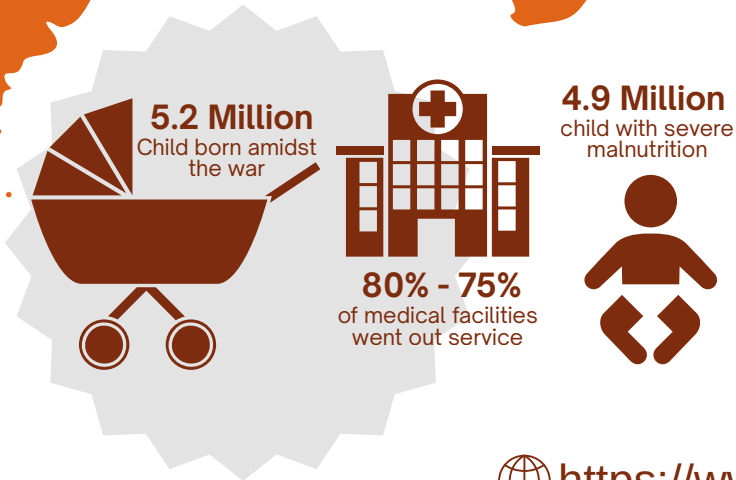
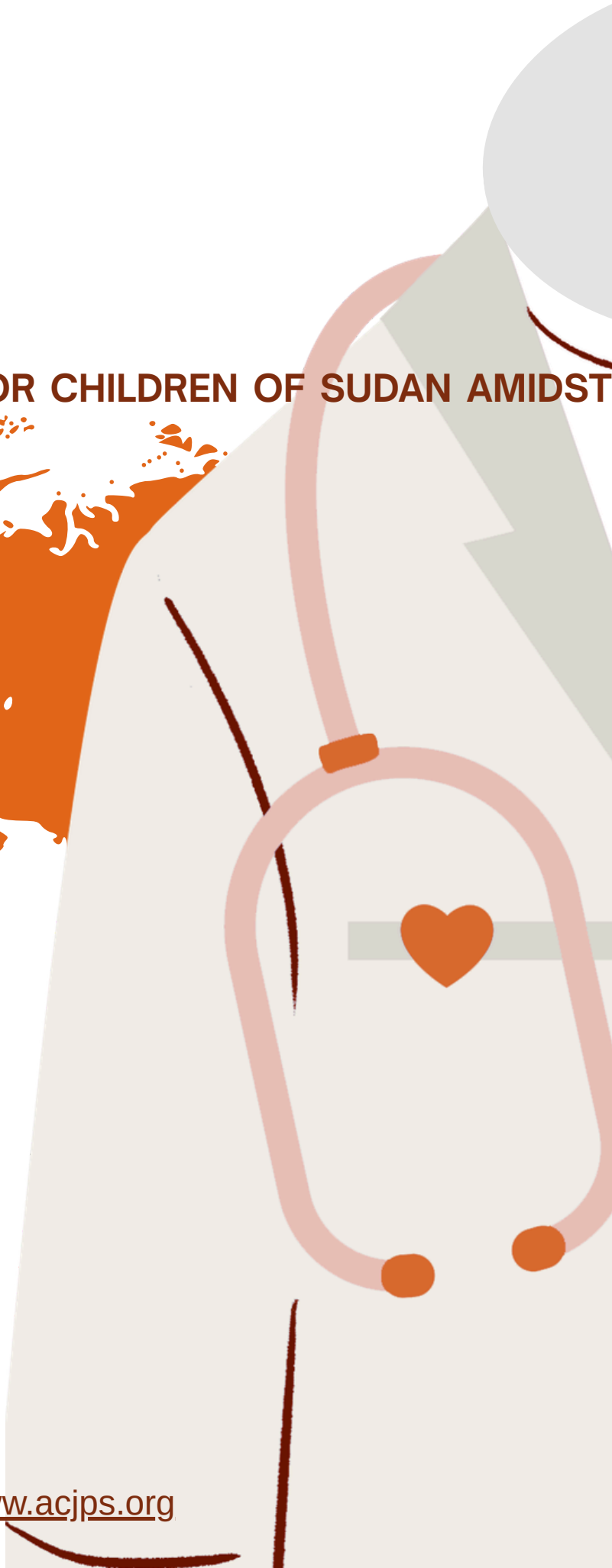
AFRICAN CENTRE FOR JUSTICE AND PEACE STUDIES

June 2026

THE RIGHT TO HEALTHCARE FOR CHILDREN OF SUDAN AMIDST ONGOING CONFLICT





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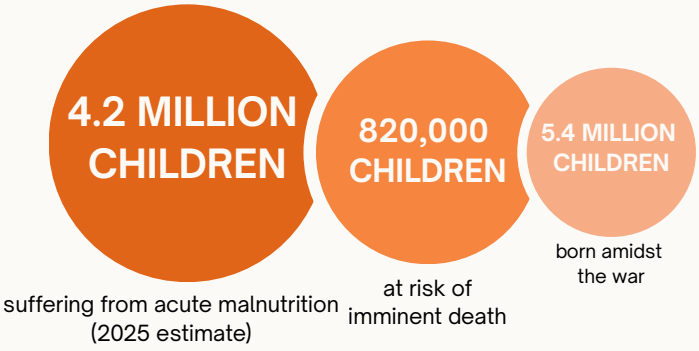
Excutive Summary

This report provides a comprehensive account of the health situation of children in Sudan following the outbreak of war on April 15, 2023, which led to one of the most severe humanitarian crises affecting civilians and the health sector. The report draws on a comprehensive set of primary and secondary sources, including interviews with doctors, nurses, volunteers, and journalists from fourteen Sudanese states, as well as more than forty international reports issued by UN agencies, human rights bodies, and NGOs.

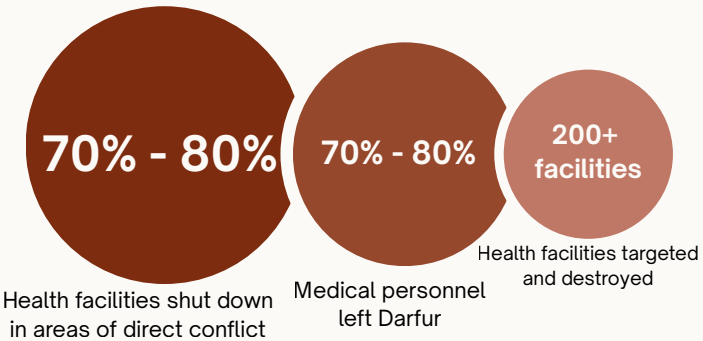
The information and data collected reveal a catastrophic picture that can be summarized in three main points:

1. The near-total collapse of health facilities in conflict zones.
2. A sharp increase in malnutrition and disease rates among the most vulnerable groups, particularly children under five.
3. The systematic, or nearly systematic, targeting of health facilities and medical personnel, which constitutes a clear violation of the principles of international humanitarian law.

