

**Flygtningenævnets baggrundsmateriale**

<b>Bilagsnr.:</b>	<b>963</b>
Land:	Sudan
Kilde:	UNICEF
Titel:	Sudan. Humanitarian Situation Report No. 34
Udgivet:	15. oktober 2025
Optaget på baggrundsmaterialet:	30. oktober 2025



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for every child

# Humanitarian Situation Report No. 34

Reporting Period  
1-30 August 2025

On 25 August, UNICEF delivered lifesaving supplies to Kadugli, South Kordofan, reaching children and families who have been trapped by months of intense conflict.

## Sudan

### HIGHLIGHTS

- 4,823 Sudanese refugee students in Chad sat the Sudanese Bacculaureate examinations, restoring their pathway to certification and future opportunities. Since January, nearly 1.4 million children have benefited from UNICEF-supported education programmes.
- Heavy rains and flooding across eight states affected over 14,000 people. Continued rainfall heightens the risk of cholera, malaria, and dengue, while severe funding gaps, particularly in emergency WASH (87 per cent unfunded), threaten outbreak responses in urban centres such as Khartoum. UNICEF and partners provided 1.2 million people with access to safe drinking water in August. Of these, 1.5 people accessed treated water through chemical treatment and purification systems.
- UNICEF scaled up life-saving nutrition services to record levels, with over 321,000 children treated for severe acute malnutrition since January (22 per cent more than 2024).
- 56 per cent of UNICEF’s humanitarian funding requirement remains unmet threatening access to life-saving nutrition, health, protection, education, and clean water.

### SITUATION IN NUMBERS<sup>1</sup>



**15,256,000**  
Children in need of humanitarian assistance<sup>2</sup>

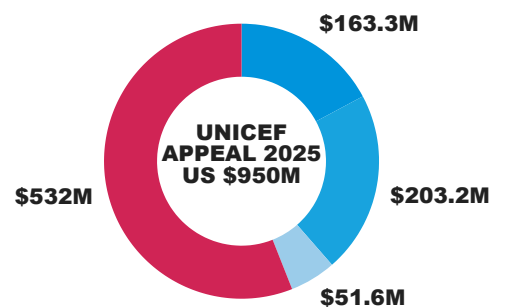


**30,400,000**  
People in need of humanitarian assistance<sup>3</sup>



**10,065,329**  
Internally Displaced People<sup>4</sup>

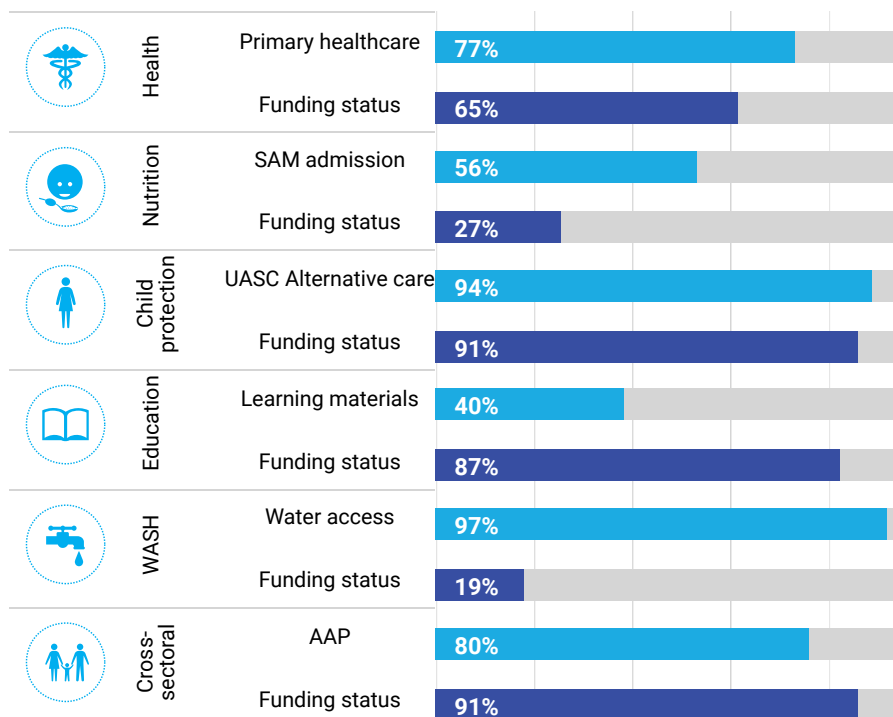
### FUNDING STATUS (IN US\$)\*\*



- Humanitarian Resources
- 2024 carry over
- Other Resources
- Funding gap

\*\* Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

### UNICEF RESPONSE AND FUNDING STATUS\*



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

## FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF has reprioritised its 2025 Humanitarian Action for Children (HAC) to focus on life-saving, high-impact interventions that reach the most vulnerable children and families, where their support is needed the most. With a steadfast commitment to equity and efficiency, UNICEF is appealing for US\$950 million<sup>5</sup> to deliver a comprehensive package of life-saving interventions in child protection, education, health, nutrition, water, sanitation and hygiene (WASH), and humanitarian cash.

These efforts aim to support 14 million people, including 8.7 million children<sup>6</sup>, helping to save lives, alleviate suffering, and foster resilience and dignity amid Sudan's ongoing and escalating humanitarian crisis.

Now in its third year, the war in Sudan continues to devastate communities, leaving millions of children in urgent need. Despite some progress, nearly two-thirds of UNICEF's humanitarian funding requirement remains unmet (56 per cent) — threatening access to life-saving nutrition, health, protection, education, and clean water.

To sustain and expand these life-saving services, accelerated and flexible funding, along with stronger collective action, are urgently needed. Coordinated advocacy is also critical to secure humanitarian access, uphold international law, and most importantly, achieve a cessation of hostilities. In light of Sudan's worsening poly-crisis, now is the time to redouble support for children.

As of 30 August 2025, UNICEF has US\$392 million available for its crisis response. This includes US\$203 million carried over from 2024, and US\$137.6 million in newly received funding in 2025. This also includes US\$51.6 million in other resources being leveraged to sustain community resilience and essential service delivery systems across Sudan.

UNICEF extends its deep gratitude to its donors for their generous and unwavering support. These contributions enable UNICEF to deliver life-saving assistance, maintain essential services, build resilience, and support recovery in areas of return and host communities.

Key donors include the European Union, the governments of Canada, Cyprus, Denmark, France, Germany, Japan, Netherlands, Norway, Sweden, Italy, the United States of America, and the United Kingdom, as well as multilateral partners such as the World Bank, Gavi the Vaccine Alliance, the Global Fund, the Global Partnership for Education, Education Cannot Wait, the UN Central Emergency Response Fund (CERF), Education Above All, and UNICEF National Committees.

## SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Sudan continues to face multiple emergencies linked to the ongoing conflict, disease outbreaks, deepening malnutrition crisis, millions of children forcefully displaced and exposed to violence, exploitation and abuse, seasonal floods, and drone attacks on humanitarian infrastructure, particularly in water and energy sectors.

In August, conflict intensified in North, South, and West Kordofan, and North Darfur states, triggering new displacement. Fighting in and around Bara (North Kordofan), Kadugli (South Kordofan), and El Fasher (North Darfur), forced more than 6,000 people<sup>7</sup> to flee to safer areas<sup>8</sup>. At the same time, voluntary returns continued in central states, with more than two million people<sup>9</sup> 48 per cent to Aj Jazirah, 30 per cent to Khartoum, and nine per cent to Sennar. This has reduced the overall number of internally displaced persons by 14 per cent.<sup>10</sup>

Several towns, including El Fasher, Kadugli, and Dilling remain under siege, causing acute shortages of basic services, especially food and safe water. Blocked access and worsening economic conditions forced 3,070 people to flee Kadugli, while over 6,000 were displaced in North Darfur due to insecurity and lack of essential goods.

