



Situation Report #21

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:	Jul 23, 2025
Covering Period:	Jun 1, 2025 to Jun 30, 2025
Contact Persons:	Mr. Bruno Husquinet, Humanitarian Coordinator, Officer-in-Charge of the Sudan Country Office, email: husquinet@unfpa.org ; mobile: +249 12 316 2648 Mr. Sufian Abdulmouty, Communication Specialist, email: abdul-mouty@unfpa.org ; mobile: +249 99 773 0447

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 2023¹



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

Highlights

- A monitoring and assessment visit was completed in Khartoum where significant gaps were identified in health and gender-based violence (GBV) service delivery due to the destruction/damage of infrastructure, staff shortages, and funding gaps. Most emergency obstetric and newborn care (EmONC) facilities in Khartoum, including Ibrahim Teaching and Al-Dayat Hospitals, were non-functional or operating at a reduced capacity. In Omdurman, EmONC

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

facilities were partially operational, with limited resources and supplies. Access to women and girls' safe spaces (WGSSs) was also compromised, and staff shortages were identified. GBV referral pathways remain fragmented in most localities, limiting survivors' access to timely, survivor-centered care. Economic hardship and a lack of transportation are further exacerbating women and girls' vulnerabilities.

- Six GBV safety audits were conducted across Kassala, White Nile, River Nile, and Gedaref states. Key findings across the sites highlighted heightened risks of sexual violence during displacement, limited access to safe shelters, significant gaps in access to clinical care, and insufficient availability of specialized GBV services and WGSSs. The assessments also noted an increased risk of sexual exploitation linked to acute humanitarian needs and the lack of adequate sanitation facilities. Findings from these audits informed the update of referral pathways, improving survivors' access to essential services.
- Findings from a UNFPA mission to El Geneina, West Darfur, highlighted severe disruptions in reproductive health (RH) services due to damaged health infrastructure and insecurity. Comprehensive emergency obstetric and newborn care (CEmONC) services, in particular, remain limited, due to shortages of equipment and trained personnel. The confidential corner for GBV services also lacks adequate privacy, essential supplies, and staffing—emphasizing the urgent need for sustained, multi-sectoral support.
- EmONC and RH services have been expanded in multiple states including White Nile, Al Jazirah, Sinnar 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. An estimated 2.5 million displaced women and girls of reproductive age urgently require access to RH services.
- UNFPA and partners continue to provide life-saving services for maternal health care and to prevent and respond to GBV in all 18 states of Sudan, including through 15 mobile health teams. UNFPA is also supporting the rehabilitation of health facilities and has deployed 365 health workers.

Situation Overview

- **Gender-based violence:** Over 12.2 million people in Sudan, mostly women and girls, are at risk of GBV. This figure has surged by 80% since last year and 350% since the war began in April 2023, driven by the widespread use of GBV as a weapon of war and the collapse of protection systems. Severe access constraints, insecurity and critical resource shortages continue to hinder the GBV response with less than 10% of those in need reached with life-saving services to date. Only 27% of 278 service delivery points assessed are fully functional for clinical management of rape (CMR).
- Since the beginning of 2025, close to 92,000 individuals have received services from UNFPA and its partners through 103 facilities (79 static and 24 mobile/temporary clinics). Due to funding cuts, UNFPA is now only able to support 29 facilities, including mobile and temporary clinics.
- 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.



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 June 2025, UNFPA provided RH services across all 18 states of Sudan. This included supporting EmONC facilities, deploying mobile clinics, distributing essential medical supplies—reaching over 1.5 million women and girls with essential RH commodities—training health personnel, rehabilitating damaged health infrastructure, and strengthening referral systems.
- Between January and June 2025, 127,435 women received medical and RH consultations across 11 states. 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).
- Between January and June 2025, 12,500 women were assisted to give birth, including by cesarean section, at UNFPA-supported facilities.
- A total of 203 healthcare providers received training in 7 states: 126 were trained in CMR; 25 received training on infection prevention and control (IPC); and 50 people were trained in community-based response mechanisms (CBRM).
- EmONC equipment was provided to three hospitals in Aj 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.

