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UNITED NATIONS POPULATION FUND

# SITUATION REPORT

## Sudan

1 January to 28 February 2026

### Highlights

- As of 28 February 2026, more than 2.3 million people were displaced across Darfur, and close to 133,000 individuals were displaced from the Kordofan region between 25 October 2025 and 22 February 2026. The deteriorating security situation continues to severely limit access to essential services and humanitarian assistance, leaving affected populations with urgent and growing needs, particularly in hard-to-reach and conflict-affected areas.
- Despite significant access constraints, between January and February 2026, UNFPA and implementing partners reached over 25,000 people with sexual and reproductive health (SRH) services and more than 51,000 people with gender-based violence (GBV) services.
- In 2026, UNFPA requires US \$129.2 million to meet humanitarian needs in Sudan. To date, 25% of the funding has been received, leaving a funding gap of \$97.3 million.



**33.7 million**

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



**8.1 million**

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



**805,000**

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



**1 million**

Women and girls targeted with SRH services



**1.9 million**

People targeted with GBV programmes

<sup>1</sup> [2026 Humanitarian Needs and Response Plan \(HNRP\)](#)

<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

Nearly three years into the conflict, Sudan is experiencing the largest humanitarian crisis in the world. Tensions across Darfur and the Kordofan regions remain extremely high, with near-daily reports of drone strikes, aerial bombardments, and ongoing clashes between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) with civilians paying the highest price. The escalating violence across these areas has further restricted humanitarian access, forcing the suspension of aid movements in several locations.

Sudan now constitutes the biggest internal displacement crisis globally, with over nine million people displaced across all 18 states. The majority of those in displacement camps are women and children, many of whom have urgent unmet needs in healthcare, protection, and basic services. Living conditions are extremely challenging, with overcrowding, limited access to clean water, and inadequate sanitation, increasing the risk of disease outbreaks.

Health systems in conflict-affected areas are either overstretched or non-functional, leaving many without access to essential medical care, including skilled delivery assistance and emergency obstetric care services.

Protection risks are widespread, with an estimated 12.7 million people at risk of GBV, predominantly women and girls who face heightened exposure to exploitation, abuse, and insecurity. Addressing these challenges and responding to the needs requires sustained humanitarian support and improved and safe access to essential and life-saving services.

## UNFPA Response

### El Fasher

Following the seizure of El Fasher, the capital of North Darfur State, by RSF, displaced populations have primarily relocated to Tawila and Mellit in North Darfur, as well as Al Dabbah in Northern State.

Health services have been strengthened through 24/7 basic emergency obstetric and newborn care facilities in Mellit and Tawila. These facilities provide quality, life-saving care to prevent complications. During the reporting period, services provided included 346 birth deliveries and 2,642 health consultations. In addition, 20 roving midwives support outreach through referrals, health education, and community-based services.

In Tawila camp, UNFPA continues to expand protection services, providing women and girls with critical support, including cash and voucher assistance (CVA), dignity kits<sup>3</sup>, and GBV and SRH services. More than 2,600 women and girls have been reached through awareness sessions, psychosocial support (PSS), psychological first aid, and GBV case management.

In Al Dabbah, Northern State, UNFPA distributed 4,520 dignity kits and reached approximately 800 women and girls with psychosocial support, counselling, life skills and vocational training, recreational and social activities, as well as GBV awareness and risk mitigation services. Al Dabbah

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<sup>3</sup> A dignity kit consists of bath soap, shampoo, toothbrush, toothpaste, detergent/washing powder, comb, deodorant, disposable sanitary pads, towel, cloth fabric, torch/flashlight, whistle, cotton roll, anti-rash/skin protection cream, and a backpack/carry bag. The distribution of dignity kits also serves as a trusted entry point to connect women and girls with GBV support services, share vital information, and create safer pathways to care through spaces like WGSS.

