







Situation Report #20

Sudan Emergency

Photo: © UNFPA/Sudan

Country:	Sudan ▾
Emergency type:	Conflict ▾ Displacement ▾ Food and nutrition crisis ▾ Floods and heatwaves ▾ Protection
Start Date of Crisis:	Apr 15, 2023
Date Issued:	Jun 23, 2025
Covering Period:	Apr 1, 2025 to May 31, 2025
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Key Figures

 47.5million Population of Sudan	 30.4 million People in need of assistance in 2025	 10.5 million Internally displaced people, including 8.13 million newly displaced since 15 April 2023 ¹	 2.5 million Internally displaced women and girls of reproductive age	 251,870 Internally displaced pregnant women. Approx. 84,000 are expected to give birth in the next 90 days	 12.1 million People at risk of gender-based violence
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Highlights

- UNFPA and partners continue to provide life-saving services for maternal health care and to prevent and respond to gender-based violence (GBV) in all 18 states of Sudan, including through 97 mobile health teams. UNFPA is also supporting the rehabilitation of health facilities and has deployed 365 health workers.
- An estimated 2.5 million displaced women and girls of reproductive age urgently require access to reproductive health (RH) services.

¹ [IOM, DTM Sudan Mobility Update, May 2025](#).

- Emergency obstetric care (EmONC) and RH services have been expanded in multiple states including White Nile, Al Jazirah and Khartoum, but access is still severely limited, particularly in rural and remote areas. Access challenges continue to persist in Darfur. Across the country, there is a shortage of essential supplies and medical equipment, and a lack of trained midwives, obstetricians and emergency obstetric care providers.

Situation Overview

- **Gender-based violence:** Conflict-related sexual violence is rising sharply, with an estimated 12.1 million people at risk. Only 27% of 278 service delivery points assessed are fully functional for clinical management of rape (CMR).
- **Food insecurity and malnutrition:** Sudan is facing the worst levels of acute food insecurity ever recorded in the country by the Integrated Food Security Phase Classification (IPC). Around 755,000 people are facing catastrophic levels of hunger (IPC 5). This is increasing health risks for pregnant women, new mothers, and newborns, including complications during pregnancy and childbirth, premature and low-birth weight babies, and an inability to breastfeed
- Since the beginning of 2025, more than 50,000 individuals have received care through 93 health facilities (22 static and 71 mobile clinics). However, support has now been withdrawn from around half of these facilities, with only 43 currently supported (including 23 static facilities and 20 mobile health teams or temporary clinics). These facilities, which continue to provide life-saving services in underserved areas, are in urgent need of financial assistance.
- According to the Federal Ministry of Health (FMoH), 21 out of 26 hospitals—representing 81% of those assessed in Khartoum State—are currently providing RH services.
- In Tawila, North Darfur, ongoing insecurity, mass displacement, and the collapse of community support systems have significantly increased risks of GBV—particularly for women and girls in informal settlements. Urgent funding is required to address a \$1.2 million shortfall in order to resume critical case management, mental health and psychosocial support (MHPSS) services; set up a women and girls' safe space (WGSS); and distribute dignity kits. Humanitarian access and the deployment of mobile GBV teams is also a priority. In Al Dabbah, Northern State, women and girls are increasingly vulnerable due to population movements and limited GBV services, including a lack of safe spaces, trained staff, and referral pathways. Stigma and fear of retaliation are further limiting survivors' access to care.
- The use of drones has intensified and now extends across all areas of the country, including the administrative capital of Port Sudan, adding a new complexity to the conflict.



Map Sources: UNCS, SIM, Natural Earth.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined. Final status of the Abyei area is not yet determined. Map created in Jan 2012.

