



© UNICEF/UNB23152/Dawod

10-year-old Anfal receives learning materials through the UNICEF-supported Back to School campaign, enabling her to return to learning at Arabee Aradawiya Girls' School in Damazine, Blue Nile state.



Humanitarian Situation Report No. 32

Reporting Period
1 January to 30 June
2025

Sudan

HIGHLIGHTS

- 7.6 million doses of Oral Cholera Vaccine (OCV) were delivered for the cholera response. UNICEF also supported in-country vaccine distribution to service delivery points at all levels, reaching over 6.1 million.
- UNICEF and partners provided lifesaving treatment to over 198,000 children suffering from Severe Acute Malnutrition (SAM) across affected regions. Nutrition screening reached 3.8 million children across 88 localities through routine and integrated campaigns.
- On 29 June, Sudan conducted the second round of the Grade 12 national examination, with over 219,000 candidates registered across 2,148 centres, including students from states previously excluded due to insecurity.
- 62 per cent of UNICEF's humanitarian funding requirements remain unmet, posing a significant challenge for millions of children who need essential services to ensure their survival and dignity.

SITUATION IN NUMBERS



15,256,000
Children in need of humanitarian assistance¹

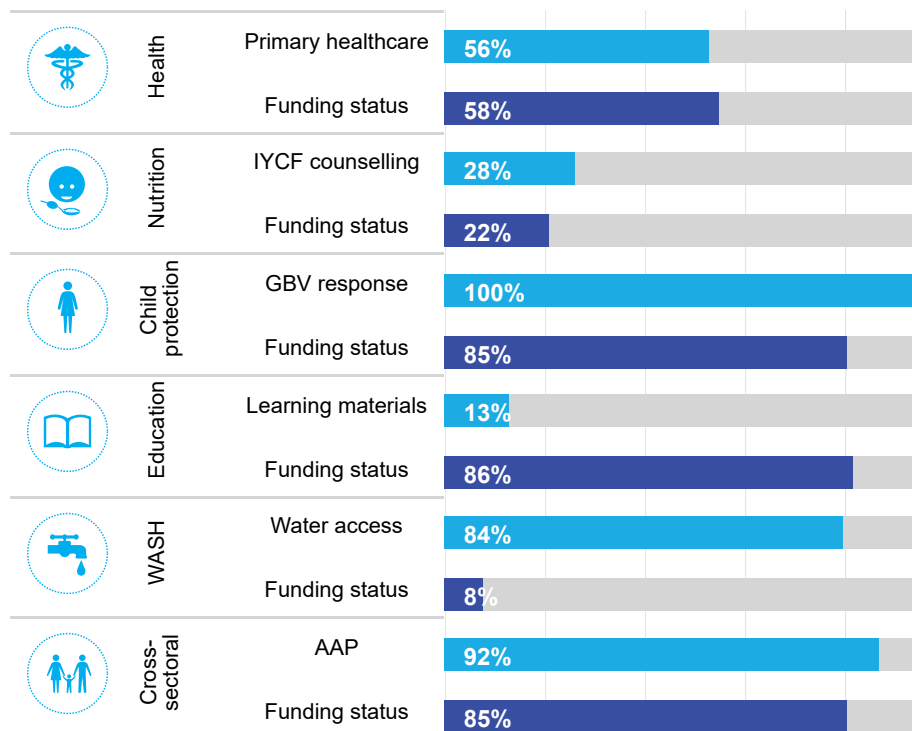


30,400,000
People in need of humanitarian assistance²

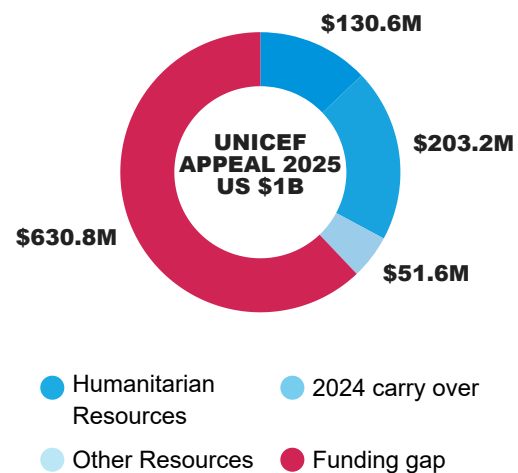


10,538,960
Internally Displaced People³

UNICEF RESPONSE AND FUNDING STATUS*



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

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

FUNDING OVERVIEW AND PARTNERSHIPS

In 2025, UNICEF is appealing for US\$ one billion to deliver a comprehensive package of life-saving interventions in child protection, education, health, nutrition, water, sanitation and hygiene (WASH), and humanitarian cash interventions assistance. These efforts aim to support 13.1 million people, including 8.7 million children- saving lives, alleviating suffering, and building resilience and dignity amid Sudan's ongoing and escalating humanitarian crisis.

As of 30 June 2025, UNICEF has US\$ 385 million available for its crisis response. This includes US\$ 203 million carried over from 2024, with only US\$ 130 million in humanitarian funding newly received in 2025. This also includes US\$ 51.5 million in other resources being leveraged to sustain community resilience and essential service delivery systems across Sudan.

UNICEF expresses its gratitude to its donors for their generous, continuous, and unwavering support towards UNICEF's humanitarian response. These contributions enable UNICEF to provide life-saving assistance to vulnerable children and their families, maintain essential services and systems, build resilience, and support recovery efforts in areas of return and within host communities. This includes contributions from 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.

With the war now in its third year, sustained support for children and their families in Sudan is more critical than ever. While important funding has already been secured, 62 per cent of UNICEF's humanitarian funding requirements remain unmet, posing a significant challenge for millions of children who need essential services to ensure their survival and dignity. With collective, strengthened commitment, the outlook for millions of vulnerable children can change.

Accelerated investments are required to sustain and expand life-saving interventions in nutrition, child protection, health, WASH, education and resilience, while also reinforcing Sudan's fragile social service systems and infrastructure. Flexible funding remains essential to enable UNICEF to respond swiftly and effectively to emerging crises and deliver uninterrupted support where it is needed the most.

To be able to reach vulnerable children across the country, coordinated advocacy is crucial for calling for sustained, unimpeded humanitarian access, including across conflict lines and across borders; secured humanitarian routes; respect for international humanitarian and human rights law, increased funding, and, most importantly, a cessation of hostilities.

Through continued efforts and collaboration, 2025 can mark a turning point in securing a better future for Sudan's children.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Sudan remains mired in one of the world's gravest humanitarian emergencies. Since the conflict erupted in mid-April 2023, it has triggered the world's largest displacement crisis, decimated infrastructure, and pushed vast areas of the country into famine conditions and contributed to diseases outbreaks. As of June 2025, an estimated 11.8 million⁴ people have been forcefully displaced. An estimated 7.7 million⁵ people were displaced internally within Sudan since 15 April 2023, while 4.1 million people individuals crossed borders into neighbouring countries since the onset of the conflict.⁶ Over 10,000 schools remain closed, and 2,100 schools continue to function as shelters for IDPs, leaving over 14 million⁷ children out of formal schooling.

Returnees are increasing, particularly in the central region (Sennar, Aj Jazirah, White Nile, and a significant part of Blue Nile State) with nearly 1.2 million people returning to the capital and other central states.⁸ However, these returns are unfolding amid devastated infrastructure, lack of basic services, and ongoing protection risks. Humanitarian access to central states significantly improved, while it remains severely constrained in hotspot areas, mainly North Darfur, South, and West Kordofan states, due to insecurity and bureaucratic delays. Khartoum and other states in central continue to face critical challenges, including a cholera outbreak, a collapsed health system, and limited response capacity due to the conflict, delayed visa approvals and disrupted aid operations.

