

The six grave violations against children during armed conflict

ABOUT THIS REPORT

Aim

This report aims to analyse the situation of children affected by armed conflict in Sudan through the UNSC’s framework of the six grave violations against children. It focuses on developments in 2025 and 2026, drawing on 2024 data where more recent information is unavailable. It seeks to highlight the possible patterns, trends, and impacts of these violations and identify critical protection risks, service gaps, and access barriers. The analysis is intended to inform humanitarian response planning, advocacy, and prioritisation.

Methodology

This report is based on an analysis of approximately 80 publicly available secondary sources, including reports and data on violations from UN agencies, international and national NGOs, human rights organisations, media outlets, and other relevant publications. Two key informant interviews with three child protection responders operating in Sudan filled identified information gaps. The key informants recommended the use of the six grave violations as an analysis framework for understanding child protection violations in Sudan. This approach provides a standardised and internationally recognised structure for assessing the impact of the Sudan conflict on children and ensures alignment with global monitoring and reporting mechanisms.

Limitations

The information in this report does not represent the full extent of violations against children in Sudan. The most recent publicly available data on verified grave violations against children in Sudan is not current. The last country-level Children and Armed Conflict (CAC) report was published in June 2024 and covered violations from 2022–2023, with an update released in November 2024 (despite some references

indicating a later date on the CAC website). Since then, only the 2025 global CAC report has been issued, without a more recent Sudan-specific update. As a result, the data on verified grave violations used in this analysis is somewhat dated, mostly from 2024, and does not fully capture the most recent developments. Major access limitations, active hostilities, and communication blackouts also continue to hinder comprehensive monitoring and reporting on child protection violations. Stigma, fear of reprisals, insufficient safe reporting mechanisms, and community reluctance to report sensitive violations – particularly those related to sexual violence and child recruitment – further contribute to underreporting. In many cases, available data is not age- or gender-disaggregated, restricting deeper analysis of affected groups.

There is also a lack of consistent, up-to-date information on recent trends across several violations, particularly areas facing high-intensity conflict, such as Darfur and Kordofan regions, and specific access constraints. Rapidly shifting front lines and population movements further complicate efforts to track patterns over time.

Information gaps

- Additional key information gaps identified in this analysis include:
- limited data on the scale and patterns of violations affecting younger children, particularly those under five years old
- insufficient information on the use of children as human shields, torture of children, and the presence and impact of mines and explosives
- gaps in understanding of the longer-term impacts of violations against children, including reintegration outcomes for formerly recruited or abducted children
- the underrepresentation of rural, besieged, and newly affected areas in available data, since access constraints are most severe in these locations
- lack of publicly available aggregate data on intersectional vulnerabilities, including gender, disability, and membership in marginalised ethnic groups
- limited publicly available information on the emergency release and reintegration activities of humanitarian responders.

SIX GRAVE VIOLATIONS IN SUDAN - DEFINITIONS

Killing and maiming of children

The killing and maiming of children includes murder, mutilation, torture, and other cruel, inhuman, or degrading punishment. It can occur as a result of direct attacks on civilians as well as from indiscriminate, disproportionate military attacks, including the use of indiscriminate weapons, such as landmines, cluster munitions, chemical weapons, and improvised explosive devices. The killing and maiming of children can also occur in the context of house demolitions, search-and-arrest campaigns, and suicide attacks (UNICEF 30/05/2024; SRSG CAAC 07/11/2013).

Recruitment or use of children as soldiers

The recruitment or use of children in armed forces or armed groups refers to the compulsory, forced, or voluntary conscription or enlistment of children into any kind of armed force or armed group in any capacity, including both combat and support roles – for example, as cooks, cleaners, or messengers – and for the purpose of sexual exploitation (UNICEF 30/05/2024; SRSG CAAC 07/11/2013). The UN Convention on the Rights of the Child's Optional Protocol on the Involvement of Children in Armed Conflict, which Sudan has ratified, requires states to ensure that children under 18 are not compulsorily recruited and do not take an active part in hostilities (SRSG CAAC 07/11/2013; OHCHR accessed 21/04/2026). The Sudanese Armed Forces Act of 2007 specifies 18 as the minimum age of forced and voluntary recruitment in the armed forces (OHCHR 23/10/2024).

Sexual violence against children

This refers to conflict-related sexual violence, which includes the rape, sexual assault, sexual slavery and/or trafficking for the purposes of sexual exploitation, enforced prostitution, forced marriage or pregnancy, enforced sterilisation, and sexual exploitation and/or abuse of children (UNICEF 30/05/2024).

Abduction of children

The abduction of children refers to the “unlawful removal, seizure, capture, apprehension, or enforced disappearance of a child either temporarily or permanently”. Abduction can occur for the purposes of child recruitment or the use of children in armed forces, for the purposes of sexual exploitation, and as an intentional act of retaliation or violence, often to instill fear into a community (UNICEF 30/05/2024; SRSG CAAC 21/05/2014).

