learn, a digitized Accelerated Learning Programme (ALP) designed to help children who have missed extended periods of schooling catch up and transition into formal education. This brought the number of operational e-learning-enabled SLSs to 386, and the cumulative number of SLSs established since the start of the year to 566, reaching 69,000 children overall (52 per cent girls).

In September, previously established ALP centres continued to deliver structured learning. Of the 566 SLSs established in 2026, 180 are ALP
centres. As of September, 224 ALP centres were operational across 10 states, including centres established before 2026, with 34,650 children (57 per cent girls) currently attending. To support quality learning, 153 facilitators received incentives and 72 facilitators (60 per cent women) were trained to deliver education in emergencies and psychosocial support services.

795 children (52 per cent girls) reached in September accessed UNICEF's Learning Passport, a self-paced online platform aligned with the Sudanese curriculum and available for free to users bringing the total enrolment to 64,300 active learners. The platform continues to provide an alternative pathway for children affected by conflict and other barriers to education.

Over the same period, 52,500 children (49 per cent girls) received individual learning materials, bringing the cumulative total to 343,400 children, or 31 per cent of the annual target of 1.1 million. Of these, 47,400 (48 per cent girls) were reached across 175 schools in Kassala, Blue Nile and Sennar states. The other 5,100 children (52 per cent girls) received materials through 52 SLSs.

Enhancing Resilience, Social Inclusion and Cash Assistance

UNICEF Sudan's Mother and Child Cash Transfer Plus[11] (MCCT+) programme provides cash transfers to pregnant and lactating women (PLW) alongside integrated services that support maternal and child wellbeing during the critical first 1,000 days of life. In 2026, the programme is active across six States and 19 localities, with now around 104,000 PLW enrolled, representing more than 624,000 household members.

Implementation continued to advance across programme locations during the reporting period, with notable progress in ongoing payment cycles. In Blue Nile State, the first payment cycle reached approximately 10,200 of 10,600 enrolled PLW (97 per cent), benefiting an estimated 61,000 household members. Financial inclusion efforts were an integral component of the rollout of MCCT+ in Blue Nile State, and as a result all women thus far have been paid into their own accounts.

Payments also advanced in Kassala State, where ongoing disbursements have reached approximately 12,600 of 15,800 enrolled PLW (80 per cent), supporting around 76,000 household members as payments continue. In Red Sea State, payments were made to approximately 17,700 of 20,900 enrolled PLW (85 per cent), benefiting more than 106,000 household members. A significant proportion of the women paid in Red Sea are receiving payments into their own accounts, around 37 per cent in the last payment cycles.

In River Nile State, the last payment cycle saw strong progress across the three target localities (Atbara, Al Damer, and Berber). Out of over 26,000 women enrolled, around 24,000 (92 per cent) have been paid thus far, representing about 144,000 household members. While payments are ongoing in Berber, initial data from payments in Atbara and Al Damer reflects a modest increase in the percentage of women who are being paid into their own accounts - 20 per cent compared to 18 per cent in the last payment cycle. In Northern State, payments also
progressed, reaching approximately 3,700 of 8,800 enrolled PLW (42 per cent) in Merowe locality, with payments ongoing to reach more enrolled beneficiaries.

MCCT+ continues to engage community-based platforms, including MSGs, to promote sustained uptake of essential services and reinforce positive family practices among pregnant and lactating women. During the reporting period, reflection workshops were conducted in selected

localities to capture lessons learned from MSG implementation, helping to identify good practices and inform efforts to strengthen the role of community platforms in supporting beneficiary engagement and programme outcomes.

UNICEF's cash-based humanitarian response for GBV prevention, implemented with Child Protection partners across Darfur, reached approximately 2,300 of the 2,400 targeted households in 2026 (97 per cent), benefiting more than 14,000 household members. UNICEF continues to seek resources to expand support for survivors and other vulnerable women and girls facing protection risks.