Maternity Hospital was supported with capacity strengthening for comprehensive emergency obstetric and newborn care services through staffing and operational support, enabling the approximately 15% of pregnant women who experience obstetric complications to access emergency services. The UNFPA-supported health clinic in Al Afad Camp delivered essential services, including antenatal care, postnatal care, delivery services, and comprehensive family planning, reaching over 1,300 women and girls.



Additional interventions included the deployment of seven roving midwife teams, supervision and in-service training for 20 community midwives, clinical management of rape training for healthcare providers, and women requiring urgent obstetric care received CVA to enable timely access to health facilities.

UNFPA is appealing for US \$4.8 million to address humanitarian needs in El Fasher, including US \$2.88 million for SRH services and US \$1.92 million for GBV prevention and response activities. As of the end of February, 27% of the funding has been secured, with US \$3.5 million still needed for the response in El Fasher.

## Kordofan

The security and protection environment for civilians in the Kordofan region has severely deteriorated, with civilians facing increasing risks from ongoing military activities, including artillery shelling, drone attacks and airstrikes. Residential areas, commercial hubs, and other civilian infrastructure have not been spared. Incidents of violence against civilian populations were reported from Dilling, Jild, Umm Kereidim, and Abu Zaid.

The volatile context exacerbates pre-existing GBV vulnerabilities and creates new protection concerns for women and girls, including heightened risks of sexual exploitation and other forms of sexual violence. In response, UNFPA, with its implementing partners, continues to deliver protection and SRH services tailored to the needs of women and girls on the move and those impacted by the conflict.

In North Kordofan, UNFPA continues to support three major comprehensive emergency obstetric and newborn care (CEmONC) facilities in El Obeid, Al Rahad, and Um Rawaba hospitals, a state hosting more than 230,000 internally displaced people. The support includes the deployment of critical health personnel—such as doctors, midwives, nurses, and support staff—to sustain life-saving maternal and newborn health services. A total of 844 deliveries, including 472 normal deliveries and 372 caesarean sections, were recorded in the supported facilities. UNFPA has also provided infection prevention and control materials, life-saving delivery supplies, and essential consumables to ensure safe and quality care. To strengthen the broader emergency obstetric and neonatal care network, facilities have been equipped with essential equipment and inter-agency reproductive health (IARH) kits, enhancing the capacity of facilities to deliver integrated maternal health and

family planning services. In January, UNFPA also facilitated the delivery of essential maternal health medicines and family planning commodities to Kadugli and Al Dilling—two locations strained by on-going insecurity and isolation—improving the availability of SRH services.

UNFPA provided 4,000 dignity kits to women and adolescent girls, distributing 2,000 kits in South Kordofan (Abu Jebaiha locality) and 2,000 in North Kordofan (Shekan and Um Rawaba localities). These were delivered through six UNFPA-supported Women and Girls' Safe Spaces (WGSSs), which provide safe environments for life-saving GBV interventions, including individual and group mental health and psychosocial support (MHPSS), case management, timely referral and safe access to clinical management of rape (CMR) services, and empowerment activities. In addition, mobile health teams have been deployed to expand access to clinical management services for survivors of GBV, including sexual violence.

## Overall Response

### Sexual and Reproductive Health (SRH):

During the reporting period, UNFPA through its implementing partners delivered a comprehensive package of life-saving reproductive health services across Sudan, reaching an estimated total of 25,000 people.

**Maternal healthcare:** UNFPA supported over 3,600 women to access antenatal care, including 2,100 who completed four or more visits. A total of 1,039 normal deliveries were attended by skilled birth attendants, while 898 caesarean sections were facilitated through referral systems and supported facilities. In addition, 808 women received postnatal care, and 233 women were treated for post-pregnancy complications, ensuring continuity of essential maternal health services.