Denial of humanitarian access for children

The denial of humanitarian access occurs when a member of a conflict party intentionally denies, impedes, or significantly obstructs the delivery or provision of humanitarian assistance and/or services to children and when this denial has severe consequences for children's survival. This includes denying or impeding assistance by deliberately attacking humanitarian workers (SRSG CAAC/UNICEF 12/06/2025; SRSG CAAC accessed 16/04/2026).

Attacks on schools or hospitals

Attacks on schools or hospitals encompass “acts which put at risk the integrity of schools, hospitals, education and medical personnel, as well as children seeking medical care or education, and undermine the basic right to education and health care in times of armed conflict” (SRSG CAAC 21/05/2014). This includes both targeted and indiscriminate physical attacks on schools or medical facilities that cause the total or partial destruction of such facilities; it also includes attacks on teachers, doctors, and other education and healthcare personnel (UNICEF 30/05/2024; SRSG CAAC 21/05/2014).

THE SIX GRAVE VIOLATIONS IN SUDAN

In 2024, the UN included both the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) in the annex of the CAC report, often referred to as the UN's global 'list of shame' for grave violations against children in armed conflict. SAF was listed for killing and maiming children and attacking schools and hospitals, while RSF was listed for recruiting and using children, killing and maiming them, committing rape and other forms of sexual violence against them, and attacking schools and hospitals (AI Arabiya 11/06/2024; UNSC 03/06/2024). By the latest publicly available update, in June 2025, both parties were still on the list, with RSF also listed for abducting children (UNSC 17/06/2025).

Killing and maiming of children

Both main conflict parties have killed and injured children during hostilities, including through air strikes, drone strikes, shelling, crossfire, and targeted violence. Most cases of the killing and maiming of children were linked to shelling, according to verified data (UNGA 23/12/2025). Air attacks and bombardments have struck residential neighbourhoods, markets, schools, and other civilian sites, killing and severely injuring children, causing some to lose their limbs (Dominguez et al. 10/2025; OHCHR 23/10/2024; BBC 07/12/2025).

According to verified data from successive UNSG Children and Armed Conflict global reports, violence in Sudan killed or maimed nearly 3,000 children – at least 1,650 boys, almost 900 girls, and close to 450 of unknown sex – from 2023–2024 (at least 1,200 in 2023 and 1,700 in 2024). No age breakdown was provided, although the 2024 report specifies that some victims were as young as one year old. These casualties were attributed primarily to unidentified perpetrators during crossfire, mainly between SAF and RSF (OHCHR 03/06/2024; UNSC 17/06/2025). While these figures are based on verified incidents and are likely underestimated, they indicate the scale at which violations occur. Data on fatalities during attacks is also rarely age-disaggregated, making tracking difficult. That said, by November 2025, the killing and maiming of children were the most verified violations in recent months (SRSG CAAC 21/12/2025).

The ethnically targeted killing and maiming of children in Sudan, which has been ongoing since the start of the conflict, continued in 2025 (ACAPS 31/07/2025). The UN's Independent International Fact-Finding Mission for the Sudan identified "hallmarks of genocide" in RSF's "widespread and systematic" use of killings, torture, rape, and other grave violations during its takeover of Al Fasher in October 2025, assessing that RSF acted with "genocidal intent" to destroy the Zaghawa and Fur communities in whole or in part. The mission documented numerous incidents of the killing and maiming of children during the takeover (UN 19/02/2026).

RSF has also targeted children in displacement camps. For example, an October 2025 RSF attack on the Dar al-Arqam Displacement Centre in Al Fasher killed at least 17 children – nine girls and eight boys, including a seven-day-old infant – and injured 21 more (UNICEF 12/10/2025; UN 12/10/2025).

Advanced long-range drones are increasingly being deployed in Sudan, consistently hitting civilian areas and frequently causing casualties among children (OHCHR 26/02/2026). By January 2026, the states most hit by drone attacks included Khartoum, North Darfur, and North, South, and West Kordofan, with SAF attacks responsible for over 70% of casualties (AJ 03/02/2026). A sample of recent incidents reported includes the following.

- **29 March 2026:** RSF and allied militia shelled residential areas in Dilling, South Kordofan, killing five children and injuring another seven (AJ 29/03/2026; Agenzia Nova 03/04/2026).
- **16 February 2026:** a drone strike attributed to SAF struck an IDP shelter in As Sunut, killing 15 children (UN 18/02/2026; MSF 19/02/2026).
- **15 February 2026:** a strike attributed to SAF on a fuel market in Adikong, West Darfur, injured three children (UN 18/02/2026; MSF 19/02/2026).
- **6 January 2026:** a drone strike in Al Obeid attributed to RSF hit a house and killed 13 people, including eight children (BBC 06/01/2026).
- **4 December 2025:** a drone attack attributed to RSF on a kindergarten in South Kordofan killed at least 33 children, with some sources quoting up to 63 children, with communication blackouts hindering reporting efforts (AJ 05/12/2025; NPR 06/12/2025; FDD 08/12/2025).

