UNITED NATIONS POPULATION FUND

El Fasher, Sudan

FLASH UPDATE

November 6, 2025

Highlights

- UNFPA is providing reproductive health and protection services to women and girls in Tawila through its 24-hour Basic Emergency Obstetric and Newborn Care (BEmONC) facility.
- UNFPA has prepositioned life-saving reproductive health supplies and dignity kits in South Darfur and Chad, ready for dispatch once humanitarian access is granted.
- Additional supplies have been allocated to support the response to displacement in Northern State and Khartoum.
- UNFPA continues to operate five safe spaces for women and girls — three in Tawila and two in Al Dabbah — providing gender-based violence response services and group psychosocial support.
- UNFPA requires US$4.8 million to sustain and expand these vital services.

260,000	62,400	6,200	30,000	30,000
Total people affected [1]	Women of reproductive age[2]	Estimated pregnant women [2]	People targeted w/life-saving SRH services	People targeted w/ GBV programmes

[1] Government of Sudan estimates.
[2] Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

The humanitarian situation in El Fasher remains extremely dire, with alarming reports of atrocities, including summary executions and GBV. Women face an extremely high risk of violence, including sexual assault. The delayed arrival of survivors at health facilities often prevents medical teams from administering post-exposure prophylaxis (PEP) within the crucial 72-hour window. Conditions in the main gathering points for internally displaced persons (IDPs) from El Fasher are also rapidly deteriorating. In Tawila, once a small rural outpost, located about 50 km west of El Fasher, approximately 700,000 people are now living in extremely difficult conditions with very limited services and resources. The town was already hosting over 652,000 people displaced by previous attacks. Meanwhile, Al Dabbah has become the main destination for those attempting to flee to safer areas in Sudan, as it serves as the gateway to the Northern State. The journey from El Fasher to Al Dabbah can take up to 15 days on foot. Available transportation is extremely limited and expensive.

UNFPA Response

Sexual and reproductive health (SRH)

UNFPA continues to deliver critical care amid escalating violence and access constraints in Sudan. In Tawila, a 24-hour basic emergency obstetric and newborn care (BEmONC) facility provides integrated reproductive health and protection services, staffed by doctors, midwives, laboratory technicians, and pharmacists. Between 26 October and 4 November, the centre delivered over 500 services — from antenatal and postnatal care to normal and cesarean deliveries — while also supporting the local cholera response. To extend coverage beyond fixed facilities, a roving team of midwives conducts home visits, ensuring that pregnant women and new mothers receive essential care. UNFPA has also established a confidential corner in Tawila for survivors of gender-based violence, offering safe, discreet access to counselling and clinical services.

Emergency preparedness remains a lifeline. In South Darfur and Chad, UNFPA has prepositioned reproductive health and dignity kits to serve 300,000 people, including provisions for 800 safe deliveries and post-exposure prophylaxis for rape survivors — ready for deployment once humanitarian access allows. In the Northern State, UNFPA supports Al Dabbah Maternity Hospital, which provided 260 reproductive health services, including 50 safe deliveries over the same period. Meanwhile, in Mellit, efforts to expand reproductive health services continue despite severe logistical and financial challenges, underscoring UNFPA's commitment to ensuring that women and girls can access care wherever they are, even in the most fragile conditions.

Gender-based violence (GBV)

UNFPA-supported partners continue to deliver critical protection and mental health services in conflict-affected areas of Sudan. In Tawila, three safe spaces for women and girls reached more than 1,400 women and girls with gender-based violence response and protection services, while two safe spaces in Al Dabbah are providing essential GBV response and risk mitigation support. Social workers, case managers, and psychosocial support staff are on the ground in Tawila, offering individual counselling, group sessions, and referrals for survivors in need of specialized care. UNFPA also supports

a community-based protection network of 20 trained women volunteers who provide psychological first aid and basic psychosocial support, reinforcing community protection structures from within.

To meet urgent needs, UNFPA has prepositioned 2,200 dignity kits in South Darfur, ready for dispatch once access is granted, and an additional 14,200 kits in Port Sudan for delivery to the Northern State. A GBV mobile team has been deployed to Howash Melit gathering point in Al Dabbah to support newly displaced families fleeing from El Fasher. The team provides psychological first aid, psychosocial support, GBV case management, and cash and voucher assistance, alongside the distribution of 200 dignity kits and information on available services and prevention of sexual exploitation and abuse (PSEA). Another mobile team reached new arrivals at the Shakshako gathering point, delivering similar services and awareness sessions.

In Tawila, 335 dignity kits were distributed to newly displaced women and girls, accompanied by information sessions on hygiene, mobility, and protection from exploitation and abuse. These interventions ensure that even in the most volatile settings, women and girls have access to safe spaces, critical supplies, and trusted networks of care and protection.

GBV and SRH Coordination

In Northern State and Port Sudan, UNFPA and partners under the GBV coordination structure are conducting rapid risk analyses, mapping protection risks, and updating referral pathways for newly displaced populations. Regular coordination meetings support joint planning and information-sharing, while partners receive technical guidance to maintain the quality and continuity of GBV services. Ongoing advocacy at national and global levels continues to ensure that GBV prevention and response remain central to humanitarian planning and funding.

UNFPA also convened coordination meetings with UN agencies and the Federal Ministry of Health to align sexual and reproductive health efforts in El Fasher. An ad hoc technical working group session on 30 October reviewed supply availability, gathered partner inputs, and reinforced harmonized reporting — ensuring a coherent, needs-based SRH response amid persistent access and logistical challenges.

Scale-up

Community-based protection and referral mechanisms will be strengthened to facilitate access to services, raise awareness, and implement community-led risk mitigation actions against GBV.

Cash and voucher assistance will be expanded to displaced women from El Fasher and will include: cash support for pregnant and lactating women; emergency reproductive health cash assistance for women and girls; protection-related cash assistance, including support to access services; and emergency cash for women and girls at higher risk of GBV.

In Mellit, North Darfur, UNFPA will scale up its humanitarian response through the deployment of a mobile clinic to provide integrated SRH and GBV response services. Additionally, UNFPA will support the establishment of a WGSS to deliver emergency assistance, including PSS and GBV case management services.

UNFPA will also procure additional emergency reproductive health kits to equip health facilities, mobile teams, midwives, pregnant women, and service centres with the essential supplies needed to save lives. Furthermore, more dignity kits will be procured to support the protection and hygiene needs of women and girls.

Expected Outcomes and Results*

- 132,000 people reached through SRH programmes, including 30,000 newly displaced from El Fasher and 102,000 previously displaced from El Fasher now residing in Tawila, North Darfur
- 88,000 People reached through GBV programmes, including 30,000 newly displaced from El Fasher and 58,000 previously displaced people from El Fasher now residing in Tawila, North Darfur

Funding Requirements*

Humanitarian Response	Funding Required (USD)	% Funded
Sexual and reproductive health	2,880,000	6%
Gender-based violence	1,920,000	6%
Total	**4,800,000**	**6%**

* As of 30 October 2025

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