Community-led emergency assistance delivered through local mutual aid groups (LMAGs) in North Darfur and South Kordofan has reached approximately 25,000 people thus far through communal kitchens in 2026. The initiative highlights the value of locally led response mechanisms in delivering support in hard-to-reach areas, with additional resources needed to sustain and expand this critically needed assistance.

Social and Behaviour Change (SBC)

In September, UNICEF and partners integrated Social and Behaviour Change (SBC) and Risk Communication and Community Engagement (RCCE) interventions into responses to measles-rubella, diphtheria and cholera outbreaks across Sudan. Community engagement activities strengthened vaccine demand, addressed misinformation and rumours, and supported the identification and follow-up of zero-dose and under-vaccinated children.

During the measles-rubella campaign, SBC interventions reached 130,751 households and engaged 34,917 eligible children through 1,855 SBC actors and community mobilizers, supported by outreach through 450 mosques. Social listening mechanisms helped address 20 vaccination refusal cases and one vaccine-related rumour. In the diphtheria response, community engagement reached 371,633 households through 823 schools, 582 SBC actors, 54 media engagements and 18 advocacy meetings with community leaders. In addition, emergency SBC interventions for cholera prevention and other public health priorities reached 684,233 people across the East, Central and Northern Areas, as well as the Kordofans and Darfurs.

Programme implementation continued to face challenges, including population displacement, insecurity, access constraints, and limited time and resources for community mobilization. Vaccine hesitancy driven by fear of side effects, misinformation and persistent refusals also affected uptake, highlighting the need for sustained social listening, community feedback mechanisms, targeted interpersonal communication, and engagement of trusted community and religious leaders.

Accountability to Affected Population (AAP)

In September 2026, the UNICEF-supported Inter-Agency Community Feedback Mechanism (IA-CFM) received 25,490 individual cases and 75 collective feedback reports, representing an estimated 57,250 people across Sudan. The overall case resolution rate reached 90.3 per cent. Most feedback was received from River Nile, Northern, Red Sea and Gedaref states, while lower reporting from Kordofan and Darfur reflected access and connectivity constraints.

Community concerns focused on social protection payment issues, access to healthcare and referrals, vaccine stock-outs, unsafe water, disease outbreaks, education barriers and protection risks. UNICEF strengthened feedback systems through partner guidance on complaint boxes and capacity-building sessions reaching 103 partner staff and 40 government stakeholders.

Feedback from Al Jazirah, Khartoum, Gedaref, North Kordofan, White Nile, West Kordofan and Central Darfur highlighted concerns related to health, WASH, education, food security, nutrition and protection, including malaria and typhoid outbreaks, UXO risks, vaccine stock-outs, gaps in food and water assistance, menstrual hygiene challenges, and barriers to education.

Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF continued to strengthen Protection from Sexual Exploitation and Abuse (PSEA) mechanisms across operational areas through close collaboration with programme sectors and partners. During a field mission to Darfur and Tawila in September 2026, UNICEF implemented a comprehensive PSEA initiative that included safety audits, focus group discussions with newly arrived internally displaced persons and host communities, consultations with local authorities, and targeted engagement with persons with disabilities.

Capacity-building activities reached 277 participants (56 per cent women), including frontline humanitarian actors, youth, persons with disabilities, and community leaders. Training focused on Inter-Agency Standing Committee (IASC) PSEA principles, survivor-centred approaches, referral pathways, accessibility, and safeguarding measures. Community leaders developed localized Codes of Conduct, signed commitments to protect affected populations, and adapted key PSEA messages for local contexts.

Through a multi-agency awareness campaign involving more than 65 local partners, PSEA messages were disseminated through door-to-door outreach, community theatre performances, and religious gatherings, promoting awareness of reporting mechanisms, zero tolerance for sexual exploitation and abuse, and the principle that humanitarian assistance is provided free of charge.