GENDER-BASED VIOLENCE

- **Women and girls' safe spaces (WGSSs):** UNFPA is supporting 63 WGSSs in 14 states accessed by 31,500 women and girls during the reporting period. These safe spaces offer survivors and at-risk individuals confidential access to PSS, case management, legal referrals, and empowerment activities such as income-generating skills training. WGSSs also serve as trusted community platforms for awareness-raising, group counseling, and peer support, particularly in fragile and displacement-affected settings.
- **Awareness-raising sessions:** In June, UNFPA reached more than 39,000 individuals, including women, men, girls, and boys through a community based GBV awareness campaign conducted across nine states. In parallel, targeted awareness activities within WGSSs provided participants with detailed information about referral pathways, PSS, and protection services. These efforts are especially crucial in displacement and conflict-affected areas, where stigma and lack of information often prevent survivors from seeking help.
- **Dignity kit distribution:** In June, UNFPA distributed over 11,000 dignity kits, containing basic hygiene items including soap and underwear, and 50,000 sanitary pad packages (three packs per woman/girl to cover a three-month period) to more than 36,000 women and girls across Sudan. Additionally, 600 solar lamps were provided to women and girls to facilitate safer movement at night, including access to latrines, thereby reducing exposure to protection risks in insecure environments. Alongside broad state-level coverage, distributions were targeted to reach the most

vulnerable populations. The dignity kits served not only to meet immediate menstrual hygiene needs but also as a critical entry point for raising awareness about GBV risks, available support services, and protection resources.

- **Capacity-building initiatives on GBV prevention, risk mitigation, and/or response:** In June, a total of 1,890 service providers across Sudan—including prosecutors, judges, police officers, case workers, and non-GBV actors—received comprehensive training on GBV prevention, risk mitigation, and response. These efforts are instrumental in strengthening institutional accountability and ensuring survivors are treated with dignity and respect throughout the referral and support process.
- **Provision of Specialized GBV services:** In June, more than 3,600 individuals across Sudan received essential GBV services, including healthcare, psychological first aid, PSS, and case management. Services were delivered through both individual and group sessions, complemented by social and recreational activities aimed at fostering healing and resilience.
- **Community-based protection networks:** As of June, 86 CBPNs were active across the country. Each network comprises 15 trained members — 11 women and 4 men — including midwives, community leaders, youth, and trusted volunteers. These networks serve as vital links between communities and available GBV services. The inclusion of midwives enhances the networks' ability to respond to survivors' reproductive and health needs with care and sensitivity.
- **GBV safety audit:** In June, UNFPA, in coordination with GBV Area of Responsibility (AoR) members, conducted a GBV safety audit in River Nile State. Findings highlighted the need for improved lighting, safe pathways, and strengthened referral mechanisms, which will inform the development of targeted interventions and advocacy efforts.

PROTECTION FROM SEXUAL EXPLOITATION & ABUSE AND ACCOUNTABILITY TO AFFECTED POPULATIONS

- **PSEA Capacity building initiatives:** In June, UNFPA, in collaboration with the Prevention of Sexual Exploitation and Abuse (PSEA) Network, conducted a hybrid training for 870 humanitarian actors in 7 states. The training aimed 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:** In June, UNFPA and its partner conducted a comprehensive PSEA awareness campaign in WGSSs in 6 states. The campaign aimed to strengthen community awareness of PSEA and improve the reporting of SEA incidents. Key information was 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, with 900 community members participating.

CASH and VOUCHER ASSISTANCE (CVA)

To improve access to life-saving GBV and RH services, UNFPA and partners provided CVA to vulnerable women and girls in crisis-affected areas. CVA was used in two critical areas:

