



UNITED NATIONS POPULATION FUND

# SITUATION REPORT

**Sudan**

1 — 31 October, 2025

## Highlights

Since 26 October, more than 100,600 people have been displaced from El Fasher, North Darfur, and surrounding villages. In Tawila, the UNFPA-supported 24/7 BEmONC facility delivered over 1,250 sexual and reproductive health services, including antenatal and postnatal care, normal and C-section deliveries, and cholera response support. Across Tawila and Al Dabbah, four GBV mobile teams provided psychological first aid, psychosocial support, and safe referrals. More broadly, UNFPA supported 25 BEmONC facilities, 13 CEmONC hospitals, and 10 mobile clinics across nine states, reaching 17,900 women and girls with essential SRH services, including deliveries, C-sections, family planning, and antenatal and postnatal care. In addition, 75 women- and girls'-safe spaces were supported across all states, recording 39,500 visits in October, including 11,500 first-time visitors.



**30,400,000**

Total people  
in need <sup>1</sup>



**7,296,000**

Women of  
reproductive age in  
need <sup>2</sup>



**726,520**

Pregnant women in  
need <sup>2</sup>



**968,695**

Women and girls  
targeted with SRH  
services



**1.9M**

People targeted  
with  
GBV programmes

<sup>1</sup>[Sudan Displacement Tracking Matrix](#)

<sup>2</sup> 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, North Darfur, remains dire, marked by escalating violence, mass displacement, and credible reports of atrocities, including sexual violence and summary executions. In the Kordofan states, civilians in besieged towns and areas of active fighting are facing severe difficulties accessing essential services, including reproductive health care and protection support.

Between November 2024 and September 2025, an estimated [2.6 million](#) people returned to their areas of origin; approximately 2 million individuals were internally displaced and 523,845 returned from outside Sudan. These return movements present emerging priorities for the humanitarian community, requiring a strengthened focus on supporting returnees and facilitating access to essential services in affected areas, including SRH and protection services for women and girls.

Protection remains a major issue for women and girls across Sudan as systems and networks have collapsed; services remain extremely limited; and sexual violence is being used as a deliberate tactic of war to displace, terrorize, and destroy entire communities in a number of states. Women continue to be impacted by a lack of access to health care, including emergency obstetric care—over [80 percent](#) of facilities in areas affected by conflict are non-functional. A lack of critical supplies, skilled health care providers, and access is exacerbating the situation. Risks of GBV and exploitation remain high, and malnutrition is increasing in parts of the country.

## El Fasher

Since 26 October 2025, an estimated 100,600 individuals have been displaced from El Fasher town and surrounding villages in North Darfur. Tension in and around El Fasher remains high, with reports of drone strikes, aerial bombardments, and fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in various parts of North Darfur. Current projections indicate that up to 50,000 individuals may arrive in Al Dabbah, a similar number in Melit, while 100,000 people are expected to reach Tawila, and an additional 100,000 are likely to remain in El Fasher town and nearby villages. El Fasher Hospital, the only facility that remained operational before the city fell to the RSF, is now out of service. Contact has been lost with most of its staff. As of 15 November, around 20 out of 96 UNFPA-supported health team members have reported in Tawila; the remainder are still not accounted for.

UNFPA continues to deliver critical care amid escalating violence and access constraints in Sudan. In Tawila, a 24-hour BEmONC facility provides integrated reproductive health and protection services, staffed by doctors, midwives, laboratory technicians, and pharmacists. Between 26 October and 18 November, over 1,250 services were delivered through the centre, from antenatal and postnatal care to normal and C-section 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 GBV, offering safe, discreet access to counselling and clinical services.

In the Northern State, UNFPA supports Al Dabbah Maternity Hospital, which has provided over 500 reproductive health services, including safe deliveries, to women and girls arriving from El Fasher between 26 October and 18 November.

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.