To sustain these efforts, a Joint PSEA Technical Committee was established to strengthen coordination, support protection mainstreaming across services, and enhance community engagement. UNICEF also supported state-level PSEA coordination and provided technical guidance to the PSEA Working Group in West Kordofan, including the integration of PSEA measures into the ongoing cholera response.

Supply and Logistics

UNICEF maintained its focus on delivering critical humanitarian supplies across Sudan through Port Sudan and cross-border corridors from Chad and South Sudan. In September, 2,710 metric tons of supplies valued at US$5.5 million were dispatched, reaching an estimated 3.2 million people in need.

From January to September 2026, UNICEF facilitated the delivery of 35,026 metric tons of humanitarian cargo valued at US$64.4 million.

This included 15,655 metric tons delivered to hard-to-reach locations across Darfur and Kordofan, and 19,371 metric tons transported to other operational areas, including Al Jazirah, Blue Nile, Gedaref, Kassala, Khartoum, Northern, Red Sea, River Nile, Sennar and White Nile states.

The supplies included essential health, nutrition, WASH, education and child protection items, supporting both emergency response activities and the continued provision of critical services nationwide. Collectively, supplies delivered since the beginning of the year are estimated to support humanitarian assistance for 33.2 million people.

As of 30 September 2026, UNICEF had utilized US$161.1 million for supply procurement, representing 55 per cent implementation against the 2026 Supply Plan value of US$291.6 million. In addition, US$26.6 million worth of programme supplies had been delivered to support sectoral interventions. While implementation remains on track across several programme areas, a sales order funding gap of US$89.2 million
continues to pose a risk to the timely delivery of planned activities, underscoring the need for additional funding to sustain critical humanitarian programmes through the remainder of the year.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF-led coordination mechanisms continued to strengthen preparedness and response planning amid ongoing displacement and insecurity, with partners prioritizing service continuity, protection outcomes, and safe access to essential services across affected states.

Child Protection Area of Responsibility (CP AoR):

Child protection partners strengthened coordination and response efforts across Blue Nile, Sennar, Red Sea and West Kordofan. In Blue Nile, partners developed a joint prevention and awareness strategy to address rising drug use among children and responded to protection concerns among approximately 21,725 newly displaced people following clashes in Geissan and Al Kurmuk. In Red Sea, 90 teachers and frontline workers were trained on child protection, case management, PSEA, AAP, GBV, FGM/child marriage prevention and referral pathways. In West Kordofan, partners committed to supporting around 300 unaccompanied and separated children through SHF-funded interventions. Nationally, partners finalized child protection unit costs and advanced the 2027 severity and People in Need (PiN) analysis.

Education Cluster:

The Education Cluster strengthened collaboration with the Local Education Group to align humanitarian and development education priorities, including through a joint review of the Sudan Primary Education Emergency Project (SPEEP). The cluster finalized preliminary 2027 Education PiN and severity analyses and contributed to inter-cluster efforts to support school reopening and the relocation of internally displaced persons occupying schools in Darfur. Coordination also facilitated the transition of education services in 25 schools in West Darfur, helping to prevent disruption to learning.

Nutrition Cluster:

The Nutrition Cluster finalized and submitted the preliminary 2027 PiN estimate of 8.8 million people, reflecting increased needs driven largely by population movements. Sudan was confirmed as one of three countries participating in the Global Nutrition Cluster AI pilot initiative. The cluster also developed referral standard operating procedures for nutrition services, advocated for timely funding of the 2027 supply pipeline, and convened partners to discuss the introduction of Multiple Micronutrient Supplementation for pregnant women.

WASH Cluster:

The WASH Cluster advanced 2027 HNRP planning, completing MSNA analysis and presenting a preliminary PiN estimate of 27.8 million people. The WASH core pipeline operated through eight humanitarian hubs covering 11 states and supported assistance for approximately 885,000 people. In Blue Nile, emergency WASH interventions reached 27,288 newly displaced people affected by conflict. The cluster also strengthened partner engagement, accountability, and preparedness planning, including for El Niño-related risks.