The conflict is currently concentrated more so in North Darfur, West, South, and North Kordofan states. North Darfur, particularly Al Fasher town and Zamzam, remains under siege and largely cut off from any humanitarian assistance. The situation further deteriorated after a major assault over Zamzam camp in early April 2025, resulting in civilian casualties and triggering mass displacement toward Tawila, and Dar As Salam localities in North Darfur.⁹ Over 400,000 new displacements occurred in April alone. According to the latest reports from UNICEF partners, internally displaced persons (IDPs) who had been trapped in Zamzam were forced to evacuate the camp. In Al Fasher, displacement has continued to Tawila and other surrounding areas due to insecurity.

Food insecurity remains one of the most critical challenges, fuelled by conflict, market collapse, restricted humanitarian access, and widespread displacement. Currently 30 of the 189 localities across Sudan are either experiencing or at high risk of famine. Of particular concern are nine localities, five in Darfur specifically Al Fasher, Um Kadada, Al Lait, Mellit, and At Tawaisha and four localities in South and West Kordofan states, namely Dilling, Habila, Al Sunut, and Lagawa, where famine conditions have already been confirmed.

The situation across the three Kordofan states remains highly complex, driven by escalating conflict in West Kordofan, particularly in An Nuhud and Al Khiwai and in South Kordofan, affecting areas such as Algouz locality (including Adebebat and Hamadi), Dilling, Kadugli, and Abugubaiha. North Kordofan has gone through similar situation, particularly in Bara. More than 118,000 individuals have been displaced within the three Kordofan states. Kadugli and Dilling are currently under siege, with residents cut off from essential services. Over 700,000 people are facing acute food insecurity, with famine confirmed in four localities (Lagawa, As Sunut, Habila, and Dilling), and four more at risk (Kadugli, Dalami, Al Buram, Sheikan, and Um Durein). Cholera outbreaks have also been reported across the southern region, while an influx of returnees from South Sudan via West Nile is placing additional strain on limited resources. Attacks on civilian infrastructures - including power stations, hospitals and water facilities - has severely impacted the delivery of essential services. The attacks on power

stations have also contributed to outbreak of cholera in both Khartoum and White Nile states. On 9 June, a WFP/UNICEF humanitarian convoy, comprising of 15 trucks of life-saving food and nutrition supplies headed to Al Fasher were attached near Al Koma in North Darfur.¹⁰

Grave child rights violations have soared in 2025, with sexual violence surging by over 160 per cent when compared to the same period in 2024. This highlights the escalating risks faced by children, particularly girls, who remain vulnerable to multiple forms of abuse and exploitation by parties to the conflict in Sudan.

Disease outbreaks remain a major humanitarian concern, affecting nearly all states across Sudan. Since January 2025, the country has experienced multiple outbreaks, including cholera, measles, dengue fever, and malaria. Cholera, in particular, has seen a sharp rise over the past two quarters, impacting 17 out of Sudan's 18 states. A total of 32,070 suspected cholera cases and 742 related deaths have been reported since the beginning of the year, resulting in a Case Fatality Rate (CFR) of 2.3 per cent.¹¹

While active interventions by UNICEF and partners have led to a decline in cases in several affected areas, a new wave of cholera outbreaks is anticipated during the peak of the rainy season in July, August, and September. UNICEF efforts to preposition supplies to respond to an expected increase in cholera cases is being hampered by the funding shortfall.

Amid growing needs in hotspot areas—driven by escalating conflict, ongoing displacement, disease outbreaks, and famine—UNICEF continues to deliver life-saving assistance despite limited access and significant security risks, including restrictions imposed by various entities.

Despite these challenges, UNICEF has successfully maintained active partnerships with key local partners, particularly national NGOs operating in high-risk areas, where an integrated life-saving response has been provided to vulnerable populations. Additionally, UNICEF has deployed technical teams to coordinate the response and provide essential support to its partners. To ensure continued presence in these critical areas, UNICEF has also recruited a number of field extenders to monitor and oversee activities supported by UNICEF in remote locations. To overcome some of the access challenges, UNICEF engaged with different entities to secure access to hotspot areas.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Sudan is facing a critical public health emergency, marked by multiple disease outbreaks amid the near-collapse of health systems and mass population displacement. The cholera outbreak continues to pose an urgent threat to millions, with young children and pregnant women disproportionately affected and at heightened risk of preventable disease and death without immediate and sustained support.

As of the end of June 2025, a total of 497,357 children received the supplemental dose of the measles vaccine. While 1.7 million children and women accessed primary health care services in UNICEF-supported facilities.

Suspected cholera cases have been reported in 17 of Sudan's 18 states. Since January 2025, 32,314 suspected cases¹² and 744 deaths have been reported, equating to a case fatality rate (CFR) of 2.3 per cent. Cumulatively, since the official declaration of the outbreak in August 2024, 83,254 suspected cases and 2,124 deaths have been recorded, including 7,420 cases and 243 deaths among children under five.

Cholera transmission continues to be driven by deteriorating water and sanitation conditions, unsafe water sources, ongoing conflict, and the destruction of public health and WASH infrastructure. Resistance to chlorination from some communities, widespread displacement, and limited access to health services further compound the risk. While an overall decline in cases has been observed, new and inaccessible hotspots continue to emerge, highlighting the need for sustained and adaptive response efforts. UNICEF has rapidly expanded its health response to mitigate the spread and impact of cholera across high-risk states including in Khartoum, White Nile, Sennar, Northern, South Darfur, and Blue Nile.

In Khartoum, 23 Oral Rehydration Points (ORPs) were established in Omdurman, Bahri, and Karari, alongside the training of 36 health workers in case management. UNICEF is also supporting 40 Primary Healthcare Centres (PHCs) across seven localities and has deployed mobile health teams to newly accessible areas where health systems are non-functional. In high-risk zones such as Jebel Awlia and Ombada, 150 community volunteers were trained in cholera prevention and disease reporting.

In White Nile, 10 ORPs were supported and 30 health workers trained in Infection Prevention and Control (IPC), with an additional 150 volunteers trained in community-based surveillance. In North Kordofan, two Cholera Treatment Centres (CTCs) and 66 ORPs were set up across eight localities, while mobile health and nutrition teams were deployed to assist displaced mothers and children from North, South, and West Kordofan. In Darfur, 19 ORPs and two CTCs were established in South, East, and North Darfur, reaching an estimated 57,000 people. Across River Nile and Northern states, 18 Cholera Treatment Units (CTUs) and 13 ORPs were set up in six high-risk localities. UNICEF continues to maintain support for nearly 700 PHCs across the country to ensure access to essential health services in cholera-affected areas.

To strengthen treatment capacity, UNICEF delivered 767 Acute Watery Diarrhoea (AWD) kits to cholera-affected and high-risk areas, sufficient to treat approximately 76,700 people. Notably, 100 kits were delivered across the Chad-Sudan border to support vulnerable populations in hard-to-reach areas of Darfur. Community surveillance and early detection efforts were scaled up through the training and deployment of volunteers: 150 in Khartoum, 225 in Darfur, 20 in Kordofan, and 423 in River Nile and Northern states, playing a vital role in interrupting transmission. As of June, a total of 2.8 million assessed the health service on cholera/AWD, including OCV, and other disease outbreaks in UNICEF-supported facilities.

In parallel, UNICEF supported large-scale immunisation campaigns to respond to ongoing outbreaks and address gaps in routine services. A measles and rubella (MR) outbreak prompted catch-up vaccination campaigns in Aj Jazirah and South Kordofan, reaching 1.3 million

children aged 9 months to 15 years with a 93 per cent coverage rate. Oral Cholera Vaccine (OCV) campaigns were conducted in White Nile, Blue Nile, North Kordofan, and Khartoum, successfully reaching 6.1 million people aged one year and above. A total of 7.6 million OCV doses were delivered for outbreak response. Routine immunisation efforts also continued, with preliminary data showing that 476,086 children under one (61 per cent) received the first dose of the measles-containing vaccine (MCV1), and 432,250 children (55 per cent) received the third dose of DTP3 as of June 2025.