UNFPA Response

SEXUAL AND REPRODUCTIVE HEALTH

- Between January and May 2025, UNFPA provided RH services across all 18 states of Sudan. This included supporting EmONC facilities, deploying mobile clinics, distributing essential medical supplies, training health personnel, rehabilitating damaged health infrastructure, and strengthening referral systems.
- UNFPA distributed reproductive health kits and routine medical supplies, reaching over 1.5 million women and girls with essential RH commodities.
- During the reporting period, 65,534 women received medical and RH consultations across the states of Khartoum, Kassala, Sennar, North Darfur, South Darfur, White Nile, Al Jazirah, Blue Nile, Gedaref, South Kordofan, and North Kordofan. In addition, 765 women and girls accessed services at women's centres across Sennar, White Nile, Blue Nile, and Gedaref, including psychosocial support (PSS), antenatal care (ANC), and family planning (FP).
- In April and May 7,817 women were assisted to give birth, including by cesarean section, at UNFPA-supported facilities.
- A total of 160 healthcare providers received training: 85 were trained in CMR in South Kordofan & Kassala state; 25 received training on infection prevention and control (IPC) in North Kordofan; and 50 people were trained in community-based response mechanisms (CBRM) in Al Jazirah state.
- EmONC equipment was provided to three hospitals in Al Jazirah State—El Hasahisa, Medani, and Al Managil—strengthening capacity to manage obstetric and neonatal emergencies.
- Cholera preparedness and integrated maternal health services continued at two key facilities in White Nile State—an EmONC facility and a cholera isolation centre—strengthening the state's capacity for outbreak readiness and response.
- Essential medical supplies and IPC materials were delivered to Al Fashir Maternity Hospital in North Darfur with support from CERF funding, ensuring the continued operation of the area's only functioning obstetric referral facility.
- Solar system maintenance and support were carried out at five hospitals across Sennar, North Darfur, and North Kordofan States. This included maintenance for the solar system at Al Fashir Maternity Hospital in North Darfur, the installation of solar systems at Sennar and Wad Al Abbas Hospitals in Sennar, and minor solar upgrades at Al Obied, Kadugli and Umrowaba Hospitals in North and South Kordofan.
- Rehabilitation and infrastructure upgrades were completed at seven hospitals in North Darfur, River Nile, North Kordofan, South Kordofan, and Sennar states.
- To enhance access to RH services, 944 women received cash and voucher assistance (CVA) to support safe childbirth, including access to EmONC.

GENDER-BASED VIOLENCE

- In May, 68,607 people across multiple states of Sudan were reached with gender-based violence (GBV) interventions, including awareness-raising, specialized GBV services, including PSS, a dignity kit, training on income generating activities, and social engagement initiatives.
- **Women and girls' safe spaces (WGSSs):** UNFPA is supporting 63 WGSSs in Blue Nile, Central Darfur, Gedaref, Kassala, Northern State, River Nile, East Darfur, West Darfur, South Darfur, South Kordofan, Khartoum, White Nile, and Sennar states. These spaces provide vital GBV prevention and response services. In May, 4,451 women and girls accessed safe spaces and received GBV-related support.
- **Awareness-raising sessions:** Awareness-raising campaigns on GBV and available services were implemented across 15 states reaching over 43,463 individuals, including women, men, girls, and boys. Additional awareness sessions were also held within WGSSs to further disseminate information, including on available support services.

- **Dignity kit distribution:** 19,896 women and girls in five states received a dignity kit containing essential hygiene items. Additionally, nearly 670 individuals were provided with 30 sanitary pads each. Dignity kits were also distributed through the confidential corner at Kosti Hospital in White Nile State.
- **Capacity-building initiatives:** A total of 224 GBV and non-GBV service providers, both women and men, received training on GBV prevention, risk mitigation, and response in Kassala, South Darfur and Al Jazirah states.
- **Specialized GBV services:** Over 866 individuals accessed specialized GBV services in 13 states, including essential healthcare, psychological first aid, PSS, delivered through individual case management and group sessions, and social activities.
- **Community-based protection networks:** As of April, 86 networks were active across multiple states, including Gedaref, Blue Nile, Sennar, Central Darfur, West Darfur, Kassala, South Kordofan, West Kordofan, North Darfur, Northern State, River Nile, Red Sea, White Nile, and South Darfur.