**SRH supplies:** UNFPA also strengthened the national health system by procuring nearly 750,000 units of life-saving reproductive health commodities for the Federal Ministry of Health (FMOH), along with 182 IARH kits containing medical supplies and equipment to support birth deliveries, provide clinical management for survivors of rape, and expand access to family planning. These supplies were distributed across 13 states and are expected to support the reproductive health needs of more than 115,000 people.

**Family planning:** Through the Task-Shifting initiative implemented across 18 primary healthcare centres (PHC) in seven states, 2,663 women received comprehensive family planning counselling and voluntarily accepted contraceptive services. Of these, more than 940 individuals were new users, representing a successful expansion of family planning access to previously underserved populations. UNFPA also procured over 111,500 units of family planning commodities for the FMOH to meet the reproductive health needs of more than 86,000 women.

**Referral systems:** Referral pathways for SRH remained intact to ensure access to specialized women's healthcare, with 59 reproductive health-related referrals and 297 non-reproductive health referrals, and 310 obstetric emergency cases managed and referred as needed. Community outreach was enhanced through the mobilization of community-based referral and protection networks, providing information, support, and referrals for women and adolescent girls in both rural and urban locations.

**Prevention of maternal to child transmission:** A total of 480 women received HIV testing and education during antenatal care services, while 138 individuals accessed screening and treatment for sexually transmitted and reproductive tract infections.

**Cash and voucher assistance:** A total of 177 pregnant women received cash assistance to support safe childbirth and manage obstetric complications through coverage for the cost of services and/or transportation to health facilities. In areas beyond coverage of UNFPA clinics, UNFPA established a performance based voucher system with existing facilities to ensure access to essential services that otherwise would be unaffordable for vulnerable pregnant women. This included 131 women for normal deliveries, 39 for caesarean sections, and seven for other pregnancy-related complications.

**Clinical management of rape:** To further strengthen service quality and response capacity, 25 healthcare providers in Red Sea State were trained on CMR, enhancing the availability of survivor-centred, life-saving clinical care.

**Integrated services:** Efforts to integrate GBV response services within SRH programming resulted in more than 1,500 individuals receiving GBV counselling. CMR services remained available and safely accessible in UNFPA-supported facilities, including through referrals from complementary services such as case management and psychosocial support. Among those receiving GBV counselling, five per cent were able to access CMR services following referral or disclosure at these service delivery points.

### Gender-Based Violence:

**Service delivery:** UNFPA reached 51,092 people through GBV services. Services focused primarily on MHPSS, including individual and group counselling, case management, and distribution of dignity kits and sanitary materials, with nearly 80% of services delivered to internally displaced persons. A total of 3,469 dignity kits were distributed to women and adolescent girls across Khartoum, River Nile, White Nile, Gedaref, and Kassala.

**Women and girls' safe spaces:** 88 WGSSs continued to receive support from UNFPA, including 24 temporary spaces established within displacement camps. These spaces recorded more than 70,000 visits by women. In addition, three adolescent girls groups (ages 14–19) with over 100 participants were established within the UNFPA-supported WGSSs in Golo, North Darfur—a model expected to be replicated across Darfur in 2026.

**Cash and Voucher Assistance (CVA):** 291 women and adolescent girls received cash assistance to support access to critical, life-saving services and address urgent protection needs. This included GBV survivors and women and girls at risk, with cash provided to access essential services, or as emergency assistance to mitigate GBV risks.

**Awareness raising activities:** Almost 22,000 people were reached with information on services and ways to access them, rights (including protection from sexual exploitation and abuse), as well as awareness on positive social norms that address the root-causes of GBV. These sessions were led by outreach workers skilled in safe identification and referrals. In addition, 2,015 persons engaged in activities focused on harmful norms such as female genital mutilation and child marriage.

**Community-based referral and protection networks:** CBPNs remain active, with nearly 1,200 members across Sudan. These networks play a vital role in disseminating information on GBV and health-related issues, including available services, referral pathways, and menstrual hygiene

management. By operating within their own communities, CBPNs help shift attitudes and strengthen prevention efforts, encouraging at-risk individuals to seek support, laying the foundation for sustained GBV risk reduction.