From the very first hours of the war, Sudan's health sector was transformed from a fragile system suffering from accumulated structural problems into a state of near-total collapse affecting every part of the sector, facilities, equipment, personnel, supplies, and preventive programs. Children, as the most vulnerable group, were disproportionately affected and paid the heaviest price for this collapse.



- Widespread outbreaks of cholera, measles, and malaria in all conflict-affected states.
- Children deprived of routine immunization programs for periods of up to two years in some areas.



These figures are consistent with harrowing testimonies documented through interviews conducted in Darfur, Khartoum, River Nile, Sennar, Kassala, Gedaref, White Nile, Blue Nile, Kordofan, and Northern State. Together, they reveal a consistent pattern of service collapse, lapsed vaccination coverage, disease outbreaks, deteriorating mental health, and the denial of children's most basic right to access healthcare.

This report provides a historical and legal record of violations of children's right to healthcare during armed conflict and concludes with a set of urgent recommendations addressed to the warring parties, the international community, humanitarian organizations, and national government bodies.

Context and Background of The Crisis

The Outbreak of War and Its Immediate Consequences

On the morning of April 15, 2023, full-scale war erupted between the Sudanese Armed Forces and the Rapid Support Forces in the capital, Khartoum, and in several other cities. Sudanese citizens, especially children, awoke that morning to a new reality they were unprepared for. Hospitals became potential battlegrounds, and access to medicine and treatment came to depend on the fighting and the movement of front lines. Within a few hours, hospitals and health centers were transformed from healthcare facilities into areas of conflict, and medical personnel were displaced along with the rest of the civilian population.

"The health sector was among the first sectors to collapse after the outbreak of war in April 2023, along with the telecommunications sector." Journalist S.A., field reporter in Darfur and Kordofan, stated.

Health services declined sharply in the early months, with many hospitals going out of service due to fighting or a lack of resources. In El Geneina, for example, medicines ran out early, and the main hospital stopped functioning, forcing residents to treat the wounded at home or with makeshift means.

The Health Situation Before the War: Accumulated Structural Weaknesses

Before the outbreak of war on April 15, 2023, the health sector already suffered from chronic weaknesses, including limited government funding, shortage of specialized personnel in rural areas, and weak prevention programs; services were concentrated in major cities at the expense of villages and outlying regions.

"The Sudanese health sector suffered from structural weaknesses even before the outbreak of the war, due to limited government spending on health and weak prevention and epidemiological surveillance programs." Researcher A.T., working in refugee camps in Uganda, said.

The war sharply worsened all these accumulated problems and introduced unprecedented new challenges, including the targeting of health facilities, mass displacement of health personnel, disruption of drug supply chains, and paralysis of the state's administrative system, casting a dark shadow over children's fundamental rights to life, health, and care.

The Human Scale of the Crisis

According to UN reports compiled through the beginning of 2026, the Sudanese crisis is currently the world's largest internal displacement crisis, with more than eleven million people internally displaced. More than three million others have fled the country entirely to neighboring Chad, South Sudan, Egypt, Ethiopia, and Uganda. Children under five represent between 15% and 18% of those affected and are the most vulnerable to the health, nutritional, and psychological consequences of the conflict.

The Geographical Extent of the Crisis

The effects of the war were not confined to Khartoum. They extended to the Darfur region and its five states, to Al-Jazirah State, which became a battleground, to Kordofan's three states, as well as to Blue Nile, White Nile, Sennar, Kassala, and Gedaref, which received waves of displacement far beyond their capacity. This wide geographical reach produced a multi-dimensional health crisis: areas of direct conflict suffer the destruction of facilities and a shortage of personnel, while host states face severe pressure on health systems of limited capacity.

Chapter 1: The Legal Framework of Children's Right to Healthcare

1.1 The International Human Rights System

A child's right to healthcare is a fundamental pillar of the international human rights system, anchored in a set of international treaties, conventions, and norms, summarized below:

A. Convention on the Rights of the Child (1989):

Issued in 1989 and ratified by Sudan, this is the most prominent legal reference in this regard. Article 24 explicitly enshrines the child's right to the highest attainable standard of health and obligates States Parties to ensure access to medical care, adequate nutrition, clean drinking water, and a healthy environment, giving the highest priority to combating disease and mortality among infants and children. In armed conflict, Article 38, on the protection of children from the ravages of war, carries weight, obligating States Parties to respect and ensure the application of the rules of international humanitarian law applicable to children.[1]

B. The International Covenant on Economic, Social and Cultural Rights:

Article 12 of the 1966 Covenant enshrines the right to the highest attainable standard of physical and mental health. It obliges States Parties to take steps to reduce infant mortality, improve environmental and industrial health, and prevent and control epidemic, endemic, and occupational diseases. The Committee on Economic, Social and Cultural Rights interpreted this article broadly in General Comment No. 14 (2000) to extend even to times of armed conflict.[2]

C. The Geneva Conventions and International Humanitarian Law:

The four Geneva Conventions of 1949 and their two 1977 Additional Protocols form the essential legal framework for protecting civilians, including children, during armed conflict. These conventions impose explicit obligations on parties to conflict: protecting the wounded and sick, hospitals, and medical personnel from attack; allowing delivery of medical supplies to civilians in need; and respecting the protective emblems of the Red Cross and Red Crescent. The deliberate targeting of medical facilities constitutes a war crime under Article 8 of the Rome Statute of the International Criminal Court.[3]

D. The African Charter on the Rights and Welfare of the Child:

Adopted in 1990 and ratified by Sudan, this instrument adds a further layer of protection tailored to the African context, particularly regarding the armed conflicts that frequently affect the continent.

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[1]Convention on the Rights of the Child, adopted by the UN General Assembly on 20 November 1989, Arts. 24 and 38. Sudan acceded to the Convention in 1990.

[2]International Covenant on Economic, Social and Cultural Rights (1966), Art. 12; UN Committee on Economic, Social and Cultural Rights, General Comment No. 14 (2000) on the right to the highest attainable standard of health.

[3]Geneva Conventions of 1949 and Additional Protocols I and II of 1977; Rome Statute of the International Criminal Court (1998), Art. 8, on war crimes involving attacks on medical facilities.

1.2 National Legal Framework

Sudan's Constitutional Document for the Transitional Period, issued in 2019, affirms a set of economic and social rights for Sudanese children, even though the war erupted during a fragile transitional period before the state's legal framework was complete. The Sudanese Child Act of 2010 obligates the state to guarantee healthcare for children and to provide essential immunizations and maternal and child health services.

