

1. Summaryⁱ

<p style="text-align: center;">1</p> <p>Humanitarian crisis ranking (Sida's initial allocation analysis)ⁱⁱ</p>	<p style="text-align: center;">33.7 million</p> <p>Number of people with humanitarian needs (Sida's initial allocation analysis)ⁱⁱⁱ</p>	<p style="text-align: center;">252 MSEK</p> <p>Initial allocation for 2026</p>	<p style="text-align: center;">0 MSEK</p> <p>Additional allocation in 2026</p>	<p style="text-align: center;">0 MSEK</p> <p>Flexible funding in 2026</p>	<p style="text-align: center;">252 MSEK</p> <p>Total Sida funding in 2026</p>
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Sudan has suffered from humanitarian crises for decades, stemming from the Darfur conflict in 2003, to the civil war between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) which erupted in April 2023, leading to extreme levels of violence against civilians. People in Sudan have been displaced time after time; at the height of the current conflict, over 11 million were displaced.¹ As SAF retook some areas during 2025, returns to places such as Khartoum and Al-Jazira have been made possible. Currently, the number of displaced people is around 10 million, out of which nearly 4.5 million sought refuge in neighbouring countries.²

The ongoing war has also led to widespread food insecurity, the collapse of essential services, violence against civilians, inadequate access to clean water, and a lack of treatment for malnutrition. Famine was initially declared in August 2024 in Zamzam camp, North Darfur. The Integrated Food Security Phase Classification (IPC) released in December 2024³ declared famine in several other parts of Sudan. A new IPC analysis, released in November 2025, confirmed that famine remains in several parts of the country and declared famine in El Fasher and Kadugli.⁴

Sudan is Sida's largest humanitarian allocation in the beginning of 2026 due to the severity and scale of the needs. Sida's humanitarian allocation focuses on partners with capacity to adapt as the conflict and needs evolve, and with the ability to work with frontline local actors operating in the most difficult places. The funding is for the most part flexible, giving partners the ability to prioritise the most urgent needs throughout the year.

¹ IOM, [Sudan | Displacement Tracking Matrix](#) (accessed 30 March 2026).

² UNHCR, [Situation Sudan situation](#) (accessed 30 March 2026).

³ IPC, [Sudan: Oct 2024-May 2025 | IPC - Integrated Food Security Phase Classification](#)

⁴ IPC, [Sudan: Acute Food Insecurity Situation for September 2025 and Projections for October 2025 - January 2026 and for February - May 2026 | IPC - Integrated Food Security Phase Classification](#)

2. Humanitarian needs & affected population

Humanitarian needs are widespread across Sudan, almost the whole country is classified in inter-sector severity 3 or above in the Humanitarian Needs and Response Plan (HNRP) for 2026.⁵ The highest number of people in need can be found in the sectors of Food Security and Livelihoods (FSL); Water, Sanitation and Hygiene (WASH); Protection; and Health. All of these sectors have identified more than 20 million people in need, which corresponds to about 40 per cent of the Sudanese population. In total, more than 33 million people need humanitarian assistance according to the HNRP for 2026.

Indiscriminate targeting of civilians has been a defining feature of the war, with reports of systematic killings, sexual violence, ethnically driven violence, forced displacement, and arbitrary arrests. Numerous reports of systematic sexual violence have surfaced, while conflict-related restrictions have limited access to lifesaving gender-based violence services. Civilian infrastructure has also been targeted throughout the conflict by both parties with several attacks reported on health facilities, water stations and electricity networks, but also on humanitarian convoys.

Three main groups face the most severe and extensive challenges: those residing in the areas most affected by conflict, those who have been displaced, and returnees to areas that have been retaken by SAF after a period of RSF control. In the first category, millions of people trapped in conflict zones or directly impacted by violence face severe threats to their dignity, health, well-being, and lives. These people are currently concentrated in Greater Darfur and Greater Kordofan. Second, over nine million people remain displaced within Sudan. Many of these individuals have been displaced multiple times, as frontlines shift. As a result, people have exhausted available coping mechanisms, and are being hosted in areas with already scarce access to basic social services. Third, by the end of 2025, more than 3.5 million people had been recorded as returnees, mainly in Khartoum and Al-Jazira where SAF regained control during the first part of 2025.⁶ The areas of return are severely impacted by conflict, lack social services and basic infrastructures, and are heavily contaminated by explosive remnants of war.

