Pupils attend a lesson in a partially damaged classroom at Amina Bint Wahb Primary School for Girls in Omdurman, where UNICEF support helps restore safe, inclusive education after years of disruption.

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Humanitarian Situation Report No. 42

Reporting Period
1 to 30 April

Sudan

HIGHLIGHTS

- On 15 April 2026, Sudan's war entered its fourth year with no signs of abating, as violence, mass displacement and collapsed services continue to drive one of the world's most severe humanitarian crises.
- In a significant milestone, UNICEF supported the safe conduct of national examinations for 544,200 students across more than 3,000 centres, helping sustain learning despite conflict and signifcant access constraints.
- Deteriorating food insecurity and conflict continue to drive acute malnutrition, underscoring the need for a sustained, integrated response. With UNICEF support, 786,300 children under five were screened for acute malnutrition, and over 74,000 children were admitted for SAM treatment. UNICEF scaled up immunization to prevent disease outbreaks, delivering 14.6 million vaccine doses, including through cross-border operations to hard-to-reach areas, and supporting the first round of a novel oral polio vaccine type 2 campaign targeting 4.38 million children.

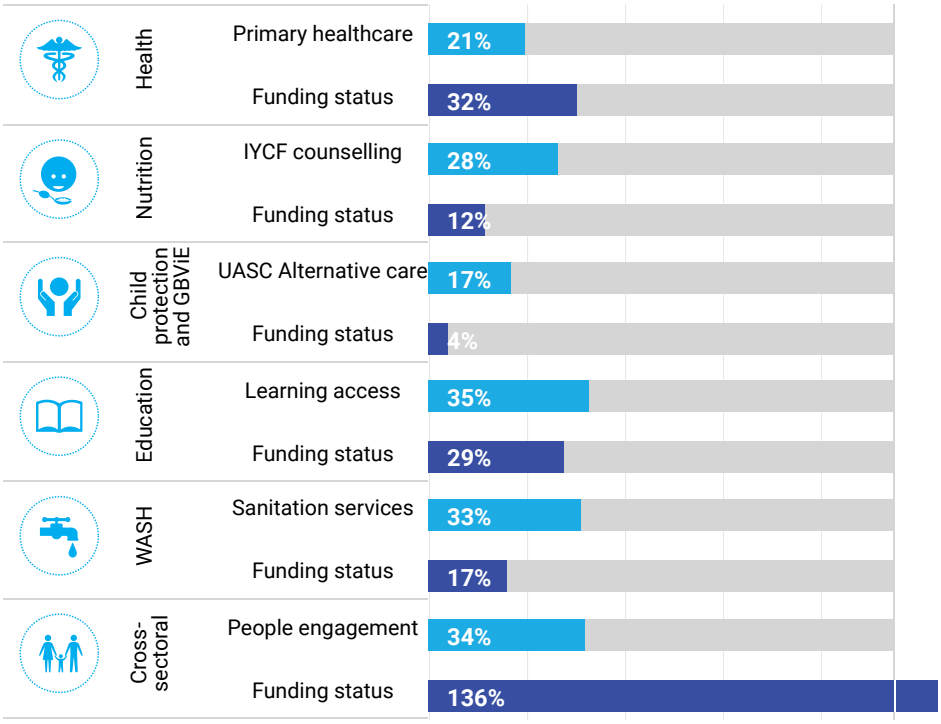
SITUATION IN NUMBERS

17,300,000
Children in need of humanitarian assistance[1]

33,700,000
People in need of humanitarian assistance[2]