Heavy rains and floods in August affected eight states—Blue Nile, Gedaref, Kassala, Red Sea, River Nile, South Darfur, Central Darfur, and North Darfur—impacting over 14,000 people<sup>11</sup> and destroying more than 1,600 houses. Tarsin, in Jabal Marra locality (South Darfur), was the most affected area. While the exact death toll of the landside remains unclear, the scale of damage is significant. UNICEF is actively responding to the needs of flood-affected populations across the eight states. Through provision of health and WASH services and SBC activities. Continued rainfall in several areas is expected to trigger further flash floods, particularly in central and Darfur states. UNICEF continuous preparedness for responding to the floods and associated disease continued through prepositioning of the supplies, resource mobilizations and technical support to team and partners in the affected

Meanwhile, humanitarian needs continue to rise sharply. More than 24.6 million people<sup>12</sup> food insecure and at least 638,000 in famine conditions. The country is confronting a severe malnutrition crisis, with over 3.3 million<sup>13</sup> children under five projected to suffer from acute malnutrition in 2025. Disease outbreaks and restricted humanitarian access further threaten vulnerable populations, particularly children.

## SUMMARY ANALYSIS OF PROGRAMME RESPONSE

### Health

Sudan continues to grapple with multiple overlapping epidemics, placing immense pressure on an already fragile health system. Malaria remains the largest burden with over 1.2 million cases reported since January, though case levels are currently stable. Cholera transmission, while on an overall downward trend, however, some areas continue to report increasing case numbers, particularly in regions with high displaced populations. As a result, more than 17,600 cases and 607 deaths this year, underscoring the need for sustained response. Other diseases are showing worrying increases: dengue cases have surpassed 12,000 and are rising, measles has surged by 169 per cent with 3,000 reported cases, with 466 cases of pertussis reported by August 2025. Diphtheria persists with high lethality (12.5 per cent case fatality rate). Three cases of circulating vaccine-derived polio type 2 (cVDPV2) have also been confirmed, requiring vigilant surveillance. Against this backdrop, UNICEF's health response remains a top priority, with intensified efforts to control outbreaks, expand access to treatment, and

sustain lifesaving support for the most affected communities.

Cholera continues to be reported across all 18 states of Sudan since July 2024, with Kordofan emerging as the most critical hotspot, recording 9,520 cases and 460 deaths ( CFR (case Fatality Rate) 5.1 per cent). Darfur has also been heavily affected, with 8,100 cases and 147 deaths. Tawila in North Darfur, which hosts nearly 560,000 internally displaced persons from Zamzam Camp, remains significantly impacted, although case numbers are beginning to decline following multisectoral interventions<sup>14</sup>.

UNICEF has scaled up cholera operations in line with the Multisectoral Cholera Response Plan. Over 200 health facilities have been supported nationwide, including 158 Oral Rehydration Points (ORP), eight Cholera Treatment Centres/Units (CTC/CTU), and Rapid Response Teams (RTT) deployed in Kordofan. In Tawila, North Darfur, UNICEF supported one CTC, two CTUs, and eight ORPs, while also providing Acute Watery Diarrhea (AWD) supplies and financing RRTs. In East and South Darfur, UNICEF supported an additional 10 Oral Rehydration Points (ORPs) and one Cholera Treatment Centre (CTCs). Alongside UNICEF's support for cholera case management, interventions under the prevention pillar are also ongoing. Cholera vaccines have been delivered to reach 2.8 million people across 12 of the most affected localities in five Darfur states, and an additional 1.96 million Oral Cholera Vaccine (OCV) doses were dispatched for campaigns scheduled for September. These campaigns aim to reduce the risk of cholera transmission. In response to the cholera outbreak, UNICEF supported OCV campaigns in affected 12 localities across West Kordofan, Khartoum, Sennar, White Nile, North Kordofan. A total of 2,786,756 individuals aged one year and above were successfully vaccinated.

To strengthen local capacity, more than 120 health workers and 300 community volunteers were trained on cholera case management, infection prevention, and hygiene promotion. These efforts were complemented by nationwide hygiene campaigns that reached over 300,000 people. Cholera/ AWD supplies sufficient to treat more than 37,000 cases were dispatched, including 108 AWD and Integrated Management of Childhood Illness (IMCI) kits for Darfur and 15 different health kits, including IMCI, delivered or in transit to West and South Kordofan via cross-border and cross-line routes. UNICEF also supported the referral of severe cholera cases from 29 affected areas in South Kordofan.

Immunization services were strengthened nationwide, with 5.3 million doses of routine vaccines distributed and over 200,000 children reached across 11 states. Cross-border operations from Chad delivered 2.1 million doses of Penta ( a combination vaccine protecting children against five childhood illnesses: diphtheria, tetanus, pertussis (whooping cough), hepatitis B, and Haemophilus influenzae type b (Hib)). Inactive Polio Virus (IPV), Measles Rubella (MR) and Yellow Fever (YF) vaccines for Darfur, expected to benefit more than 200,000 children through routine immunization and one million through catch-up MR campaigns. Polio outbreak response was scaled up with 5.8 million Novel Oral Polio Vaccine (NOPV) doses delivered to target 2.5 million children under five in each of two rounds. Additionally, traditional vaccines including Bacillus Calmette–Guérin (BCG), Bivalent Oral Polio Vaccine (BOPV), and Tetanus and Diphtheria vaccine worth over US\$ 1.6 million were procured in August, with first shipments expected by end September. To reinforce cold chain capacity, UNICEF installed two cold rooms in Khartoum and White Nile, deployed seven generators and 153 refrigerators, and supplied 30,000 litres of fuel.

Maternal and newborn care was a major focus. UNICEF supported 17 neonatal special care units with supplies, staff incentives and supervision, providing lifesaving care to 939 newborns in critical condition. Neonatal sepsis surveillance continued in six states, revealing sepsis as a leading cause of newborn deaths (24 per cent) and high levels of antimicrobial resistance. In parallel, UNICEF launched a pilot Kangaroo Mother Care initiative to improve survival and outcomes for preterm and low-birthweight babies.

Malaria control interventions included phase two of the Insecticide-Treated Net (ITN) mass distribution campaign in Kassala, Aj Jazirah, Sennar, and four Darfur states. In Kassala alone, 1.16 million nets were distributed, covering more than two million people, including 300,000 children under five and 80,000 pregnant women. Approximately 250,000 malaria cases were treated at health facilities, while nearly 800 confirmed cases were managed through community health workers in Gedaref and Kassala. In Gedaref, 7,164 doses of malaria vaccine were administered to infants. Complementary activities included clinical mentorship across 11 states, training of malaria/EPI officers and vaccinators, SBC campaigns to generate demand for malaria vaccines, and research on HRP2/3 gene deletions in Khartoum and River Nile.

In August, over 232,000 people benefited from Primary Health Care (PHC) services, marking a significant expansion in access. Additionally, more than 192,000 individuals received services related to cholera and Acute Watery Diarrhea (AWD). Nationwide, over 2.2 million people were reached through various service delivery modalities, with the majority—1.68 million—served via integrated campaigns. PHC supplies were delivered to 17 out of 18 states, with last-mile delivery to health facilities reaching 52 per cent by the end of August. A second round of deliveries is planned for September.