As part of the 'Big Catch-Up' initiative targeting zero-dose and under-immunised children, 148,827 children under five were reached with the first dose of a DTP1-containing vaccine, achieving over 70 per cent of the target across White Nile, Sennar, Blue Nile, Gezira, Khartoum, North and South Kordofan, Northern, River Nile, and Red Sea.

UNICEF delivered over 16 million doses of routine and emergency vaccines, aiming to reach 381,000 children across Sudan. In conflict-affected areas of Darfur, 3.5 million vaccine doses were delivered via Chad to a newly established cold chain hub in Ag Geneina, set to benefit over 250,000 children across the five Darfur states. To support safe vaccine storage and distribution, six new walk-in cold rooms were delivered to five states: Sennar, Central Darfur, South Darfur, West Darfur, and Aj Jazirah, with the first unit already installed in West Darfur. Additionally, over 61,000 litres of fuel were provided to ensure uninterrupted power supply for cold chain operations at national and state levels.

During May–June, UNICEF in collaboration with FMOH and the Global Fund distributed 4.5 million bed nets in phase 1 campaign covering people at risk of malaria in Blue Nile, Gedaref, North Kordofan, South Kordofan (9 localities only) and White Nile states. Phase 2 is planned to launch on 10 July and aims to cover East Darfur, Central Darfur, South Darfur, West Darfur, Kassala, Gezira and Sennar states.

In the first half of 2025, 900,319 malaria cases were reported representing 30.2 per cent of the target cases during the 1st half of 2025. Only 24 per cent of the reports were received. 4,054 confirmed malaria cases (93 per cent) were treated out of 5,442 suspected cases tested in 48 communities in Gedaref and Kassala. A total of 95,444 doses of malaria vaccine were administered in Gedaref and Blue Nile States.

UNICEF distributed 62 Integrated Management of Childhood Illness (IMCI) kits to partners in Northern and Khartoum states. These kits are sufficient to meet the primary healthcare needs of 600,000 people for two months, supporting the early diagnosis and treatment of common childhood illnesses and reducing preventable child deaths. To improve neonatal survival outcomes, UNICEF provided essential medical supplies and equipment to newborn special care units in Gezira, Sennar, River Nile, Northern, and Blue Nile states. This support will enable the management of complications in over 6,000 newborns, contributing to improved quality of care for vulnerable infants in resource-constrained settings. In parallel, neonatal sepsis surveillance was expanded to River Nile and Gedaref, building on existing efforts in Kassala. This marks a significant step forward in strengthening early detection and timely response to neonatal infections, which account for over 20 per cent of newborn deaths in Sudan.

Nutrition

To monitor and respond to the evolving nutrition landscape, 70 Standardized Monitoring and Assessment of Relief and Transitions (SMART) surveys were conducted between January 2024 and May 2025, covering 72 localities, including 21 in the first five months of 2025 alone. Despite most assessments taking place during the post-harvest season (January–April), 19 localities recorded Global Acute Malnutrition (GAM) rates classified as High or Very High according to WHO thresholds. 11 localities reported Very High GAM levels (≥ 15.0 per cent), and eight reported High GAM levels (≥ 10.0 per cent to < 15.0 per cent), with the highest recorded rate in Yasin, East Darfur, reaching a staggering 28 per cent of GAM rate.

A trend analysis of Severe Acute Malnutrition (SAM) treatment admissions further illustrates the deteriorating situation. Between January and June 2025, 193,540 children with SAM were admitted for treatment, marking a 33.1 per cent increase compared to the same period in 2024. In Darfur, the increase was even more pronounced at 46.1 per cent. While the surge partly reflects deteriorating nutrition conditions, it also demonstrates improved access to treatment and the expansion of services in areas previously cut off from assistance, such as Khartoum and Aj Jazirah.

UNICEF has significantly scaled up its nutrition interventions to prevent famine and avert child deaths. More than 2,200 health facilities and 90 mobile teams are now providing services for the prevention, early detection, and treatment of acute malnutrition. Between January and June 2025, over 198,000 children with SAM received life-saving treatment. Nutrition screening activities reached 3.8 million children across 88 localities through both routine and integrated campaigns. To support therapeutic treatment, over 280,000 cartons of Ready-to-Use Therapeutic Food (RUTF) were distributed across the country, including 55,000 cartons delivered to the 30 highest-priority localities.

Micronutrient supplementation efforts also expanded significantly: 2.6 million children were reached with Vitamin A, 1.4 2.3 million received deworming tablets, 157,060 children received SQ-LINS or micronutrition powder, and 165,600 203780 pregnant women were provided with iron and folic acid supplements to improve maternal health outcomes. To support long-term improvements in child feeding practices, 665,800 caregivers received Infant and Young Child Feeding (IYCF) counselling.

In the 30 most critical Priority 1 localities, nutrition services were successfully scaled up, including the deployment of Outpatient Therapeutic Programmes (OTP) and other essential services. By the end of June 2025, 93 per cent of the SAM treatment target for the January – June period had already been achieved, indicating strong progress in reaching children most at risk, and at the same time it indicates the increase in the nutrition needs in these localities. These efforts are being further reinforced by ongoing multi-sectoral interventions to address the underlying drivers of malnutrition.

To strengthen programme oversight, particularly in hard-to-reach and conflict-affected areas, UNICEF launched a Nutrition programme extender modality, deploying 26 Emergency Nutrition Officers across the country. These officers conducted over 590 field monitoring visits in 16 states, overseeing service delivery at OTP sites, supporting supply chain monitoring, and improving overall programme quality. Additionally, 73 SMART surveys are planned for 2025 to support real-time decision-making. As of June, 21 surveys have been completed, 11 are underway, and the remaining are scheduled for the second half of the year.

UNICEF continues to play a pivotal leadership role in the Nutrition Cluster in Sudan at both national and subnational levels. Through this

coordination, UNICEF has ensured joint prioritization exercises, streamlined the minimum service package, and guided partners toward the most critical needs and locations—especially in famine-affected localities and hard-to-reach areas. At the subnational level, UNICEF continues, through the double-hatting mechanism in nutrition, to play a critical role in contextualizing response strategies, facilitating localized coordination, and ensuring that field-level partners are actively engaged in planning and response efforts.

Water, sanitation and hygiene

During the reporting period, UNICEF delivered critical WASH services to people across Sudan affected by conflict, cholera, and malnutrition.

UNICEF and partners continue to implement a comprehensive WASH response targeting both cholera-affected and at-risk areas to interrupt transmission and protect public health. A total of 7.5 million continued to have sustained access to safe domestic water supply, and 3.3 million were reached through handwashing behavior-change programmes.

A total of 483,121 people gained access to safe drinking water. Of these, 185,167 were reached through the construction and rehabilitation of durable water infrastructure, while 297,954 benefitted from emergency water trucking and water treatment interventions. Sanitation services reached 53,374 individuals through the construction and rehabilitation of emergency latrines. Meanwhile, 719,183 people were engaged through hygiene promotion initiatives focusing on cholera prevention and handwashing with soap. Approximately 60 per cent of those reached were from conflict-affected urban settings, including IDPs residing in 15 urban settlements.

Key achievements were enabled through the rehabilitation or construction of 40 improved water facilities, provision of water treatment chemicals, and operation and maintenance support to 43 water systems and 17,314 households. Emergency water trucking delivered over 21,200 m³ of safe water to locations with no other viable water source. Improved sanitation efforts included the construction, rehabilitation, or desludging of 2,560 latrines. Furthermore, hygiene promotion was scaled through 311 campaigns, including 78,008 household visits, 49 radio broadcasts, and the distribution of 59,800 bars of soap and 5,290 hygiene kits. Institutional WASH services were extended to 17 schools and 14 health facilities, helping ensure continuity of learning and healthcare.