Aggravating the risk of the killing or maiming of children, there was a report of children being used as human shields during hostilities in Kadugli, South Kordofan, in early 2025, although it is not clear who the perpetrators were and whether the children were killed or maimed as a result (OCHA 06/02/2025).

There are emerging indications that landmines and unexploded ordnance may pose a growing risk to children in Sudan, although the scale and specific impact remain unclear. The extensive use of explosive weapons since April 2023 has significantly increased contamination, and the presence of antipersonnel and antivehicle mines has been confirmed in parts of Khartoum (UNMAS 01/08/2025). Between March–April 2025, conflict in Khartoum state, North and South Darfur, and North Kordofan led to widespread explosive ordnance contamination. While there was no consistent, systematic reporting system for mine incidents and accidents by July 2025, there were anecdotal reports of children killed and injured by unexploded or abandoned explosive ordnance reported across Aj Jazirah, Khartoum, North Darfur, and South Darfur (ACAPS 31/07/2025; Protection Cluster 30/09/2025).

Mine action activities, including explosive ordnance risk education, surveys, and clearance, are underway, although the conflict has regularly disrupted these efforts, limiting available data on the extent of contamination and its impact on civilians, including children (UNMAS accessed 27/04/2026; Mine Action Review 2025; Protection Cluster 30/09/2025). Given the widespread presence of unexploded ordnance in residential areas, schools, and public infrastructure, children are likely to face heightened exposure risks, particularly as families return to affected areas (ADF 08/07/2025). There is currently insufficient information to determine how this risk is materialising for children specifically, including the scale of casualties, exposure patterns, or differential impacts by age and gender.

Recruitment and use of children as soldiers

Sudanese armed groups, including those allied with SAF, have a long history of the recruitment and use of children in armed conflict, particularly in Darfur region. During the Darfur conflict, the UN listed armed groups recruiting children as early as 2005, with the Janjaweed militia (that later became the RSF) recruiting underage boys, who often joined for the financial incentives and were deployed to fight in Yemen in 2016 and 2017 (OHCHR 23/10/2024).

2024 CAC data shows that 25 boys were verified as having been recruited and used by RSF (16) and the Sudan Liberation Army/Transitional Council (nine) (UNSC 17/06/2025). As with other CAC figures, these cases reflect only verified incidents and likely significantly underrepresent the true scale of the recruitment and use of children. Reporting on child recruitment remains limited, as communities are often reluctant to report such cases (KII 26/03/2026). This reluctance may be driven by unawareness of reporting mechanisms, fear of reprisals from armed groups for reporting, and stigma against some children who have been recruited, particularly children (often girls) recruited for the purpose of sexual exploitation (STC 29/11/2021). Even though many responders see children at checkpoints or carrying weapons, age verification is extremely challenging, contributing to significant underreporting and gaps in available data. Responders often rely on key informants or parents to inform them when armed groups abduct children (KII 26/03/2026).

During the current conflict, most of the children who have been recruited are boys, with a responder estimating that around 95% of cases of child recruitment and use involve boys (KII 26/03/2026). Some recruited children are as young as seven years old (UNSC 27/11/2024). Boys are often recruited or used in hostilities, including for frontline roles and the carrying of weapons, or as informants, while girls are used as cooks, for house chores, or to run errands for armed groups, as well as sexually abused through their use as ‘wives’ of armed group members (KII 26/03/2026).

RSF and allied militias have been reported to systematically recruit and use children in active hostilities. In 2023, about 80% of recorded incidences of child recruitment were associated with RSF and one of its allies, the Third-Front Tamazuj. Witnesses described boys associated with RSF in multiple locations across Aj Jazirah, the Darfur states, and Khartoum, as well as along the Chad border (OHCHR 23/10/2024). During the October 2025 attack on Al Fasher, RSF conscripted, enlisted, and used children in the hostilities. They forced the children into a wide range of roles, including



combat, guarding, intelligence-gathering, patrolling, checkpoint duties, searches, and detention-related abuses. Testimonies indicate that some children were also involved in looting, arson, and torture, as well as in recording and disseminating abuses on social media (OHCHR 13/02/2026). RSF also targeted unaccompanied children and those from poor families into combat roles (Dabanga 18/10/2023).

SAF's call for mass popular mobilisation in January 2024 was followed by widespread information on minors being drawn into its efforts. Social media footage showed SAF officers training youth, including children under 18, as part of popular mobilisation initiatives. There were also indications that SAF organised firearms training for girls in Aj Jazirah state, as well as reports of the establishment of training camps in River Nile and Port Sudan involving underage participants, with children seen staffing popular mobilisation checkpoints in areas under SAF control (OHCHR 23/10/2024; ST 29/03/2024). SAF has also pursued alliances with armed groups known to use children in hostilities, which one responder reported are active to date (OHCHR 23/10/2024; KII 13/04/2026).