**Promoting women leadership in humanitarian action:** UNFPA initiated a project through the Women Peace and Humanitarian Fund aimed to strengthen the capabilities of Sudanese women-led organizations (WLOs). This initiative enables the nine participating WLOs to access UNFPA-supported funding and programming, while building their institutional, technical, and administrative capacities. Such engagement is crucial for promoting grassroots organization leadership and enabling the participation of women in designing locally contextualized responses to GBV in both emergency and non-emergency contexts.

**Capacity building on GBV:** UNFPA, through experts based in its four field offices, supports the capacity-building of frontline workers through on the job training, formal training on GBV case management, and audits of service delivery points to ensure their compliance with the global GBV Minimum Standards. In January, the case management training was delivered for the implementing partners in Blue Nile and Jazeera, and continued throughout February with coaching and support by UNFPA. In addition, 240 people were trained on GBV prevention, risk mitigation, and response services, representing a more than 55% increase compared to October 2025. This included 15 community members and non-GBV service providers, and 225 GBV service providers, including social workers and CBPN members.

## Results Snapshot January - February 2026



25,000

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



54

Health facilities supported,  
including 13 mobile clinics



51,092

People reached with GBV prevention,  
mitigation and response activities  
99% female, 1% male



88

Safe spaces for women and girls  
supported



5,766

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



468

People reached with cash and  
voucher assistance to boost  
GBV and SRH outcomes  
100% female



182

IARH kits were provided to service  
delivery points to meet the needs  
of approximately 25,000 people<sup>4</sup>

<sup>4</sup> They helped equip 28 health facilities and supported 130 midwives.

## Coordination Mechanisms

**SRH Technical Working Group:** In January, SRH coordination continued across four operational humanitarian hubs—Al Fasher (Western Hub), Kassala (Eastern Hub), Kosti (Central Hub), and Khartoum—strengthening subnational coordination, aligning SRH interventions, and maintaining effective information flow among implementing partners. In February, the SRH Technical Working Group (TWG) operationalized a standardized partner registration process through a centralized platform, enabling partners to update organizational profiles at both national and subnational levels to support. This system supports improved partner mapping, stronger communication, and better alignment within the reporting framework. The TWG continues to provide targeted technical support to partners ensuring timely, harmonized, and consistent reporting, strengthening the tracking of SRH interventions across all operational hubs.

**Hepatitis E response:** The SRH TWG, under the Health Cluster, also supported the coordination of the Hepatitis E outbreak response. This included comprehensive partner mapping to identify actors operating in affected areas, assessment of service delivery capacities, and identification of critical gaps in both prevention and response. A set of prioritised activities were developed and shared with the Health Cluster for follow up and strengthened coordinated interventions along with enhanced outbreak control efforts. Hepatitis E prevention and response is being integrated within existing SRH services, particularly targeting pregnant women who are at heightened risk of severe complications and death, with maternal mortality rates in the third trimester of pregnancy ranging from 20-30%. The response includes strengthening infection prevention and control measures at health facilities, ensuring availability of essential supplies, enhancing community awareness on hygiene practices, and improving early detection and referral systems. Coordination efforts aim to align water, sanitation and hygiene interventions with health services to reduce transmission risks, while maintaining continuity of life-saving SRH services.

**GBV Area of Responsibility (AoR):** In 2026, an estimated 12.7 million people in Sudan are in need of GBV prevention and response services, with 2.02 million targeted for assistance under the Humanitarian Needs and Response Plan (HNRP). Between January and February 2026, 51 GBV AoR partners scaled up life-saving interventions across the country, focusing on service delivery, community engagement, and capacity strengthening. Despite these efforts, underreporting and access constraints continue to limit the full visibility of the response in several areas. Overall, partners reached nearly 161,000 individuals across 18 states and 75 localities, including more than 3,300 persons with disabilities. GBV AoR, in support of ensuring quality of GBV response services published the updated [GBV Standard Operating Procedures](#); Guidance on [Safe Referrals for GBV Survivors](#); and a [GBV Crisis Overview and Response Priorities](#) of the GBV AoR.