As part of the support to the national school examinations, particularly in cholera-affected areas, safe drinking water was provided to students through emergency chlorination activities. To ensure continuity of services in hard-to-reach areas, particularly in Darfur and Kordofan, critical WASH supplies were pre-positioned and delivered through cross-border operations.

As of mid-year, the WASH sector had achieved 68 per cent of its emergency water supply target (via treatment and trucking) and 67 per cent of the durable water infrastructure target. However, progress in other areas remains limited: only 25 per cent of the sanitation target, 29 per cent of the hygiene promotion target, and 17–18 per cent of the institutional WASH targets (schools and health facilities) were met. These gaps are primarily attributed to escalating access constraints, particularly in conflict-affected areas.

To mitigate these constraints, UNICEF scaled up the use of local community extenders to deliver services in inaccessible locations. Online trainings were conducted for extenders across the five Darfur states, covering mobile monitoring tools and water quality assessments. In-person training was also provided to 15 extenders (13 from Khartoum and 2 from Red Sea), who are now conducting field assessments and facilitating private sector engagement for urgent repairs through existing UNICEF Long-Term Agreements (LTAs).

Sudan's nationwide power outages continue to undermine water treatment capacity, contributing to the spread of cholera. To address this, UNICEF is solarizing water infrastructure in hazard-prone areas. In Northern State, 17 out of 33 facilities have been solarized, with additional fencing works underway in River Nile State. In Khartoum, efforts are underway to restore key water treatment plants in Bahri and Almanara, which are critical to urban water supply. A 1,000 kVA generator was delivered to Almanara, which serves over 1.5 million people, while two additional generators are en route to Soba and Bahri treatment plants. In Nyala, support included fuel provision and system upgrades. Through cross-border collaboration, three water systems were constructed in two locations using a private firm from South Sudan. In Port Sudan, desalination units were installed to address water shortages, and solar-powered water systems were expanded in Kassala and El Gedaref.

The ongoing conflict has also triggered a substantial loss of technical capacity, with both public and private sector actors struggling to retain skilled personnel. Local implementing partners face similar challenges in scaling operations. To address this, UNICEF has launched a national capacity assessment of public and private WASH actors through an institutional contract. This assessment will identify critical gaps and inform a costed roadmap for short-, medium-, and long-term interventions, including prioritisation of key WASH projects and investments.

Child Protection

UNICEF and partners continued to scale up critical child protection services in response to growing protection risks across Sudan, particularly following the mass displacement from Zamzam and Abu Shouk camps in Al Fasher and the intensification of conflict in Kordofan. Despite severe access constraints, child protection interventions expanded across 17 states, focusing on mental health and psychosocial support (MHPSS), gender-based violence (GBV) prevention and response, Explosive Ordnance Risk Education (EORE), and family tracing and reunification (FTR).

During the reporting period, a total of 1.8 million received MHPSS services. This included 630,861 children (56 per cent girls), among them 1,491 children with disabilities, and 106,123 caregivers, 67 per cent of whom were women. To integrate MHPSS into broader service delivery, Psychological First Aid (PFA) was introduced at 20 UNICEF-supported nutrition facilities in River Nile State, delivered by nutrition counsellors through the IYCF programme. Additionally, 11 nutrition points were integrated into Child-Friendly Spaces (CFSs) to expand access to psychosocial support.

UNICEF also supported capacity strengthening across Khartoum, South Kordofan, Blue Nile, and White Nile, training 129 child protection actors (82 women and 47 men) from government and civil society organisations. Participants included staff from the National and State Councils for Child Welfare (NCCW/SCCW), Family and Child Protection Units (FCPU), and NGO partners. Training sessions covered child rights, psychosocial support, and the provision of PFA in emergency settings.

In South Kordofan, UNICEF supported 11 youth clubs, where 165 adolescents (51 per cent girls) received training on life skills and leadership, helping to promote resilience and child participation in conflict-affected communities.

To mitigate and respond to GBV risks, 4859,349 children and women (69 per cent of children) received access to comprehensive GBV prevention, mitigation, and response services. On the International Day of Zero Tolerance for Female Genital Mutilation (FGM), UNICEF and partners organised awareness-raising activities across Gedaref, White Nile, and Red Sea states. Events were conducted in 13 CFSs and nine community gathering sites, amplifying the “Sameela” campaign and promoting awareness of Article 141, which criminalises FGM in Sudan.

UNICEF continued to strengthen community-based child protection systems, focusing on prevention, response, and the delivery of critical services to vulnerable children and caregivers. As part of these efforts, Child-Based Protection Networks (CBCPNs) were established and trained, with 110 members (54 women and 56 men) capacitated on core child protection principles, GBV prevention and response, case management, and referral pathways. In West Kordofan, an additional 75 individuals, including social workers, CBCPN members, and community leaders, were trained on GBV, FGM and child marriage prevention, peacebuilding, and the protection of children in armed conflict.

During the reporting period, 7,963 unaccompanied and separated children (UASC), 44 per cent girls, were identified and supported with alternative care arrangements, family reunification, individualised case management, psychosocial support, and referrals to essential services, including healthcare. To reinforce this work, 230 frontline actors (40 per cent women), including social workers and CBCPN members, were trained on FTR and case management procedures.

Explosive ordnance contamination continues to pose a grave risk to civilians, particularly children. At least 14 square kilometres of land are affected, including 13.33 square kilometres confirmed in previous years. In response, 407,097 individuals, including 265,003 children (54 per cent girls) and 142,094 caregivers (67 per cent women), were reached with EORE. These life-saving sessions equipped communities with the knowledge to safely navigate areas contaminated by unexploded ordnance and landmines. Additionally, 125 community members (64 women and 61 men), including teachers, social workers, and volunteers, received in-depth training in EORE, including ordnance identification, risk reduction strategies, community reporting, and basic first aid.

Following sustained advocacy with the SAF, 71 children (including five girls) allegedly associated with armed groups were released and formally handed over to UNICEF and the National Council for Child Welfare (NCCW). All children received comprehensive case management, including family tracing, medical screening, and psychosocial support, and were successfully reunified with their families in River Nile State. Ongoing follow-up is being provided to ensure their safe reintegration and long-term well-being.

In accordance with the recommendations of the United Nations Secretary-General to end grave child rights violations in Sudan, UNICEF successfully facilitated advocacy efforts and negotiations with the government. This resulted in the appointment of a senior official from the Sudanese Armed Forces (SAF) to collaborate with the United Nations in the development and implementation of an action plan aimed at ending grave child rights violations by the SAF.

Access to legal identity and civil documentation remains a priority in UNICEF’s child protection response. During the reporting period, 1,056 children were supported to obtain birth certificates, a critical step in reducing long-term protection risks, particularly for displaced, separated, and unaccompanied children.

Despite these critical achievements, child protection interventions continue to face significant operational challenges due to ongoing conflict and access constraints, particularly in high-risk and hard-to-reach areas. These barriers limit programme monitoring, delay service delivery to survivors, and hinder evidence-based decision-making. UNICEF is prioritising efforts to expand access and strengthen the reach of child protection services to ensure that no child is left behind in Sudan’s complex and rapidly evolving crisis.

Education

As of June 2025, UNICEF and partners have significantly expanded education services across Sudan, despite the continued challenges posed by conflict, mass displacement, and the destruction of learning infrastructure. Notably, 4,498 schools reopened during the first half of the year, including 408 in June alone in Aj Jazirah, where all primary schools are now operational. In parallel, Back-to-Learning campaigns were launched in Khartoum, Kassala, and Gedaref to promote re-enrolment and reduce dropout. These campaigns involved community outreach, mobilisation, and awareness sessions targeting out-of-school children, with a strong focus on girls and displaced learners. These coordinated, multi-sectoral approaches aim to restore learning continuity and promote equitable access to education amid Sudan’s protracted crisis.