Health service delivery has been severely affected by insecurity and restricted access in conflict-affected areas such as Al Fasher (North Darfur), Kadugli, Dilling (South Kordofan), and West Kordofan. Shifting frontlines and sieges prevented timely referrals and supply delivery, while health facility looting, damage and occupation forced closures. Workforce gaps, driven by the migration of skilled staff, increased reliance on community health workers and task-shifting, impacting service quality. Long cross-border delivery times (up to 90 days from Douala via Chad to Darfur) delayed cholera and other commodities, while power outages and fuel shortages disrupted cold chain capacity. Banking restrictions blocked direct transfers to state health authorities, delayed incentives and vendor payments, and inflated operational costs. These combined factors slowed outbreak response, reduced programme reach and forced reliance on smaller community-based interventions rather than comprehensive facility-based services.

Despite significant constraints, UNICEF continued to strengthen Sudan's primary health care system. In August over 370,000 people benefited from Primary Health Care (PHC) services with continued support has been provided to 570 health facilities, ensuring they remained functional and accessible, with operational costs covered and essential medicines and equipment delivered. Primary health care (PHC) supplies were delivered to 17 of 18 states, with last-mile delivery to health facilities at 52 per cent by the end of August; a second round is planned for September. Capacity-building was advanced through training of 840 health workers across Expanded Programme of Immunization (EPI), Maternal Neonatal Health (MNH), nutrition, gender-based violence (GBV) and clinical management of rape. Three digital applications aimed at improving governance and health worker skills were developed, pilot-tested, and are ready for rollout to more than 3,000 staff. A second round of incentive payments was launched for 990 health workers, with an additional 2,000 scheduled for September. Neonatal care capacity was expanded through the special care units and Kangaroo Mother Care pilot, while sepsis surveillance strengthened evidence for antimicrobial resistance. Cold chain infrastructure was enhanced through the provision of cold rooms,

refrigerators, generators and fuel. Malaria and immunization services were improved through ITN distribution, vaccine delivery, and deployment of mobile health teams to underserved areas. Supplies to treat over 300,000 people were delivered to the five Darfur states. Community health workers and volunteers played a vital role in hygiene promotion, disease surveillance, and early referrals, bridging service gaps in hard-to-reach and conflict-affected localities. Collectively, these interventions reached millions of children, women, and vulnerable populations, while reinforcing the resilience and continuity of Sudan's health system.

## Nutrition

The nutrition situation in Sudan continues to deteriorate, with critically high malnutrition spreading across more areas. Of 40 SMART surveys conducted between January and August 2025, 60 per cent of surveyed localities reported Global Acute Malnutrition (GAM)  $\geq 15$  per cent—the WHO “very high” threshold. The picture is most severe in the Darfur states, where over 80 per cent of surveyed localities exceed this level. Several localities are approaching or surpassing the IPC famine threshold of 30 per cent, including Melit, North Darfur (34.2 per cent); Al Tawisha, North Darfur (29.4 per cent); Yasin, East Darfur (28 per cent); and Tullus, South Darfur (28.1 per cent). Notably, Yasin and Tullus were not classified as Priority 1 at the start of the year; their addition brings the total number of critically affected localities to 32 as of August 2025.

On a more positive note, the nutrition surveys show some improvements in a few critical localities in comparison with 2024. Notably, in Al Lait locality in North Darfur, a significant reduction in GAM rates was recorded, dropping from 31 per cent in 2024 to 19.6 per cent in 2025. Similarly, the host community of Tawila locality of North Darfur, saw GAM rates decline from 29.4 per cent in 2024 to 15.7 per cent in 2025. However, the GAM rate among the IDPs in Tawila remains concerning, with GAM rates still high at 22 per cent.

UNICEF and its partners continue to scale up the integrated lifesaving and preventive nutrition services across the country, with more focus on the priority one localities. The treatment programmes for Severe Acute Malnutrition (SAM) have seen an unprecedented surge in 2025, with each month surpassing previous records in terms of admissions. Between January and August 2025, a total of 321,180 children under five with severe acute malnutrition (SAM) were enrolled in the treatment programme, representing 46 per cent of the annual national caseload and 53 per cent of UNICEF's annual target. This marks a 22 per cent increase compared to the same period in 2024. Of these, 62,000 children were admitted in August alone. Admissions in critical localities were especially high, with 81,630 children enrolled, accounting for 57 per cent of the annual caseload and 66 per cent of UNICEF's target in these areas. In North Darfur alone, 47,739 children under five received treatment between January and August 2025.

The surge in admissions reflects both the scale-up of life-saving interventions by UNICEF and partners focused on prevention, early detection, and treatment, and the deteriorating nutrition situation, with malnutrition spreading to a wider geographic area, in line with recent SMART survey findings. For example, the increase in access in some critical localities, such as Jabal Awlia in Khartoum, has contributed significantly to an increase in the admission figures, where the monthly admission increases from 200 cases in May to 4,000 children in August.

Programme quality remains strong, with performance indicators meeting the Sphere standards<sup>15</sup> despite the complex operating environment. The national cure rate stands at 92 per cent, with a default rate of 5.8 per cent and a death rate of just 0.5 per cent, reflecting the delivery of high-quality nutrition services. However, these performance indicators vary across states and tend to fall below minimum standards in areas severely affected by conflict and access constraints.

Between January and August 2025, nutrition screening was significantly scaled up through routine and Integrated Nutrition Campaigns implemented across over 90 localities in Sudan. This effort enabled the screening of over 4.7 million children for malnutrition, contributing to early identification and timely referral for treatment.

The Ready-to-Use Therapeutic Food (RUTF) pipeline is fully secured for 2025, with approximately 400,000 cartons currently offshore via Port Sudan, Chad, and South Sudan. During the reporting period, 34,550 cartons were dispatched and in high-burden and hard-to-reach areas such as Dilling and Kadugli in South Kordofan 7,500 cartons were successfully delivered, sufficient for five months of treatment. However, access constraints in El Fasher and logistical bottlenecks remain challenges, with projections indicating a potential shortfall through the Chad corridor unless delivery timelines are accelerated. Coordination with logistics teams is ongoing to strengthen last-mile delivery and sustain uninterrupted treatment. UNICEF continues working on the 2026 Supply Plan. To avert a projected pipeline break in February–March 2026, procurement for the first half of 2026 must commence immediately.

The scale-up of the preventive nutrition interventions continues through the integrated service delivery platforms that UNICEF is supporting through a wide network of partnerships with local and international NGOs and governmental partners at the state level. One of the main platforms is the mass house-to-house integrated nutrition campaign, which provides an effective platform to deliver a package of preventive nutrition interventions for children under five and pregnant and lactating women. Through these campaigns, a total of 2.8 million children under five were reached with vitamin A supplementation, which is a significant increase from 2024 reached children (944,000). The same campaigns provided more than 2.5 million children under five with deworming medications, 575,000 children 6 – 23 months reached with Multiple Micronutrient Powder (MNP) supplements, and 218,000 pregnant women reached with iron and folic acid supplementation. These integrated services highlight the importance of combined nutrition interventions in protecting children and mothers amid humanitarian crises and ongoing displacement.

UNICEF also continues to promote optimal infant and young child feeding (IYCF) practices. In August alone, 115,161 caregivers received IYCF counselling, equipping them with practical knowledge to support optimal feeding practices for children under five. This brings the total number of mothers counselled to 999,262. World Breastfeeding Week was celebrated nationwide, culminating in a national advocacy event in Sennar State. Activities included community gatherings, awareness sessions, health fairs, and media campaigns emphasizing breastfeeding as a cost-effective and life-saving intervention during crises. Active engagement of health authorities, community leaders, and policymakers reinforced momentum for breastfeeding-friendly policies in the current emergency.

