



The IPC Global Initiative is issuing this alert based on the latest evidence available up to 4 February to draw urgent attention to the deteriorating humanitarian situation in areas located in Greater Darfur and Greater Kordofan where Famine (IPC Phase 5) was classified in September 2025 and projected to persist through January 2026, as well as in other areas at risk of Famine. According to IPC protocols, an Alert does not classify areas or provide population estimates and does not constitute a Famine classification. However, given the most recent information and data made available, a new IPC analysis is to be conducted without delay. This Alert was produced by the IPC Global Initiative and does not necessarily reflect the views of individual agencies.

- The fall of El Fasher in October 2025 led to massive displacement of residents and displaced persons into surrounding areas of North Darfur, straining the resources and capacity of local communities and driving up acute food insecurity and malnutrition.
- Famine thresholds for acute malnutrition have been surpassed in two additional localities in North Darfur: Um Baru with a global acute malnutrition (GAM) rate of 52.9 percent—almost twice the famine threshold—and Kerno, with a GAM rate of 34 percent. These alarming rates suggest an increased risk of excess mortality and raise concern that nearby areas may be experiencing similar catastrophic conditions.
- In Greater Kordofan, conflict severely disrupts food production and supply lines as well as access to basic services. The deteriorating situation is likely to result in more people facing extreme hunger and acute malnutrition, especially in besieged towns or isolated areas.
- Acute malnutrition continues to deteriorate in 2026, with nearly 4.2 million estimated cases compared to 3.7 million in 2025. Prolonged displacement, conflict, and erosion of health, water and food systems are expected to increase acute malnutrition and food insecurity.
- Immediate action is urgently needed to end hostilities and open safe corridors for those fleeing conflict. Only by supporting mutual aid, strengthening communities' coping capacities, and ensuring unimpeded, large-scale humanitarian response can we prevent further loss of life and halt the spread of famine and human suffering.

Conflict and displacement drive deteriorating conditions

Following the mass displacement of people from El Fasher town in late October 2025 and ongoing hostilities, levels of acute malnutrition have surpassed famine thresholds in two areas of North Darfur—Um Baru and Kerno (Map 01). Many other conflict-affected or inaccessible areas may also be facing similarly catastrophic conditions; however, the full extent remains unknown due to limited access and uncertainty over how rapidly conditions are deteriorating—especially in locations not covered by assessments or monitoring systems, and among displaced populations. An IPC analysis in September 2025 classified and projected Famine (IPC Phase 5) in the towns of El Fasher (North Darfur) and Kadugli (South Kordofan) and a risk of Famine for 20 other areas (not including Um Baru and Kerno) between October 2025 to January 2026 (Map 02).^{1,2} Across Sudan, acute malnutrition is already expected to deteriorate in 2026, with nearly 4.2 million estimated cases of acute malnutrition affecting children aged 6-59 months and pregnant and breastfeeding women. This includes more than 800,000 cases of severe acute malnutrition (SAM), and represents a 13.5 percent increase from 2025 when 3.7 million cases of acute malnutrition were recorded.³

Famine thresholds for acute malnutrition surpassed in Um Baru and Kerno

The highly fluid situation following the change in control of El Fasher town on 26 October 2025, and subsequent expansion of Rapid Support Forces (RSF) units into areas northwest of the town since late December 2025, has had wide-ranging repercussions throughout North Darfur. Populations facing already catastrophic conditions are now dispersed across wider, harder-to-reach areas while monitoring systems struggle to track new arrivals and displaced people in sites and host communities. RSF units are advancing around Um Baru and Kerno towns, forcing thousands of civilians to flee from urban to rural areas within their localities or toward the Chadian border along the El Fasher–Kutum–Um Baru–Kerno–Tine corridor.^{4,5} At least 127,000 people have been displaced from El Fasher town and surrounding villages as of 13 January 2026.⁶ Kerno town is reportedly largely deserted, and residents of Um Baru town are avoiding staying overnight due to insecurity.

