

<b>Alert note</b>
<i>Sudan Conflict, May 2026</i>

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**Date completed:** 21/05/2026

**Forum:** Sudan

**Type of emergency:** Conflict

**Date of emergency (if rapid onset):** Ongoing

**Funding Survey**

If the forum indicates a plan to launch an appeal, we request that funding members please complete this [survey](#), which will help the **Emergency Steering Committee** assess the funding environment for this response. Please respond to this survey *within 24 hours of Alert publication*.

<b>1. The nature of the emergency</b>
Conflict, leading to complex and large-scale displacement, food insecurity, and a protection crisis.
<b>2. The impact and scale of the emergency</b> <i>(please include your source of information with links if possible)</i>
<p>The conflict in Sudan has created a large-scale, catastrophic (Level 3), <b>complex humanitarian emergency</b>, with an estimated 33.7 million people, nearly two-thirds of the population, requiring assistance in 2026, making it the largest crisis globally.</p> <p>The violence, which began in April 2023, has spread across several states, including Khartoum, Gezira, White Nile, Blue Nile, as well as the Darfur and Kordofan states, with relative stabilization and returns in parts of Khartoum contrasting sharply with intensified hostilities, siege conditions, famine risk, and mass atrocities in Darfur and Kordofan, where civilians face extreme deprivation and ethnic-targeted violence (<a href="#">UN News</a>).</p> <p>Overall, over 13–14 million people have been displaced (UNHCR), forming the world’s largest displacement crisis, with women and children making up the majority (around 75%), and children alone numbering over 17 million among those in need (<a href="#">UNOCHA, Sudan HNRP</a>).</p> <p>Even in areas that have returned to relative stability, the population has been severely affected through widespread destruction of homes, markets, and infrastructure, repeated displacement, and collapse of basic services, with over one-third of health facilities non-functional, large-scale livelihood loss (WHO). While there is no consistent nationwide data available, it is estimated that over 21 million people are facing acute food insecurity, including famine conditions in parts of Darfur and Kordofan (<a href="#">IPC, Sudan HNRP</a>).</p> <p>The most affected are internally displaced people, women, children, and ethnic minorities, who face heightened risks of gender-based violence, exploitation, hunger, and lack of access to health care and assistance, making the impact catastrophic due to compounded vulnerability and restricted humanitarian access.</p> <p>In the short term, the crisis is driving extreme hunger, malnutrition, disease outbreaks (cholera, malaria), and acute protection risks, while in the long term it is leading to the collapse of livelihoods and coping</p>

capacities, loss of education for an entire generation, deepening poverty, and a protracted protection crisis with long-lasting social and economic consequences.

### **3. Local and national capacity**

Despite the scale of the crisis, affected populations in Sudan are primarily coping through negative strategies, including reducing meals, selling assets, relying on host communities, and undertaking repeated displacement.

While community solidarity and informal mutual aid groups play an important role in survival, host community resources and local capacity are increasingly severely strained. Community-based structures such as neighbourhood committees, women's groups (WRR), and local associations continue to deliver basic services, protection, support, and small-scale livelihood activities, often at great personal risk and with limited resources (FGD held in January 2026 with base ERR, LCC, and Lo Hub representatives).

At the same time, the capacity of governing authorities remains extremely limited and fragmented due to ongoing conflict among authorities, resulting in weakened institutions and a minimal coordinated national response. Although Sudan does have humanitarian planning frameworks such as the Humanitarian Needs and Response Plan (HNRP), which outlines priorities and acts as the de facto emergency response plan, coordination challenges persist.

The response is largely led by national and international humanitarian actors and the UN, with over 170 organizations implementing multi-sectoral interventions including food assistance, health, WASH, shelter, protection, and cash support, although access constraints and funding shortfalls significantly limit coverage.

Sudan has an established UN-led coordination system, with the cluster system fully activated across sectors (e.g., Food Security, Health, Protection, WASH, Shelter), alongside thematic working groups and coordination structures at national and sub-national levels, enabling joint planning and response despite a highly complex and insecure operational environment.

Overall, while local coping mechanisms and community structures provide critical frontline support, the scale of needs far exceeds national capacity, making the response heavily dependent on coordinated international humanitarian assistance.