As part of system strengthening efforts, UNICEF continues to build the capacity of frontline nutrition workers, community cadres, and locality- and state-level nutrition staff and partners to deliver quality nutrition services. In 2025, more than 275 staff were trained on Community

Management of Acute Malnutrition (CMAM) and IYCF packages across different states, including 135 trained in August alone. A national Training of Trainers (ToT) on Infant and Young Child Feeding in Emergencies (IYCF-E) was conducted in Kassala, targeting focal persons from all states, with virtual participation from the five Darfur states. The five-day training, jointly organized by UNICEF, the Global Nutrition Cluster (GNC), the Sudan Nutrition Sector, and the Federal Ministry of Health, equipped participants with updated technical skills and practical approaches to cascade IYCF-E interventions, thereby strengthening decentralized response capacity nationwide.

## Water, sanitation and hygiene

UNICEF continues to deliver essential water, sanitation, and hygiene (WASH) services to children and families in both urban and rural hotspot areas across Sudan. In August 2025, over 1.27 million people gained access to safe drinking water. Of these, more than 1.15 million received treated water through chemical purification systems, while approximately 116,000 benefited from the rehabilitation or construction of water facilities. By the end of August, 97 per cent of the humanitarian appeal for children (HAC) target for water supply had been met, largely due to a concentrated effort on urban water facilities serving displaced populations and returnees affected by cholera and other waterborne diseases.

To ensure the quality and quantity of emergency water supplies, UNICEF deployed 155 trained WASH extenders across 18 states<sup>16</sup>. These field workers monitored the daily delivery of 7,117 cubic meters of water—equivalent to 711 truckloads—and conducted 116 water tests. While 65 per cent of the samples met water quality standards, the remaining supplies required additional chlorination and follow-up monitoring.

The ongoing conflict has had a significant impact on infrastructure, with drone attacks in August targeting energy systems and disrupting high-capacity water pumps. As a result, many communities, particularly women and children, were forced to collect water from unsafe sources such as the River Nile. Cholera cases were reported in areas affected by these disruptions. In response, UNICEF deployed mobile maintenance crews to restore operations at key off-grid water stations and solarised 44 of them to ensure continued functionality.

Sanitation and hygiene services were also scaled up during the month. Approximately 18,000 additional people gained access to improved sanitation through the construction, rehabilitation, and desludging of 545 emergency latrines. Hygiene promotion efforts reached over 531,000 individuals through 183 campaigns, including more than 57,000 household visits and three mass media initiatives. In addition, nearly 11,000 people received critical WASH supplies. As of August, progress in sanitation and hygiene activities is on track to meet annual targets, with 41 per cent of the sanitation target and 61 per cent of the hygiene target achieved. In contrast, the distribution of critical WASH supplies remains far below target, reaching only 18 per cent of the annual goal. This gap is primarily attributed to the prolonged supply chain process, which significantly delays delivery to end beneficiaries. UNICEF also extended WASH support to institutions, equipping five health facilities and 14 schools with essential infrastructure.

The current crisis, unlike previous conflicts concentrated in Darfur and Kordofan, has severely affected urban areas and major towns with high population densities. In response, UNICEF has scaled up its urban WASH interventions. Water treatment chemicals were distributed to 227 urban water systems and over 44,000 households. Emergency water trucking continued to serve communities without alternative sources, delivering an estimated 7,117 cubic meters daily. However, water quality from trucking declined to 47 per cent compared to the previous month, while the provision of water through sustainable facilities increased by 40 per cent.

In Khartoum State, a rise in dengue fever cases marked the disease as newly emerging in the region. UNICEF responded by reaching more than 95,000 people with hygiene messages focused on dengue prevention and mosquito control. This was achieved through visits to 6,000 families and the implementation of 30 hygiene and cleaning campaigns. Clean drinking water was also provided to the most affected areas. These efforts are ongoing, with the aim of improving public health and ultimately eliminating new cases.

## Child Protection

In August, UNICEF and partners provided critical child protection services to over 460,000 individuals across Sudan. Mental Health and Psychosocial Support (MHPSS) reached 293,287 people, including 262,887 children (54 per cent girls, 536 children with disabilities) and 30,400 caregivers, through child-friendly spaces, counselling, and caregiver support. These services were delivered through child-friendly spaces, counselling, and caregiver support, representing 78 per cent of UNICEF's annual target for MHPSS interventions.

To strengthen the broader psychosocial support system, UNICEF facilitated a five-day training workshop aligned with Al-Ahfad University's national guidelines. The training benefited 52 participants, including social workers, animators, and humanitarian actors, equipping them with skills to support vulnerable children and adolescents at the community level. Further efforts to institutionalise psychosocial support included a technical workshop with five faculties of Dongola University, aimed at integrating the First Aid Psychosocial Support Manual into the education curriculum. Thirty university professors participated in this initiative, contributing to the long-term capacity of the education sector to address child protection and mental health needs.

Gender-Based Violence (GBV) prevention and response services reached 112,125 individuals in August, with girls accounting for 46 per cent of those reached. This marks a 24 per cent increase compared to July, driven by the expansion of safe spaces and community structures, as well as enhanced training for leaders, social workers, and religious figures. These efforts have strengthened local prevention and awareness mechanisms, improving access to GBV services.

UNICEF also identified and supported 2,221 unaccompanied and separated children (UASC), half of whom were girls. Among these, 21 children—29 per cent girls—were successfully reunified with their families, while 19 children—40 per cent girls—were placed in alternative care arrangements. These interventions bring the overall progress for this indicator to 94 per cent of the annual target, reflecting strong performance in family tracing and reintegration efforts.

Explosive Ordnance Risk Education (EORE) reached 24,975 individuals, 52 per cent of whom were girls. This represents a 15 per cent increase in outreach compared to July and has significantly strengthened community awareness and capacity to navigate areas contaminated by unexploded ordnance. In Khartoum and Al Jazirah states, seven child survivors of explosive remnants of war (ERW)

received psychosocial and medical support. Additionally, in collaboration with the National Mine Action Center (NMAC), UNICEF deployed two EOORE teams in Khartoum to reach returnee communities with practical skills to identify and avoid explosive hazards, enhancing community safety and reducing the risk of injury.

Community-based protection mechanisms were expanded through the establishment of ten new Child Protection Networks in South Kordofan and White Nile. These networks, comprising 130 trained members—52 per cent of whom were women—have improved local technical capacity and preparedness. Their presence has enabled early identification of vulnerable children, facilitated safe referrals, and strengthened the sustainability of protection services at the community level.

UNICEF also advanced efforts to prevent child recruitment and promote justice for children. In South Kordofan, awareness sessions reached 235 community members, including 36 per cent women and 25 per cent girls. In White Nile, 107 children—35 per cent girls—were diverted from the judicial system, while in River Nile, two detained boys accused of association with opposing parties were released. These interventions have contributed to safer environments and improved resilience for children and caregivers in conflict-affected communities.

To expand child protection services in hard-to-reach areas, UNICEF recruited nine extenders and two roving supervisors across nine states. These locally based staff have strengthened UNICEF's field presence, enabling the delivery of specialised prevention and response services and enhancing monitoring in areas where access remains constrained due to insecurity.

During the reporting period, 185,781 individuals—including 21 per cent women, 40 per cent girls, and 270 persons with disabilities—were reached with information on Protection from Sexual Exploitation and Abuse (PSEA) and safe reporting channels. This outreach is vital to promoting safe disclosures and access to services. Furthermore, 566 frontline workers, including 177 women and 78 persons with disabilities, were trained on PSEA to reinforce the zero-tolerance policy and strengthen accountability in protecting affected populations from sexual exploitation and abuse.