**Life-saving GBV services:** More than 52,000 persons at risk of GBV received PSS, with over 26,700 receiving individual PSS and approximately 25,300 women and girls participating in group PSS and recreational activities. Specialized GBV case management ensured survivor-centered support and safe referrals as per the need, while promoting overall wellbeing and social cohesion. Partners also distributed more than 5,700 dignity kits, accompanied by information on menstrual hygiene management, GBV risk mitigation, and SRH. Furthermore, 445 individuals received legal assistance to support access to justice and available protection mechanisms.

**Advocacy and community engagement:** The GBV AoR continued to advocate for the prioritization of GBV response in global and regional coordination and humanitarian policy discussions, including engagement with the Designated Expert on Human Rights in Sudan. These efforts highlighted the

increased risks faced by women and girls and emphasised the need to sustain and scale up survivor-centred GBV services amid ongoing conflict and displacement. At the community level, GBV prevention and risk mitigation activities reached almost 75,000 individuals through awareness sessions on prevention, available services, referral pathways, and risk reduction measures. Of those reached 49% were women, 35% girls, 9% boys and 7% men, ensuring a focus on those most at risk. Outreach was conducted through community networks, outreach teams, and WLOs, maintaining engagement despite conflict and displacement challenges.

**Capacity strengthening and economic resilience:** To strengthen the quality and sustainability of GBV response, 808 GBV service providers were trained on prevention, response, and referral systems, while 773 non-GBV service providers received training on GBV risk mitigation and safe referral pathways to enhance cross-sectoral integration. In addition, partners provided cash and voucher assistance to 465 individuals to help address immediate protection risks and mitigate negative coping mechanisms.

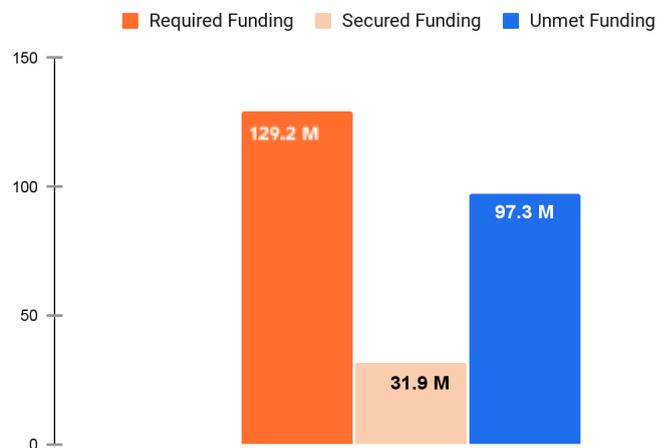
## Funding Status

In 2026, UNFPA is appealing for US\$129.2 million to respond to critical SRH and GBV needs in Sudan. To date, around 25% of this funding has been received, leaving a funding gap of US\$97.3 million. This includes:

- \$41.7 million unmet funding for SRH
- \$42.7 million unmet funding for GBV
- \$12.7 million unmet funding for refugee response inside Sudan.

UNFPA continues to call for urgent financial support to address the growing needs of women and girls across the country.

UNFPA is deeply grateful to our donors, whose financial support and advocacy make it possible to provide vital assistance in 2026.



**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

Canada, CERF, Denmark, the EU, The Global Fund, Japan, Norway, Sudan Humanitarian Fund, Sweden, United Kingdom, UN Action Against Sexual Violence in Conflict MPTF, Women's Peace and Humanitarian Fund, UNFPA Humanitarian Thematic Fund and Emergency Fund.

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