Between January and June 2025, a total of 1.3 million children and adolescents (52 per cent girls) were reached with formal and non-formal education interventions. Through school grants provided in Gedaref, Kassala, River Nile, and Northern states, over 1 million children accessed safer and improved learning environments. To support displaced and out-of-school children unable to attend formal schools, 620 Safe Learning Spaces (SLs) were established across 13 states, reaching 280,956 children. This includes 140,096 children (53 per cent girls) in Darfur and Kordofan, two of the most conflicted affected by the conflict and underserved states 203 SLs were established.

To facilitate learning and improve educational quality, 213,990 children (51 per cent girls) received individual learning materials, including 52,726 children in Darfur and Kordofan. UNICEF also supported capacity-building efforts through the training of 2,364 facilitators (62 per cent female) and the provision of incentives to 2,774 teachers and facilitators (67 per cent female). Meanwhile, 54,681 adolescents (52 per cent girls) participated in structured activities promoting life skills, wellbeing, and resilience.

Digital learning continues to provide alternative pathways for children affected by school closures. As of mid-2025, 27,333 children (50 per cent girls) accessed foundational and accelerated learning through the Let Us Learn initiative and the Learning Passport, expanding digital inclusion amid restricted physical access.

Despite progress, major barriers persist. Over 10,000 schools remain closed, and 2,100 schools continue to function as shelters for IDPs,

leaving over 14 million children out of formal schooling¹³. Persistent insecurity, displacement of teachers, lack of learning materials, limited digital connectivity, and access restrictions in conflict zones such as Darfur and Kordofan continue to hamper education delivery and service continuity.

From 29 June to 9 July 2025, Sudan conducted the second round of the Grade 12 national examination, with over 219,000 candidates registered across 2,148 centres, including students from states previously excluded due to insecurity. UNICEF, in coordination with the Education Cluster and state education authorities, supported the safe and inclusive administration of the exams by providing exam materials, hygiene kits, WASH services, psychosocial support, nutritious meals, and logistics support. In high-risk locations, mobile health and protection teams were deployed to address urgent student needs and ensure a safe learning environment. Following sustained high-level advocacy, Chadian authorities granted approval for Sudanese students displaced to Chad to sit for the Sudanese certificate examination in August. This milestone decision will ensure continued access to education certification for thousands of refugee students, supporting their right to education despite displacement.

Enhancing Resilience, Social Inclusion and Cash Assistance

UNICEF's Mother and Child Cash Transfer Plus (MCCT+) programme continues to deliver essential, life-sustaining support to vulnerable women and children across Sudan, amid deepening conflict, economic collapse, and displacement. MCCT+ provides regular cash assistance to pregnant and lactating women, alongside essential health and nutrition services and social and behaviour (SBC) interventions to promote maternal and child wellbeing during the first 1,000 days of life—a critical window for child survival and development. The programme is currently active in Red Sea, Kassala, and River Nile states, with expansion underway in Gedaref and Northern states.

Due to Sudan's escalating liquidity crisis, disbursements to over 62,000 women in Kassala state and Port Sudan were delayed in late 2024. In response, UNICEF worked closely with partners and financial service providers (FSPs) to shift to digital payment modalities, ensuring continuity of assistance. By mid-2025, more than 57,000 women had received their delayed payments. In hard-to-reach areas such as Telkok and Hamashkureib, approximately 1,300 women received in-kind support in lieu of digital payments. As the MCCT+ programme transitions fully to digital platforms, UNICEF is supporting women to open bank accounts, contributing to their financial inclusion and economic resilience.

In June, over 9,000 additional women were enrolled in Port Sudan as part of the programme's geographic expansion. Preparations for registration in Gedaref are underway, with enrolment set to begin in July.

To strengthen the protection of women and girls in high-risk settings, UNICEF is working closely with child protection partners to operationalise an emergency cash initiative for GBV prevention and response. This pilot aims to integrate social protection within the broader GBV response system, enhancing the safety and dignity of survivors. As of mid-year, 723 women and girls at risk of GBV have been registered to receive targeted cash support, demonstrating the potential of cash-based assistance in reinforcing protection outcomes.

In North Darfur, where conflict and displacement have severely disrupted access to food and services, UNICEF supports local partners to operate communal kitchens in Al Fasher, Tawila, and Al Malha. These kitchens are providing daily meals to over 88,000 displaced and conflict-affected individuals, serving as a vital safety net in one of the hardest-hit states.

Looking ahead, UNICEF will continue to scale MCCT+ to additional localities, deepen community engagement, and provide emergency cash assistance to even more women and girls at protection risk.

Social and Behaviour Change (SBC)

Sudan continues to face serious public health challenges, including ongoing cholera and polio outbreaks, necessitating urgent and sustained SBC interventions. UNICEF's SBC teams have been actively monitoring community perceptions through offline and online social listening platforms. While no major rumours or misinformation were reported in June, persistent vaccine hesitancy remains a barrier to uptake.

SBC efforts have been integral to cholera prevention, routine and campaign immunisation (including polio and measles), malnutrition, and education initiatives. A multi-channel communication approach was used to disseminate lifesaving messages promoting hygiene, early care-seeking behaviours, vaccine uptake, and optimal infant and young child feeding practices. Messaging platforms included house-to-house visits, focus group discussions, community dialogues, local and national radio, social media (e.g., WhatsApp, Facebook), mobile cinema, megaphone announcements, and mosque outreach—particularly critical in conflict-affected and displaced communities. Trusted community figures, such as midwives and religious leaders, were trained to deliver messages in culturally sensitive ways.

Community engagement remained at the heart of UNICEF's SBC approach. In the first half of 2025, 4,294 key community actors, including social mobilizers, religious leaders, and school health committees were trained and mobilised. These actors supported major campaigns such as the "Big Catch-Up," Oral Cholera Vaccine (OCV) campaigns, Back-to-Education initiatives, and cholera response activities. In June 2025 alone, SBC efforts reached 185,227 people, bringing the cumulative reach from January to June to 2,331,595 individuals. Coordination of SBC and community engagement was strengthened through the National Risk Communication and Community Engagement (RCCE) Committee, which convenes bi-monthly with key partners to align strategies and harmonise messaging.

Despite these achievements, several challenges continue to hinder implementation. In hotspot areas like Darfur and Kordofan, many communication tools (e.g., megaphones, solar radios, IEC materials) were looted or destroyed, limiting outreach capacity. Telecommunications blackouts have disrupted coordination and messaging in some areas. Frequent displacement has further fragmented community platforms and structures, while limited local partner capacity in insecure areas has impacted service delivery. Moreover, current community feedback systems rely primarily on ad hoc methods, such as house visits and focus group discussions, with no systematic digital tools in place for real-time feedback analysis.

To address these gaps, UNICEF has launched small-scale perception surveys in response to emerging needs. Plans are underway for a more detailed study on vaccination behaviours, as well as qualitative research on waterborne diseases in cholera-affected states. These upcoming studies aim to provide robust baseline data to support evidence-informed SBC programming and enhance community-centred

public health interventions.

Accountability to Affected Population (AAP)

UNICEF continued to prioritize Accountability to Affected Populations (AAP) and localization by embedding these principles into the design and implementation of its programs, both internally and through inter-agency coordination. Community Feedback Mechanism (CFM) is a key component of the broader Accountability to Affected Populations (AAP) process. AAP is an ongoing commitment to listening to communities, engaging them meaningfully, and ensuring they have a voice in decisions that affect their lives. CFMs support this process by providing accessible and safe channels through which affected people can share their concerns, ask questions, request services, and actively participate in shaping the response. Central to this approach was the establishment and expansion of Community Feedback Mechanisms (CFMs) across Sudan's states, enabling communities to voice their needs, concerns, and priorities. In June 2025, a total of 6,081 feedback cases—86 per cent from women—were addressed through the Interagency Community Feedback Mechanism (IA CFM). This represented a 33 per cent decrease from the previous month, largely due to increased outbound activities and reduced working hours during holidays. Of the cases received, 84 per cent were successfully closed following counseling, processing, and referrals, while 16 per cent remain under case management. As of June, a total of 65,883 people shared their concerns and asked questions through established feedback mechanisms.