UNFPA deployed four GBV mobile teams in Tawila and Al Dabbah to reach newly displaced communities in remote locations. These teams provided psychological first aid, psychosocial support, and safe referrals, ensuring holistic, survivor-centred care and improving access for women and girls with limited mobility. In total, 795 women and girls, including GBV survivors, received specialized case management and psychosocial support. An additional 625 women and girls received dignity kits, accompanied by information sessions on available services, referral pathways, and the importance of reporting sexual violence within 72 hours. UNFPA mobile teams and partners also prioritized displaced women and adolescent girls through the distribution of essential supplies and the dissemination of information on GBV risks, reporting, and services. To sustain service quality, UNFPA reoriented 13 frontline GBV service providers in case management, psychosocial support, and survivor-centred approaches, helping address staff shortages and ensuring continued provision of essential services. Community engagement efforts in El Fasher, Tawila, and the Northern State focused on awareness sessions reaching 605 women, girls, and men to promote survivor-centred reporting, and strengthen the understanding of referral pathways. These activities improved community trust, reduced stigma, and empowered local networks to support GBV prevention and response, while enhancing women’s safety, mobility, and dignity, including menstrual health, in crisis-affected settings.

#### Funding Requirements (El Fasher Response)

Response	Funding Required (USD)	% Funded
Sexual and Reproductive Health	2,880,000	29%
Gender-Based Violence	1,920,000	24%
<b>Total</b>	<b>4,800,000</b>	<b>27%</b>

“Three soldiers separated me from the group and asked if I was a virgin. When I said yes, they took me to their office and raped me before allowing me to continue walking.”

— Salam (named changed) received clinical management of rape and psychosocial support services at a UNFPA supported facility in Tawila.



## UNFPA Response (October 2025)

### Sexual and Reproductive Health

**Service Delivery:** UNFPA provided sustained support across nine states—Kassala, Northern State, North Darfur, West Darfur, Gedaref, and Blue Nile—through equipment, supplies, capacity-building, and deployment of health personnel. This assistance strengthened **25** BEmONC facilities, **13** CEmONC referral hospitals, and **10** mobile clinics serving hard-to-reach and displacement-affected communities. A One-Stop Centre was also established and equipped to provide integrated GBV and clinical management of rape (CMR) services, supported by trained response personnel in Kassala. UNFPA reached **17,900** women and girls with essential SRH services, including safe deliveries, C-sections, family planning, obstetric referrals, antenatal and postnatal care, and other routine consultations. In addition, **10** women received surgical treatment for obstetric fistula as part of routine fistula services in Blue Nile.

**Capacity Building:** **20** midwives were trained on family planning task-shifting to support **20** medical centres in Sennar, expanding service coverage. In the Northern State, **40** midwives received in-service training to improve the quality of maternal and reproductive health care. Furthermore, in Gedaref, **20** NGO staff were trained on the logistics management information system (LMIS) to strengthen RH and GBV supply chain management. One hundred (**100**) health providers were oriented on CMR and **20** staff from UNFPA's implementing partners completed training of trainers on CMR. An additional **20** health workers received basic CMR training.

**Supplies:** A total of 11 SRH kits, and essential medical equipment, were distributed to EmONC facilities in Gedaref and White Nile, supporting service continuity and operational readiness for approximately 150,000 people over three months.

**Cash and Voucher Assistance (CVA):** Twenty pregnant women received cash assistance to support safe deliveries and manage obstetric complications.

### Gender-Based Violence

UNFPA reached **83,700** people across Sudan through comprehensive GBV prevention, risk mitigation, and response interventions. Activities aimed to protect women and girls, strengthen community-based protection systems, and ensure continuity of life-saving services amid ongoing insecurity.

**Women and Girls' Safe Spaces (WGSSs):** Across Sudan, **75** WGSSs in all states continue to provide GBV prevention and response services, offering safe and supportive environments where women and girls can access information, psychosocial support, and participate in empowerment activities. During October 2025, an estimated 39,500 women and girls visited these spaces, including **11,500** first-time visitors, demonstrating growing trust and reliance on WGSSs as critical community protection points.