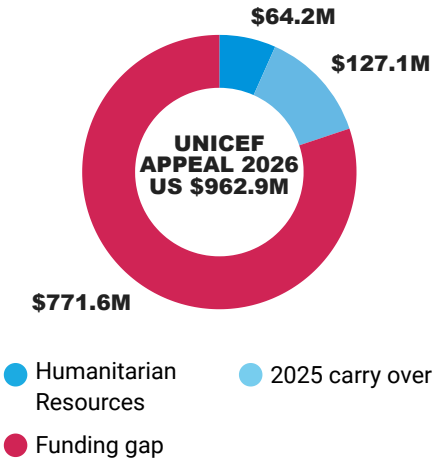
9,139,309
Internally Displaced People
3

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

- In 2026, UNICEF's Humanitarian Action for Children1 (HAC) appeal for Sudan amounts to US$ 963 million, highlighting the extraordinary scale and complexity of the crisis. Sudan continues to face one of the world's gravest humanitarian emergencies, with 33.7 million people—including 17.3 million children—requiring urgent, life saving assistance. Sudan's now 37-month-long war (three years and one month) has shattered the country and shows little sign of abating, with the crisis driven by prolonged conflict, widespread displacement, food insecurity, disease outbreaks, and the collapse of essential services, leaving millions of children at risk of violence, malnutrition, exploitation, and prolonged disruption to education.
- The 2026 HAC prioritizes lifesaving, child-centred, multisectoral interventions across health, nutrition, water, sanitation and hygiene (WASH), education, child protection and humanitarian cash assistance. UNICEF aims to reach 13.8 million people, including 7.9 million children, with an integrated package of essential services. Programming focuses on sustaining critical health and nutrition services, preventing and treating severe acute malnutrition, expanding access to safe water, ensuring access to learning and psychosocial support, and strengthening child protection systems—including family tracing, reunification, mine risk education and safe spaces.
- The appeal underscores the urgent need for predictable and flexible funding to sustain services in a context of rising needs and constrained access. As of 30 April 2026, UNICEF had mobilised US$ 191.3 million for the 2026 HAC appeal, including US$ 64.2 million received in 2026 and US$ 127.1 million carried forward from 2025. This represents 20 per cent of the total US$ 962.6 million requirements, leaving a funding gap of US$ 771.6 million (80 per cent). The shortfall is already limiting the scale and continuity of life-saving interventions for children across sectors.
- On 15 April 2026, international leaders, humanitarian actors, and Sudanese civil society convened in Berlin for the Third International Sudan Conference, marking three years since the outbreak of conflict. Bringing together over 50 countries and international organisations, participants pledged approximately €1.3–1.5 billion in humanitarian funding and reaffirmed commitments to unhindered humanitarian access, civilian protection, and international humanitarian law. UNICEF welcomes this collective show of solidarity and looks forward to continuing to advocate alongside partners for the protection and empowerment of Sudan's children.
- UNICEF extends its sincere appreciation to its donors and partners whose support has underpinned the 2026 response. Key contributors include the European Union and the governments of Canada, Cyprus, Czechia, Denmark, France, Germany, Italy, Japan, Kuwait, the Netherlands, Norway, Sweden, the United Kingdom and the United States of America, alongside multilateral and global partners such as the World Bank, the UN Central Emergency Response Fund (CERF), Gavi, the Vaccine Alliance, the Global Fund, the Child Nutrition Fund, the Global Partnership for Education (GPE), Education Cannot Wait (ECW), Education Above All, UNICEF National Committees, and generous private sector partners.
- With the conflict continuing to devastate communities and dismantle essential systems, children remain increasingly exposed to malnutrition, disease, exploitation and prolonged disruption to learning. UNICEF therefore calls for the following:
- Intensification of diplomatic efforts to secure an immediate cessation of hostilities and uphold international humanitarian law, placing the protection of civilians, especially children and women, at the forefront of all actions.
- Immediate protection of civilian infrastructure and personnel — including hospitals, schools, and humanitarian workers — as required under international humanitarian law, and in stark contrast to attacks such as the April 2026 drone strike on Al Deain Teaching Hospital in East Darfur, which killed around 70 people and injured more than 140, including women, children, and health workers.
- Safe, sustained and unimpeded humanitarian access, including across borders and across conflict lines, so assistance can reach the most vulnerable children and families in need.
- Provision of timely, flexible and sustained funding to enable UNICEF and partners to deliver assistance at scale in an increasingly complex and volatile environment.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

On 15 April 2026, Sudan's devastating conflict entered its fourth year. The violence has engulfed the whole country and continues to drive one of the world's largest and most complex humanitarian emergencies, characterized by widespread attacks against civilians and civilian installations, mass displacement, deepening food insecurity, disease outbreaks, and the collapse of essential services. Millions of children remain exposed to violence, malnutrition, exploitation, and prolonged disruption to education.

Overall, approximately 8.9 million people remain internally displaced, maintaining Sudan as the largest displacement crisis globally and displacement continued to surge in hotspot areas. By April 2026, more than 300,000 people were newly displaced, largely from North Darfur, Kordofan, and Blue Nile states . Although nearly four million people have returned to areas of origin, returns remain fragile and often to damaged or insecure locations.

Humanitarian access remained severely constrained in key conflict areas, including Kordofan, Blue Nile and North Darfur, where insecurity and bureaucratic and logistical barriers continued to limit the delivery of aid.

Protection risks continued to increase nationwide. In April 2026, a drone strike on Al Deain Teaching Hospital in East Darfur killed around 70 people and injured more than 140, including women, children and health workers. Attacks on health facilities have remained widespread, with
more than 200 incidents recorded since the start of the conflict, severely disrupting access to healthcare services . These incidents highlight the growing threat to civilians and the erosion of essential services.

Public health risks remained high, with multiple disease outbreaks recorded —including dengue, malaria, measles, and hepatitis E—driven by displacement, poor sanitation, and limited access to healthcare. Dengue transmission remained a concern, particularly in River Nile and Khartoum states, where outbreaks were reported amid fragile health systems (more than 17,300 cumulative cases and 22 associated deaths reported). While Malaria remained a major public health concern with 311,100 confirmed and presumed malaria cases reported in April through public health facilities.

National examinations for Grade 12 students were conducted from 13 to 23 April 2026, marking the third examination cycle since the onset of
the conflict. The Grade 12 examination has significant importance to students and families in Sudan, serving as the primary pathway to tertiary education and future employment. For students who have navigated years of conflict, displacement, and learning disruption to reach this point, sitting the exam is an opportunity that carries lasting consequences for their educational pathways and longer-term outcomes. A total of 544,200 students sat for the examinations across more than 3,000 centres nationwide.

Nationwide, approximately 12,200 schools are now operational out of 19,800 (62 per cent). School closures are most pronounced in East Darfur, North Darfur, North Kordofan, South Darfur and West Kordofan, where fewer than one in three schools are functional. Only six of Sudan's 18 states report nearly full operational status. An estimated six per cent of schools remain used as collective shelters or occupied by armed actors, further limiting access to education. UNICEF continued to advocate for the protection of schools as safe learning spaces.