Children associated with both conflict parties have gained widespread attention on TikTok, where videos of them, often referred to as 'lion cubs', have attracted millions of views. Footages frequently show boys in military uniform posing with fighters and senior officials, celebrating battlefield successes, delivering motivational messages, making violent threats, and sometimes carrying weapons. The viral popularity of this content risks normalising and glamourising children's involvement in armed conflict, potentially encouraging further recruitment through a copycat effect and portraying participation in violence as admirable and aspirational (Bellingcat 20/02/2026).

Key factors driving children to join militias and armed groups in the current conflict include the deprivation of education, lack of protection from both the warring parties and intercommunal violence, a desire for revenge for atrocities committed against their families or communities, and a desire to protect and defend them. The influence of social environments and tribal customs, along with forced displacement, separation from caregivers, and the search for safety, protection, and livelihood, plays a significant role in luring or forcing children into these groups (OHCHR 23/10/2024). Many are also harassed or intimidated into recruitment by armed actors, and parents may encourage them to join as a coping strategy in the face of significant economic deprivation (Genocide Watch 18/03/2025; OHCHR 23/10/2024; ACAPS 31/07/2025). One interviewed organisation observed that the humanitarian and

economic situation, not ideological alignment, is increasingly driving recruitment, as armed groups are seen as a reliable source of food and protection (KII 14/03/2026).

Data specific to 2025 is limited, but in 2024, OHCHR indicated that the risk of being associated with armed forces and groups was particularly high for children in Darfur region and eastern Sudan. Cases were also observed in locations including Aj Jazirah, Gedaref, Kassala, Khartoum, Northern, River Nile, Sennar, and West Kordofan states (OHCHR 18/03/2024; EUAA 11/02/2025; Genocide Watch 18/03/2025; STC 05/06/2025). Reports of children being associated with armed forces and groups in Al Fasher and surrounding areas, including the recruitment of children as fighters and for the purposes of sexual exploitation and sexual slavery, have also increased since the RSF takeover in October 2025 (UN 27/11/2025). Two interviewed responders perceived that risks are currently most severe in conflict-affected locations, including Al Fasher and across Al Geneina, North Darfur, and South Darfur more broadly, with a recent shift towards South Kordofan, driven by the movement of armed groups and fighting in the area (KII 26/03/2026; KII 14/03/2026).

When children exposed to war are drawn into hostilities and forced to participate in atrocities, they end up being deprived of their most basic child rights and may experience profound physical and psychological effects that can extend into adulthood (ICRC 19/07/2017). Many experience fear, anxiety, depression, impulsivity, hyperactivity, marginalisation, and low self-esteem, which can significantly hinder their reintegration into society (Genocide Watch 18/03/2025; Hamoud 01/2025).

Sexual violence against children

Conflict-related sexual violence (CRSV) has been widely documented in Sudan. Its actual prevalence remains unknown, however, as cases, particularly those involving children, are significantly underreported (UNICEF 02/03/2025). Documented abuses include rape (including gang rape and the rape of children as young as one year old), attempted rape, sexual assault, harassment, and exploitation, including sexual slavery. Both sides to the conflict carry out these violations, often in widespread and systematic patterns, with reports indicating that RSF is responsible for most documented cases (approximately 80%) (OCHA/UN Women 31/10/2025; EUAA accessed 17/02/2025). In mid-2025, Aj Jazirah, the Darfur states, Khartoum, Sennar, and South Kordofan were reported to be among the states facing increased risk of violations, including gang rape and sexual slavery (OHCHR 14/05/2025). Within these states, there

were reports in 2025 of the widespread trafficking of girls for the purposes of sexual exploitation and sexual slavery in locations including Al Fasher, Bahri, Kernoï, Nyala, Um Durman, and Zamzam (OHCHR 27/11/2025). Given severe underreporting and access constraints, this list of locations is far from comprehensive.

While few data sources provide age-disaggregated data on CRSV, available data, which is likely to indicate only a fraction of all CRSV, indicates that children, particularly girls, represent a significant proportion of survivors. Based on data routinely gathered in health centres supported by Médecins Sans Frontières across North and South Darfur between January 2024 and November 2025, 20% of survivors visiting the centres in South Darfur were under the age of 18, including 41 children under five years old. Similarly, in Tawila, North Darfur, 27% of survivors seen between September–October 2025 were under 18 (MSF 31/03/2026).

Reports indicate that sexual violence against children has occurred in a wide range of contexts, often where safety and protection are compromised. These include invasions of cities, particularly during raids on homes, and when children and families are fleeing danger. Incidents have also taken place while children are held against their will, frequently in houses or while in detention. Sexual violence has also been reported during the trafficking of children for the purpose of sexual exploitation, both within and across borders (UNICEF 02/03/2025). Reports of the trafficking of girls for sexual exploitation and sexual slavery by RSF in Al Fasher and surrounding areas have increased since RSF broke the siege in October 2025. There are also reports of the arbitrary detention and forced marriage of children for sexual exploitation (OHCHR 27/11/2025).