## Education

The education situation in Sudan remains critical. An estimated 14 out of 17 million<sup>17</sup> school-aged children are out of formal education, with access most constrained in Kordofan and Darfur states due to ongoing displacement, insecurity, and the continued use of schools as shelters. As of August, 1,849 schools remained occupied by internally displaced people, and roughly half of all 19,395 primary schools nationwide remain closed.

In August, a milestone achievement in the context of the conflict and its impact on children in Darfur took place in Chad, where 4,823 Sudanese refugee students were able to sit for the Sudanese Baccalaureate examinations. This was made possible through the financial, logistical, and psychosocial support provided by UNICEF, sister agency UNHCR and its partners, ensuring displaced adolescents could participate safely, after having missed out on multiple rounds of examinations since they resumed in December 2024. This milestone represents a critical step in maintaining continuity of learning and offers refugee students a pathway to certification – enhancing their prospects for further education and improved livelihoods. The milestone demonstrates UNICEF's capacity to foster successful cross-border collaboration, mobilizing coordinated action and shared resources with humanitarian partners and host countries to create tangible results for displaced young people, enabling them to rebuild their futures.

In August, 73,000 children accessed formal and non-formal education, while a total of 61,000 children received individual learning materials. This brings the cumulative total since January to more than 1.39 million children who have benefited from access to formal and non-formal education opportunities through UNICEF support – amounting to 59 per cent of our annual target. These figures highlight both the growing reach of interventions and the continuing scale of need, as millions of children remain out of school.

Safe Learning Spaces (SLS) remain critical for children unable to access formal education due to conflict and displacement. In August, 214 new SLS were established, up from 162 in July - bringing the total to 996 since January. These protective spaces provided structured learning and psychosocial support to thousands of children, particularly in areas where insecurity has led to widespread school closures and displacements.

The distribution of individual learning materials increased in August. A total of 204,218 children received supplies such as textbooks and exercise books, up from 186,347 in July. This brings the cumulative figure to more than 606,805 children reached since January, 40 per cent of our annual target.

To support the education workforce, UNICEF and partners provided incentives to 722 teachers and facilitators in August, compared to 397 in July, with the increase due to the higher number of SLSs established in this month. Since January, 3,893 educators have received monthly incentives, which are vital for maintaining continuity in teaching despite economic hardships. Teacher training also expanded in August, with 631 teachers and facilitators trained in pedagogy and psychosocial support. This brings the cumulative total to 3,420, equipping educators to deliver quality learning and address the needs of children.

Adolescent-focused programmes reached 10,791 participants in August, ensuring access to life skills, sports, activities, and peer-led clubs. Such initiatives provide safe spaces, foster community resilience, and empower youth with coping strategies and skills for their future.

Digital and self-paced learning platforms remain essential for the continuity of education. Of the 214 SLSs established that month, 66 were equipped with e-learning capabilities, expanding access to digital education in remote and insecure areas. However, the ongoing cholera outbreak is affecting access to education in Darfur. Cases are rising in North, Central, and West Darfur, with hotspots identified in Golo, Tawila, and Zalingei. In Central Darfur, school closures due to the outbreak have further disrupted learning. Across all Darfur states, non-payment of teacher incentives remains the primary barrier to reopening schools, while the economic crisis and high inflation continue to prevent many families from affording private education. These combined public health and economic challenges are severely undermining access to safe and sustained education in the region.

## Enhancing Resilience, Social Inclusion and Cash Assistance

In August, UNICEF's social protection flagship Mother and Child Cash Transfer Plus (MCCT+) continued to support vulnerable mothers and children across Sudan with cash assistance and access to essential health, nutrition, and behaviour change services. Key progress was made in the payment of MCCT+ beneficiaries in Red Sea and Kassala states. In Red Sea State thus far, quarterly payments have been made to 16,851 out of 17,976 (94 per cent) pregnant and lactating women (PLW) registered in MCCT+. So far in Kassala State, 6,271 out of 6,612 (95 per cent) enrolled PLW have been paid. As MCCT+ is moving forward with the transition to digital payments, the program continues to share key information (including 'the know your customer' requirements for opening bank accounts) with MCCT+ communities in order to encourage more account openings for greater financial inclusion.

Additionally, a second round of registration was conducted in Wasal Al Gedaref, resulting in an additional 5,869 PLW being registered. The total number of registered MCCT+ beneficiaries in Gedaref state (including both Wasat Al Gedaref and Medinat Al Gedaref) is now 19,316, with payments expected to commence in September. Preparations for expansion into Northern and River Nile states also progressed, and partners and contractors have been trained ahead of upcoming registration and payment activities. As part of efforts to strengthen community-based platforms linked to MCCT+, 100 MCCT+ Mother Support Group (MSG) leaders were trained in Port Sudan, with plans for additional trainings in other MCCT+ locations. MSGs are peer groups for mothers, headed by MSG leaders who disseminate key messages on health, nutrition, hygiene and financial literacy. They play a key role in encouraging mothers to seek health and nutrition services at primary healthcare centers.

As part of UNICEF's humanitarian cash transfer (HCT) approach, a two-pronged programmatic approach is being advanced to address both immediate lifesaving needs and protection risks in the current crisis. On one hand, cash is being deployed as a tool to strengthen child protection outcomes, particularly in the prevention and response to gender-based violence (GBV). On the other, complementary interventions such as communal kitchens are ensuring urgent food security and nutritional support for conflict-affected populations.

In this light, progress has been made by the organization in partnership with other child protection actors, to prevent and respond to gender-based violence (GBV). A total of 1,600 households in Khartoum and Aj Jazira have been paid through this initiative, with payments ongoing to reach the total registered 2,371 households.

The latest round of communal kitchens in North Darfur reached over 41,000 people in El Fasher and Tawila with daily meals. The funding for these kitchens has been fully utilized, and efforts are ongoing to secure resources to restart the kitchens, given the deteriorating humanitarian situation, particularly in El Fasher.

## Social and Behaviour Change (SBC)

In August 2025, UNICEF, in collaboration with the Ministry of Health, implementing partners, and other stakeholders, scaled up multipronged Social and Behaviour Change (SBC) strategies for cholera prevention and promoting key family practices. Efforts focused on disseminating integrated cholera, life key messages and promoting utilization of essential services across 12 states, including cholera hotspot areas.

These interventions, combining Risk Communication and Community Engagement (RCCE) coordination, community engagement, mass media dissemination, community social listening, and targeted capacity building—significantly enhanced community awareness to prevent cholera. While no major rumours or misinformation were reported during the month, persistent misconceptions—particularly among men—remain

a challenge in Darfur, Aj Jazirah and Kordofan. Common false beliefs include cholera cannot be spread post-mortem; cholera is caused by returnees or drones polluting the air; and chlorine tablets cause infertility. SBC partners continue to actively counter these narratives and build community trust through the engagement of local volunteers and targeted media campaigns on cholera transmission and prevention. SBC partners continue to actively counter these narratives and build community trust through the engagement of local volunteers and targeted media campaigns on cholera transmission and prevention. SBC partners continue to actively counter these narratives and build community trust through the engagement of local volunteers and targeted media campaigns on cholera transmission and prevention. SBC partners continue to actively counter these narratives and build community trust through the engagement of local volunteers and targeted media campaigns on cholera transmission and prevention.