AAP Working Group:

The AAP Working Group was relaunched under UNICEF leadership, with participation from 30 organizations to strengthen collective accountability and community engagement. In support of the 2027 HNRP, community consultations reached 4,895 households and 111 community-based organizations across all 18 states through a network of 120 AAP Community Champions, with findings shared to inform humanitarian planning and response design.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Article: Seleen is getting stronger
- Press Release: Drone strikes destroy more than 330,000 learning materials in Sudan’s North Kordofan
- Article: Mariam’s journey back to the classroom
- Blog Post: Against the odds, bringing life-saving vaccines back to Sudan’s children

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: NOVEMBER 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	2.5 million	▲ 9%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.3 million	841,191	▲ 2%	-	-	-
People accessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities	Total	-	1.4 million	894,792	▲ 10%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.6 million	6.1 million	▲ 6%	5.6 million	6.1 million	▲ 6%
Children 6-59 months with severe wasting admitted for treatment	Total	-	633,611	417,254	▲ 11%	633,611	417,254	▲ 11%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	2.6 million	▲ 12%	2.1 million	2.6 million	▲ 12%
Pregnant women receiving preventative iron supplementation	Total	-	991,818	982,746	▲ 8%	991,818	982,746	▲ 8%
Children 6-59 months receiving vitamin A supplementation	Total	-	4.2 million	4.5 million	▲ 5%	4.2 million	4.5 million	▲ 5%
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1 million	1.5 million	▲ 25%	1.2 million	2 million	▲ 19%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	765,690	1 million	▲ 21%	299,425	443,579	▲ 48%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	15,427	8,505	▲ 5%	42,000	10,231	▲ 2%
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	846,905	476,549	▲ 5%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.6 million	1.4 million	0%	2.2 million	682,961	▲ 9%
Children receiving individual learning materials	Total	-	1.1 million	343,394	▲ 5%	1.2 million	312,035	▲ 8%

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	7.7 million	▲ 4%	14.1 million	8.8 million	▲ 14%
People accessing appropriate sanitation services	Total	-	150,359	131,651	▲ 1%	3.7 million	575,164	▲ 2%
People reached with handwashing behaviour-change programmes	Total	-	4.5 million	1.1 million	▲ 1%	12.4 million	2.2 million	▲ 2%
People reached with critical WASH supplies	Total	-	1.6 million	701,985	▲ 14%	-	-	-
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	196,866	▲ 19%	-	-	-
People who participate in engagement actions for social behaviour change	Total	-	4.4 million	3.3 million	▲ 4%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations	Total	-	3.9 million	4.1 million	▲ 8%	-	-	-

**Progress in the reporting period 1 to 30 September 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	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	30,546,302	41,150,433	31,343,816	70,398,463	41%
Nutrition	257,220,326	47,455,072	6,698,467	18,764,982	184,301,805	72%
Child protection and GBViE	150,020,620	3,164,066	5,604,040	4,747,825	136,504,689	91%
Education	77,159,895	1,338,252	31,294,833	21,808,832	22,717,978	29%
WASH	225,444,667	22,594,706	24,333,717	24,333,717	154,182,527	68%
Social protection	58,681,584	-	7,295,395	8,587,611	42,798,578	73%
Cross-sectoral (AAP, SBC, and PSEA)	20,900,000	23,575,996	10,404,946	17,468,900	-	0%
Total	**962,866,106**	**128,674,394**	**126,781,831**	**127,055,683**	**580,354,198**	**60%**

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/dtm-sudan-flash-alert-abassiya-locality-south-kordofan-update-002?e=e885648a4f
5. Ibid.
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9. https://mailchi.mp/iom/sudan-displacement-and-return-snapshot-9?e=e885648a4f
10. https://mailchi.mp/iom/dtm-sudan-cross-border-monitoring-report-6?e=e885648a4f

11. 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.