SMART nutrition surveys conducted in Um Baru and Kerno localities in December 2025 SMART nutrition surveys conducted in Um Baru and Kerno localities in

December 2025 (typically the harvest season) found acute malnutrition levels exceeding the 30 percent weight-for-height (WHZ) Famine threshold—GAM in Um Baru was estimated at 52.9 percent among children aged 6-59 months, with a SAM prevalence of 18.1 percent, while GAM in Kerno was estimated at 34 percent among children aged 6-59 months, with a SAM prevalence of 7.8 percent.⁷ In nearby At Tine Locality, a November 2025 SMART survey reported a GAM (WHZ) rate of 19.7 percent. Although below the Famine threshold, this critical level of acute malnutrition indicates pockets of higher GAM may already exist across the locality given the varying conditions and poor situation.

Access to lifesaving health and nutrition services is severely constrained and the risk of excess mortality is extremely high across North Darfur. Notably, in Um Baru, children suffering from SAM, including those with medical complications, have extremely limited access to treatment, and in Kerno, only 25 percent of children identified SAM were enrolled in treatment programmes.⁸ Prolonged displacement continues to erode communities' ability to cope, as households are pushed into more remote areas that are far from food and water sources, basic services, and with serious sanitation, hygiene or infectious disease risks.

Food insecurity persists for internally displaced persons (IDPs) in North Darfur

Conflict and displacement around Um Baru, Kerno and At Tine have significantly disrupted pastoral livelihoods and migration patterns and limited the delivery of humanitarian assistance and mutual aid support. Households face extremely high food prices (including the highest sorghum prices in North Darfur), and most have lost viable livelihood options and face increasingly restricted access to food.⁹ Displaced populations, who are on the move and unable to reach agricultural or rangeland areas, are unlikely to benefit from the harvest as they move farther away from markets and rely more on host communities, mutual aid or market purchases.

A December 2025 food security survey in At Tine and Um Baru localities indicated poor food consumption among 27 percent and 24 percent of households, respectively.¹⁰ Households in both localities reported reducing the size and number of meals they consume and relying on emergency coping strategies due to severe food shortages. Reports also highlighted pervasive violence, armed conflict, displacement, looting, destruction of property and shortages of water.

Map 01. Displacements continue in North Darfur, December 2025. Source: IOM DTM.



Nationwide key figures



9.6 MILLION
INTERNALLY DISPLACED PERSONS



4.2 MILLION
CASES OF ACUTE MALNUTRITION EXPECTED IN 2026



800,000+
CASES OF SEVERE ACUTE MALNUTRITION EXPECTED IN 2026

Recommended Actions



End hostilities, safeguard civilians and protect food, water and health systems. Cease all attacks on civilians and civilian infrastructure and ensure safe movement for people fleeing conflict zones. This is critical to preventing famine from spreading further and addressing the already critical levels of acute food insecurity, malnutrition, and mortality.



Secure safe and sustained humanitarian access: Ensure unhindered access for humanitarian and commercial actors across borders and conflict lines, including to displaced, conflict-affected and besieged communities.



Deliver immediate and unrestricted life-saving assistance. Re-establish critical health, water and nutrition services, scale up emergency food assistance and local aid efforts; improve water, sanitation and hygiene conditions; strengthen disease-prevention measures; and support the agriculture sector ahead of upcoming planting season.



Allocate sufficient funding cross humanitarian sectors and mutual aid mechanisms to avoid catastrophic consequences and further loss of lives.



Strengthen information systems: Ensure information systems are available to timely monitor and assess conditions of populations. Expand data collection mechanisms to capture new arrivals and conditions within host communities and IDP populations.

Excess mortality to increase without immediate action

The humanitarian situation in the El Fasher–Tine border corridor is expected to deteriorate further in the short term without an immediate cessation of hostilities and a large-scale humanitarian response. As conflict and displacement expand into At Tine and closer to the Chadian border, instability along this vital corridor—critical for humanitarian assistance and commercial supplies from Chad—could severely undermine food, nutrition and health conditions. Populations in these areas are already facing extremely critical levels of acute malnutrition, poor diet diversity and reliance on unsafe water sources. Preventable deaths are already occurring and will continue to rise without urgent action.