The conflict continued to drive catastrophic food and nutrition crisis. Nearly 19.5–21 million people are now estimated to be facing acute food insecurity across Sudan . Famine conditions have been confirmed in locations such as Al Fasher and Kadugli, with additional areas at risk across Darfur and Kordofan . By 2026, an estimated over 800,000 children are at risk of severe acute malnutrition, with millions more affected by acute malnutrition.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF continued to support the delivery of essential, life-saving health services through multiple modalities and programme interventions. In April, more than 181,000 people accessed primary health care (PHC) services, including approximately 69,000 children under five, representing 14 per cent of the annual target. This reflects sustained utilization of basic services despite ongoing access constraints.

Despite insecurity, access limitations and supply constraints, primary health care services remained largely functional in April. A total of 980 UNICEF-supported PHC facilities continued to operate, maintaining essential reproductive, maternal, newborn, child and adolescent health (RMNCAH), nutrition and disease control services. UNICEF supported frontline delivery through incentives for 3,200 health workers (61 per cent women). In areas where access to fixed facilities was limited, mobile and outreach teams helped sustain service provision. During the month, 30,100 people were reached through the mobile clinics, while 19,900 people (including 11,100 children under five) were reached through 123 outreach sessions. These platforms delivered integrated services, including IMNCI consultations, nutrition screening, routine immunization and health education.

As Sudan enters the rainy season (May–October), UNICEF and partners have intensified outbreak preparedness efforts, particularly in high-risk and hard-to-reach areas of Darfur, Kordofan and other displacement-affected regions where overcrowding, limited access to safe water, population movements and weakened health systems increase the risk of disease outbreaks.

For malaria, prevention and case management efforts were reinforced through the continued distribution of 12.2 million insecticide-treated nets (ITNs) in North Darfur, alongside nationwide distribution of anti-malarial medicines sufficient to treat approximately 667,600 uncomplicated cases and 70,000 severe cases. In addition, 682,500 rapid diagnostic tests (RDTs) were distributed. These efforts reflect significant progress in expanding access to malaria services, including in previously underserved and hard-to-reach areas.

In Blue Nile State, UNICEF also supported the hepatitis E response in Damazine and Bau localities through surveillance, fixed and mobile clinics, referral of high-risk cases, and the prepositioning of medical supplies. While in Kartoum and River Nile states, UNICEF supported the Dengue fever response through community-based surveillance and case management at the PHC level.

UNICEF continued to scale-up immunisation activities to mitigate outbreak risks. By the end of April, 405,700 children received their first dose of diphtheria, tetanus and pertussis vaccine (DTP1) (up from 319,600 during the same period in 2025), while 244,900 children received the first dose of measles-containing vaccine (MCV1). UNICEF also supported a Measles–Rubella (MR) catch-up campaign in 24 localities across East and South Darfur, targeting more than 2.1 million children. In response to the ongoing poliovirus outbreak, UNICEF supported the first round of a novel oral polio vaccine type 2 (nOPV2) campaign in seven states, targeting 4.38 million children under five. To sustain immunization services, UNICEF delivered 3.3 million vaccine doses through cross-border operations via Chad, to hard-to-reach areas in Darfur and Kordofan, and supported the in-country distribution of approximately 11.3 million doses for both routine and supplementary immunization.

Preparedness measures include strengthening disease surveillance and early warning systems, training Rapid Response Teams and community health workers, prepositioning cholera, malaria and emergency health supplies, and supporting contingency planning at state and locality levels. In April alone, UNICEF facilitated the prepositioning of essential outbreak response supplies enough to cover 30,000 AWD/Cholera cases in 47 high-risk localities across all 18 states and continued to strengthen community-based surveillance networks and referral systems to enable rapid detection and response to potential outbreaks during the peak transmission season.

UNICEF continued to strengthen the quality of care for maternal, newborn and child health through capacity building and health systems strengthening. Early Essential Newborn Care (EENC) mentors from 11 states were trained, while 280 clinical mentorship visits on Integrated Management of Newborn and Childhood Illness (IMNCI) were conducted. These efforts reached 100 health workers and contributed to improved case management for approximately 1,200 children.

The health sector response to gender-based violence (GBV) was also strengthened through training of Ministry of Health staff and partners. In addition, a national planning meeting convened midwifery supervisors from all 18 states to support the scale-up of supportive supervision.

Nutrition

The nutrition situation in Sudan remained critical, with recent Standardized Monitoring and Assessment of Relief and Transitions (SMART)

survey[4] findings highlighting significant geographic disparities in acute malnutrition. All nine SMART surveys conducted since the beginning of 2026 indicate localized pockets of elevated global acute malnutrition (GAM) prevalence. Two localities—Al Koma (North Darfur) and Gebrat Al Sheikh (North Kordofan)—reported GAM levels exceeding the World Health Organization (WHO) emergency threshold (above 15 per cent), while an additional three localities recorded “high” levels. These findings underscore the concentration of severe vulnerability and reinforce the need for targeted, context-specific interventions.

In response, UNICEF and partners continued to scale up life-saving nutrition services across priority locations. A total of 35,500 children were
enrolled in outpatient therapeutic programmes (OTP) during the month, bringing cumulative admissions from January to April to 144,700 children.

Trends across key regions reflect both increased needs and expanded service delivery. In Kordofan, cumulative admissions reached 15,700, representing a 136 per cent increase compared to the same period in 2025, largely associated with deteriorating conditions following the escalation of conflict and targeted programme expansion. In Tawila locality (North Darfur), admissions increased to 8,500, marking a 193 per cent rise, while overall admissions in North Darfur increased more modestly (approximately 10 per cent), reflecting access constraints and supply disruptions in locations such as Al Fasher, At Tina, Kernoi, and Um Baru.