During and after the RSF takeover of Al Fasher and surrounding areas, UN experts reported “overwhelming evidence” that RSF ethnically targeted and raped children belonging to non-Arab communities, including the Zaghawa and Fur communities (Arab News 28/11/2025; OHCHR 27/11/2025 and 13/02/2026). RSF has also targeted girls in North Darfur for commercial sexual exploitation, especially in IDP camps, with girls from Nuba tribes and non-Arab communities at particular risk (ACAPS 31/07/2025). Ethnically targeted rape was also observed during RSF attacks on Zamzam camp in April 2025, where adolescents and children were separated from their group and raped by multiple perpetrators, particularly targeting Zaghawa communities (MSF 31/03/2026).

Perpetrators of sexual violence can also include people not associated with armed groups, including host community members and those within a position of power in informal displacement sites. Displaced girls face heightened risks of rape and sexual exploitation and abuse, driven by overcrowded conditions, reliance on unfamiliar hosts, and the need to travel long, often unsafe distances to access basic services. There are reports of those within positions of power in IDP sites sexually exploiting girls by demanding sex in exchange for girls’ access to basic goods or shelter. Reports suggest that adolescent girls and those with disabilities living in IDP sites are at heightened risk of sexual exploitation and abuse from powerholders within the site (UNICEF 02/03/2025).

Boys are also at risk of CRSV, but to a lesser degree than women and girls (ACAPS 31/07/2025). During detention, abuses against boys have included forced nudity, genital beatings, threats of rape, and, in some cases, rape and gang rape, often by RSF members (OHCHR 23/10/2024). Cases affecting boys are often underreported because of stigma and limited support services (OHCHR 23/10/2024; HRW 28/07/2024). Services are largely tailored to female survivors, leaving male survivors with fewer avenues for help (HRW 28/07/2024). In March 2025, approximately one in three cases of child sexual assault reported to UNICEF since the start of 2024 involved boys, who may need additional help to overcome stigma and access relevant gender-based violence and child protection response services (UNICEF 02/03/2025).

Sexual violence has severe and far-reaching impacts on survivors, including lasting psychological trauma, serious physical injuries, unwanted pregnancies, and sexually transmitted infections, such as HIV (Protection Cluster 30/09/2025; UNICEF 02/03/2025; Amnesty International 10/04/2025). Girls can suffer from injuries to their reproductive system, including uterine prolapses. Survivors, including girls who become pregnant because of rape, often face stigma and isolation from their families and communities. These challenges may result in girls seeking unsafe abortions or babies being placed in foster care, given up for adoption, or abandoned. Girls who become pregnant because of rape also face the risk of health problems and death associated with early pregnancy. The fear and reality of such violence drives some girls and their families to flee their homes, often ending up in displacement settings with limited resources and support, where they still face the risk of sexual violence (UNICEF 02/03/2025; Amnesty International 10/04/2025; STC 07/07/2023).

Many survivors and their families face barriers to coming forward, such as limited access to support services and frontline workers, fear of stigma or social rejection, concerns about retaliation from armed groups, and worries about breaches of confidentiality (UNICEF 02/03/2025; UNHCR 31/03/2026). Conflict also severely constrains access to support services, with many health facilities damaged or inaccessible and displacement and insecurity causing shortages of qualified gender-based violence health response providers. Survivors risk further CRSV when travelling to seek care (UNICEF 02/03/2025; MSF 31/03/2026).

There are also limited post-rape supplies in Sudan, including post-exposure prophylaxis kits, emergency contraception, and treatment to prevent Hepatitis B infections (Amnesty International 10/04/2025; Protection Cluster 30/09/2025). Protection and child protection referral pathways are often nonfunctional in North and South Darfur and other conflict-affected locations, largely because of insufficient organisational presence, coordination, and resources, particularly for national organisations that have continued responding despite significant funding losses since 2023 and intimidation and obstruction from authorities (MSF 31/03/2026). Protection at the community level generally depends on informal networks, which conflict and displacement have eroded, exposing girls to significant stigma. One organisation reported that child survivors of CRSV may need caregiver consent to access relevant services (KII 14/03/2026; Protection Cluster 30/09/2025).

Abduction of children

The abduction of children in Sudan is not new to the current conflict. During the Darfur genocide in 2003, the Janjaweed militias (which later evolved into RSF) abducted children, forcing them to do domestic work, look after livestock, or work as sex slaves (Reuters YouTube 30/01/2026; HMDT accessed 12/03/2026). Since the start of the current conflict, RSF and allied militia have been widely reported to abduct children of all ages. Children have been abducted for a range of purposes, including ransom, extortion, retaliation, forced labour (including domestic servitude), forced recruitment, and sexual violence, including sexual exploitation. In some cases, the motives remain unclear. The duration of abduction varies significantly, from very short periods of a few hours to prolonged captivity lasting years, indicating differing patterns of exploitation (UNSC 07/06/2024; OHCHR 27/11/2025; UNHCR 14/04/2026). Abductions target both boys and girls, with 47 verified cases affecting boys and

ten affecting girls in 2024 (UNSC 17/06/2025). These figures likely involve significant underreporting driven by fear of reprisals and stigma, particularly in cases where CRSV accompanies the abduction of girls.