1.3 Gaps in Implementation: Between Texts and Reality

The war has revealed a profound gap between international and national legal texts and the lived reality of Sudanese children. Despite clear legal obligations, hundreds of medical facilities have been bombed, looted, and vandalized; humanitarian aid has been obstructed; and medical personnel have been killed, arrested, and threatened. These violations constitute a clear breach of international humanitarian law and warrant accountability.

This report documents blatant violations of international humanitarian law committed by parties to the conflict, including:

- The deliberate targeting of hospitals and civilian health facilities, a war crime under Article 8 of the Rome Statute.
- The use of health facilities for military purposes.
- The blockade of medical supplies and obstruction of their delivery to besieged areas.
- Threats and attacks against medical and health personnel that obstruct their work.
- The use of food and medicine as tools of pressure and discrimination against civilians based on affiliation.

> *"All civilians, including children and displaced people, are entitled to protection under international humanitarian law, and using treatment or food as a tool of pressure or discrimination is a serious violation of international humanitarian standards." — Legal advisor and humanitarian expert*
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> *"Targeting hospitals and health facilities constitutes a clear violation of international humanitarian law, which protects medical facilities and civilians. What happened in El Fasher and elsewhere deserves documentation and study, not only for the sake of justice but also to inform future health policy." — General practitioner, El Fasher*

Chapter 2: The Health Situation Before and After the War — An Analytical Approach

2.1 The Health Situation Before April 15

Sudan's health sector had long been burdened by neglect and under-investment, leaving it in a fragile state unable to withstand further shocks. Figures released by the World Health Organization and the Sudanese Ministry of Health before the war point to several negative indicators:

- Health expenditure as a share of GDP did not exceed 2.5%, one of the lowest rates in the region.
- Over 70% of health services were concentrated in major cities, while rural areas suffered a severe shortage of personnel and facilities.
- Immunization coverage was in continuous decline due to successive economic crises, weak cold chains, and difficulty reaching remote areas.
- Maternal and infant mortality rates were among the highest in the region, and Sudan consistently ranked among the countries with the greatest unmet health needs.

2.2 Radical Transformations After the War

The war pushed this already fragile sector into acute collapse in areas of direct conflict. The transformation can be traced along three axes.

A. Physical Destruction of Infrastructure:

Insecurity Insight, an organization focused on protecting healthcare in conflict, documented hundreds of attacks on healthcare facilities in Sudan since April 2023 in a report issued in early 2026, including artillery and aerial bombardment of hospitals, the storming and occupation of health facilities for military purposes, and the looting of medical devices, medicines, and equipment. In El Fasher alone, the three major hospitals, the Teaching Hospital, the Children's Hospital, and the Saudi Hospital, were put out of service on the first day of fighting, according to a general practitioner who worked through the siege of El Fasher.[4]

B. Displacement of Healthcare Workers:

The displacement of medical personnel is one of the most serious structural consequences of the war for the health sector. While health services required the highest levels of expertise to cope with a massive influx of wounded, sick, and displaced people, doctors, nurses, and specialists were forced to leave because of the deteriorating security situation, unpaid salaries, and the collapse of infrastructure. Interviews for this report indicate that between 70% and 80% of Darfur's doctors have left the region, and that North Kordofan has lost a significant share of its rare specialists in fields such as neurosurgery, cardiac surgery, and chronic disease management.

[4]Attacks on Health Care in Sudan: 04–17 February 2026 (24 February 2026), documenting attacks on hospitals, health workers and medical infrastructure since the outbreak of the conflict in April 2023.

C. Disruption of Drug Supply:
Sudan's central drug supply system relied primarily on Khartoum as a collection and distribution hub. With the collapse of state institutions in conflict zones and the disruption of supply networks, medicines began to be imported informally by individual traders from India, Uganda, Chad, South Sudan, and other African countries, with a near-total absence of quality and expiration-date controls. This has resulted in medicines being sold in open markets alongside food, a pattern journalist S.A. described as recurring throughout Darfur.

D. Children's Health Indicators Before and After the War

Indicator	Before the War	During the War
Vaccination coverage	70% in cities	Less than 30% in conflict
Effective health facilities	80% of capacity	20–30% in conflict zones
Acute malnutrition	500,000 children annually	820,000+ at imminent risk of
Medical personnel in Darfur	Reasonably available	70–80% displaced
Drug and medicine supply	Centralized through the Ministry of Health	Nearly nonexistent; chaotic informal trade
Mental health services	Already limited	Nearly absent in conflict zones

Sources: World Health Organization (WHO), UNICEF, and interviews conducted for this report, 2025–2026.

Chapter 3: Documented Violations against Health Facilities and Medical Personnel

3.1 Targeting Hospitals and Destroying Medical Infrastructure

Attacks on medical facilities are among the most prominent documented features of this conflict, and among the most serious violations of international humanitarian law. Data compiled from the February 2026 Insecurity Insight report[5], the March 2024 Conflict and Health report, and direct field testimonies gathered for this report point to a systematic pattern of targeting that cannot be described as random.

3.1.1 El Fasher — A Case Study in Health Collapse Under Siege

El Fasher, the capital of North Darfur, is a tragic illustration of the devastating impact sustained warfare can have on a health system. According to a general practitioner interviewed for this report, three major hospitals in El Fasher were put out of service on the first day of fighting:

- The Teaching Hospital, due to its location in the conflict zone.
- The Main Children's Hospital.
- The Saudi Hospital (the regional referral hospital for obstetrics and gynecology).

Dr. M.A. added that these three hospitals had formed the backbone of healthcare services in El Fasher and across Darfur, and that as the siege continued, they were repeatedly targeted. Alternative health centers were established to compensate for their loss, including two alternative children's hospitals and several private hospitals, among them Jebel Marra Hospital, Nabdh Al-Hayat Hospital, and Iqraa Hospital.

> *"Most hospitals were out of service, and the Saudi Hospital became a comprehensive center hosting all medical specialties. Healthcare workers worked extremely long hours, and at times they were given only one meal a day because of food shortages." — Dr. M.A., El Fasher*

3.1.2 Darfur: A Pattern of Repeated Targeting

Journalist S.A. documented several incidents in which medical facilities were deliberately targeted:

- Al-Daein Hospital in East Darfur was bombed twice.
- Hospitals in Nyala and El Fasher were subjected to artillery or aerial bombardment.
- Jebel Marra Medical Center was struck by a drone.
- The South Hospital, the Children's Hospital, and the Teaching Hospital in El Fasher were all damaged by direct shelling or artillery fire.
- El Geneina Teaching Hospital has been subjected to looting and vandalism since the conflict began in the city.