Through Risk Communication and Community Engagement (RCCE) activities, 93,888 individuals (65 per cent women) were directly engaged with cholera prevention and key life messages through 32 community meetings, 18 community dialogues, and household visits—helping to strengthen cholera prevention practices at the household level. In parallel, radio messages promoting cholera prevention reached an estimated 6.2 million people nationwide, reinforcing key prevention behaviours. While 43 Focus Group Discussions were conducted with 752 participants (58 per cent women) across eight states, generating community feedback on gaps in WASH services, soap and water availability, and calls for more decisive action over insecurity impacting access to essential services, especially in Kordofan and Darfur localities. Insights were channelled to Federal and State RCCE coordination structures, leading to follow-up actions to strengthen the cholera response.

To intensify prevention efforts in hotspot areas of South Kordofan, UNICEF and partners mobilized an additional 225 community and religious leaders through interactive theatre and group discussions, resulting in dispelling rumours on cholera transmission and increased male participation in community engagement activities, thus increasing the cumulative total of community leaders mobilized on cholera prevention to 3294 individuals. Community engagement in Tawila (North Darfur) and across Kordofan was expanded to reinforce prevention practices and service uptake among caregivers. In Khartoum, interactive theatre performances in local markets reached 4,057 individuals (26 per cent women) with safe food handling and key family practices messages. Despite security constraints in Aj Jazirah, 91 community volunteers were trained to deliver house-to-house prevention messages and counter misinformation. In Kassala, 12 health promoters conducted door-to-door campaigns in Golsa, reaching 650 families (4,306 individuals) and distributing 4,000 chlorine strips. Beyond immediate outreach, UNICEF supported the longer-term strengthening of the RCCE system, including the development of coordination structures, capacity building for partners, and strategic guidance. The RCCE coordination task force was reactivated at the locality level in eight states, enhancing the ability of subnational task forces to deliver more timely, coordinated, and effective RCCE responses. Despite these achievements, several challenges continue to hinder implementation. In some hotspot areas in West, North, and South Darfur, as well

as North and West Kordofan, telecommunications blackouts have disrupted coordination and messaging in certain areas. In North, West Kordofan, telecommunications blackouts have disrupted coordination and messaging in some areas. In Kordofan, telecommunications blackouts have disrupted coordination and messaging in some areas.

## Accountability to Affected Population (AAP)

UNICEF continued to prioritize Accountability to Affected Populations (AAP) and localization by embedding these principles into programme design and implementation, both internally and through inter-agency coordination. Community Feedback Mechanisms (CFMs), which are central to AAP and meaningful engagement, remain active across all 18 states of Sudan. By fostering a culture of mutual accountability, UNICEF has elevated community voices and improved dialogue between affected populations and decision-makers. Strengthened systems, including accessible feedback channels, prompt referrals, and consistent information-sharing, have contributed to growing trust among communities, including those in hard-to-reach areas.

In August 2025, the Inter-Agency Community Feedback Mechanism (IA CFM) received 17,681 feedback cases, representing a 17 per cent increase from the previous month due to expanded sensitization efforts. Women accounted for 88 per cent of all cases, and 90 per cent of the feedback was successfully closed through counselling, processing, or referral. Remaining open cases are under ongoing case management. A total of 37 cases were received from persons with disabilities, reflecting strengthened efforts to promote disability inclusion within AAP. These cases primarily focused on requests for assistive devices, mobility aids, and medical or rehabilitation support. Multi-sectoral basic needs and cash assistance continue to be the most prominent priorities, while urgent support is also required to address mental health and war-related trauma among children and young adults.

The community-based CFM continues to amplify local voices through 180 collective reports covering 516,800 individuals. These reports highlighted urgent needs among newly displaced and returnee populations, particularly in relation to suspected cholera outbreaks in Darfur, Blue Nile, and Kordofan; malaria and dengue fever in Al Jazirah and Khartoum; and cash assistance for multi-sectoral needs. For instance, feedback from Galabat Shargiah and Doka in Gedaref revealed challenges faced by children in accessing education due to difficulties in obtaining birth certificates, often resulting in child labour as a last resort to support household needs. In the Northern states, school dropouts are primarily linked to child labour in mining and the long distances to schools. Continued reliance on Nile River water also exposes communities to waterborne diseases and health risks.

Reports from Al Fasher in North Darfur, Dilling, and Kadugli in South Kordofan underscore the severe food insecurity driven by conflict and displacement. Floods in Red Sea, Blue Nile, and Central Darfur have led to stagnant water and subsequent disease outbreaks. Meanwhile, North Darfur, West Kordofan, East Darfur, and Al Jazirah report comparatively lower demand, although challenges with access and communication persist. Additionally, collective reports highlighted population movements, including returnees from South Sudan to Blue Nile State, and displacement from Al Fasher to North Darfur, as well as from Dilling to Alluri, Kadugli, and surrounding areas.

UNICEF further strengthened AAP by promoting local ownership, inclusive participation, and stronger coordination with national stakeholders. In Kassala, as part of AAP localization efforts, 240 members of community development committees, local community-based organizations (CBOs), and government officials were supported through targeted capacity-building workshops on AAP, CFM, and feedback collection. Practical tools were provided to strengthen their roles, ensuring the active participation of women, youth, and persons with disabilities. These efforts deepened understanding of feedback systems, reinforced community roles in advancing localization and AAP, and enhanced transparency. They also improved access to feedback and information channels, promoted fairness in aid distribution, and supported unbiased selection criteria.

With support from CBOs and community champions, UNICEF is facilitating community consultations for the Humanitarian Needs Response Plan (HNRP) 2026, shifting from one-way communication to community-led processes that enhance transparency, trust, accountability, and decision-making based on community needs. Nevertheless, limited funding and rising demands continue to hinder timely responses, eroding confidence as individuals' concerns go unmet. Some individuals are now less likely to reapproach existing CFM mechanisms after repeated unmet needs. Stronger coordination and support are essential to rebuild trust, expand response capacity, and ensure vulnerable populations remain engaged in shaping the humanitarian response.

## Protection from Sexual Exploitation and Abuse (PSEA)

Throughout August, efforts continued to ensure accountability and zero tolerance for sexual exploitation and abuse by UNICEF and its partners. To enhance awareness and access to reporting channels among affected populations, materials on Protection from Sexual Exploitation and Abuse (PSEA) were disseminated. These included posters with UNICEF's reporting lines, videos tailored for children and individuals with hearing impairments, and other educational resources, all supported by UNICEF and its partners.

Two key PSEA missions were conducted in Gedaref and Kassala states, where training sessions for Community Development Committees in New Halfa and Kassala localities reached 283 individuals, of whom 62.5 per cent were women. Engaging these platforms is critical for raising PSEA awareness, facilitating disclosures, and ensuring timely referrals to services.

Additionally, PSEA training for government officials and frontline workers in Gedaref, Red Sea, and Northern states reached 159 individuals, with 37.74 per cent women. Given the large number of government staff involved in service delivery, it is essential that they are well-informed about prohibited behaviours to safeguard affected populations from sexual exploitation and abuse.

In Gedaref, a PSEA training workshop was organized for government actors. The event was held in partnership with the Gedaref Child Welfare Council as part of a joint community outreach campaign launch.

During these missions, on-site visits were conducted to health, education, and nutrition centres. Gaps and areas for improvement were identified and shared with partners and UNICEF to ensure prompt action. Regular coordination meetings with partners were also held to reinforce adherence to UNICEF's PSEA due diligence and compliance requirements.

## Supply and Logistics

Despite formidable access and operational challenges, UNICEF's supply operations are making a tangible difference for millions of children and families across Sudan. In August 2025 alone, UNICEF distributed 3,810 metric tons of lifesaving supplies valued at approximately US\$ 13 million, estimated to reach 3.8 million people with essential support. This is not just a number: it means children have access to safe water, critical medicines, nutrition support, learning materials, and protection services at a time when their needs are greatest.