Abductions frequently occur during routine daily activities, such as working, travelling to school, or accessing basic services, or in areas close to children's homes and at checkpoints (UNSC 07/06/2024). Abduction has been most notable in Darfur region, particularly following RSF's takeover in different areas, making front lines especially dangerous. During the takeover of Al Fasher, RSF fighters abducted children in the city and on insecure routes along the road to Tawila, where most civilians fled. Children who resisted were subjected to physical violence or held at gunpoint. In many cases, RSF targeted children whose parents had recently been killed. In some cases where family members were present, fighters told them that the children would be used as slaves to herd animals (Reuters YouTube 30/01/2026; Reuters 30/01/2026; SRSG CAAC 21/11/2025). Another large-scale abduction occurred in November 2025, when RSF and allied militia abducted 21 children in South Kordofan, reportedly to recruit them as fighters, after overrunning a gold mine and the surrounding area (MEE 01/12/2025). While RSF and allied militias predominantly carry out abductions, there is also evidence of cases involving SAF-allied militia (UNSC 17/06/2025).

Earlier data from the report on Children and Armed Conflict (2024) highlights the complex and severe nature of child abductions, with many children subjected to multiple forms of harm following their abduction. These include sexual violence, killing, and maiming, as well as being forced to fight for armed groups, underscoring that abduction often exposes children to further violations (UNSC 07/06/2024).

While there is a gap in understanding the impacts of child abduction, particularly in Sudan, the abduction of children – particularly for the purposes of sexual exploitation, recruitment or use as child soldiers, and other purposes that expose them to significant violence – frequently manifests in post-traumatic stress disorder, depression, and anxiety (Dominguez et al. 10/2025).



Denial of humanitarian access for children

17.3 million children in Sudan need urgent humanitarian assistance. The crisis, marked by widespread violations of international law by conflict parties, has deepened over the course of the conflict and is compounded by severe humanitarian access limitations (UNHCR 14/04/2026; STC accessed 12/03/2026). Despite the scale of need, conflict parties continue to deny life-saving access to assistance for children by attacking and threatening humanitarian responders, looting and destroying humanitarian supplies, and imposing severe movement restrictions and bureaucratic constraints on humanitarian organisations.

The most recent CAC data from 2024 identified 38 verified incidents of denial of humanitarian access affecting children. These were primarily attributed to RSF (18 incidents) and SAF (12), with additional cases involving SAF military intelligence (four), unidentified perpetrators (two), RSF-affiliated Arab militia (one), and the Sudan People's Liberation Movement-North (one) (UNSC 17/06/2025). The data did not break down incidents by type. Previous CAC data covering 62 incidents of denial of humanitarian assistance in 2022 (13) and 2023 (49) indicated that denial involved multiple tactics, most commonly the looting and/or destruction of aid supplies (29 incidents) and threats or violence against humanitarian personnel (29). Other reported methods included carjacking (nine), attacks on water infrastructure (eight), movement restrictions (seven), and bureaucratic obstacles (two) (UNSC 07/06/2024).

Other data sources indicate that attacks on humanitarian workers continued throughout 2025, although information linking these attacks directly with the provision of assistance to children is limited. Overall, the Aid Worker Security Database recorded attacks on at least 107 humanitarian responders throughout 2025, including kidnapping (12), shooting (11), shelling (ten) and other explosives (one), aerial bombardment (six), detention/arrest (five), sexual assault (one), combined kidnapping-killing (one), and a 'complex' attack that killed nine national INGO staff in a health clinic. These attacks killed 44 responders, injured 25, and resulted in the kidnapping of 31 and the detention of six, primarily in Khartoum state (19) and Darfur region (20). 23 incidents were attributed to RSF, six to SAF, 19 to unknown perpetrators, and one to Darfur communal militants (AWSD accessed 23/04/2026). Most (105) of the affected responders were national staff, with attacks also increasingly affecting volunteer networks and mutual aid groups (OCHA 26/02/2026; AWSD accessed 23/04/2026).