UNICEF strengthened accountability to children through consultations with children, caregivers, and teachers in multiple internally displaced persons (IDP) sites across Port Sudan, Gedaref, Kassala, and River Nile. The community-based CFM continued to amplify voices from all 18 states, with 117 collective reports representing 412,529 individuals. These reports highlighted emerging needs from new displacements, returnee populations, and healthcare demands—particularly related to the cholera outbreak. A high volume of requests for cash assistance to meet multi-sectoral needs was also recorded.

To build capacity, UNICEF conducted eight technical training sessions for over 150 participants, including internal staff and more than 15 implementing partners. Additionally, 55,000 individuals were reached through sensitization campaigns led by community-based champions promoting AAP principles and access to safe feedback channels.

Communities are increasingly aware of their rights and entitlements, especially in areas previously supported by programs such as the Mother and Child Cash Transfer Plus (MCCT+). This shift was evident during the Sanad project registration in Port Sudan, where community members actively sought information, raised complaints, and demanded accountability. The CFM played a key role in flagging urgent issues, such as the arrival of approximately 5,000 returnees from South Sudan to Blue Nile without any humanitarian assistance, and the influx of IDPs from Al Fasher, which has placed significant pressure on host communities in Malit and Tawila.

Face-to-face engagement expanded to new locations, including IDP centers and safe learning spaces in Port Sudan and Gedaref, in collaboration with community-based and disability-focused organizations. Partnerships with local NGOs such as ALM, IPDO, and Zahra enabled access to hard-to-reach areas like Kawda and Yabus in South Kordofan, where action plans were developed to improve humanitarian access. The scale-up of community champions further extended outreach to underserved areas in Darfur.

Feedback mechanisms were reinforced through direct community interactions, including focus group discussions with children, caregivers, and teachers in Port Sudan and Gedaref. The hotline was promoted in new areas using bulk SMS and hand-distributed cards, increasing awareness and usage. Feedback tools were also expanded within the MCCT+ cash assistance program, and a new digital tool was launched to capture feedback via helpdesks and community champions.

AAP consultations were conducted specifically for children and persons with disabilities to ensure inclusive programming. Feedback collected through CFMs has directly informed programmatic decisions. For example, in South Darfur's Kas locality, community complaints about inadequate food distribution led to a program review. In Gedaref, children's feedback on poor school conditions prompted plans for an educational needs assessment. In Al Hishan IDP site in Port Sudan, community concerns about the lack of electricity were referred to the Emergency Telecommunications Cluster (ETC), resulting in an assessment and plans to install solar power—an intervention expected to significantly improve living conditions.

Despite these efforts, refugees and residents of refugee camps remain underrepresented in the CFM system, with limited use of feedback channels. While most programs are now integrated with CFMs, outreach in hard-to-reach areas still relies heavily on community champions and partner-led sensitization. Sudan's linguistic diversity, including the need for sign language and dialect-specific tools, continues to pose barriers to inclusive feedback collection. Although CFMs have incorporated one local dialect in two states, broader linguistic inclusion remains a challenge. This is being partially addressed through the use of local champions who speak the same dialects and are trusted by their communities.

Although 92 per cent of feedback cases were closed in June, communities continue to express concern about the lack of transparency regarding how their feedback is used. The remaining 8 per cent of cases are still pending due to ongoing case management and follow-up processes. Alarming, many community members report receiving no follow-up on their complaints or inquiries, which threatens to erode trust in the system. This concern has also been echoed by community-based organizations and local partners.

Protection from Sexual Exploitation and Abuse (PSEA)

UNICEF continues to prioritise the integration of Protection from Sexual Exploitation and Abuse (PSEA) across all programmes in Sudan, ensuring that children, women, and vulnerable communities, especially in high-risk areas are informed about unacceptable behaviours by humanitarian actors, know how to safely report SEA incidents, and can access available support services.

To reinforce accountability and prevention, 782 people (55 per cent women) were trained on PSEA and Sexual Harassment (SH) in June 2025. Between January and June 2025, a cumulative 9,342 individuals (55 per cent women) received PSEA/SH training. These sessions conducted both in-person and online targeted UNICEF staff, implementing partners, and contractors working on UNICEF-supported programmes, ensuring consistent awareness and adherence to PSEA standards across the response.

During the reporting period, field-level safety audits were conducted in Kassala and Red Sea states as part of broader efforts to assess and mitigate SEA and SH risks. These audits included on-site assessments of education, health, and nutrition facilities supported by UNICEF and partners. Working closely with UNICEF PSEA focal points and partners, the findings have informed context-specific mitigation measures to create safer programming environments for women and children.

UNICEF continues to co-chair the Sudan Inter-Agency PSEA Network, contributing to strategic direction and technical guidance through its active role in the Strategic Advisory Group (SAG). At the sub-national level, UNICEF supported the establishment of PSEA coordination platforms. In West Darfur, the PSEA Working Group, chaired by UNICEF, finalised its Terms of Reference and Action Plan, marking a key milestone in decentralised coordination.

The PSEA team in UNICEF also contributed to cross-sectoral coordination platforms, including the Inclusion Task Force, GBV Working Group, AAP/Community Engagement Working Group, and Inter-Agency PSEA meetings, strengthening collaboration and accountability across the humanitarian response.

In partnership with the Inter-Agency PSEA Network, UNICEF supported the Inter-Agency Rapid Risk Assessment (IARA) conducted in 12 states, including cholera hotspots and conflict-affected areas. The assessment revealed persistent barriers to SEA reporting, as well as community perceptions of the effectiveness of existing complaint and feedback mechanisms critical tools for enabling safe disclosures and ensuring survivor-centred responses.

In June 2025 alone, 372,851 people were reached with PSEA awareness messages, including 48 per cent women and 12 per cent children. Cumulatively, from January to June, 1.9 million people, including 14,779 persons with disabilities, were reached representing a 23 per cent increase compared to the same period in 2024. This progress was driven by expanded use of diverse communication platforms, including joint community campaigns, radio talk shows, and outreach in new displacement sites.

To improve accessibility and inclusion, UNICEF supported the development of sign language videos for persons with hearing and speech impairments, now being used by partners at service delivery points. In addition, inter-agency PSEA IEC materials were printed and distributed to frontline workers within the Health and WASH Clusters to support the ongoing cholera response.

Supply and Logistics

UNICEF continues to prioritise the delivery of critical supplies to meet urgent humanitarian needs across Sudan, despite ongoing access and operational challenges. In June 2025 alone, UNICEF distributed 3,784 metric tons of lifesaving supplies valued at approximately US\$ 9 million, reaching an estimated 3.9 million people. This brings the cumulative supply volume for the year to 21,126 metric tons, valued at US\$ 44.1 million.

Of this total, 6,726 metric tons were delivered to high-priority locations including Darfur, Kordofan, and Khartoum, while 14,400 metric tons reached other conflict-affected or vulnerable states, including Red Sea, Kassala, River Nile, Gedaref, Sennar, Blue Nile, White Nile, and Northern states. These supplies supported both programme acceleration and pre-positioning efforts ahead of the rainy season. Delivered commodities covered multiple sectors, including health, nutrition, WASH, education, and child protection, enabling the continuation of essential services and emergency response.

For malaria prevention, a mass distribution of bed nets campaign is ongoing. Sixteen million bed nets were procured, and 4.2 million nets have been delivered to states to support phase 1 campaign. Phase 2 deliveries are ongoing with 1.4 million nets delivered and 3.5 million deliveries underway to East, Central and South Darfur.

As of June 2025, UNICEF's procurement throughput reached US\$ 81 million, accounting for 32 per cent of the US\$ 258 million annual supply plan. Of this, US\$ 39 million (48 per cent) represents offshore procurement, of which 21 per cent (US\$ 8 million) in supplies have already been received in-country. Locally sourced goods and services accounted for US\$ 42 million (42 per cent) of total throughput, reflecting UNICEF's commitment to local procurement, market stimulation, and capacity building, in support of the national economy.