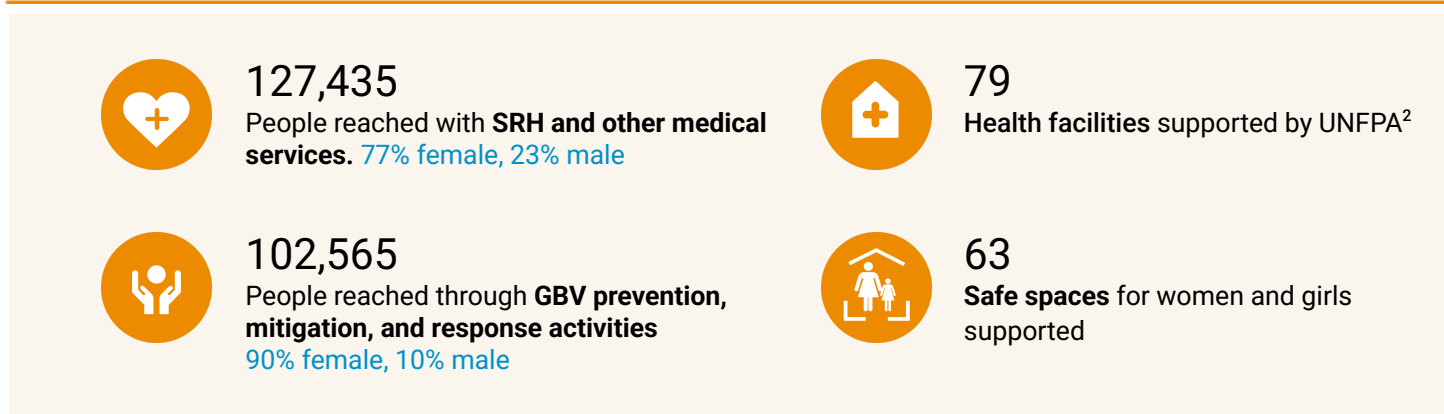
- **Cash for GBV Case Management and Service Access:** 140 survivors of GBV received cash transfers to cover urgent needs such as transportation, safe accommodation, PSS, and access to essential multisectoral GBV services.
- **Emergency Cash Assistance for Individual Protection- IPA:** To reduce GBV risks linked to repeated displacement and inadequate basic needs, cash assistance was provided to 280+ vulnerable women and girls to enhance their safety and protection.
- **Vouchers for Menstrual Hygiene Items:** Over 4,300 women and girls received dignity kits through a structured voucher system, enabling them to obtain menstrual hygiene supplies from designated vendors.





- **Cash & Voucher for SRH services:** To reduce maternal mortality, 473 vulnerable women—mainly displaced—received CVA to cover transport costs, related expenses, and services at hospitals for safe childbirth, including normal deliveries, C-sections, and obstetric complications.

Just Ask digital platform : Integration of SRH and GBV

- In June, UNFPA launched a digital platform called Just Ask. This innovative digital platform provides confidential and accessible support on RH and GBV in simple Sudanese Arabic for vulnerable populations in Sudan. The platform operates via an Interactive Voice Response (IVR) hotline number (6791) and WhatsApp (+249128999689). The platform removes barriers to information and support, including stigma and misinformation, while addressing the complex, overlapping risks faced by adolescents and women.

Results Snapshots (2025 01 Jan - 30 Jun)



	695	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
	12,500	Safe births supported
	235	Obstetric emergencies referred to hospitals
	1,890	providers trained on GBV-related topics

² At the time of reporting, support is being provided to 29 health facilities, including mobile and temporary clinics.

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.

Coordination Mechanisms



Gender-Based Violence:

- **GBV Area of Responsibility (AoR):** UNFPA leads the national GBV AoR and coordinates the efforts of 15 subnational working groups to support the delivery of GBV prevention and response interventions. In June 2025, the GBV AoR strengthened its collective response, reaching **59,230 individuals** across 16 states through the efforts of 15 partner organizations.

Under the framework of the Humanitarian Response Plan (HRP), **51,500+ individuals** were engaged in awareness-raising initiatives, while around **5,500 people** received dignity kits. In addition, close to **400 survivors** accessed specialized GBV services, and **2,300 individuals** benefited from PSS.