Screening activities remained robust. During April, 786,300 children aged 6–59 months were screened for acute malnutrition, contributing to a cumulative total of 3.4 million children screened since the beginning of the year.

Preventive nutrition services continued through both facility- and community-based platforms, alongside preparations for the scale-up of Integrated Nutrition Campaigns (INC). In April, preventive interventions reached 58,500 children under five across three localities in Darfur, contributing to 322,300 children reached since start of the year. This serves as a strong foundation ahead of the launch of upcoming round that is planned to cover 155 localities.

At facility level, infant and young child feeding (IYCF) counselling remained a core component of preventive services, reaching 54,300 caregivers in April. Cumulatively, 580,600 caregivers have been reached since January. Although reported coverage declined slightly compared to previous months, this is primarily attributed to reporting delays rather than reduced implementation. Service access was further expanded through the establishment of 190 additional IYCF corners.

Community-based platforms continued to support behaviour change and prevention efforts. A total of 1,600 mother support groups (MSGs) were established across multiple states, complemented by 1,400 caregivers trained on home gardening and 2,200 caregivers engaged in cooking demonstrations, particularly in Kassala, Gedaref, and Darfur. Outreach activities remained strong, reaching 96,500 women through IYCF awareness sessions, contributing to the 54,300 beneficiaries reached.

Response efforts in displacement settings remained a priority. In April, 1,000 refugee children with SAM were admitted for treatment through OTP services, including delivery through mobile teams, highlighting the importance of flexible modalities in reaching hard-to-access populations.

Capacity building efforts were scaled up to improve both treatment quality and preventive service delivery. In April, 230 service providers were trained on Community-based Management of Acute Malnutrition (CMAM), while 3,730 MSG facilitators and 500 frontline workers received training on IYCF counselling was conducted across multiple states. Strengthening community outreach nutrition activities. Additional targeted training was conducted in displacement-affected settings, including 90 personnel trained on CMAM and IYCF in emergencies in Blue Nile and Red Sea states.

Monitoring systems were strengthened through the deployment of Extended Nutrition Officers (ENOs), who conducted supervisory visits across 66 localities, covering 260 health facilities, including six IDP gathering sites, as well as 63 warehouses to assess supply availability and management.

Supply chain operations supported programme scale-up, with 49,500 cartons of nutrition supplies dispatched in April, bringing the cumulative total to 151,200 cartons since the beginning of the year. In preparation for Integrated Nutrition Campaigns, UNICEF also dispatched 13,700 packs of vitamin A, micronutrients, and iron and folic acid supplements.

Despite these efforts, significant pipeline challenges persist, with an estimated funding gap of US$ 20.4 million for ready-to-use therapeutic food (RUTF) required to sustain OTP services through the end of 2026. Overall, while nutrition interventions are expanding in scale, coverage remains insufficient relative to the magnitude of needs due to access constraints, funding gaps, and ongoing insecurity.

Water, sanitation and hygiene

In April 2026, UNICEF continued delivering critical water, sanitation and hygiene (WASH) services to conflict-affected and displaced populations across Sudan, prioritizing hotspot and hard-to-reach areas. Despite persistent insecurity, access constraints, supply chain disruptions, and widespread power outages affecting service delivery, UNICEF and partners sustained and scaled up interventions to expand access to safe drinking water, improve sanitation, and strengthen hygiene practices to reduce the risk of waterborne diseases.

During April, 414,800 people gained access to safe drinking water, including 356,700 reached through chlorination and treatment at community water points and 58,100 through the rehabilitation of water systems and installation of solar-powered water supply systems.

This progress brings the cumulative achievement to 4.38 million people, or 36.4 per cent of the annual target. Solarization remained a critical intervention, ensuring the continuity and reliability of water services in areas affected by prolonged electricity outages.

Sanitation interventions continued to be scaled up, particularly in high density displacement settings across Darfur and Kordofan. In April, 13,200 people gained access to improved sanitation services through the construction of 350 additional emergency latrines in gathering sites for internally displaced people. This monthly achievement represents 8.8 per cent of the annual target. With each latrine currently serving an estimated 50 individuals—exceeding Sphere standards for protracted displacement contexts—these efforts have served to improve access in
high priority locations. Nonetheless, needs remain acute.

Cumulatively, 49,100 people have been reached with sanitation services to date, representing about 33 per cent of the annual target of 150,300 people.

Hygiene promotion activities remained significantly constrained during the April. A total of 4,938 people were reached through hygiene awareness sessions and community outreach, highlighting substantial gaps in behaviour change programming due to limited access at hotspot areas. Cumulatively, 727,661 people have been reached to date, representing 16.13 per cent of the 2026 annual target of 4.5 million.

In contrast, the distribution of essential WASH supplies demonstrated stronger progress, with 55,700 people receiving items such as soap and jerrycans during the reporting period. This brings the cumulative number of people reached with WASH supplies to 156,800 since January which is about 10 per cent of the annual target of 1.5 million.

WASH services in institutions continued to be prioritized to reduce disease transmission risks. During April, 11 health facilities were supported through the rehabilitation of water systems, improved sanitation infrastructure, and strengthened infection prevention and control measures. In addition, about 2000 children in five schools benefited from WASH interventions, including rehabilitated water points, gender-responsive sanitation facilities, and functional handwashing stations, contributing to safer environments for children and frontline service providers.