Despite these achievements, a funding gap of US\$ 103 million remains. Increased availability of flexible and timely funding is urgently required to trigger procurement of replenishment supplies, ensuring continuity of the supply pipeline and avoiding stockouts, particularly during the peak emergency season.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF plays a central role in coordinating and supporting Sudan's humanitarian efforts. As a key member of the Humanitarian Country Team and Inter-Cluster Coordination Group, it provides strategic leadership and technical support across sectors. UNICEF leads the WASH, Education, and Nutrition Clusters, and the Child Protection Area of Responsibility at all levels. It also contributes significantly to the Health Cluster, collaborating with the Ministry of Health, WHO, and NGOs to improve health services.

Additionally, UNICEF chairs the Accountability to Affected Populations and Community Engagement Working Group, promoting community participation and feedback. It also actively supports interagency work on access, cash assistance, logistics, and localization.

Child Protection Area of Responsibility (CP AoR)

In June 2025, Child Protection AoR partners reached a total of 117,876 individuals (87 per cent children) across 65 localities in 16 states. This response was delivered by 19 partners and included support for 290 children with disabilities. From January to June 2025, the cumulative reach stands at 913,232 children and caregivers, including nearly 4,000 children with disabilities.

Delivery of essential, lifesaving child protection services exceeded expectations. A total of 17,119 caregivers participated in parenting programs and accessed community-based mental health and psychosocial support, 204 per cent of the target. Additionally, 411,332 girls and

boys received structured and sustained psychosocial support (PSS), surpassing the target by 103 per cent.

Coverage remains critically low in several states. In East Darfur, only 5.7 per cent of the target population was reached; in North Darfur, 5.1 per cent; and in West Kordofan, just 0.3 per cent. In areas classified as Level 5 severity—the most critical—only 8.5 per cent of the target population was reached, with 80,000 individuals served in these high-risk locations.

To support partners and improve coordination, the AoR developed and disseminated several key resources, including a Child Protection Advocacy Note, a guidance note on cholera, an integrated concept note, and a monthly bulletin. Information management products such as a child protection gap analysis and a partner mapping for June, were also shared to inform strategic planning and response.

Education Cluster

Despite accelerating progress in school reopening in newly accessible areas, especially Aj Jazirah, over 75 per cent of the country's schools remain closed for over two years, contributing to continued lack of access to education for over 14 million school-aged children. With increased trends of returnees from States in the north and east of Sudan to Aj Jazirah and Khartoum, presence of IDPs in schools is reportedly reduced, allowing for schools to be evacuated and reused for education.

During June, primary and intermediate end-of-cycle certification exams were conducted in most States. The Education Cluster engaged with State Ministries and communities to support the most vulnerable conflict affected and IDP children sit for exams. This included supporting children in the five States in Darfur sitting for primary and intermediate school examinations.

At the national level, the Education Cluster, jointly with the Local Education Group (LEG), established and activated a dedicated taskforce for the National Secondary School Examination. In June, the taskforce agreed on ways for engaging on monitoring and supporting the national certification examinations scheduled from 29 June to 10 July. Daily briefing meetings were agreed with the purpose of sharing reflections from the daily monitoring of the situation in exam and accommodation centers.

With enhanced capacity and access, the education cluster was able to implement education activities in four additional localities in Khartoum, increasing the total geographic reach to 95 localities. As of the end of June, 2025, the Education Cluster has reached 581,956 children (52 percent girls) with direct support to access formal and non-formal education opportunities. Although this figure represents only 20 per cent of the overall cluster target for 2025, many more children have been reached through school-level grant support. In June alone, the cluster partners supported 88,625 children (49 per cent girls), including 34,032 out-of-school children. This included 5,625 children (55 per cent girls) benefiting from the provision of essential lifesaving and learning skills as well as 11,301 children receiving Psychosocial Support (PSS), out of whom 567 referred to specialized MHPSS services. Over 662 teachers received training on education in emergency, while 1,124 (66 percent Female) received incentives. And 399 provided with essential teaching materials.

Nutrition Cluster

While final reporting for June is still underway, preliminary data from nutrition cluster stakeholders indicate approximately 475,297 malnourished under-five children (U5) and pregnant and breastfeeding women (PBW) were reached during the January to June reporting period. This achievement represents 41 per cent percent of the national nutrition cluster target for the first half of the year. Among the beneficiaries, 252,568 U5 children with severe acute malnutrition (SAM) without medical complications were enrolled in Outpatient Therapeutic Programmes (OTPs), reaching 83 percent of the mid-year target. An additional 16,081 SAM cases with medical complications were admitted to Stabilization Centers to receive specialized inpatient care. During the same period, 206,648 U5 children and PBW with moderate acute malnutrition (MAM) were enrolled in Therapeutic Supplementary Feeding Programmes (TSFPs), representing 23 per cent of the cluster target. Emergency Blanket Supplementary Feeding Programme (e-BSFP) activities reached a total of 584,572 beneficiaries. Of these, 466,632 were U5 children (equivalent to 82 per cent percent of the target), while the remaining beneficiaries included 117,940 PBW.

With support from UNICEF, nutrition cluster NGO partners scaled up integrated nutrition campaigns prioritizing IDP gathering sites. These outreach efforts strengthened early identification and referral of malnourished children. This has contributed to screening of over 2.8 million U5 children, meeting 50 percent of the target.

To enhance understanding of the evolving nutrition situation, seven SMART¹⁴ surveys conducted in May were validated by the NISTWG.¹⁵ Of these, three surveys—conducted in East Darfur, South Darfur, and South Kordofan—reported GAM prevalence rate above the WHO emergency threshold of 15 percent. In parallel, the cluster accelerated its SMART survey implementation plan, with expedited protocol validation for eight surveys scheduled for July. These surveys will provide important information on the impact of the ongoing crisis during the lean season in six Critical Priority 1 localities across North Darfur and North Kordofan states. To enhance local capacity, 18 SMART survey supervisors in Darfur and states were trained by global SMART team.

Amid reports of cholera outbreaks and with the onset of the rainy season, re-fresher training on the management of cholera among acutely malnourished children was organized in partnership with the Health Cluster. Additionally, the nutrition cluster has engaged with the Global Nutrition Cluster (GNC) to support capacity-strengthening for sub-national coordinators, all of whom serve in double-hatting roles, to reinforce coordination at sub-national level.

WASH Cluster

As of June 2025, WASH Cluster partners have reached approximately 7.1 million people with critical water, sanitation, and hygiene services across Sudan. This includes 2.7 million people who gained access to improved water supply services, and an additional 8.8 million people who benefitted from access to chlorinated water, either through bulk water treatment plants in urban centres or via the distribution of chlorine tablets in cholera-prone areas.

Sanitation services were provided to 1.6 million people, while hygiene promotion activities engaged 4.2 million people, disseminating vital messages on handwashing, disease prevention, and safe water handling. However, despite the broad reach of individual WASH components, only approximately 350,000 people received the full minimum WASH package (water, sanitation, and hygiene), highlighting the fragmentation of service delivery in many locations.

According to the Financial Tracking Service (FTS), only 15 per cent of the US\$ 301 million required for the 2025 WASH response has been secured, including allocations from multisectoral funding streams. This shortfall significantly constrains the ability of partners to provide comprehensive and sustained services.

The WASH situation remains fragile and complex, further compounded by the ongoing cholera outbreak, which has reached historic levels. Attacks on water infrastructure have severely disrupted urban supply systems, directly contributing to the rapid spread of cholera. At the same time, large-scale population movements, including new displacements and spontaneous returns have continued to drive transmission in overcrowded and underserved areas, placing immense strain on overstretched WASH services.