Violence and mass displacement fuel grave conditions in Greater Darfur

Sudan's crisis has had devastating consequences across Greater Darfur (Map 03). In North Darfur, latest estimates suggest most civilians have either fled El Fasher or died since late October 2025, with fewer than 100,000 people remaining and trapped in the town.¹¹ This was supported by a satellite imagery analysis from November showing very few signs of life.¹² By the end of 2025, the total number of IDPs originally from El Fasher Locality had risen to 1.22 million. This mass exodus of starving and malnourished people into other parts of Greater Darfur, which are also experiencing waves of conflict, risks sharply increasing the number of people facing catastrophic conditions.¹³

Irregular access to El Fasher town is limiting support for surrounding areas such as Tawila—which hosts more than 650,000 IDPs—and Ad Dabbah, where communities and humanitarian actors are struggling to meet the needs of new arrivals. The public health and nutrition situation in Tawila remains critical and fragile following a cholera outbreak, increasing acute malnutrition admissions, and challenges in controlling a measles outbreak, despite an active vaccination campaign.¹⁴

Security conditions are also worsening in South Darfur, particularly in the strategic town of Nyala and its surroundings, where civilian causalities continue to be reported. Ongoing conflict is disrupting humanitarian services, with airports and logistic sites being targeted and essential goods becoming increasingly scarce.

Insecurity continues to disrupt household access to agricultural production in conflict-affected or isolated areas in Greater Darfur and Greater Kordofan. Yields are projected to be below average due to displacement, restricted field access, livestock losses, looting, and siege conditions despite favourable climatic conditions.¹⁵ Agricultural labour opportunities—normally a key income source during the harvest—remain scarce due to insecurity, leaving millions of households without viable livelihoods and increasingly dependent on extreme coping strategies, including begging for food.

Greater Kordofan at the heart of the escalating conflict

The intensification of conflict in Greater Kordofan is likely to result in more people facing extreme hunger and acute malnutrition, and an increase in hunger-related deaths (Map 03). Famine was already classified in the besieged town of Kadugli in September 2025, with very severe conditions projected in Dilling town (South Kordofan) and the Western Nuba Mountains.¹⁶ In isolated or contested areas, residents face hunger, limited access to healthcare and serious protection risks. Local authorities and armed forces continue to tightly control markets, food supplies and movement, preventing communities from benefitting from otherwise favourable agricultural conditions.¹⁷

Since late October 2025, conflict re-intensified across Greater Kordofan—including Al Obeid, a strategic corridor linking Greater Darfur to the capital—with frequent shifts in control of key areas.¹⁸ During this period, more than 88,300 people have been displaced, bringing the total number of IDPs in Greater Kordofan to over one million.¹⁹ By December 2025, conditions in Dilling and Kadugli towns deteriorated with regular shelling and drone strikes on civilian sites and infrastructure.²⁰ Although supply lines and access to the population of Kadugli and Dilling are expected to improve with the easing of the siege of these two towns, conflict continues to drive displacement, looting, and severe disruptions to livelihoods, trade, access to services, and mutual and humanitarian aid.²¹

Markets in South Kordofan are among the least functional in the entire country with the price of basic essential goods 22 percent higher than the national average.²² In Kadugli, the price of sorghum was 407 percent higher in November 2025 compared to 2024.²³ Populations in North Kordofan face similar challenges accessing food and high prices, as conflict, curfews, movement restrictions and access barriers disrupt markets.²⁴ A survey on new IDP arrivals from Dilling and Kadugli in January 2026 reported critical levels of acute malnutrition at 15.3 percent GAM (WHZ) and one out of three households experienced severe hunger.²⁵

In the Western Nuba Mountains, a September 2025 SMART survey in As Sunut Locality recorded a GAM rate (WHZ) of 21.3 percent—a critical level even before

the escalation of conflict in late October, indicating the current conditions could now be even worse.²⁶ The survey also showed uneven nutrition outcomes suggesting pockets of higher GAM within the locality. In Sheikan Locality (North Kordofan), a rapid mid-upper arm circumference (MUAC) screening in November 2025 among IDPs and newly arrived children aged 6–59 months from Bara Locality found a GAM (MUAC) prevalence of 28 percent. With shortages of nutrition supplies expected by February, the situation is likely to deteriorate further.²⁷