A Reuters investigation published in March 2026 also documented how drone strikes and the blockade forced the closure of the last remaining children's wards in El Fasher's hospitals, citing local medical sources and human rights experts.[6]

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[5]Insecurity Insight, Attacks on Health Care in Sudan, Situation Report, February 2026; and Conflict and Health, Attacks on Health Care in Sudan, March 2024.

[6]Reuters, Drone strikes and blockade force closure of the last remaining children's wards in El Fasher hospitals, March 2026.

3.1.3 West Kordofan: Looting and Vandalism

A resident of West Kordofan gave a detailed account of the destruction inflicted on the region's health sector: "Hospitals, health centers, laboratory equipment, radiology equipment, and medical furniture were looted. Many hospitals and health centers in the city of El-Nuhud are now left with almost no equipment."

In the Blue Nile region, field sources reported that health facilities maintained a relatively high level of operation compared with other areas, though they faced immense pressure from successive waves of displacement.

3.2 Documented Violations Against Medical Personnel

The violations are not limited to health facilities; they extend to medical personnel, the lifeblood of any health system.

- A legal and human rights advisor who provided testimony for this report, and who previously worked with Doctors Without Borders in El-Obeid, documented cases in which doctors and health workers were arrested and accused of collaborating with parties to the conflict simply for continuing to treat all patients without discrimination.
- In August 2024, Doctors Without Borders (MSF) documented what it described as shock and deep concern over repeated attacks on hospitals in El Fasher and the blockade of humanitarian aid.[7]
- A nurse from Al-Naw Hospital in Omdurman reported that health workers came under shelling near the hospital, resulting in injuries and deaths among volunteers and civilians.
- A doctor from Sennar State reported that a pharmacist working in the state was killed by armed individuals while on duty.
- Sources from West Darfur reported that health workers were directly threatened over treatment outcomes or medicine shortages, reflecting the immense pressure they face.
- A report published in Conflict and Health in March 2024 documented recurring, escalating patterns of destruction of health facilities and attacks on health workers in Sudan since the start of the war.[8]

3.3 Sexual Violence as a Weapon Against Girls and Women

- Amnesty International documented, in its April 2025 report, the widespread and systematic use of sexual violence by the Rapid Support Forces against women and girls, describing it as organized and structural. Testimonies gathered for this report include documented cases of rape targeting underage girls.[9]
- A doctor from Sennar State reported cases of rape of girls aged 13 to 15, noting that most cases went unreported until pregnancy or health complications appeared.

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[7]Médecins Sans Frontières (Doctors Without Borders), Sudan: Repeated attacks on hospitals in El Fasher and obstruction of humanitarian aid, August 2024.

[8]Conflict and Health, Attacks on Health Care in Sudan, March 2024.

[9]Amnesty International, They Raped All of Us: Conflict-Related Sexual Violence Against Women and Girls in Sudan, April 2025.

- A report from West Darfur documented cases of rape and sexual violence against girls and women, including minors under 18, and emphasized the underreporting of such cases due to social stigma and fear.
- An activist working on disability rights reported documented cases of sexual violence against girls with physical and hearing disabilities, a doubly vulnerable group.

Chapter 4: Acute Malnutrition and the Food Crisis Among Children

4.1 The Scale of the Crisis

The malnutrition crisis among Sudanese children is one of the most serious humanitarian consequences of the war, driven by a confluence of factors: displacement, the collapse of household purchasing power, the destruction of agricultural infrastructure and livestock, and the disruption of food security assistance. Figures from UN agencies paint an alarming picture:

- 4.9 million children under five suffer from acute malnutrition, according to data from UNICEF, the World Health Organization, and the World Food Programme issued in May 2024.[10]
- 820,000 children fall into the category of severe acute malnutrition (SAM) and face imminent death without immediate treatment.
- The Integrated Food Security Phase Classification (IPC) Partnership, in a report issued in late 2025, found that several areas of Sudan had reached or were nearing famine conditions (Phase 5), particularly the Zamzam camp in North Darfur.[11]
- Al Jazeera English broadcast a documentary on the children of Zamzam camp depicting their daily struggle against severe malnutrition (August 2025).

4.2 Field Testimonies

Behind these figures are individual stories that statistics alone cannot capture.

> *"Before the war, we received three or four malnourished children every ten days. During the siege, we began receiving twenty cases daily. Mothers arrived with children in very advanced stages of illness because they couldn't move around.", Doctor, Sennar State*

- In West Kordofan, a witness reported that most families surveyed by nutrition teams showed varying degrees of malnutrition, driven by lost income, declining livestock productivity, the primary food source for rural families, and a shortage of milk, a vital food source for infants and young children.
- In White Nile State, specifically in the Al-Qutaynah and Umm Ramta localities, a resident described the results of nutritional screening campaigns: most children screened showed acute or moderate malnutrition, with malnutrition indices critically high, reflecting a real existential threat.

4.3 Malnutrition at Birth

Maternal malnutrition is a frequently overlooked dimension of this crisis, yet it poses a serious threat to newborns. According to a neonatal nurse in El Obeid, newborns are particularly affected by maternal malnutrition and vitamin and nutrient deficiencies during pregnancy, contributing to premature birth, oxygen deprivation at birth, and certain congenital malformations linked to nutritional deficiency.

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[10]World Health Organization, situation report on the collapse of Sudan's health system, February 2026.

[11]Integrated Food Security Phase Classification (IPC), Sudan: Acute Food Insecurity Situation for September 2025 and Projections for October 2025–January 2026 and February–May 2026 (3 November 2025)

In Northern State, a health worker reported a significant rise in anemia and malnutrition among displaced children living in schools and shelters, a pattern clearly observed during field visits.

4.4 Food insecurity

Field reports from West Darfur, North Kordofan, and West Kordofan indicate a near-total absence of regular food assistance programs across large areas. The limited food interventions that do exist are confined to sporadic distributions of nutritional biscuits, milk, and ready-to-use therapeutic food, which respondents said fall far short of actual needs.

Chapter 5: Epidemics And Diseases

5.1 Cholera

Between 2023 and 2026, Sudan experienced successive waves of cholera, particularly during the rainy season, driven by contaminated water sources, the collapse of sanitation systems, severe overcrowding in displacement camps and shelters, and a lack of awareness and prevention campaigns.

The World Health Organization documented the severe impact of cholera outbreaks on displaced children in Sudan in a report issued at the end of 2024.[12]

> *"Three children from the same family, all under the age of five, died of cholera in a single night." — Resident of West Kordofan*

5.2 Measles

Weakened routine immunization campaigns have created ideal conditions for the resurgence of measles across much of Sudan. Journalist S.A. reported a widespread measles outbreak in Darfur, attributing it to UNICEF's and other international agencies' limited access to the region, which has disrupted immunization campaigns and child health programs.