PROTECTION FROM SEXUAL EXPLOITATION & ABUSE AND ACCOUNTABILITY TO AFFECTED POPULATIONS

- **Capacity building initiatives:** UNFPA, in collaboration with the Prevention of Sexual Exploitation and Abuse (PSEA) Network, conducted a hybrid training for 175 humanitarian actors in Kassala, Port Sudan, River Nile, West Darfur, Central Darfur, North Darfur, and Gedaref. The training focused on PSEA orientation, aiming to strengthen participants' capacity to manage sexual exploitation and abuse (SEA) cases, ensure proper referral pathways, and guarantee that survivors can access essential services, in accordance with international standards, including the UN Victim Assistance Protocol.
- **PSEA communication to communities:** UNFPA and its partner conducted a comprehensive PSEA awareness campaign in WGSSs in River Nile, West Darfur, Central Darfur, Khartoum, North Darfur, and Gedaref states. The campaign aimed to strengthen community awareness of PSEA and improve the reporting of SEA incidents. The sessions targeted women, girls, men, and boys, using a variety of community-based and interactive methods. Key information was also shared on the Inter-Agency Complaint and Feedback Mechanism (IA-CFM) and local GBV referral pathways, ensuring community members understood where and how to safely report SEA cases and access support services. Aligned with the PSEA Sudan Communication with Communities Strategy, and supporting the goals of the Sudan Country PSEA Plan 2025, the campaign was well received. Over 500 community members participated, demonstrating strong engagement and interest in SEA prevention and survivor support.

Results Snapshots (2025 01 Jan - 31 May)



65,534

People reached with **SRH and other medical services**. 77% female, 23% male



76

Health facilities supported by UNFPA²



58,080





People reached through **GBV prevention, mitigation, and response activities**
90% female, 10% male



63

Safe spaces for women and girls supported

² At the time of reporting, support is being provided to 25 health facilities, including mobile and temporary clinics.

	698	Interagency reproductive health kits (IARH) provided to 129 service delivery points enabled 76,920 people to access family planning, normal deliveries, C-sections, STI treatment, clinical management of rape, and safe blood transfusion services. ³
	7,817	Safe births supported
	237	Obstetric emergencies referred to hospitals
	500	Partners and community members trained on PSEA and AAP

Coordination Mechanisms



Gender-Based Violence:

- **GBV Area of Responsibility (AoR):** UNFPA leads the National GBV AoR and 15 subnational groups to coordinate GBV prevention and response interventions. Between January and April, the GBV AoR strengthened prevention and response activities. Interventions were implemented by 14 GBV AoR members across 17 states. Services provided included life-saving medical care, psychosocial assistance, CVA, and dignity kit distribution.
- **Capacity building and technical guidance:** From January to March 2025, significant efforts were made to strengthen GBV response capacity. The GBV AoR provided technical support for case management training in Atbara and Kassala for frontline workers delivering survivor-centred services. Additionally, the AoR is providing ongoing guidance on implementing CVA, ensuring programmes prioritize survivor's safety, coordinating with relevant actors, and integrating CVA within holistic GBV response efforts.
- **Assessments and joint missions:** Over the past month, multiple and joint GBV assessments were completed in Northern and Blue Nile States to better understand the needs of affected communities and improve the response. Individual GBV assessments and safety audits took place in Sennar, Gedaref, and White Nile States. Key findings revealed critical gaps, including a lack of safe shelters and latrines, and increased risks of sexual exploitation and abuse (SEA) due to limited livelihood opportunities. Six WGSSs have closed in refugee settings in White Nile, which has severely impacted access to essential GBV services. Findings will contribute to improving service delivery, advocating for additional resources, and enhancing collaboration among partners dedicated to supporting survivors and safeguarding vulnerable populations.
- **GBV risk mitigation within famine prevention:** The GBV AoR continues to strengthen the established GBV Risk Mitigation Task Force across multiple states through bilateral engagements with clusters; capacity-building activities; the creation and use of questionnaires to support safety audits in famine-affected areas (IPC 5); and the establishment of a resource budget to support the strategy's implementation.
- **Advocacy and informing strategic decisions:** The GBV AoR continues to engage in advocacy and inform strategic decision-making by regularly providing inputs on critical protection issues to the Humanitarian

³ UNFPA also procured and distributed 1.1 million ampules of Oxytocin and 655,000 tablets of Misoprostol, enough to assist over 1.3 million women with the prevention and management of obstetric hemorrhage, the leading cause of maternal death in Sudan.