Critical access challenges and persistent funding gaps jeopardise reach of lifesaving aid

Humanitarian access across Sudan remains severely constrained due to insecurity, the presence of unexploded ordnance, movement restrictions, checkpoint delays, administrative hurdles, informal fees, and interference in operations. In much of Greater Darfur and Greater Kordofan, access is extremely fragile and increasingly limited. The remaining population in El Fasher town is largely inaccessible, meanwhile escalating conflict along the Sudan-Chad border threatens to compromise the essential supply route from Chad, cutting off millions in need of assistance across Greater Darfur. Access to Greater Kordofan is also extremely limited due to the reliance on supply routes from South Sudan during the dry season or from long or contested logistic routes from Al Obeid. Movement of goods and people between the towns of Dilling and Kadugli has been cut off due to armed clashes and insecurity.

Reaching affected communities is extremely expensive, and a lack of funding is compounding these operational barriers. The 2026 Humanitarian Needs and Response Plan is calling for USD \$2.9 billion, though is currently only 5.5 percent funded as of 3 February 2026, and the 2025 plan received only 38.7 percent of what was needed.²⁸ These funding gaps come at a critical time, just before the June–September 2026 lean season and rainy period, when humanitarian agencies need to pre-position food, nutrition supplies, and other lifesaving aid. With the onset of the rainy season in June, many communities will also be at an increased risk of disease and morbidity as more populations become cut off, inaccessible or unable to access essential health and nutrition services.

Insight from the Famine Review Committee

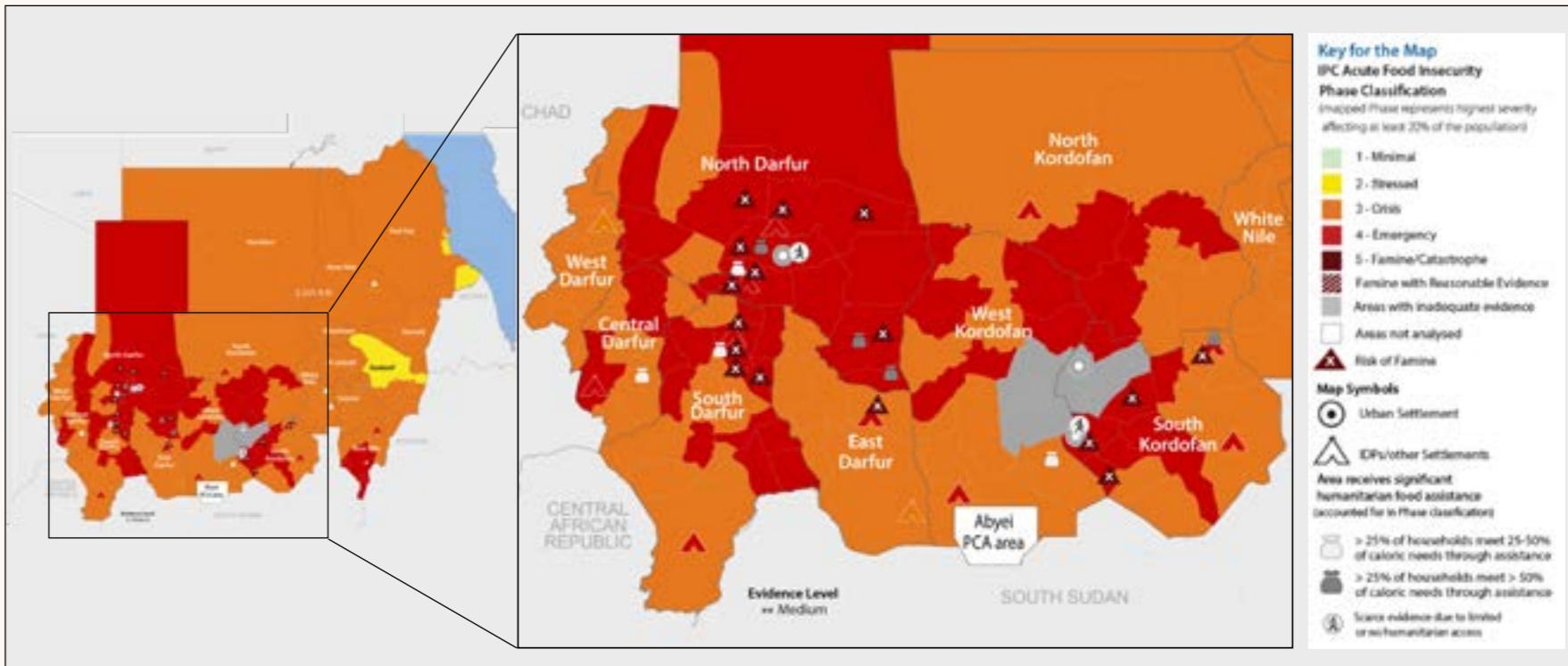
The FRC remains extremely concerned about the humanitarian situation in conflict-affected areas of Sudan. Severe restrictions on humanitarian access continue to limit both the delivery of essential services and the collection of basic data on human welfare. These constraints have prevented the FRC from determining the current classification of areas where Famine was projected or where a risk of Famine statement was issued in December 2024. Despite these limitations, the available evidence indicates that famine conditions are continuing.