In White Nile State, a respondent reported widespread measles cases in Al-Qutaynah locality, requiring emergency immunization campaigns to curb the spread of disease.

> *"The decline in immunization rates resulting from the disruption of preventive services has increased the risk of outbreaks of infectious disease among children, most notably measles, diphtheria, and tetanus." — Doctor, Sennar State*

5.3 Malaria

Malaria remains one of the most prevalent diseases among children in Sudan. Conflict and displacement have worsened its spread, as displaced people live in conditions conducive to breeding the disease vector. Every respondent interviewed for this report named malaria as one of the most prominent diseases in their region.

5.4 Dengue Fever

Sennar State experienced a distinct feature of the epidemic crisis: a significant outbreak of dengue fever, a disease unfamiliar to local medical staff. This led to initial misdiagnosis like malaria and delays in appropriate treatment, contributing to higher mortality. The episode illustrates how displacement can shift disease patterns from one area to another and pose diagnostic challenges for untrained medical personnel.

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[12]World Health Organization, situation report on the collapse of Sudan's health system, February 2026.

5.5 Digestive, Respiratory, and Skin Diseases

Beyond the major epidemics, reports confirmed the widespread prevalence of several other conditions:

- Acute watery diarrhea resulting from water contamination and poor sanitation.
- Respiratory infections and pneumonia, particularly among children in overcrowded environments and exposed to weather fluctuations.
- Severe skin diseases and allergies, described by a respondent from West Darfur as a widespread rash affecting the region.
- Night blindness associated with vitamin A deficiency due to malnutrition, observed by a respondent from White Nile State during health campaigns.
- Eye disease, particularly conjunctivitis, which a report by Al-Hadath TV described as affecting thousands in Darfur.
- Thyroid disorders due to iodine deficiency, with reports indicating 7,000 cases in Central Darfur.

Chapter 6
Case Studies: The Field Situation in the States and Regions

This chapter summarizes field interviews with eyewitnesses, medical personnel, journalists, and human rights activists from fourteen states, illustrating the geographic breadth of the war's impact on children's health.

6.1 Darfur Region

Journalist S.A., a television reporter with field experience in Darfur and Kordofan since the beginning of the crisis, provided a comprehensive account of the health sector's collapse in the region:

- The collapse of the health sector in Darfur coincided with the disruption of communication networks in the early days of fighting and extended across most of Darfur's states.
- Children were dying from lack of oxygen and power outages, and incubators for newborns were entirely unavailable.
- Polio has reappeared in parts of Darfur, attributed to limited access for international organizations and the disruption of routine vaccination campaigns.
- The central drug supply system is no longer functioning; medicines are now imported by individual traders from unregulated sources.
- Birth registration during the war is a serious concern: newborns face immense difficulty obtaining civil documents, jeopardizing their future rights to education and healthcare.
- Between 70% and 80% of medical personnel have left Darfur since the war began. Rare specialties such as neurosurgery and cardiology are in dire shortage, and doctors who remain face violence, threats, and constant pressure.

6.2 Khartoum State

A nurse described her experience at Al-Naw Hospital in Omdurman, where some health facilities continued to operate through volunteerism and individual perseverance:

- In the early months, Al-Naw Hospital relied almost entirely on volunteers, some of whom obtained medicines from closed pharmacies by coordinating with the owners.
- Most services that were free before the war ceased; families now bear the full cost of IV fluids, injections, and medications.
- The psychological effects of the war on children and adolescents are evident, highlighting the limited availability of psychological support programs.
- Cases of sexual violence were handled with extreme secrecy and sensitivity, and many victims were afraid to speak out because of social stigma.

6.3 River Nile State

An activist and volunteer working with displaced people arriving in River Nile State described the pressures on the health sector in a state that, while not a site of direct military operations, received massive waves of displacement:

- The state's health sector came under significant pressure from the influx of displaced people from Khartoum and Darfur, exceeding the capacity of existing health institutions.
- Atbara Teaching Hospital faced labor strikes and staff shortages due to delayed salaries and inadequate incentives.
- Displaced children showed profound psychological trauma, including expressing war experiences through drawings of tanks, planes, and weapons, and reenacting killings in games.
- Group psychosocial support sessions and art therapy activities were organized to help children process their trauma.

6.4 Sennar State

A doctor from Sennar State gave firsthand testimony on the siege and its catastrophic impact on the health sector:

- Acute malnutrition cases rose from three or four every ten days before the war to about twenty cases daily during the siege.
- The state saw outbreaks of previously controlled diseases: measles, diphtheria, tetanus, malaria, acute diarrhea, respiratory infections, dengue fever, and cholera.
- A rare case of dengue fever, unfamiliar to staff, was initially misdiagnosed as malaria.
- Families resorted to animal-drawn carts to reach hospitals.
- Cases of rape of minors aged 13 to 15 were documented, alongside a lack of adequate legal and psychological support for survivors.
- Healthcare workers continued their work voluntarily despite not having received salaries since the war began.

6.5 Kassala State

Dr. M.M., a pediatric surgeon from Kassala State, described a somewhat different picture: Kassala saw a notable improvement in pediatric surgical services owing to an influx of specialized personnel from conflict zones.

- Pediatric surgical services in Kassala have developed significantly since the war, aided by the localization of services and an increase in the number of surgeons.
- Ongoing challenges persist: the absence of pediatric intensive care units, a shortage of neonatal units, and the emigration of nursing and anesthesia staff.
- There is a need for specialized surgical units to treat congenital malformations, hydrocephalus, and urinary tract malformations.
- Free treatment for children has been curtailed in some cases, and the cost of surgical procedures has risen.

6.6 Gedaref State

Humanitarian worker M.D. from Gedaref State reported that the state was relatively able to maintain a minimum level of health services for children, owing to its distance from the most intense conflict zones:

- Pediatric services at Gedaref Hospital continued at an acceptable level, though facilities were overcrowded.
- Displaced families faced difficulty obtaining medications dispensed outside the hospital.
- The psychological impact of the war on children is evident: persistent fear, sleep disturbances, bedwetting, social withdrawal, and sensitivity to sound.

6.7 White Nile State

A journalist from the Al-Qutaynah and Umm Ramta localities in White Nile State described a different trajectory: the region experienced temporary armed control, producing severe disruption followed by partial recovery

- Children were deprived of routine vaccinations for more than two years in some cases.
- Thousands of families were forced to flee on foot over long distances in harsh conditions, compounding health problems.
- Measles, malaria, and night blindness were among the most prominent conditions observed.
- Psychological support services for children suffering from deep war trauma were almost entirely absent.