Accountability to Affected Populations (AAP) Working Group

The AAP Working Group is sustaining the efforts to mainstream and establish the accountability grounds by enhancing the local capacities of communities and stakeholders. As part of the Interagency CFM mainstreaming and accessibility, a digital approach ODK Collect app has been rolled out in El Gadaref, providing a compliant channel for Community Champions and Community Helpdesks to conduct vital activities.

A fatal explosion caused by explosive remnants of war (ERW), reportedly triggered by a child, highlights the urgent need for mine action interventions. Reports of open drug use in South Darfur and children being targeted in markets point to the need for targeted awareness and psychosocial support services. Children under 15 are reportedly involved in hazardous waste collection with one of the companies in Atabara in violation of child labour laws, calling for urgent protection action.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA



Zuhair's life changed the day a bomb struck his home, and a piece of shrapnel tore through his body.

Twelve-year-old Zuhair sits in a wheelchair- which has now become a part of his life. Before the war reached his hometown of Khartoum, he was a vibrant, active young boy. He engaged in various sports activities and was able to do a lot while on his feet. He walked to school and ran around his home and in school.

But all that changed the day a bomb struck his home, and a piece of shrapnel tore through his body.

Now confined to a wheelchair, Zuhair depends on others for movement. When asked how it happened, he lowers his voice.

“I was injured by a bomb. I don’t like talking about it... It brings back memories I’m afraid to relive.”

Since the war erupted in Sudan, millions of children have been forced to endure the unimaginable. Many have been displaced, killed and gravely injured-physically and emotionally. These are not just numbers but lives completely changed.

“At least forty children were reportedly killed over just three days, in three separate areas of the country. This is a stark illustration of the devastating – and growing – threats to children in Sudan,” Annmarie Swai, UNICEF Deputy Representative, reported in early 2025.

“Sadly, it is rare that more than a few short days go past without new reports of children being killed and injured.”

Zuhair was one of the many injured. Trapped in Khartoum during heavy fighting, he was unable to flee with his family until his condition stabilized. But the moment to escape safely never came.

- [Article: Holding on to hope: Newborn care saves lives amid conflict in Sudan.](#)
- [Article: “Now we can learn.”](#)
- [Article: Education is my hope.](#)
- [Article: Shielding childhood.](#)

- [Photo essay: “We will sleep tight”](#)
- [Photo essay: Race against time.](#)
- [Article: Protecting children from Measles and Rubella.](#)
- [Article: Engaged from the start.](#)
- [Press release: UNICEF delivers more lifesaving cholera vaccines to Sudan as deadly outbreak spreads.](#)
- [Press release: UNICEF delivers lifesaving supplies to internally displaced in Sudan’s West Kordofan](#)
- [Statement: WFP/UNICEF humanitarian aid convoy carrying life-saving supplies attacked in Sudan’s North](#)

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: AUGUST 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*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	3.1 million	1.7 million	▲ 56%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.3 million	497,357	▲ 37%	-	-	-
Persons assessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities.	Total	-	5.9 million	2.8 million	▲ 48%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.7 million	3.8 million	▲ 68%	5.7 million	3.8 million	▲ 68%
Children 6-59 months with severe wasting admitted for treatment	Total	-	603,298	198,054	▲ 33%	603,298	198,054	▲ 33%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.8 million	771,916	▲ 28%	2.8 million	771,916	▲ 28%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	3 million	1.9 million	▲ 63%	508,377	456,397	▲ 90%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	460,000	459,349	▲ 100%	515,000	45,834	▲ 9%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	4.8 million	1.9 million	▲ 40%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	14,300	7,963	▲ 56%	22,000	4,729	▲ 21%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	352,286	265,003	▲ 75%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	2.4 million	1.3 million	▲ 55%	3 million	581,956	▲ 20%
Children receiving individual learning materials	Total	-	1.6 million	213,990	▲ 13%	2 million	322,387	▲ 16%
Water, sanitation and hygiene								

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	-	9 million	7.6 million	▲ 84%	10.1 million	8.9 million	▲ 88%
People accessing appropriate sanitation services	Total	-	700,000	249,939	▲ 36%	2.5 million	1.7 million	▲ 68%
People reached with handwashing behaviour-change programmes	Total	-	9 million	3.3 million	▲ 37%	9.1 million	4.2 million	▲ 46%
People reached with critical WASH supplies	Total	-	1.8 million	285,841	▲ 16%	-	-	-
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	-	0%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	72,000	65,883	▲ 92%	-	-	-
People participating in engagement actions for social and behavioral change	Total	-	4.1 million	2.3 million	▲ 57%	-	-	-

*Progress in the reporting period 1 January to 30 June 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 (%)
Health	233,276,300	38,571,965	35,354,000	61,514,570	97,835,765	42%
Nutrition	257,226,174	29,537,523	-	27,529,053	200,159,598	78%
Child protection	144,811,336	1,978,533	2,757,000	32,869,179	107,206,624	74%
Education	92,797,895	22,793,899	12,110,000	44,517,631	13,376,365	14%
WASH	220,541,000	5,947,248	1,360,000	11,336,318	201,897,434	92%
Cross-sectoral	67,543,191	31,770,883	-	25,421,698	10,350,610	15%
Total	1,016,195,896	130,600,051	51,581,000	203,188,449	630,826,396	62%

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

Who to contact for further information:

Annmarie Swai
Deputy Representative Programmes
T +249 (0) 91 230 3472
aswai@unicef.org

Ezatullah Majeed
Chief Field Operations
T +249 (0) 900 755 245
emajeed@unicef.org

Ruben Vellenga
Head of Partnerships, Innovation and Resource Mobilisation
T +249 (0) 156 553 670
rvellenga@unicef.org

ENDNOTES

1. <https://dtm.iom.int/dtm-insights/january-2025-edition/data-update-spotlight-crisis-sudan>
2. <https://humanitarianaction.info/plan/1220/document/sudan-humanitarian-needs-and-response-plan-2025/article/hnnp-glance-0>
3. <https://dtm.iom.int/sudan>
4. <https://reliefweb.int/report/sudan/sudan-emergency-population-movements-sudan-09-jun-2025>
5. <https://www.unocha.org/publications/report/sudan/sudan-displacement-zamzam-camp-north-darfur-state-flash-update-no-01-15-april-2025>
6. <https://mailchi.mp/iom/dtm-sudan-flash-alert-al-fasher-zamzam-idp-camp-north-darfur-update-077?e=c095dde85b>
7. Federal Ministry of Education data.
8. <https://news.un.org/en/story/2025/05/1162916>
9. <https://www.unocha.org/publications/report/sudan/attacks-civilians-and-civilian-infrastructure-sudan-must-stop-statement-united-nations-resident-and-humanitarian-coordinator-ai-sudan-kristine-hambrouck>
10. <https://www.unocha.org/publications/report/sudan/attacks-civilians-and-civilian-infrastructure-sudan-must-stop-statement-united-nations-resident-and-humanitarian-coordinator-ai-sudan-kristine-hambrouck>
11. <https://app.powerbi.com/view?r=eyJrIjoiZDdhYjczYmItMmU1My00OGRiLWlxMTUtM2VjZjg4YjE5ZmNliiwidCI6ImIzZTVkYjVlTI5NDQtNDgzNy05OWY1LTc0ODhhY2U1ND>
12. <https://app.powerbi.com/view?r=eyJrIjoiZDdhYjczYmItMmU1My00OGRiLWlxMTUtM2VjZjg4YjE5ZmNliiwidCI6ImIzZTVkYjVlTI5NDQtNDgzNy05OWY1LTc0ODhhY2U1ND>
13. Federal Ministry of Education data.
14. SMART: Standardized Monitoring and Assessment of Relief and Transitions
15. NISTWG: Nutrition Information System Technical Working Group Blue Nile, Central Darfur, Red Sea, Sennar, South Khodofarn, Northern, South Darfur, White Nile, West Darfur, Gadarif, River Nile, Kassala States