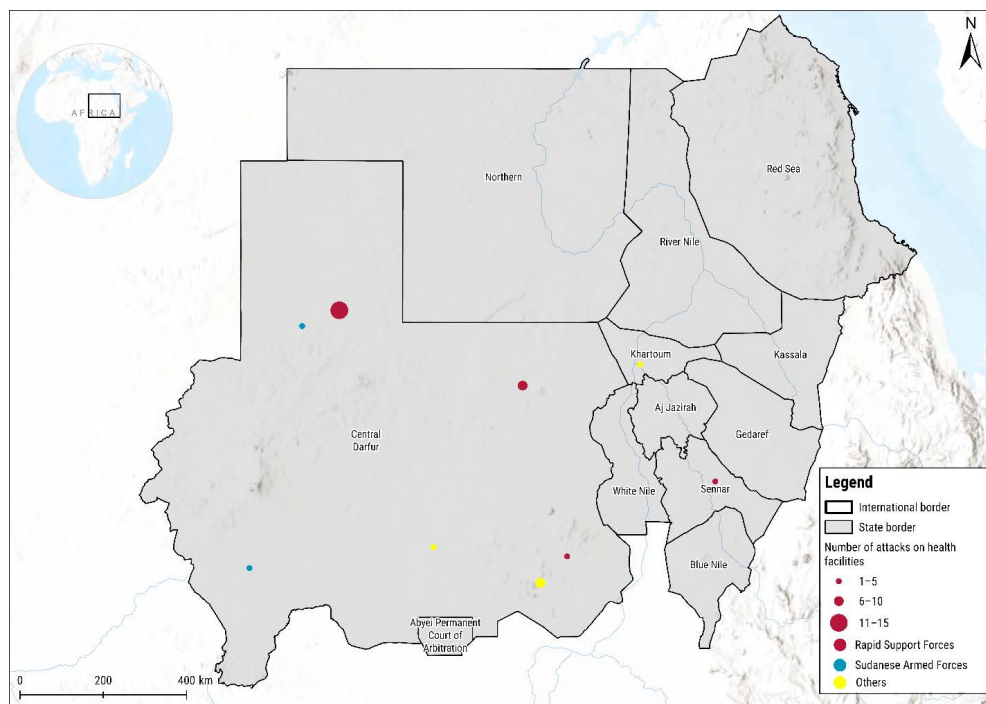
Sieges imposed in multiple locations in 2025, including Al Fasher, Dilling, and Kadugli, have also cut off entire communities, including children, from life-saving assistance (OCHA 26/02/2026; ACAPS 23/03/2026). During the 18-month siege of Al Fasher, RSF's air defence system effectively prevented SAF airdrops of food, medicine, and other life-saving supplies, while its large network of earthen barriers prevented supplies from entering the city (OHCHR 13/02/2026). Kadugli and Dilling, which were besieged by RSF and Sudan People's Liberation Movement-North for two years until January 2026, and Al Obeid, which faces escalating siege-like conditions, have also experienced significant denial of humanitarian assistance. (AA 11/04/2026; Amnesty International 14/04/2026). In Dilling, daily attacks, some of which killed children, prevented aid convoys from entering, and civilians attempting to flee were often trapped (UN 04/12/2025; UN YouTube 14/04/2026). Limited access to assistance has persisted in Kadugli and particularly Dilling even after their sieges were formally declared broken, as ongoing fighting and shifting frontlines continue to obstruct the flow of aid (FEWS NET 09/04/2026). The sieges have left children facing severe malnutrition, communicable diseases, and other threats to their survival. By September 2025, Famine (IPC Phase 5) food insecurity conditions were classified in both Al Fasher and Kadugli, indicating that at least 30% of children were suffering from acute malnutrition. In mid-October, 75% of children arriving in Tawila after fleeing Al Fasher were acutely malnourished (IPC 03/11/2025).

Significant bureaucratic impediments also impede humanitarian access to children. OCHA humanitarian access snapshots published from January–August 2025 report consistent, monthly incidents of both conflict parties impeding and interfering in humanitarian assistance. For example, in May, after SAF took control of Khartoum, NGOs reported delayed travel permits, visas, and approvals that impeded the humanitarian response to a cholera outbreak (OCHA 04/06/2025). This likely had a severe impact on access to assistance for affected children, particularly children under five, who are particularly vulnerable to cholera (UNICEF accessed 23/04/2026). In June, many agencies reported facing challenges in obtaining travel permits and authorisation from the Sudanese Government to operate in Kassala, Khartoum, River Nile, and Sennar states. Authorities in these states dismantled shelters without consulting humanitarian responders and withheld humanitarian assets. The Government's approval of humanitarian visas was consistently below 50% for both INGOs and the UN between February–June, showing an improvement for the UN only in July (to 68%) (OCHA 05/08/2025 and 06/07/2025).

The Sudanese Agency for Relief and Humanitarian Operations (SARHO), affiliated with RSF, has also imposed bureaucratic restrictions that significantly hamper assistance delivery, particularly in Darfur. These include preventing supplies from reaching areas outside of RSF control and enforcing the use of armed escorts (OCHA 10/02/2025 and 06/03/2025). Further complicating access in RSF-controlled areas, in January 2026, the SAF-led Sudanese Government issued directives warning humanitarian organisations against cooperating with SARHO and that noncompliant organisations would be opening themselves to legal action and punitive consequences, including suspension (ACAPS 23/03/2026).