Recent findings of very high levels of acute child malnutrition in Um Baru and Kerno, which greatly exceed IPC AMN Phase 5 (Extremely Critical) thresholds, signal a heightened risk of excess mortality. These results are consistent with earlier survey findings from mid-July 2024 in Melit, where acute malnutrition prevalence reached 34 percent. Although these data come from a limited number of locations and time periods, taken together they point to a severe and persistent crisis extending beyond the areas directly assessed.

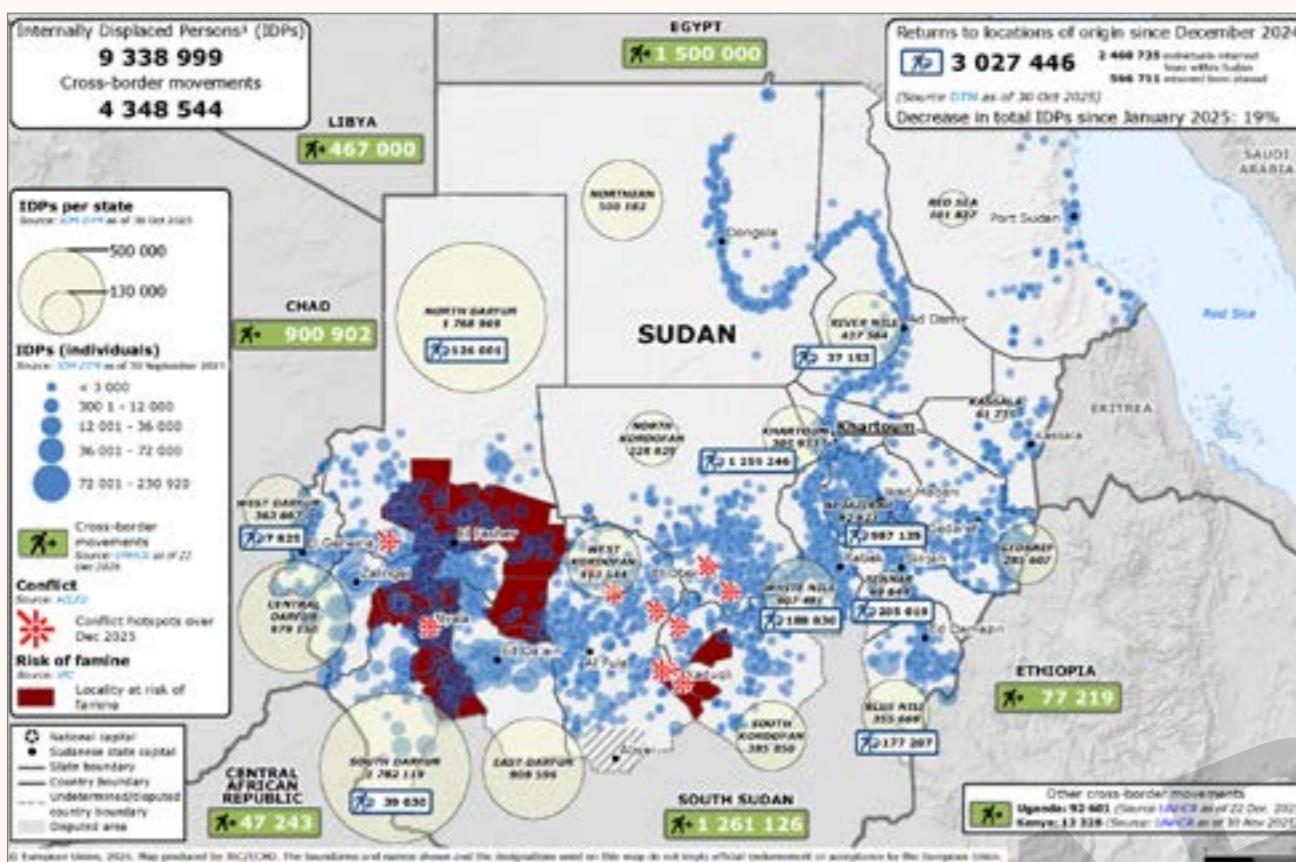
This conclusion is supported by the wider operating context. Across much of the conflict affected region, the underlying drivers of famine risk remain unchanged or have worsened. Ongoing conflict, alongside wide scale and repeated displacement, continues to erode livelihoods, disrupt markets, and restrict access to basic services. The absence of sustained access for situation and needs analysis means it is not possible to identify with confidence where famine conditions are currently present or where they are most likely to emerge next. Famine risk must therefore be understood as widespread, with the highest risks concentrated in areas experiencing intense and shifting patterns of conflict and displacement.

