



UNITED NATIONS POPULATION FUND

SITUATION REPORT

Sudan

1 – 30 September, 2025

Highlights

- El Fasher remains under siege, with civilians trapped in increasingly dire conditions. Doctors and midwives continue to save lives under extremely challenging conditions. El Fasher Maternity Hospital has come under attack, and women and girls are giving birth under dangerous conditions. Without immediate humanitarian access, the hospital will soon run out of essential medical supplies.
- Across Sudan, UNFPA continues to support 45 health facilities and 75 women and girls' safe spaces, delivering life-saving protection and health services. From January to the end of September 2025, these services reached over 667,000 women and girls in need.



30,400,000

Total people
in need ¹



7,296,000

Women of
reproductive age in
need ²



726,520

Pregnant women in
need ²



968,695

Women and girls
targeted with SRH
services



1.9M

People targeted
with
GBV programmes

¹[Sudan Displacement Tracking Matrix](#)

² Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

Situation Overview

In Darfur and Kordofan states, people living in besieged cities, and within locations of on-going fighting, are struggling to access basic services, including for reproductive health and protection.

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 sexual and reproductive health (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 reportedly being used as a weapon of war, targeting women, men, boys and girls, 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 gender-based violence (GBV) and exploitation remain high, and malnutrition is increasing in parts of the country.

UNFPA Response

Sexual and reproductive health

In September 2025, UNFPA reached 35,000 people with life-saving services, and increased its deployment of mobile healthcare teams/units and static facilities to mitigate persistent barriers to healthcare access for women and girls in displacement and conflict-affected areas:

- **Mobile Outreach:** 13 mobile health teams were deployed across Sudan, ensuring essential SRH services reached internally displaced populations (IDPs) and hard-to-reach communities.
- **To expand the geographic reach and coverage of SRH services,** UNFPA procured three new mobile clinic units for immediate deployment across priority states.
- **Facility Support:** Operational and logistical support was maintained for 14 existing health facilities to sustain continuity of care.
- **Infrastructure Reinforcement:** The refurbishment and operational handover of one additional fully functional health facility was completed.
- **Maternal Death Surveillance and Response (MDSR):** In collaboration with the Federal Ministry of Health (FMoH), UNFPA supported the MDSR implementation nationwide. A total of 590 maternal deaths were notified, of which 470 cases (79%) were reviewed by state MDSR committees, strengthening accountability and evidence-based action to reduce maternal mortality across Sudan.
- **Cash & Voucher Assistance (CVA):** During September, CVA assistance was provided to 45 pregnant women in East Darfur State to ensure safe childbirths—33 were normal deliveries, 10 were cesarean sections, and 3 involved obstetric complications. The support was provided through both cash and vouchers.
- **Family Planning (FP):** A total of 2,900 individuals were reached through targeted FP awareness sessions. This outreach translated directly into service uptake, with over 2,000 women accessing modern FP services and commodities.

- **Capacity Building:** A four-day training on the Minimum Initial Service Package (MISP) for Sexual and Reproductive Health in Emergencies was organized by UNFPA in Port Sudan. The training aimed to strengthen partners' capacity to manage and coordinate SRH programmes in crisis settings. A total of 24 participants from 20 different NGOs and INGOs attended.
- Seventy-five (75) health staff completed intensive training on new clinical and operational protocols. This capacity-building activity focused on training 25 midwives in family planning, while an additional 50 midwives received in-service training on SRH protocols.
- In addition, UNFPA provided life-saving supplies to health facilities, equivalent to 69% of the total estimated need. These supplies will meet the needs of nearly 803,000 people.

Gender-based violence

In September 2025, UNFPA reached **60,000** people with GBV prevention, risk mitigation and response interventions across Sudan. Programme activities included: the provision of specialized GBV response services including safe referrals, awareness raising and information dissemination sessions as well as the distribution of GBV supplies.

- **Women and Girls Safe Spaces (WGSSs):** 75 WGSSs provided GBV prevention and response interventions across the country. On average, 36,300 women and girls visited safe spaces; 8,500 for the first time.
- **GBV Services:** 4,000 women and girls, including survivors of GBV, received specialized GBV response services including case management, psychosocial support (PSS), and safe referrals to other services. In addition, 2,100 women and girls benefited from group recreational and skills building activities at safe spaces.
- **GBV Awareness Raising:** Over 31,600 community members were reached with GBV awareness raising and information dissemination activities including information on SRH and the prevention of sexual exploitation and abuse (PSEA). Ninety (**90**) community based protection networks across Sudan are operational in areas where WGSSs are located. Members are dedicated to disseminating key messages on different forms of GBV, existing health and protection services, referral mechanisms, menstrual health, and the need to report sexual violence within the critical 72-hour window.
- **Protection Supplies:** 6,300 women and girls received dignity kits, sanitary pads, solar lamps and other protection supplies. The distribution of supplies was accompanied by information dissemination sessions on menstrual health, GBV, and available SRH services.
- Eleven (11) safety audits were conducted in East and South Darfur states to assess risk factors and safety concerns of women and girls. A safety audit report will be produced and shared with humanitarian actors operating in the same location to strengthen the response to the specific needs of women and girls.
- During the reporting month, a total of 120 women and girls received CVA under the GBV programme to access critical services. Among them, 35 women received emergency cash assistance to mitigate the risks of GBV and address urgent protection needs, while 84 survivors received cash to access essential health, psychosocial, and legal services.