Attacks against schools or hospitals

Map 1. Reported attacks on healthcare facilities (2 March 2025 to 2 March 2026)



Source: ACAPS using data from Insecurity Insight (03/03/2026)

Even though schools and hospitals are civilian objects protected under international humanitarian law, attacks on schools and hospitals have been widespread in Sudan since the start of the conflict, with over 200 attacks recorded by March 2026 (SRSG CAAC accessed 15/04/2026; UNICEF 12/03/2026). Insecurity Insight recorded over 700 incidents of violence against or the obstruction of access to healthcare facilities since hostilities started in 2023, including 180 occasions of reported damage on maternity wards, children's hospitals, and dialysis centres by March 2026 (Insecurity Insight 03/03/2026). In 2026 alone, there have been 12 attacks on healthcare facilities, with at least two destroyed by 2 March (CARE 22/03/2026; Insecurity Insight 03/03/2026). Most attacks on healthcare have been attributed to both SAF and RSF, with RSF responsible for the majority since 2025, accounting for approximately 70% of reported incidents (Insecurity Insight 03/03/2026).

The use of drones in the conflict has resulted in attacks on schools and hospitals, particularly in 2026, with the increased use of drones to conduct air strikes. The most significant attack on a hospital so far occurred on 20 March, when a drone strike hit Al Daein Teaching Hospital in East Darfur, the second attack in two weeks. This resulted in 64 casualties, including 13 children, and the closure of the hospital, including its emergency, maternity, and paediatric units. The incident has been attributed to SAF, which has denied responsibility (OHCHR 24/03/2026; BBC 22/03/2026; YSPH HRL 24/03/2026). A drone attack that hit a school in White Nile state on 11 March also killed approximately 17 people, mostly schoolgirls. This attack also led to the closure of schools within the locality for an unspecified period (UNICEF 12/03/2026; AJ 12/03/2026; PI 12/03/2026). In December 2025, a drone strike in Kalogi town, South Kordofan, hit a kindergarten, followed by another strike that hit responders attempting to assist the affected children and a third that hit the nearby hospital where survivors were being treated, collectively killing 114 people, including 63 children (UN 08/12/2025; AJ 05/12/2025).

Findings from the UNSG's report also highlight the widespread military use of schools and hospitals by multiple conflict parties, mostly SAF and RSF, demonstrating a pattern of the occupation and repurposing of civilian infrastructure for military objectives. These facilities have been used in various ways, including as command posts, bases, barracks, and detention sites or for defensive positioning. This practice was reported across several regions, particularly in Darfur and other conflict-affected areas, indicating that the militarisation of essential services is not isolated but systemic (UNSC 07/06/2024).

Attacks on schools and hospitals take away safe places for children to learn and access life-saving healthcare (UNICEF 12/03/2026). The impact of these attacks ranges from immediate harm – such as death, injury, preventing children from seeking care or attending school, and infrastructure destruction – to longer-term effects, including declining student attendance, teacher displacement, and reduced education quality. They also disrupt foundations of community recovery and expose children to exploitation, abuse, and vulnerability to recruitment by armed groups. Over time, this undermines broader social and economic development. These impacts are often unevenly distributed. Girls are particularly affected, as they may be targeted for sexual violence in or around schools or withdrawn by families because of safety concerns, further hindering progress towards gender parity in education. Similarly, marginalised and excluded groups, especially in contexts where conflict is driven by ethnic or religious tensions, face heightened barriers, worsening existing inequalities in education access (PI 08/12/2025; GCPEA accessed 27/03/2026; UNSC 07/06/2024).

SERVICES AND REFERRAL PATHWAYS

The Child Protection Area of Responsibility is targeting 2.4 million out of 12.2 million people in need of child protection assistance in 2026. Aj Jazirah, Khartoum, and North and South Darfur states record the highest number of people in need of child protection assistance, while the same states, along with North and West Kordofan and East Darfur, have the biggest gap in service coverage. Common response activities are centred around undertaking child protection risk mitigation and prevention activities, providing psychosocial support activities, implementing referral actions in responding to critical protection risks, implementing and supporting case management actions, family tracing and reunification, and capacity-building (Child Protection AoR accessed 02/04/2026). While comprehensive, nationwide disarmament, demobilisation, and reintegration programming for children in Sudan has been suspended, humanitarian responders are actively carrying out emergency release and reintegration activities. That said, stigma, service constraints, and the risk of re-recruitment limit reintegration opportunities (KII 14/03/2026; Protection Cluster 30/09/2025; SRSG CAAC 02/07/2025).

Community consultations for the 2026 Humanitarian Needs Response Plan highlight significant obstacles to children's access to child protection and psychosocial support services, with the most frequently reported barriers being service unavailability, a lack of information about existing services, the challenge of providing services in locations with access constraints, and security and confidentiality concerns (UNICEF 20/10/2025). This points to a highly uneven service landscape, where areas with some capacity still face overwhelming demand while others remain largely underserved.

There was also a strong demand for community-based psychosocial and mental health support. (UNICEF 20/10/2025). A child protection responder noted that needs are also most acute in high-conflict areas and locations that have experienced a siege, such as Al Fasher. Frontline regions, including Darfur and Kordofan regions, face the highest levels of need as the conflict continues to intensify. Mental health and psychosocial support services are crucial in these areas (KII 26/03/2026). The Child Protection Area of Responsibility is providing psychosocial support activities, mostly for children, with activities reaching 44% male recipients and 56% female recipients (Child Protection AoR accessed 15/04/2026).