Operational constraints continued to affect programme delivery, including insecurity, restricted access to remote areas, supply chain disruptions, and unreliable power supply. To mitigate these challenges, UNICEF continued expanding the use of solar-powered water systems, strengthening community engagement approaches, and exploring alternative logistics pathways, including cross-border access and secure transport corridors.

Child Protection

In April, with UNICEF support over 166,700 children and caregivers, including 6,300 children with disabilities, accessed mental health and psychosocial support (MHPSS) services through static and mobile platforms. Services were delivered through child-friendly spaces (CFS), women and girls' safe spaces (WGSS), and the integrated Makanna platform, providing structured psychosocial support and referrals to specialized services. Cumulatively, 534,100 children and caregivers have been reached since January.

In April, 73,800 individuals (83 per cent girls and women) accessed integrated gender-based violence (GBV) prevention, risk mitigation, and response services through community-based networks, Women and Girls' Safe Spaces (WGSS), social workers, nutrition centres, and primary health care (PHC) facilities. Individuals were also reached through awareness-raising sessions on GBV, protection from sexual exploitation and abuse (PSEA), and sexual harassment (SH). These sessions covered causes, contributing factors, implications for communities, the availability and location of services, and the benefits of accessing support for survivors.

A total of 800 survivors received specialized services, including case management, psychosocial support, medical care, and referrals. In addition, more than 73,000 individuals were reached through community awareness activities addressing GBV, sexual exploitation and abuse, child marriage, and female genital mutilation. Cumulatively, 386,000 individuals have been reached with GBV services.

To strengthen local capacity, since January 2026, 250 community actors (73 per cent women) have been trained on GBV risk mitigation, case management, psychosocial support, and use of the GBV Pocket Guide in collaboration with the Women's Community Centres (WCCs)across the country, resulting in improved community outreach and timely reporting. In addition, 900 individuals (39 per cent were children) participated in livelihood and life-skills programmes, including literacy and vocational skills development, supporting economic resilience and social inclusion.

UNICEF and partners continued to support children without parental care. In April, 611 unaccompanied and separated children, including 28 children with disabilities, were identified and assisted through family tracing and reunification (FTR) services, alternative care arrangements, and case management. Of these, 115 children (50 per cent girls) were reunified with their primary caregivers. Cumulatively, 2,600 children have been reached.

Risk mitigation interventions addressing exposure to explosive hazards were also scaled up. During the reporting period, 40,650 children (47 per cent girls) received explosive ordnance risk education (EORE) to identify and avoid threats from landmines and unexploded ordnance. These risks have intensified as conflict expands into new areas and displacement routes shift, particularly in Darfur, Kordofan, Sennar, Aj Jazirah, and Blue Nile. In addition, 180 child survivors of landmine and unexploded ordnance incidents received specialized assistance, including medical care and psychosocial support. Cumulatively, 126,400 individuals have been reached with prevention and survivor assistance interventions, representing 15 per cent of the annual target.

Education

In April, particular efforts were made to facilitate safe participation for students from Darfur and Kordofan, where insecurity has prevented exam administration. Approximately 51,000 students from these regions sat for their exams in other states, mainly Norther, River Nile and Khartoum.

UNICEF maintained a strong protection-focused advocacy position, emphasizing that children should not be required to undertake unsafe journeys to access exams. Through accountability to affected populations (AAP) channels, UNICEF and the Education Cluster disseminated key messages discouraging travel across conflict lines.

UNICEF directly supported approximately 44,000 students across 10 states, providing integrated services including meals, mental health and psychosocial support, WASH services, hygiene and dignity kits, and mobile health services across 178 examination centres and 64 accommodation facilities, helping ensure safer conditions for students during the examination period.

Whilst the examination period saw positive developments in the participation of children in a key milestone of their education, the crisis in Sudan remained severe, with disruption to learning most acute in Darfur, the Kordofan states and areas hosting displaced populations.

Persisting insecurity, displacement, and occupation or destruction of schools continue to prevent children from accessing safe and functional learning environments.

In April, UNICEF and partners reached approximately 3,790 children and adolescents (50 per cent girls) with access to formal and non-formal education, the majority through non-formal settings as formal education activities were limited across states due to the examination period and term breaks.

Where schools remained closed or unsafe, alternative learning modalities continued to be used and Safe Learning Spaces (SLS) equipped with e□learning support have remained a key delivery platform. In April, 40 e-learning - enabled SLS were operational, providing access to Let Us Learn, a digitised accelerated learning programme designed to support out-of-school children to catch up and transition into formal education. During the month, 3,130 children (49 per cent girls) accessed the programme, bringing the cumulative total to approximately 10,200 children reached in 2026.

The Learning Passport (LP), UNICEF's self-paced digital learning platform aligned with the national curriculum, reached an additional 660 children in April, bringing total enrolment to 3,900 learners (51 per cent girls). The platform continues to provide an important complementary learning pathway in areas affected by prolonged disruption.

Cumulatively, 558,900 children (around 52 per cent girls) have accessed learning opportunities since January 2026, representing 35 per cent of the annual target of 1.6 million, through the SLS, e-learning and formal school interventions.

During April, 39 schools received remedial education materials, benefiting 16,400 children (53 per cent girls). In addition, 19,000 children received individual learning materials through SLS during April 2026. Since the beginning of the year, learning materials have reached 147,800 children, representing 13 per cent of the 1.1 million annual target.