6.8 Blue Nile State: Damazin

Blue Nile State, which already carries a legacy of armed conflict and hosts refugees from South Sudan and Ethiopia in addition to those displaced by the April 2023 war, presented a harsh reality that nonetheless held a measure of hope:

- Vaccination programs continued with international support, helping to limit the spread of some epidemics.
- Malnutrition is high but concentrated more heavily in rural and remote areas.
- Cholera outbreaks occur seasonally, between June and October.
- Hospitals and health facilities were not directly bombed during the reported period, which helped sustain services.

6.9 West Kordofan State: Al-Nuhud

A resident of West Kordofan described a near-total collapse of child health services, highlighting two particularly distressing aspects:

- A complete halt to routine immunization programs across large areas, including disruption of the cold chains vaccines require.
- A tragic incident in which three children from the same family, all under five, died of cholera in a single night.

6.10 North Kordofan State: El Obeid

A nurse specializing in neonatal and critical care from El Obeid provided one of the most detailed accounts in this report:

- A sharp rise in neonatal mortality due to shortages of oxygen, equipment, and electricity.
- The cessation of free treatment programs for children under five that existed before the war.
- Recurring measles outbreaks due to vaccine shortages.
- The siege of some areas has left even basic food supplies out of reach for those who could otherwise afford them.

6.11 North Darfur State: El Fasher

A general practitioner from El Fasher gave a detailed account of the health system's collapse in a protracted siege, describing it in phases:

- First Collapse Phase: the three main hospitals went out of service on the first day.
- Emergency Community Response Phase: field committees formed to move equipment, establish temporary alternative hospitals, and reactivate health centers.
- Relative Stability Phase: the Saudi Hospital became operational as a comprehensive center for all specialties.
- Second Collapse Phase: the siege intensified, with repeated targeting of alternative health facilities.
- The Drug Crisis deepened during the siege, forcing hospitals to severely ration medication.
- Dialysis services continued after equipment was relocated to a house adjacent to the Saudi Hospital.

He noted that what happened in El Fasher is an exceptional case worthy of study and documentation, not only for the sake of justice and accountability, but to inform future health policy and humanitarian response strategy in Sudan.

6.12 North Darfur: Al-Malha

A public health specialist from Al-Malha locality described a multi-dimensional, catastrophic situation:

- Most health facilities are out of service because of the war, the exodus of medical personnel, and a lack of support.
- There have been no regular food assistance programs in the area for years.
- The most prevalent conditions are malaria, malnutrition, watery diarrhea, and pneumonia.
- Violations and theft affecting health centers in the locality have been documented.

6.13 East Darfur

A pediatrician from East Darfur documented a dire medical situation, focusing on two main aspects:

- The hospital where he worked was bombed several times, forcing patients to seek treatment at other, similarly under-resourced facilities.
- The bombing caused casualties among patients inside the hospital at the time of the attack, including children.
- Oxygen is one of the most critical shortages, contributing to the deaths of many children.

6.14 West Darfur

A volunteer in Kereinik reported the following:

- The outbreak of war led most humanitarian organizations to withdraw and end support for the health sector, causing a severe shortage of medicines and equipment and a decline in hospitals' and health centers' ability to provide basic services.
- Hospitals, especially Kereinik Hospital, operate with limited resources and a small number of medical personnel, after most doctors and specialists fled due to insecurity and a lack of incentives.
- Children's services have been severely affected by shortages of medicines and pediatricians and by inadequate laboratory services. Immunization programs have been disrupted and significantly reduced, raising the risk of preventable disease.
- Children suffer high rates of malnutrition, diarrhea, respiratory illness, measles, and skin disease, driven by limited nutrition programs and insufficient food aid.
- Healthcare workers face security risks and direct threats, alongside shortages of services for chronic conditions such as diabetes and kidney disease requiring insulin or dialysis, and difficulty storing medicines during power outages.
- Cases of sexual violence and rape against girls and women have been recorded, and children show profound psychological effects, fear, anxiety, trauma, and behavioral disorders, with limited access to psychosocial support.
- The war has disrupted birth registration and the issuance of civil documents, threatening to deprive many children of their legal rights and deepening their already precarious situation.

6.15 Children with Disabilities

An advocate for the rights of people with disabilities reported the following:

- ·Children with disabilities have been severely affected by war and displacement. As one of the most vulnerable groups in conflict, they face significant difficulty with evacuation and movement due to their dependence on caregivers, and face additional risks tied to their disabilities during bombardment and displacement.

- Shelters have generally not been accessible. Most displacement centers lack the infrastructure to accommodate children with disabilities, accessible pathways, toilets, safe mobility aids, and designated spaces, increasing their vulnerability to protection risks and exploitation.
- Rehabilitation and specialized care services have collapsed. Most rehabilitation centers were shut down or destroyed after the war began, depriving children of physiotherapy, motor rehabilitation, psychosocial support, speech therapy, and special education, all vital to their continued development.
- The war has caused profound psychological effects among children with disabilities and their families, including heightened fear and anxiety, loss of acquired skills, recurring panic attacks, and a rise in seizures among some children, compounding psychological and economic pressure on families.
- Children with disabilities suffer widespread gastrointestinal, respiratory, and skin conditions, as well as malnutrition, due to inadequate health services and difficulty accessing appropriate food and medical supplies.
- Cases of sexual violence and rape targeting children and girls with disabilities have been documented, alongside difficulty reporting and accessing protection services, particularly for children with hearing impairments.
- Significant gaps remain in the humanitarian response, including a lack of disaggregated data on children with disabilities, a shortage of psychiatric and neurological medications, a lack of rehabilitation services, inadequate integration of disability issues into humanitarian interventions, and a shortage of specialized personnel and psychosocial support.

Chapter 7: Displaced and Refugee Children

7.1 Ethiopia

A Sudanese doctor and mother of four, now living in Addis Ababa after seeking refuge, offered a testimony that combined professional and personal perspectives. She noted that while access to healthcare in Ethiopia is relatively possible, displacement itself left deep physical and psychological scars:

- Her children initially suffered from fear, anxiety, and sensitivity to sudden noises.
- Her older children became preoccupied with issues of war and conflict in a manner inappropriate for their age.
- Behavioral and psychological problems emerged, linked to the loss of stability and separation from family and their familiar home.
- Her children benefited from some psychosocial support services provided by humanitarian organizations in Ethiopia.

7.2 Uganda: Kiryandongo Camp

A public health researcher working with Sudanese refugee women in Uganda described conditions in the camps and the challenges of accessing healthcare:

- Only one hospital serves several communities, resulting in severe overcrowding and waiting lists that can last for days.
- Some health services within the camps have been suspended because of funding cuts.
- The language barrier is one of the greatest obstacles for women and girls seeking healthcare.
- Many women and girls do not know where specialized health services are located or how to reach them, and sanitary pads are scarce.
- Diarrhea, waterborne disease, and malaria are the most prominent health problems in the camp.