As mentioned, the IPC in 2024 declared famine in parts of the country. The Sudanese de-facto government withdrew from the IPC as a result of that declaration and it has since been complicated to monitor the food security situation. In November 2025, the IPC global office released a desk study which showed a somewhat improved situation, while famine was declared in two new localities. However, at the same time, both regular monitoring by the World Food Programme (WFP) and the multi-sector needs assessment (MSNA) do not show an improved food security situation. Hence, it is complex to completely grasp the magnitude and depth of food insecurity in the country.

⁵ [Sudan Humanitarian Needs and Response Plan 2026 | Humanitarian Action](#)

⁶ IOM, [Sudan | Displacement Tracking Matrix](#) (accessed 24 March 2026).

3. The humanitarian response

In July 2023, as a result of the conflict, a system-wide scale up was initiated and has since been extended on several occasions. As of March 2026, Sudan is the only active system-wide scale up globally.

However, due to the lack of resources

globally and the failure to fully enact a system-wide scale up to date, the aim of the current extension is to focus on strengthening priority operational enablers essential to sustaining and expanding the humanitarian response in Sudan. As part of earlier efforts to seek high level engagement, the Emergency Relief Coordinator (ERC) visited Sudan twice in 2025, including in November when he was able to visit Tawila in North Darfur.

20.4 million	\$2.87 billion	15.8%
People targeted in the response plan (HNRP 2026)	Required to reach the target (HNRP 2026)	Of the funding secured [HNRP 2026]

The HNRP for 2026 has identified 33.7 million people in need (PiN) of humanitarian assistance. Needs are scattered throughout the country, with a somewhat higher severity in the Darfur and Kordofan states, and newly retaken areas by SAF with a high number of returnees such as Khartoum and AlJazira. The HNRP has three strategic objectives: SO1 Saving Lives & Alleviating Suffering; SO2 Protecting Safety and Rights; and SO3 Sustaining Lives and Livelihoods.

As part of the hyper-prioritisation that was enforced in 2025, the humanitarian community conducted a hyper-prioritisation focusing on areas identified as being in famine or at risk of famine. The response plan for 2026 is grounded in this work and aims to target 20.4 million people, with an urgently prioritised target of 14 million. The total financial requirement is USD 2.87 billion, or USD 2.1 billion for the urgently prioritised target. The largest sector targets are found within Health; Food Security and Livelihoods; Protection; and WASH.

Humanitarian access to the hardest hit areas continues to be a major challenge; most humanitarian organisations have had to limit their operations due to fighting, logistical challenges, bureaucratic impediments, and insecurity. The 2026 HNRP calls for a scale-up in areas where few humanitarian organisations have access due to the fighting or other access challenges. Donors have been pushing for a more targeted approach in order to reach those with the most severe needs, wherever they are. It remains a considerable issue that the international humanitarian community lacks the capability to effectively respond to all affected areas of the country. Notably, the UN has not had a sustained international presence in the Darfur states until very recently. This has resulted in an uneven and irregular response, further hampered by growing bureaucratic impediments across the country. In order to ensure an impartial and conflict-sensitive response, continuous and unfettered humanitarian presence in all parts of Sudan is required, including by the UN.

A unique characteristic of the humanitarian response in Sudan is the role played by ‘Emergency Response Rooms’ (ERRs), a well-established grassroots network, in delivering and providing the vast majority of humanitarian aid in Sudan’s most operationally challenging areas. Given that access restrictions continue, such networks will continue to play a critical role in collaboration with other

local actors. Local government structures remain unable to cater for their population, especially in areas not controlled by SAF where no central funding for basic social services such as health and education is provided.

In summary, the capacity of the humanitarian community in Sudan remains limited and the response has not been able to meet even the most acute needs. This is partly because of limited funding (HNRP less than 40 per cent funded in 2025) and partly because of insecurity and the deliberate obstruction of humanitarian access by the warring parties. Without an end to the conflict, the dire needs among Sudan's population will continue to grow and further outpace available assistance.