Enhancing Resilience, Social Inclusion and Cash Assistance

In April, UNICEF Sudan's flagship Mother and Child Cash Transfer Plus (MCCT+) programme continued to support pregnant and lactating women (PLW), their children, and families across Sudan. MCCT+ provides regular cash support to PLW, coupling it with access to services and SBC activities to support PLW and their families during the first 1,000 days of children's lives, a critical window for child development. Financial literacy and inclusion have also become a core component of the programme, building women's longer-term capacity to manage household resources and adapt to Sudan's increasing shift toward digital payments.

MCCT+ is currently operating in Red Sea, Kassala, Gedaref, Northern and River Nile States, with expansion to Blue Nile State underway. With the addition of Blue Nile, the programme is targeting over 100,000 PLW, representing 600,000 household members, in 2026.

The payment cycles progressed across Red Sea, River Nile, and Northern States, where over 55,000 women were enrolled in the latest payment cycle across the three states. In Red Sea, more than 19,800 out of 20,200 (98 per cent) of enrolled women were paid. In River Nile, over 25,000 out of 26,000 (97 per cent) of enrolled women were paid. In Northern, around 8,500 out of 8,900 women enrolled (96 per cent) were paid.

Alongside payment delivery, UNICEF made tangible progress on financial inclusion for MCCT+ beneficiaries. Financial literacy and inclusion messaging has been integrated as a core component of the key messages that women receive through community platforms, including Mother Support Groups. During the reporting period in Port Sudan, MCCT+ held a dedicated bank account and e-wallet opening campaign at primary healthcare facilities, bringing together financial service providers to support women in opening their own accounts. Out of over 10,000 women enrolled in Port Sudan, more than 3,400 women opened new personal accounts during the campaign, in addition to the approximately 2,000 women who had personal accounts prior to the campaign, marking around 54 per cent of women who now have their own accounts. Direct access to formal financial services will allow women to receive their MCCT+ entitlements without relying on intermediaries and positions them to participate more fully in Sudan's increasingly digital economy.

In Darfur, a total of 2,300 out of 2,400 targeted individuals (97 per cent), representing over 14,000 household members, have been paid under the humanitarian cash transfer (HCT) for GBV initiative, in partnership with Child Protection partners. After follow-up to confirm data for the remaining women, additional payments are expected to be made in the coming month.

Communal kitchens supported by UNICEF through local partners and local mutual-aid groups in North Darfur and South Kordofan concluded at the end of March due to funding gaps. The closure leaves a significant gap in life-saving social assistance in two states facing some of the most acute humanitarian needs across the country. UNICEF urgently requires additional resources to sustain community-led emergency social assistance in access-constrained areas.

Social and Behaviour Change (SBC)

In April 2026, UNICEF led social and behaviour change (SBC) interventions were implemented across Sudan focusing on outbreak response and prevention, including support to novel oral polio vaccine type 2 (nOPV2) campaigns in seven states. More than 10,000 households (80 per cent of the target) were reached including 386,300 people, including caregivers, pregnant and lactating women, adolescents, internally displaced persons, returnees, and host communities .Activities targeted caregivers, internally displaced people, returnees, women, youth and community leaders, contributing to improved awareness and adoption of protective behaviours amid ongoing public health emergencies.

Activities focused on outbreak response and prevention, including support to novel oral polio vaccine type 2 (nOPV2) campaigns in seven states and the promotion of dengue prevention alongside essential family practices. A network of 1,900 trained mobilizers and volunteers delivered interpersonal communication through household visits, community dialogues, and group sessions. These efforts helped strengthen community trust, address misinformation, and improve awareness of polio and dengue prevention measures, while encouraging uptake of polio vaccination and hygiene practices.

Mass communication further expanded outreach through radio, mobile messaging, social media, and the distribution of 19,100 information, education and communication (IEC) materials, reinforcing key polio and dengue fever messages at scale. This volume of materials

supported wide message saturation, ensuring consistent visibility and reinforcement of key behaviours across targeted communities Community engagement was strengthened through collaboration with 250 religious leaders, youth groups, and local networks, enhancing credibility and acceptance of interventions.

Key misinformation and harmful practices—particularly related to dengue treatment and vaccine hesitancy—were identified and addressed through targeted messaging and community dialogue, promoting improved care-seeking behaviours.

Overall, reach remained strong in April, increasing by 5 per cent compared to March, reflecting r effective partner coordination and the continued scale-up of community-based engagement activities, particularly in priority and underserved locations, as well as engagement with diverse population groups. April's results point to steady implementation and continued progress in improving awareness and uptake of essential practices.

Despite these efforts, SBC delivery faced challenges including limited funding, access constraints, damaged communication infrastructure, and persistent socio-cultural barriers such as vaccine hesitancy. In response, UNICEF adapted strategies by strengthening engagement through trusted community structures, expanding interpersonal communication, and improving coordination, reporting systems, and real-time data use.

Accountability to Affected Population (AAP)

In April 2026, UNICEF's inter-agency community feedback mechanism (IA-CFM) recorded 31,600 cases, including 150 collective reports representing feedback from approximately 925,000 people across all 18 states. This marks a 48 per cent increase compared to March, reflecting growing awareness and use of feedback channels. The majority of cases (29,000) were requests for information, primarily related to programme updates and cash assistance.