**Confidential Corners:** **18** UNFPA-supported confidential corners within health facilities ensured that survivors of violence received compassionate and confidential care based on the survivor-centred approach, including CMR, GBV case management, psychosocial support, and safe referrals to essential multisectoral services such as legal aid, and other protection related services. During the reporting month, approximately **4,000** women and girls, including survivors of GBV, accessed specialized services while **2,100** women and girls benefited from group recreational and skills-building activities at WGSSs, fostering social connectedness and empowerment among crisis-affected communities.

**Community-Based Protection Networks (CBPNs):** A total of 92 CBPNs remained operational across Sudan. Members of these networks played a crucial role in spreading key GBV and health related messages on existing health and GBV services, referral mechanisms, menstrual hygiene management, and the importance of reporting sexual violence within 72 hours to enable timely access to medical and psychosocial care.

**Protection Supplies:** UNFPA supported the distribution of protection and dignity supplies to approximately 26,700 women and girls across Sudan. The distributed items included dignity kits, sanitary pads, underwear, soap, and solar lamps, ensuring the dignity, hygiene and safety of women and girls particularly those displaced or living in conflict affected areas.

**Awareness Raising:** Through community engagement activities in Kassala, 23,200 people were reached with GBV awareness messaging, promoting risk mitigation, safer practices, and knowledge of available services and referral pathways across all states.

**Cash and Voucher Assistance (CVA):** UNFPA provided Cash and Voucher Assistance to **380** women and girls under the GBV programme to help them access critical, life-saving services and meet urgent protection needs. Of these, 70 women received emergency cash assistance to reduce immediate exposure to GBV risks and cover basic needs to ensure their safety and protection, while 70 survivors received cash transfers to facilitate access to health, psychosocial, and legal services within their communities. Additionally, 240 women and girls received vouchers to obtain menstrual hygiene items.

## Results Snapshot Jan-Oct 2025



311,200

People reached with SRH services  
95% female, 5% male



47

Health facilities supported <sup>3</sup>



458,730

People reached with GBV prevention, mitigation and response activities  
93% female, 7% male



75

Safe spaces for women and girls supported



182,370

Non-food items (such as dignity kits & sanitary napkins) distributed to individuals



220

Reproductive health kits were provided to service delivery points to meet the needs of 34,020 people



12,500

People reached with humanitarian cash & voucher assistance for GBV and SRH  
100% Female

<sup>3</sup> At the beginning of 2025, UNFPA was supporting 90 health facilities. Due to funding cuts UNFPA is now only supporting 47.

## Coordination Mechanisms

### SRH Working Group

The SRH Technical Working Group (TWG) continued coordination efforts in October. The SRH TWG conducted its regular monthly meeting, during which RH protocols were presented to partners, along with updates on the SRH and CMR mapping. Maternal death and surveillance response (MDSR) partners also presented analysis on gaps, needs, and upcoming activities. An ad-hoc meeting was convened to address the escalating violence in El Fasher, analyze the situation, hear directly from partners on the ground regarding gaps and needs, and strengthen coordination among actors responding in the same areas. The only functional CEmONC facility has come under repeated attack amid large-scale displacement. Population movements are raising urgent concerns about the continuity of maternal and newborn care, shortages of SRH supplies, and limited EmONC capacity in Tawila, Melit, and surrounding locations. Priority actions include strengthening localized minimum initial service package (MISP) coordination, updating SRH service mapping, mobilizing additional resources, and ensuring the availability of essential SRH kits to support the ongoing response.

### GBV Area of Responsibility (AoR)

In October, 31 GBV AoR partners continued to scale up life-saving interventions across affected areas, with a strong focus on service delivery, community engagement, and capacity strengthening. However, these figures do not fully capture the entirety of the response, as underreporting and limited access continue to affect the visibility of ongoing efforts.