During 2025, the main donors were the United States, the European Union and the United Kingdom. Sweden was within the top five donors to Sudan. Food Security and Livelihoods remained the largest sector, both in terms of funding request and actual funding received, followed by the Health and Nutrition sectors.⁷

4. Sida's humanitarian allocation

Given the complexity of the crisis, the widespread presence of humanitarian needs, and the operational risks for humanitarian organisations, Sida's initial humanitarian allocation in 2026 will continue to target a diverse set of partners that are able to complement each other. One unique characteristic of Sida's humanitarian funding compared to other donors is the flexibility provided to almost all partners. With this flexibility, Sida's partners are able to adapt as conflict dynamics change, and people are displaced or return.

The allocation aims to support partners with a proven multisectoral approach and ability to work, themselves or with partners, in hard-to-reach areas and other areas with high severity. Sida also aims to balance support between different types of organisations – both UN agencies, international NGOs and the Red Cross Movement – according to specific strengths. All of Sida's partners are working in partnership with local NGOs and ERRs where possible and/or necessary to reach those in greatest need of humanitarian assistance. During the course of the conflict, partners have had to develop various modalities to engage with a growing range of local actors of different types and operational models. Sida is committed to advancing locally-led humanitarian action in Sudan, especially as these actors have a unique role in several areas of the country. It is proposed that Sida's humanitarian department, possibly in collaboration with the development team, explore possible venues for more direct support to local actors in areas that are less covered by international actors but in high need during 2026.

Sudan is the world's largest hunger crisis, with a complex set of intersecting sectoral needs. As a result, programmes with a holistic approach to address malnutrition and food insecurity are

⁷ OCHA, [Sudan 2025 | Financial Tracking Service](#) (accessed 24 March 2026).

prioritised. Partners that have capacity within WASH, nutrition and food security and livelihoods, or have proven to be able to work in consortia with others that complement their own sectorial expertise, are prioritised. During 2025, one of the most severe cholera epidemics in Sudan's history hit the country, also showing the need for a clear integrated health focus in the portfolio.

Addressing the protection crisis in Sudan remains a key priority for Sida. This is done both by prioritising partners with a particular role in protection response and assuring other partners are working efficiently with protection mainstreaming. Sida is engaged in dialogue with partners without a specific protection mandate on how to ensure strong collaboration with protection actors throughout the programme cycle. One constraint in the response is the lack of protection actors in several parts of the country, as well as lack of functioning state services that are critical to referral pathways. As such, Sida will continue to engage in a deepened protection dialogue with specialised protection actors and the protection cluster on how to design a response that takes protection into consideration, while still aiming at supporting protection interventions as much as possible.

PARTNER	INITIAL ALLOCATION
Action Against Hunger (ACF)	40,000,000
International Committee of the Red Cross (ICRC)	28,000,000
International Rescue Committee (IRC)	35,000,000
Norwegian Refugee Council (NRC)	35,000,000
Premiere Urgence International (PUI)	21,000,000
Sudan Humanitarian Fund (SHF)	30,000,000
United Nations Children's Fund (UNICEF)	35,000,000
World Food Programme (WFP)	28,000,000
TOTAL	252,000,000

ⁱ The 2026 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

ⁱⁱ Sida's initial allocation analysis consists of three dimensions that are assessed for each crisis-affected country: 1) magnitude and severity of humanitarian needs 2) capacity of the humanitarian system to respond to needs and 3) capacity of the crisis-affected country to respond to needs. The qualitative and quantitative analysis produces an index scoring for each country, where the highest ranked country is found to have the greatest proportion of unmet severe humanitarian needs globally, based on available data. Sida's initial allocation for 2026 includes a total of 25 countries with the highest scores. For more information please see [Initial Allocation_Methodology](#).

ⁱⁱⁱ The number of people with humanitarian needs according to Sida's allocation analysis is based on the most inclusive estimate of humanitarian needs that is available from the recent sources and supported by triangulation. For Sudan, the selected source is GH0 2026.