River Nile State accounted for the highest caseload (9,600 cases), largely driven by queries from pregnant and lactating women (PLW) regarding payment processes. Additional feedback (250 cases) was received from Darfur and Kordofan through remote channels, indicating improved access to feedback mechanisms in hard-to-reach areas. Overall, 93 per cent of cases were resolved, with a 90 per cent satisfaction rate, demonstrating strong responsiveness. Women represented 88 per cent of users, highlighting the need to further engage men in feedback systems.

AAP activities supported cross-sectoral programming, particularly during the Grade 12 examinations, with 80 daily feedback reports informing Education and Child Protection responses on issues such as safety risks and examination conditions. Activities also supported strengthened WASH programming in eastern states through three training sessions for (47) community leaders, contractors, and consultants on integrating AAP/CFM approaches into WASH interventions.

Community feedback highlighted growing humanitarian concerns across sectors, particularly in Darfur, Kordofan, Khartoum, Al Jazirah, and Blue Nile. Key issues included disease outbreaks (measles, dengue, malaria), food insecurity, water shortages, displacement, and protection risks, alongside challenges affecting examination conditions such as power outages, extreme heat, and limited services.

Operational challenges—including access constraints, limited infrastructure, and high demand—continued to affect AAP systems. However, continued investment in feedback mechanisms and integration across sectors remains critical to ensuring responsive, accountable, and people-centred programming.

Protection from Sexual Exploitation and Abuse (PSEA)

In April 2026, UNICEF continued to strengthen PSEA across its operations and partner network. A total of 240 personnel (57 per cent women), including UNICEF staff, partners, and representatives from women-led organizations and the inter-agency PSEA call centre, were reached through training and awareness sessions. The training sessions conducted in River Nile, Khartoum, and West Kordofan states successfully increased awareness of core PSEA concepts and standards. Participants and community members are now better equipped to identify and report SEA and professional misconduct. Furthermore, the community's understanding of the survivor-centered approach and the expected behaviors of humanitarian aid workers has significantly improved, strengthening the overall reporting and response framework.

Field missions to Khartoum and River Nile State focused on reinforcing partner capacity and integrating PSEA standards into programme delivery, effectively reinforcing PSEA requirements, protocols, and due diligence standards among UNICEF partners. Joint engagement with the UNICEF Regional Office highlighted strong collaboration with government counterparts and community actors, with PSEA mainstreamed across Health, Nutrition, Child Protection, WASH, and SBC interventions.

At inter-agency level, UNICEF, as co-chair of the Sudan PSEA Network, provided technical support to working groups in West Darfur and Kassala and led coordination with the Office for the Coordination of Humanitarian Affairs (OCHA), donors, and partners.

Despite these efforts, continued investment is required to expand PSEA coverage, strengthen reporting mechanisms, and ensure consistent application of safeguarding standards across all operational areas.

Supply and Logistics

In April 2026, UNICEF delivered 4,755 metric tons of critical supplies, valued at US$ 7.7 million, across Sudan. Of this, 2,440 metric tons reached Darfur and West Kordofan through cross-border operations via Chad, with an additional 80 metric tons delivered via South Sudan. The remaining 2,235 metric tons were distributed to more accessible states, including Red Sea, Kassala, River Nile, Gedaref, Khartoum, Al Jazirah, Sennar, Blue Nile, White Nile, and Northern states. These supplies included essential health, nutrition, WASH, education, and child protection items, benefiting an estimated 4.2 million children.

UNICEF continues to scale up pre-positioning efforts to ensure continuity of operations ahead of the rainy season. In May, approximately 5,000 metric tons of supplies are planned for delivery through Port Sudan and cross-border corridors to reach all 18 states. In addition, UNICEF expects to receive supplies valued at US$ 18.6 million (approximately 10,500 metric tons) by the end of the second quarter of 2026

to further strengthen response capacity.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In April 2026, UNICEF led clusters strengthened coordination and preparedness amid ongoing displacement and insecurity, with a focus on sustaining services and prioritizing protection outcomes across affected states.

Child Protection Area of Responsibility (CP AoR)

The CP AoR supported the inter sectoral response for Grade 12 examinations through close coordination with the Education Cluster, enabling timely follow up on protection concerns despite access and funding constraints. Services focused on MHPSS, case management, and gender based violence (GBV) response.

An inter agency mission in North Darfur identified acute protection risks affecting over 10,000 vulnerable households, informing priorities such as case management, psychosocial support, and safe spaces. In Blue Nile, a five day inter agency mission (from 18 to 22 April) established a Case Management Task Force and produced site factsheets. In Red Sea, partners agreed on temporary accommodation solutions for unaccompanied and separated children and conducted capacity building activities.

Education Cluster

The Education Cluster maintained daily task force coordination meetings throughout the examination period, enabling real time resolution of operational, protection, and access issues. UNICEF and its implementing partners supported approximately 44,000 students across 10 states during the examinations.

A field support mission to Darfur strengthened coordination in five states, with a targeted action plan developed for North Darfur. A Minimum Standards Working Group was established to harmonize learning materials and menstrual health interventions. In addition, the Education Cluster launched an integrated dashboard to improve access to response data and coordination tools.

Nutrition Cluster

The Nutrition Cluster conducted field missions across three Darfur states (West, Central, and North Darfur) to assess programme performance and coordination gaps. A total of 70 participants from 36 partner organizations were trained on standardized data collection, reporting, and use of monitoring tools.