- **Capacity building and technical guidance:** Across several states, significant efforts were made to strengthen GBV prevention and response capacities. In Khartoum State, awareness sessions were conducted to improve community understanding of GBV consequences, rights, self-protection strategies, and referral pathways. In River Nile State, GBV case management training was provided to 21 individuals, and 20 members of community committees received training on GBV and PSEA. Additionally, two CBPNs were formed in targeted localities to enhance localized response mechanisms. In the Northern State, training sessions and awareness-raising activities were delivered through WGSSs to build knowledge and promote protection. In Central Darfur, 25 members of the judiciary were trained on a survivor-centered approach to improve response systems. In White Nile, 45 awareness sessions were conducted. In Sinnar State, two Confidential Corners were rehabilitated and furnished to provide comprehensive case management services, and more than 1,200 women and girls were reached through targeted awareness activities.
- **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:** Advocacy efforts during the reporting period focused on strengthening coordination mechanisms, ensuring the continuity of essential GBV services, and addressing critical supply gaps. In Kassala State, actors advocated for the provision of dignity kits and case management support, while finalizing the contextualization of national GBV Standard Operating Procedures (SOPs) for the state. Across states, the subnational coordinators contributed to flood preparedness planning, including the mapping of contingency actors and the prepositioning of life-saving supplies. In Darfur, advocacy remained critical as insecurity and collapsed infrastructure—such as damaged bridges—continued to hinder access to services, particularly for displaced and conflict-affected populations.



Sexual and Reproductive Health:

SRH coordination efforts, under the leadership of UNFPA and the SRH Working Group (SRH WG), continued through June 2025 to ensure the coordinated delivery of life-saving services across Sudan. Key highlights include:

Key technical discussions:

- **Maternal death surveillance and response (MDSR):** Between January and June 2025, a total of 343 maternal deaths were reported across Sudan, of which 317 cases were investigated, reflecting a 75%

investigation coverage rate. Reporting was significantly stronger at the facility level compared to community-based surveillance, underscoring persistent challenges in capturing data from non-facility settings. The highest number of maternal deaths were recorded in Khartoum, Kassala, and West Kordofan, while Central Darfur reported none—likely due to access constraints or gaps in reporting systems. These findings highlight the urgent need to strengthen community-based surveillance mechanisms and expand investigation coverage, particularly in underserved and conflict-affected areas.

- **EmONC operational mapping:** As of June 2025, 87% of the 162 mapped EmONC facilities across Sudan were reported as functional, marking a positive trend in service availability. This reflects a notable improvement since March 2025, with the functionality of BEmONC facilities rising from 78% to 88%, and CEmONC facilities from 80% to 87%. The most significant gains were observed in states such as Khartoum, Al Jazirah, and East Darfur, Central Darfur, and North Kordofan, where less than 50% of CEmONC facilities are currently operational, pointing to the need for targeted investments and support in these underperforming regions.⁴
- **Midwifery Status Assessment:** Findings from a national **midwifery status assessment**, jointly conducted by UNFPA in collaboration with the Federal Ministry of Health, were shared with SRH WG members. The assessment revealed significant gaps in the midwifery workforce, including the absence of a national strategy, widespread displacement of community midwives, and inadequate clinical training and supervision. It highlighted the urgent need for licensing reforms, enhanced data systems, and structured investment in training and retention. Recommendations included developing a national midwifery strategy, supporting the Sudan Midwifery Association, and introducing a dedicated technical advisor role to strengthen midwifery leadership and regulation.
- A quick dipstick survey was conducted among SRH partners to understand the challenges they face in the RH supply chain. Findings revealed persistent supply chain disruptions, including procurement delays, custom clearance bottlenecks, and weak last-mile distribution. While all organizations reported receiving tracking information, only 50% indicated that the notifications were timely and clearly communicated. In response, partners recommended enhancing forecasting, streamlining procurement processes, pre-positioning supplies closer to field sites, and strengthening coordination with customs and logistics providers to improve overall supply chain efficiency.

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 33% of this funding has been provided. Pledges and contributions (\$25.7 million) and rolled-over funds (\$22.1 million) amount to \$47.8 million, leaving a \$97.9 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.



⁴ It is important to note that the criteria used to determine facility functionality are relatively broad and may not fully reflect the availability of EmONC signal functions. Functionality classifications are often based on indicators such as the presence of basic communication tools and outpatient consultation capacity. As such, while the data suggest a positive trend, further verification may be needed to better understand the extent of service readiness on the ground.