Results Snapshot Jan-Sep 2025



293,510
People reached with **SRH services**
95% female, 5% male



47
Health facilities supported ³



373,000
People reached with **GBV prevention, mitigation and response** activities
93% female, 7% male



75
Safe spaces for women and girls supported



155,040
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

Coordination Mechanisms

SRH Working Group

As part of routine updates, the SRH Working Group (WG) coordinated and monitored key activities across Sudan in September. This included reviewing maternal deaths, and tracking partner reporting and supplies.

- Sudan has a new National Family Planning Strategy, developed with support from UNFPA and FMoH. The strategy aims to ensure equitable, high-quality FP access through political support, sustainable financing, strong leadership, and community engagement. Key interventions include advocacy, policy reform, securing funding, coordinated leadership, community awareness campaigns, expanded service delivery with training and logistics improvements, and robust monitoring and learning systems to track progress, inform decisions, and strengthen FP integration across health and youth services.
- Under UNFPA-SRH coordination, a Family Planning Taskforce will be established to coordinate stakeholders, advocate for resources, provide technical guidance, strengthen services, and monitor FP integration during humanitarian emergencies.

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

GBV Area of Responsibility (AoR)

In September, 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

- **6,180** survivors and individuals at risk accessed specialized GBV services, including case management, PSS, and safe referrals.
- **6,030** women and girls received dignity kits, accompanied by information on menstrual hygiene, GBV, and SRH.
- **7,570** individuals participated in recreational and group activities at WGSSs, fostering healing, empowerment, and social reintegration.
- **28** service centres delivered GBV services, with **6** rehabilitated to enhance privacy, safety, and overall quality of care.

Advocacy and Community Engagement

- **41,725** individuals were reached through community-based awareness sessions on GBV prevention, risk mitigation, available services, and safe referral pathways. These activities contributed to increased knowledge, reduced stigma, and encouraged early help-seeking.
- **59** Community-based protection networks (CBPNs) were supported, reinforcing local mechanisms for identification, referral, and awareness raising.

Capacity Strengthening and Economic Resilience

- **665** service providers and community actors were trained on GBV prevention, risk mitigation, response, and referral systems.
- **30** individuals received vocational training or start-up capital, improving their economic resilience and reducing exposure to negative coping strategies.

Field Mission – Northern State (Dongola)

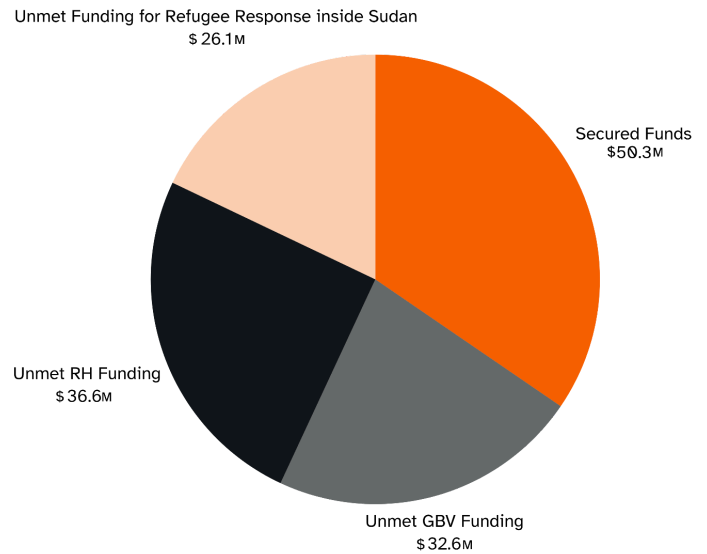
During a field visit to Northern State (Dongola), the GBV AoR team assessed WGSSs, health facilities, and community protection networks. The mission included safety audits and focus group discussions that revealed **serious protection risks and service gaps in transition centres and IDP sites**, including limited safe spaces, response capacities as well as under-resourced community networks. The visit also strengthened the subnational GBV AoR coordination role for Darfur-linked displacement and identified key priorities to improve access, quality, and inclusiveness of GBV services.

Together, these efforts continue to expand access to safe, survivor-centred GBV services, while reinforcing community systems and institutional capacities for sustained and effective protection outcomes.

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 35% of this funding has been provided, leaving a US\$95.4 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 European Commission, 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.



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.

“We kept working despite the hardships, the injustice, the fear, and the terror. But those challenges didn’t matter to us. What mattered was reaching our goal, because this profession is not for those who are afraid or willing to step back.” — Midwife Batoul, Al Dayat Hospital, Khartoum

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.

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