#### Life-saving GBV Services

- 2,685 (89% female and 11% male) survivors and individuals at risk accessed specialized GBV services, including case management, psychosocial support, and safe referrals.
- 3,880 women and girls received dignity kits, accompanied by information on menstrual hygiene, GBV, and SRH.
- 1,695 (98% female and 2% male) individuals participated in recreational and group activities at GBV service facilities.
- 30 service centres delivered GBV services, with 1 rehabilitated to enhance privacy, safety, and overall quality of care.

#### Advocacy and Community Engagement

- 15,055 (90% female and 10% male) individuals were reached through community-based awareness sessions on GBV prevention, risk mitigation, available services, and safe referral pathways.
- 15 CBPNs were supported, reinforcing local mechanisms for identification, referral, and awareness raising.

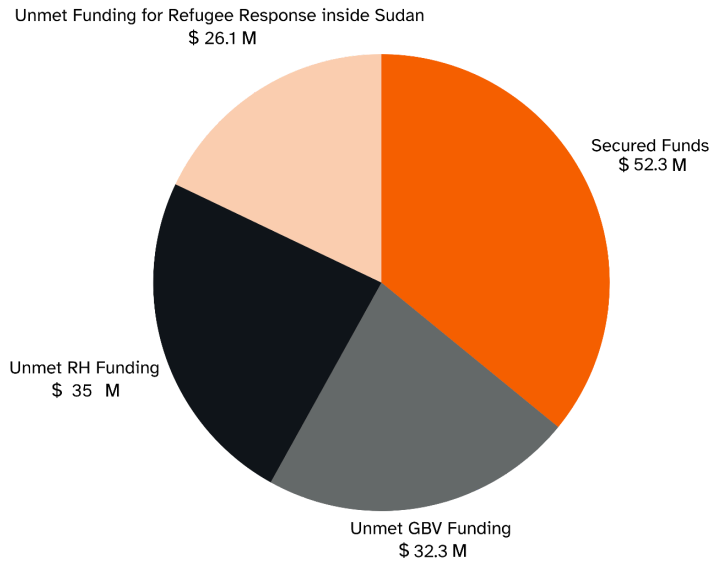
#### Capacity Strengthening and Economic Resilience

- 410 (80% female and 20% male) service providers and community actors were trained on GBV prevention, risk mitigation, response, and referral systems.
- 115 (100% female) individuals received vocational training or start-up capital, improving economic resilience and reducing exposure to negative coping strategies.

## Funding Status

In 2025, UNFPA is appealing for US\$145.7 million to respond to critical SRH and GBV needs in Sudan. To date, only around 36% of this funding has been provided, leaving a US\$93.4 million funding gap. UNFPA continues to call for urgent financial support to address the growing needs of women and girls in Sudan.

UNFPA is deeply grateful to our donors, whose financial support and advocacy has made it possible to provide vital assistance in 2025: Canada, the Central Emergency Response Fund (CERF), the EU, the Global Fund, Japan, JICA, Norway, the Republic of Korea, Sweden, the Sudan Humanitarian Fund (SHF), the United Kingdom, UN Action Against Sexual Violence in Conflict, and UNISFA. UNFPA Sudan is also a recipient of the UNFPA Humanitarian Thematic Fund and the Emergency Fund.



**Disclaimer:** Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

## Current Donors

UNFPA Humanitarian Thematic Fund; Canada; CERF; European Commission; The Global Fund; Japan; JICA; Norway; The Republic of Korea; Sweden; SHF; United Kingdom; UN Action Against Sexual Violence in Conflict; UNISFA.

## For more information

**Fabrizia Falcione**  
Representative  
falcione@unfpa.org

**Sufian Abdulmouty (Media Enquiries)**  
Communications Specialist  
abdul-mouty@unfpa.org