Country Team (HCT), as well the Refugee Consultation Forum, ensuring that GBV risks and survivor needs are prioritized in humanitarian planning, response, and resource allocation

- The GBV AoR supported the visit of the Special Representative of the Secretary-General on Sexual Violence in Conflict (SRSG-SVC) to Sudan. This included coordinating engagements with women-led organizations (WLOs) to ensure that grassroots perspectives and survivor-centred priorities were effectively represented. A significant outcome of the visit was the **signing of the second Framework of Cooperation on the Prevention and Response to Sexual Violence in Conflict** between the United Nations and the Government of Sudan. This renewed agreement demonstrates a reinforced national commitment to addressing conflict-related sexual violence, promoting accountability, and improving support for survivors.

At the East and Southern Africa Donor Roundtable, the GBV AoR emphasized the critical impact of recent funding cuts on GBV services in Sudan. These reductions have resulted in the closure of WGSSs and the defunding of WLOs, undermining survivor support and community protection efforts.

Sexual and Reproductive Health:

SRH coordination efforts, under the leadership of UNFPA and the SRH Working Group (SRH WG), continued to support the delivery of life-saving services across Sudan. Key highlights include:

Key technical discussions:

- **Routine coordination and monitoring:** Regular national and sub-national SRH WG meetings were held to share information, review progress, and address emerging needs.
- **Technical and programmatic updates:** As part of quarterly monitoring, key technical and programmatic updates were completed and disseminated, including Q1 data on maternal death surveillance and response (MDSR), EmONC operational mapping, clinical management of rape (CMR) functionality, and stock availability of RH supplies.
- **Maternal death surveillance and response (MDSR):** In Q1 2025, 81 maternal deaths were reported in 17 states, with 85% of cases reviewed. States including Kassala, North Darfur, South Darfur, and Khartoum achieved 100% review rates, while East and Central Darfur reported no activity.
- **EmONC operational mapping:** Out of 162 EmONC facilities assessed across the country in the latest round, 128 (79%) were operational. Functional coverage was highest in Gedaref, Kassala, and Blue Nile (100%), while in Khartoum only 32% of facilities were functioning. BEmONC and CEmONC facilities showed 78% and 80% operational status, respectively.
- **Health Cluster (HC) engagement:** The SRH WG actively participated in HC coordination meetings during April, sharing updates on partner presence, service gaps, and key advocacy priorities, ensuring SRH integration across the broader health response.
- **Advocacy in HNRP 2025 Reprioritisation:** The SRH WG, with the assistance of the Humanitarian Coordinator and UNFPA, successfully advocated for the inclusion of the MISP for SRH within the essential humanitarian package in the revised 2025 HNRP, reinforcing SRH as a critical life-saving intervention.
- **Khartoum SRH response and situation assessment:** In response to the evolving situation in Khartoum, the State Ministry of Health (SMoH), with support from the Federal Ministry of Health (FMoH), conducted a comprehensive SRH needs assessment. The preliminary findings point to widespread service disruptions, particularly in conflict-affected and displacement-heavy areas. Gaps were identified in the availability of CMR and EmONC services, as well as in maternal and neonatal care, staffing, equipment, and supplies. To support strategic response planning, the SRH Working Group initiated a detailed partner

mapping exercise, focusing on locality- and facility-level presence to ensure coordinated coverage across the state.

- **Sub-National SRH WG updates:** All three sub-national SRH WGs reported continued SRH service delivery under challenging conditions. Common operational barriers included restricted access to conflict-affected areas, bureaucratic delays, communication blackouts, and supply chain disruptions. Despite these constraints, partners remained active through mobile outreach, facility-based interventions, and capacity-strengthening efforts. Key activities included MISP and CMR training, pre-positioning of RH supplies, and targeted support to EmONC facilities where access allowed.

Funding Status

In 2025, UNFPA is appealing for \$145.7 million to respond to critical SRH and GBV needs in Sudan. To date, only around 27% of this funding has been provided. Pledges and contributions (\$22 million) and rolled-over funds (\$17.8 million) amount to \$39.8 million, leaving a \$105.9 million funding gap which threatens the scale and sustainability of life-saving programmes. UNFPA continues to call for urgent financial support to address the growing needs of women and girls.

UNFPA is grateful to our donors, whose financial support and advocacy has made it possible to provide vital assistance to women and girls.