Since January, UNICEF has delivered a cumulative 33,308 metric tons of supplies, valued at US \$77.3 million, ensuring continuity of vital services in some of the hardest-to-reach and most conflict-affected areas. Nearly 10,000 metric tons were delivered to high-priority locations, including Darfur, Kordofan, and Khartoum, while 23,352 metric tons reached other conflict-affected or vulnerable states, including Red Sea, Kassala, River Nile, Gedaref, Sennar, Blue Nile, White Nile, and Northern states. Delivered supplies covered health, nutrition, WASH, education, and child protection sectors, enabling the continuation of essential services and emergency response.

UNICEF's procurement throughput in August reached US\$135 million, representing over half of the annual supply plan. Notably, 62 per cent of goods and services were sourced locally, supporting Sudan's economy and building local capacity even during crisis. However, a significant funding gap of US\$87 million remains. Without urgent additional resources, the pipeline for critical supplies could be disrupted, putting millions of children at risk of losing access to lifesaving assistance.

## HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF continues to play a central role in the humanitarian response in Sudan, providing strategic leadership and technical support across the WASH, Education, Nutrition, and Child Protection sectors. As the lead agency for four strategic clusters and an active member of both the Humanitarian Country Team (HCT) and the Inter-Cluster Coordination Group (ICCG), UNICEF is working tirelessly with partners to ensure coordinated action, advocate for child rights, and promote access to life-saving services. Its leadership extends beyond national coordination, with dedicated cluster coordinators deployed at both national and sub-national levels to strengthen field-level response and ensure alignment with strategic priorities.

In the context of the ongoing humanitarian reset, UNICEF is actively contributing to shaping the future architecture of humanitarian coordination in Sudan. This includes engaging in strategic discussions around cluster simplification and integrated programming approaches.

UNICEF is also closely involved in the 2026 Humanitarian Needs Overview (HNO) and Humanitarian Response Plan (HRP) processes, ensuring that the needs of children and families are accurately reflected and prioritized.

### Child Protection Area of Responsibility (CP AoR)

In August 2025, CP AoR members participated in the OCHA-led Inter-Agency Rapid Needs Assessment in the Wadalmahi locality of the Blue Nile, where flooding affected approximately 1,640 households. In response, the sub-national coordinator developed a localized flood response plan. Additionally, CP AoR redesigned and disseminated key child protection messages in Arabic, adapted from original materials developed by the Ministry of Health and Social Development (White Nile State), UNICEF, and the Children's Studio, to support child safety during flood emergencies.

Between January and August 2025, 52 CP AoR partners reached 837,515 individuals (27 per cent of the annual target of 3.1 million) across 18 states and 119 localities (63 per cent coverage). Beneficiaries included 44 per cent girls, 31 per cent boys, 17 per cent women, and eight per cent men, with 439,748 IDPs, 325,895 host community members, and 71,872 from other groups. Services reached 4,837 persons with disabilities, 45 per cent of whom were girls. Prevention efforts engaged 464,007 people through awareness and education campaigns, while 93,600 individuals—65 per cent female—benefited from GBV risk mitigation. Targeted support reached 3,730 vulnerable families. Structured psychosocial support was provided to 308,270 children (53 per cent girls), and 35,306 received mental health counselling. Parenting and community-based MHPSS reached 18,683 caregivers, 70 per cent of whom were women.

Specialized case management services assisted 29,418 children (59 per cent girls), achieving 79 per cent of the target, including 12,242 GBV survivors (68 per cent girls) and 7,833 unaccompanied or separated children placed in care or reunified. Capacity building efforts trained 7,586 individuals (66 per cent women) and supported 1,089 community groups to strengthen local protection mechanisms.

The CP AoR 2025 appeal remains critically underfunded, posing a significant threat to the continuity and expansion of essential services, with only US\$11.14 million received against a US\$91 million appeal—an 87.7 per cent gap. This shortfall severely limits scale-up in high-severity areas such as North, South, and Central Darfur. Urgent and flexible funding is essential to sustain and expand child protection services across Sudan.

### Education Cluster

With the support of 37 partners operating in 110 localities across 17 States, the Education Cluster has continued its efforts to provide children across Sudan with access to formal and non-formal education. A total of 715,862 children (52 per cent girls) have been reached, including 153,481 out-of-school children. Support was delivered through the distribution of learning materials, the creation of Safe Learning Spaces, and the provision of teacher training and incentives to ensure children gain essential learning and life-saving skills.

In August, a total of 73,796 children were reached through efforts to increase access to education, with a particular focus on providing essential learning and recreational materials to 61,711 children. 10,846 children were also successfully enrolled in formal and non-formal education programs across various locations. With the gradual reopening of schools, a total of 920 awareness sessions were conducted for children across various locations. Psychosocial support (PSS) services were provided to 8,480 children, aiming to improve their well-being and support their learning journey. Additionally, 9,753 girls were reached through the distribution of dignity kits and Menstrual Hygiene and Health education sessions. These interventions aimed to promote personal hygiene, improve health outcomes, and increase awareness among adolescent girls about menstrual health management.

To ensure the continuity of education provision in emergency support, emergency incentives were provided to 1,210 community volunteers and teachers, enabling them to continue supporting the learning of crisis-affected children in challenging environments. As for funding, the Education Cluster has received US\$18.5 million to date, which represents only 17.2 percent of the projected US\$108 million required. This leaves a significant funding gap of 82.8 percent.

### **Nutrition Cluster**

In August, two additional SMART surveys conducted in El Jabelin and Tendalit in White State were validated, bringing the total number of surveys to 40 between January and August. The SMART survey results recorded Global Acute Malnutrition (GAM) of 15.9 per cent, which is above the WHO emergency threshold of 15 per cent. Survey results in Tendalti reported GAM prevalence of 12.9 percent classified as High as per WHO threshold. Meanwhile, six SMART surveys were ongoing- expected to be completed in September. A total of 24 (60 per cent) out of the 40 completed SMART surveys have a very high prevalence of Global Acute Malnutrition (GAM) above the WHO emergency threshold of 15 per cent and above indicating continued worsening of the nutrition situation in Sudan given the ongoing peak June to Sept hunger period.

The Nutrition Cluster monitors supply pipelines nationally and at facility level. By August, only UNICEF had secured sufficient Ready-to-Use Therapeutic Food (RUTF) and therapeutic supplies throughout 2025. WFP for the first time reported having enough supplies to cover partners' needs until the end of December 2025 based on its own prioritization. Similarly, RUSF availability increased from 60 percent in June to about 69 percent in July. Logistic constraints challenged the WHO to replenish supplies in some of the Stabilization Centers (SC), resulting in SAM kits dropping slightly in July to 74.4 per cent from 79 per cent in June.

As for funding, the Nutrition Cluster has received US\$61.8 million to date, which represents only 13.1 percent of the projected US\$471.7 million required. This leaves a significant funding gap of 86.9 percent.

### **WASH Cluster**

WASH emergencies continue to worsen due to ongoing epidemics and the displacement of populations in areas with damaged infrastructure. Over the past two weeks, heavy rains have led to severe flooding across several states, displacing thousands of people and destroying homes, including critical infrastructure such as latrines and water facilities. The cholera outbreak in Darfur remains a major concern, particularly given the limited access to South & West Kordofan, and El Fasher in North Darfur. While some supplies have managed to reach these areas through South Sudan and Chad, significant challenges remain.