7.3 Children with Chronic Illness: Sickle Cell Anemia in Uganda

A mother of children with sickle cell anemia, now living in Kampala after displacement, highlighted a frequently overlooked challenge in the humanitarian response: children with chronic illness who fall outside standard humanitarian priorities.

- Mwalago Government Hospital in Kampala provides specialized sickle cell services, including a blood bank and follow-up appointments.
- Many supportive medications are purchased at the family's own expense, placing a significant financial burden on them.
- Sickle cell crises occur suddenly and require rapid transport and effective emergency services.
- Families have received no direct support from humanitarian organizations for sickle cell patients.
- She recommends increased support for children with chronic illness and financial assistance programs for refugee families caring for them.

Chapter 8: Mental Health and the Psychological Impact of War on Children

8.1 The Scale of the Crisis

No measure could fully capture the scale of children's psychological suffering. Still, the interviews gathered for this report point to an urgent mental health crisis, no less serious than the physical health emergency. Every respondent who provided testimony from across Sudan's states agreed on the widespread, profound psychological impact of the war on children.

8.2 Documented Psychological Symptoms

Interviews for this report revealed a wide range of psychological symptoms among children:

- Extreme fear of loud noises, such as airstrikes and drone attacks, sometimes extending to any sudden sound.
- Panic attacks and episodes of hysteria, especially among children who witnessed direct violence.
- Bedwetting is a psychosomatic symptom of chronic anxiety.
- Social isolation, withdrawal, and difficulty adapting to new environments.
- Strong attachment to mothers and fear of separation from them.
- Expressing war experiences through drawings of tanks, planes, weapons, and explosions.
- Reenacting scenes of killing and using weapons in daily play.
- Intense fear of people in military uniforms.
- Sleep disturbances, frequent nightmares, and poor concentration.
- Aggressive behavior in interactions with others.

> *"I saw children repeatedly drawing tanks, weapons, and warplanes. A child displaced from El Fasher became afraid of people and refused to leave his mother's side because of the violence he witnessed. The sounds of shelling and drones left deep psychological scars that cannot be easily erased." Volunteer activist, River Nile region*

8.3 Most Vulnerable Groups

Reports indicate that certain groups suffer compounded psychological impacts:

- Children who lost family members or witnessed their deaths firsthand.
- Children with disabilities, particularly intellectual disabilities and autism spectrum conditions, who are severely affected by loud noise and overcrowding.
- Children who experienced multiple forced displacements.
- Unaccompanied children who arrive at hospitals alone after losing their families.

8.4 Shortage of Psychosocial Support Services

Against these immense needs, the response falls starkly short. Nearly all respondents confirmed that psychosocial support services are either nonexistent or extremely limited relative to the scale of need. Initiatives by organizations such as UNICEF, along with safe spaces for women and protection centers, exist in some areas, but their coverage remains partial. The evidence points to the need to integrate mental health and psychosocial support into the core of the humanitarian response, rather than treating it as a secondary addition to being addressed only once basic physical needs are met.

Chapter 9: The Role of Humanitarian Organizations: Gaps in the Response

9.1 Existing Humanitarian Interventions

Despite the grim picture this report presents, existing humanitarian interventions have helped mitigate the scale of the disaster, though they remain far short of the need.

- **World Health Organization (WHO):**

the WHO has continued to monitor the health situation and issue periodic reports and has supported some treatment centers and coordinated the health response. Its February 2026 report nonetheless warned of the continued collapse of the health system despite these efforts.[13]

- **UNICEF:**

UNICEF has supported immunization, efforts to combat malnutrition, and mental health services through child-friendly spaces, and has issued important documentation on children's situation, most notably "Children of Sudan: 1,000 Days of Catastrophic Suffering" (January 2026).[14]

- **Doctors Without Borders (MSF):**

MSF has documented serious violations against health facilities and expressed shock at repeated attacks on hospitals in El Fasher. It provided field medical services in areas that had experienced total collapse.[15]

- **Save the Children:**

In an April 2026 report, Save the Children found that three children were born every minute under wartime conditions, and that maternal mortality was rising alarmingly amid the collapse of medical services.[16]

- **Norwegian Refugee Council (NRC):**

The NRC has documented the broader humanitarian crisis in a series of reports.[17]

- **Sudan Emergency Response Rooms (ERRs):**

Grassroots, youth-organized emergency response rooms have played a central role in the humanitarian response since April 2023, maintaining hospitals and water sources, providing meals for children through communal kitchens, opening safe-space centers, offering psychological support for children and women, periodically distributing free medicines in neighborhoods, coordinating mobile health convoys, and organizing sanitation campaigns to reduce disease spread , particularly through operational support to health centers and hospitals.

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[13]World Health Organization (WHO), Public Health Situation Analysis – Sudan Conflict and Complex Emergency (6 January 2026); World Health Organization (WHO), Sudan Emergency Situation Reports (2025–2026).

[14]United Nations Children's Fund (UNICEF), Children of Sudan: 1,000 Days of Catastrophic Suffering (January 2026).

[15]Médecins Sans Frontières (MSF), People Trapped, Aid Blocked, as UN Resolution Fails to Stop Fighting in El Fasher (22 June 2024); Médecins Sans Frontières (MSF), Last Hospital in El Fasher Risks Closure Due to Hospital Attack in Sudan (14 August 2024).

[16] Save the Children, Three Children Born Every Minute into Sudan's War as Maternal Deaths Soar (April 2026).

[17]Norwegian Refugee Council (NRC), Sudan Crisis (Situation Updates and Reports, 2025–2026).

9.2 Key Gaps in the Response

Interviews and international reports point to several fundamental gaps in the humanitarian response:

- Most interventions are concentrated in major cities and do not reach local communities and remote rural areas.
- Security restrictions and bureaucratic obstacles hinder humanitarian teams' access to the areas of greatest need.
- Humanitarian funding remains below stated needs, and projects often end prematurely because of budget cuts.
- Some interventions are implemented as ad hoc campaigns that do not build toward a sustainable structure.
- Psychosocial support services remain low on the priority list, despite the scale of need.
- Children with chronic illnesses such as diabetes, sickle cell anemia, and kidney disease are not receiving their fair share of humanitarian assistance.

> *"The current health crisis is not merely a lack of resources, but a complex crisis resulting from the collapse of the health system, the targeting of medical facilities, the emigration of personnel, and restrictions on humanitarian work, which has made children's right to health more threatened than ever before." — Legal expert and humanitarian researcher*

Recommendations

Based on the facts documented in this report and insights drawn from interviews with more than twenty eyewitnesses, healthcare practitioners, human rights experts, and journalists, the following recommendations are addressed to the relevant parties.