### **4. Key needs and gaps**

The humanitarian situation in Sudan is characterised by massive, multi-sectoral needs and critical response gaps across all regions, particularly in Darfur, Kordofan, and conflict-affected parts of Khartoum. The Response is well below Sphere standards, with the 2026 Humanitarian Needs and Response Plan (HNRP) estimating 33.7 million people in need, but only 20.4 million targeted and just 13% reached so far, largely due to funding and access constraints. Key needs include food assistance (over 21 million acutely food insecure), health services (with more than one-third of facilities non-functional), shelter (over 15 million needing assistance), WASH, nutrition, and especially protection, as widespread violence, GBV, and child protection risks drive humanitarian need, particularly in Darfur and Kordofan where siege conditions and famine risk persist, and in areas of relative stability where IDPs seek refuge. While some of these needs are being addressed by UN agencies, INGOs, national NGOs, and local responders through the cluster system and HNRP, including food aid, health services, and cash assistance, the response remains severely underfunded (only around 20% funded) and uneven, with major gaps in hard-to-reach and high-severity areas due to insecurity, bureaucratic restrictions, and attacks on infrastructure and aid workers. Significant operational and information gaps persist, including limited access for assessments, lack of recent large-scale household data, reliance on remote data collection, and weak disaggregated data on vulnerable groups such as women, children, and

persons with disabilities; these gaps are compounded by access constraints, insecurity, and logistical challenges, and are expected to improve only gradually as access conditions stabilise and humanitarian data systems (e.g. OCHA HPC tools) are further strengthened. Overall, despite a coordinated response framework, the scale and severity of needs continue to far exceed current capacity, leaving millions without life-saving assistance.

**Key Needs**

- **Food:** 21M+ acutely food insecure; famine risk (esp. in Darfur, Kordofan)
- **Health:** 1/3+ health facilities non-functional
- **Shelter:** 15M+ need shelter support
- **WASH & Nutrition:** Limited clean water, sanitation, high malnutrition
- **Protection:** Widespread violence, trauma, GBV, and child protection risks. Social Cohesion
- **Geographic severity:** Darfur, Kordofan, and conflict-affected Khartoum worst hit

**Key Gaps**

- **Funding gap:** Only ~20% funded
- **Coverage gap:** 33.7M in need vs 20.4M targeted; only 13% reached
- **Access constraints:** Insecurity, siege conditions, bureaucratic barriers
- **Uneven response:** Major gaps in hard-to-reach/high-severity areas
- **Operational limits:** Attacks on aid workers, damaged infrastructure, logistics issues
- **Data gaps:** Limited assessments, outdated data, weak disaggregation (women, children, disabilities).

Please indicate whether you are considering:

	Indicate your intention with an <b>X</b> below
Rapid Response Fund ( <i>intended for small and medium-scale emergencies</i> )	
Appeal ( <i>intended for large-scale emergencies</i> )	<b>X</b>

*If you indicate an intention to launch an appeal, the secretariat will activate an Emergency Steering Committee meeting within two working days on receipt of this alert.*

**5. Forum Capacity and Members' Intention to Respond**

ACT Member	Geographical focus	Sectors of expertise and experience
Norwegian Church Aid	Khartoum Central Darfur Gedaref White Nile Kassala South Kordofan	GBV & Protection WASH FSL Multipurpose Cash Social Cohesion
Diakonie Katastrophenhilfe	Darfur South Kordofan Khartoum	FSL Protection DRR

## 6. Potential responses

Based on the initial needs assessment and in line with the NCA and DKH’s engagement in Sudan, the proposed response in Sudan focuses on coordinated and complementary, integrated, locally led, rapid, life-saving interventions through support to and strengthening of the full eco-system of local responders operating at the front line, including national NGO partners, the Emergency Response Rooms (ERRs), Women Response Rooms (WRRs), Local Coordination Council (LCCs), and Local Humanitarian Hub (LoHub).

The response prioritises multi-purpose cash assistance, emergency food support, basic health and WASH services, emergency shelter, and protection interventions, with a strong emphasis on gender-sensitive programming, including GBV prevention and response, psychosocial support, and safe spaces for women and children. In addition, NCA and DKH aim to strengthen local response capacity, including community-based protection systems and early recovery measures, including small-scale livelihood support, to reinforce coping mechanisms in highly affected areas such as Darfur, Kordofan, and Khartoum.

To respond effectively in this context, forum members would need flexible, timely, and multi-year funding to enable rapid scale-up of life-saving and protection interventions through local partners (including national NGOs, ERRs, and WRRs), alongside capacity strengthening support in areas such as financial management, compliance, safeguarding, monitoring and evaluation, and gender-responsive programming.

In addition, members would need to provide operational and technical assistance, including support for logistics, procurement, security risk management, and safe access negotiations in highly insecure and hard-to-reach areas. Strengthened coordination and information-sharing with UN clusters and other humanitarian actors is also critical to ensure complementarity, avoid duplication, and improve targeting.

Furthermore, investments in localisation approaches, including direct funding to frontline responders, institutional strengthening of local structures, and support for community-led needs assessments and data systems, are essential to sustain response efforts. Overall, forum members play a key role in enabling a scaled, principled, and locally led response by bridging critical gaps in resources, technical expertise, and access to support.