Flood risk analysis identified 80 high risk localities, including 10 priority localities, to guide preparedness and pre positioning of supplies ahead of the lean and rainy seasons. Estimated caseloads for acute malnutrition in these areas were shared with key partners to inform response planning.

WASH Cluster

The WASH Cluster launched a three year coordination strategy aimed at improving integrated planning, supply chain management, and state level coordination. A joint WASH and Health Cluster cholera preparedness and early action plan identified risks across 157 localities, including 16 very high risk and 47 high to very high risk areas, with preparedness measures initiated in 14 states.

A UNICEF led core pipeline mechanism was operationalized to provide partners with emergency supplies in access constrained areas. Follow up actions from a Darfur mission included support to WASH service mapping in Tawila, while ongoing work in Khartoum focused on assessing water treatment plant functionality.

AAP Working Group

The AAP Working Group conducted consultations across 41 sites in South Kordofan, providing baseline population data and identifying priority needs. Additional assessments covered 39 locations across multiple localities to inform food security programming.

Findings from these consultations strengthened evidence based planning and targeting, while analysis of community feedback supported cluster advocacy efforts, particularly on food security and livelihoods.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Article: The journey to stop measles in West Darfur.
- Article: Three years of war in Sudan.
- Article: Where healing begin
- Article: Safe water, dignity and hope.
- Press release: Attacks against hospitals and health facilities must end.

HAC APPEALS AND SITREPS

- Sudan Appeals
  https://www.unicef.org/appeals/sudan
- Sudan Situation Reports
  https://www.unicef.org/appeals/sudan/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: JUNE 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health (including public health emergencies)								
Children and women accessing primary health care in UNICEF-supported facilities	Total	-	3.6 million	745,891	▲ 5%	-	-	-
Children vaccinated against measles, supplemental dose	Total	-	1.3 million[5]	175,270	▲ 1%	-	-	-
People accessing the health service on cholera/AWD including OCV, and other disease outbreaks in UNICEF-supported facilities	Total	-	1.4 million	276,264	▲ 4%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	5.6 million	3.7 million	▲ 15%	-	-	-
Children 6-59 months with severe wasting admitted for treatment	Total	-	633,611[6]	142,369	▲ 6%	-	-	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	2.1 million	580,685	▲ 7%	-	-	-
Pregnant women receiving preventative iron supplementation	Total	-	991,818	223,402	▲ 5%	-	-	-
Children 6-59 months receiving vitamin A supplementation	Total	-	4.2 million	376,336	▲ 2%	-	-	-
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1 million[7]	534,106	▲ 15%	-	-	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	765,690	386,005	▲ 10%	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	15,427	2,698	▲ 4%	-	-	-
Children in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions	Total	-	846,905	126,494	▲ 5%	-	-	-
Education								
Children accessing formal or non-formal education, including early learning	Total	-	1.6 million	558,968	0%	-	-	-
Children receiving individual learning materials	Total	-	1.1 million	147,842	▲ 3%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Water, sanitation and hygiene								
People accessing sufficient quantity and quality of water for drinking and domestic needs	Total	-	12 million	4.4 million	▲ 3%	-	-	-
People accessing appropriate sanitation services	Total	-	150,359	49,133	▲ 9%	-	-	-
People reached with handwashing behaviour-change programmes	Total	-	4.5 million	727,661	0%	-	-	-
People reached with critical WASH supplies	Total	-	1.6 million	156,885	▲ 4%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	100,000	2,348	0%	-	-	-
People engaged in AAP through community feedback mechanisms	Total	-	132,000	86,461	▲ 22%	-	-	-
People who participate in engagement actions for social behaviour change	Total	-	4.4 million	1.5 million	▲ 17%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who assist affected populations	Total	-	3.9 million	1.2 million	▲ 11%	-	-	-

**Progress in the reporting period 1 to 30 April*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements[8]	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	173,439,014	24,837,245	-	31,343,816	117,257,953	68%
Nutrition	257,220,326	11,392,519	-	18,764,982	227,062,825	88%
Child protection and GBViE	150,020,620	1,373,504	-	4,747,825	143,899,291	96%
Education	77,159,895	815,665	-	21,808,832	54,535,398	71%
WASH	225,444,667	14,844,670	-	24,333,717	186,266,280	83%
Social protection	58,681,584	-	-	8,587,611	50,093,973	85%
Cross-sectoral (AAP, SBC, and PSEA)	20,900,000	10,970,633	-	17,468,900	-	0%
Total	**962,866,106**	**64,234,236**	**0**	**127,055,683**	**771,576,187**	**80%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. https://dtm.iom.int/sudan
2. https://humanitarianaction.info/document/global-humanitarian-overview-2026/article/sudan-4
3. https://dtm.iom.int/sudan
4. A SMART survey stands for Standardized Monitoring and Assessment of Relief and Transitions. It is a widely used method in humanitarian settings to assess nutrition and mortality in populations, especially in emergencies.
5. In 2026, UNICEF aims to reach 70 per cent of all children under age 1 year with essential immunization services.
6. The caseload is estimated based on the prevalence and incidence at the locality level, which is in line with the nutrition standard methodology. Caseload = children under age 5 * prevalence of severe wasting * incidence.
7. The education programme will target 200,000 children to access mental health and psychosocial support in their schools and safe learning spaces.
8. The funding requirement includes 8 per cent for programme support, including monitoring and evaluation, communications, operations and security.