10.1 To the Warring Parties

- Comply immediately and fully with the provisions of international humanitarian law relating to the protection of civilians, medical facilities, and healthcare workers.
- Cease all attacks on hospitals, health centers, ambulances, and medical vehicles immediately.
- Guarantee safe humanitarian corridors for the delivery of medical and food aid to all affected areas without discrimination.
- Release all health workers detained or arrested for carrying out their duties.
- Cease the use of health and civilian facilities for military purposes.

10.2 To the International Community and UN Bodies

- Increase diplomatic and human rights pressure on warring parties to end documented violations against health facilities.
- Increase humanitarian funding for Sudan to a level commensurate with the scale of the crisis, among the worst globally.
- Establish effective, transparent accountability mechanisms to investigate violations of international humanitarian law.
- Expand the mandate of the International Criminal Court to investigate documented crimes against children.
- Allocate independent, urgent funding for children's mental health programs in Sudan and host countries

10.3 To Humanitarian Organizations

- Expand humanitarian work to reach rural areas and remote communities not currently covered by interventions.
- Integrate mental health and psychosocial support into the core service package, not as a secondary supplement.
- Give particular attention to children with chronic diseases (diabetes, sickle cell anemia, kidney failure) through targeted programs.
- Support birth registration and civil documentation systems to guarantee the right to legal identity for children born in wartime.
- Intensify emergency vaccination campaigns to close the gaps left by years of war.

10.4 To the Ministry of Health

- Treat the health sector as a strategic and inviolable sector, protected by clear policy and regulation.
- Reinstate the salaries of health workers who continued their duties voluntarily throughout the war.
- Develop a comprehensive emergency plan to rehabilitate damaged hospitals and health centers.
- Reactivate the central drug distribution system with effective quality guarantees.
- Take urgent measures to bring back emigrated medical personnel or compensate for shortages from alternative sources.

10.5 Special Recommendations for the Health of Children with Disabilities

Based on the testimony of a disability rights activist, the following recommendations are made:

- Provide specialized health and nutrition kits for children with disabilities as part of humanitarian aid distributions.
- Ensure the availability of psychiatric and neurological medications within the emergency response package.
- Establish mobile physiotherapy and rehabilitation units.
- Make shelters inclusive and accessible for people with disabilities.
- Provide sign language interpreters and alternative communication methods.
- Develop data systems disaggregated by disability type, age, and gender.

Conclusion

This report, drawing on twenty documented interviews and dozens of international reports, points to one unmistakable truth: the children of Sudan are paying a heavy price for a war they did not start and had no part in. Every minute, three Sudanese children are born into circumstances that deny them their fundamental right to healthcare and a dignified life. Every day, children who could have been saved if medicine had arrived on time, if doctors had remained on duty, or if the hospital treating them had not been bombed. Every week, psychological trauma accumulates in children who have become adept at drawing tanks and drones before they have even learned to write.

This report cannot end the war or close all the humanitarian gaps, but documentation and analysis are the first steps toward accountability and protection. What goes unrecorded cannot be addressed, and what is not documented cannot be held to account.

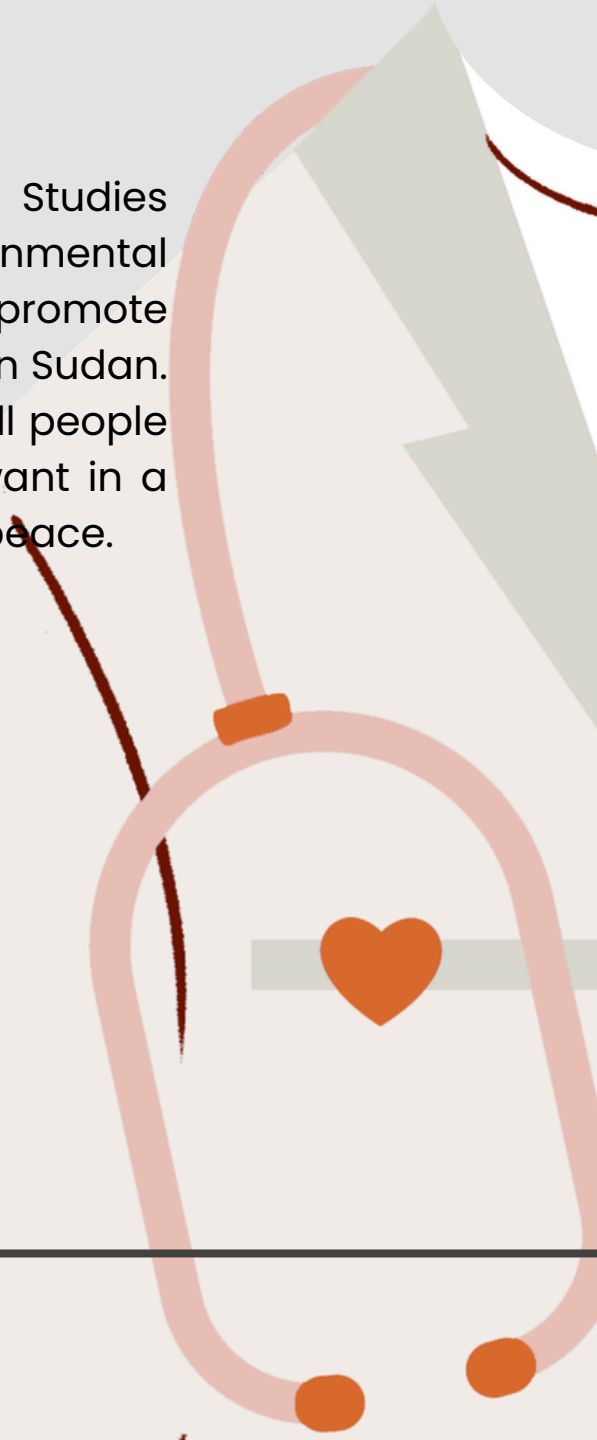
Every testimony gathered for this report, regardless of the speaker's background or specialization, converges on the same conclusion: the war must stop. Ending the war is the first and only foundation for any lasting solution; all other humanitarian interventions, however important, remain a patch on a cracked wall.

> *"No health system can function effectively in an environment of insecurity. The fundamental solution is to stop the war; everything else is temporary.", Sudanese doctor living in Ethiopia*

This report is dedicated to all the children born under bombardment, who have lived in displacement camps, who have drawn the war on their school papers, and who deserve so much better.

AFRICAN CENTRE FOR JUSTICE AND PEACE STUDIES

The African Center for justice and Peace Studies (ACJPS) is a non-profit non-governmental organization working to monitor and promote respect for Human Rights and legal reform in Sudan. The center has a vision of a Sudan where all people can live and prosper free from fear and want in a country committed to justice, equality and peace.



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