Partners are facing a range of obstacles that hinder effective response efforts. Inadequate funding is a major barrier, further complicated by bureaucratic delays that slow down the distribution of aid. The scarcity of supplies in local markets adds another layer of difficulty, limiting access to essential resources. High fuel costs continue to strain budgets, and the limited number of service providers makes it difficult to deliver comprehensive WASH services. Despite these constraints, WASH Cluster partners made notable progress in August. Hygiene services were provided to 159,441 individuals, water supply interventions reached 331,925 people, and sanitation services benefited 198,065 individuals. In total, 617,232 people were reached during the month, with 33,038 receiving integrated support across all three components—water, sanitation, and hygiene.

In August, WASH Cluster partners had reached a cumulative total of 8.9 million people. Of these, 7.1 million received chlorinated water through bulk treatment and chlorine tablets, approximately 3.39 million benefited from water supply and infrastructure interventions, 2.13 million received sanitation services, and hygiene promotion activities engaged 5.08 million individuals.

As for funding, the WASH Cluster has received US\$36.36 million, which represents only 12.08 percent of the projected US\$301 million required. This leaves a significant funding gap of 87.92 percent, severely limiting the ability to provide essential humanitarian WASH services. The most urgent needs are concentrated in Darfur—including Tawila—as well as in Kordofan, Khartoum, Aj Jazirah, White Nile, Blue Nile, and Gedaref states, where the ongoing cholera outbreak has underscored the critical importance of WASH interventions.

### **Accountability to Affected Populations (AAP) Working Group**

As part of the humanitarian reset and the way forward, the AAP Working Group, led by UNICEF, is spearheading a Task Force titled “Joint Interagency CFM to Improve Accountability” under Workstream, which focuses on promoting a more people-centered response led by local and national actors, as endorsed by the Humanitarian Country Team (HCT). This Task Force is currently collaborating with others under the same workstream to develop a joint roadmap.

In addition, the AAP Working Group is working to systematically integrate AAP by including a disability component in its engagement activities. This involves collaboration with organizations for people with disabilities and direct engagement with persons with disabilities (PWDs).

## **HUMAN INTEREST STORIES AND EXTERNAL MEDIA**

- [Article: Trapped by war and hunger.](#)
- [Article: Life begins on the run.](#)
- [Article: Clean water for all.](#)
- [Statement: After 500 days under siege, children in Sudan's Al Fasher face starvation, mass displacem](#)

- [Press release: After months of siege, UNICEF convoy reaches South Kordofan with lifesaving supplies](#)
- [Remarks: Children in Sudan 'reduced to skin and bones' as UNICEF calls for urgent action.](#)
- [Press release: Over 640,000 children under five at risk as cholera spreads in Sudan's North Darfur S](#)

## 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 2025

# ANNEX A - PROGRAMME RESULTS

## Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
<b>Health (including public health emergencies)</b>								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	2.8 million	2.2 million	▲ 8%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.2 million	627,492	▲ 2%	-	-	-
Persons assessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities.	Total	-	5.9 million	3.1 million	▲ 3%	-	-	-
<b>Nutrition</b>								
Children 6-59 months screened for wasting	Total	-	5.6 million	4.7 million	▲ 8%	5.7 million	4.7 million	▲ 8%
Children 6-59 months with severe wasting admitted for treatment	Total	-	573,190	321,180	▲ 11%	603,298	321,180	▲ 10%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	999,262	▲ 6%	2.8 million	999,262	▲ 4%
<b>Child protection, GBVIE and PSEA</b>								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	3 million	2.3 million	▲ 10%	508,377	631,052	▲ 13%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	650,900	670,199	▲ 17%	515,000	125,968	▲ 4%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	3.6 million	2.3 million	▲ 5%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	14,300	13,415	▲ 16%	22,000	7,833	▲ 10%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	581,270	486,815	▲ 4%	-	-	-
<b>Education</b>								
Children accessing formal or non-formal education, including early learning	Total	-	2.4 million	1.4 million	▲ 2%	3 million	715,862	▲ 2%
Children receiving individual learning materials	Total	-	1.5 million	604,555	▲ 14%	2 million	413,624	▲ 3%
<b>Water, sanitation and hygiene</b>								

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	11 million	10.7 million	▲ 12%	10.1 million	10.2 million	▲ 9%
People accessing appropriate sanitation services	Total	-	500,000	205,614	▲ 4%	2.5 million	2.2 million	▲ 4%
People reached with handwashing behaviour-change programmes	Total	-	6 million	3.6 million	▲ 9%	9.1 million	5.1 million	▲ 7%
People reached with critical WASH supplies	Total	-	1.8 million	301,648	▲ 1%	-	-	-
<b>Cross-sectoral (HCT, SBC, RCCE and AAP)</b>								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	92,000	1,002	▲ 1%	-	-	-
People engaged in AAP through community feedback mechanisms.	Total	-	132,000	105,949	▲ 19%	-	-	-
People participating in engagement actions for social and behavioral change	Total	-	4.1 million	2.6 million	▲ 2%	-	-	-

\*Progress in the reporting period 1-30 August 2025

## ANNEX B — FUNDING STATUS

### Consolidated funding by sector

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
<b>Health</b>	218,445,630	44,495,762	35,354,000	61,514,570	77,081,298	35%
<b>Nutrition</b>	234,719,080	34,714,827	-	27,529,053	172,475,200	73%
<b>Child protection</b>	142,170,276	4,023,226	2,757,000	32,869,179	102,520,871	72%
<b>Education</b>	91,147,895	22,273,251	12,110,000	44,517,631	12,247,013	13%
<b>WASH</b>	200,000,000	25,308,215	1,360,000	11,336,318	161,995,467	81%
<b>Cross-sectoral</b>	63,543,191	32,445,981	-	25,421,698	5,675,512	9%
<b>Total</b>	<b>950,026,072</b>	<b>163,261,262</b>	<b>51,581,000</b>	<b>203,188,449</b>	<b>531,995,361</b>	<b>56%</b>

*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 2024 (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://dtm.iom.int/reports/dtm-sudan-mobility-update-19?close=true>
3. Humanitarian Needs and Response Plan 2025.
4. DTM Sudan Mobility Update (19)
5. In August 2025, UNICEF reprioritised the HAC, slightly reducing the appeal – the updated HAC is available here: <https://www.unicef.org/media/174226/file/2025-HAC-Sudan-Prioritization.pdf>
6. While the total number of children to be reached and the overall funding requirements have decreased in line with the reprioritized Humanitarian Needs and Response Plan (HRNP), the total number of people to be reached has increased from 13.0 to 13.9 million. This increase is primarily driven by the scale-up of the WASH response, particularly in support of urban water supply systems, in response to the rising displacement of people into urban areas.
7. DTM Sudan Flash Alert: Gharb Bara (Markz Alziadiya Village), North Kordofan (Update 001).
8. DTM Sudan Flash Alert: Kadugli (Kadugli Town), South Kordofan (Update 001)
9. DTM Sudan: Return Monitoring Snapshot.
10. DTM SUDAN MOBILITY UPDATE (20).
11. DTM Sudan Flash Alert: Flooding: several updates.
12. Phases for Acute Food Insecurity (IPC) reports.
13. Nutrition cluster updates.
14. WHO Epidemiological Bulletins, August 2025.
15. <https://spherestandards.org/handbook-2018/>
16. WASH extenders are community-based or field-level workers that is trained to support WASH activities. These individuals are often deployed to monitor water supply systems (e.g., trucked water deliveries), test water quality, report issues or gaps in service delivery, engage with communities to promote hygiene practices, and ensure feedback is controlled. They act as an extension of UNICEF's technical teams, helping to scale up monitoring and response efforts, especially during emergencies or in hard-to-reach areas.
17. Federal Ministry of Education data.