In many locations, the principal buffer against famine is the coping strategies and mutual aid mechanisms of affected communities themselves. These are increasingly fragile. The upcoming pre harvest season is associated with extreme heat, depleted and unsafe water sources, elevated protection risks during water collection, increased diarrhoeal disease, measles, acute respiratory infections, and rising vulnerability to vector borne disease. These pressures further weaken already extremely stressed households. The FRC urges humanitarian actors, to prioritise support that strengthens community coping and mutual aid, while a full IPC analysis remains urgently required.

Map 02. Second Projected IPC Acute Food Insecurity, February - May 2026. Source: [IPC Global Initiative, November 2025](#)



Map 03. Conflict and population displacement in Sudan, December 2025 (Published 9 January 2026). Source: ERCC²⁹



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When is Famine Classified?

Famine (IPC Phase 5) is the highest phase of the IPC Acute Food Insecurity scale, and is classified when an area has:

Widespread starvation and destitution



At least 1 in 5 households or 20% of the population are facing extreme lack of food.

Widespread Acute Malnutrition



At least 1 in 5 households or 30% of children aged 6–59 months are suffering acute malnutrition by Weight-for-Height Z-score (WHZ).

Widespread deaths



At least 1 in 5 households or 15% of children aged 6–59 months are suffering acute malnutrition by MUAC with evidence of rapidly worsening underlying drivers of acute malnutrition.

2 or 4 deaths non-trauma deaths for every 10,000 per day, from the interaction between hunger, malnutrition and diseases.

For further information on how the IPC classifies Famine, please consult the [IPC Famine Fact Sheet](#).

What is Acute Malnutrition?

Acute malnutrition occurs when a person's body does not get enough energy or nutrients for a period of time. It is characterised by wasting and/or nutritional oedema. It is usually caused by a sudden weight loss resulting from insufficient dietary intake—whether due to food scarcity or illness-related loss of appetite—and/or impaired nutrient absorption caused by illness, leading the body to draw on its energy reserves (fat and muscle).

The symptoms of acute malnutrition include rapid weight loss, loss of muscle mass, fatigue, weakness and a weakened immune system that in turn can increase the risk of infection. Acute malnutrition can lead to severe health complications and even death without prompt treatment.