









# Situation Report #19

## 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:	Apr 29, 2025
Covering Period:	Jan 1, 2025 to Mar 31, 2025
Contact Persons:	Ms. Argentina Matavel Piccin, UNFPA Sudan Representative ad interim, email: <a href="mailto:amatavel@unfpa.org">amatavel@unfpa.org</a> - mobile: +249 91 230 7004 / +351 91277 4038 Mr. Bruno Husquinet, Humanitarian Coordinator, email: <a href="mailto:husquinet@unfpa.org">husquinet@unfpa.org</a> - mobile: +249 12 316 2648 Mr. Sufian Abdulmouty, Communication Specialist <a href="mailto:abdul-mouty@unfpa.org">abdul-mouty@unfpa.org</a> - mobile: +249 99 773 0447

## Key Figures

 <b>50 million</b> Population of Sudan	 <b>30.4 million</b> People in need of assistance in 2025 <sup>1</sup>	 <b>11.4 million</b> Internally displaced people, including 8.6 million newly displaced since 15 April 2023 <sup>2</sup>	 <b>2.7 million</b> Internally displaced women and girls of reproductive age <sup>3</sup>	 <b>270,000</b> Internally displaced pregnant women. Approx. <b>92,000</b> expected to give birth in the next 90 days <sup>3</sup>	 <b>12.1 million</b> People at risk of gender-based violence
---	---	---	--	---	---

## Highlights

- UNFPA and implementing partners are providing maternal health and services to prevent and respond to gender-based violence (GBV) in all 18 states of the country, including through 97 mobile health teams. UNFPA is also supporting the rehabilitation of health facilities and has deployed 365 health workers to health facilities.
- An estimated 1.75 million women and girls of reproductive age require urgent sexual and reproductive health (SRH) services.

<sup>1</sup> [Humanitarian Action Sudan Humanitarian Needs and Response Plan 2025](#)

<sup>2</sup> [IOM, DTM Sudan Mobility Update, March 2025](#)

<sup>3</sup> Estimated figures are based on the Minimum Initial Services Package for Sexual and Reproductive Health in Humanitarian Settings (MISP) calculator.

- Emergency obstetric care (EmONC) and SRH services have been expanded in multiple states, including White Nile, Jezira and Khartoum, but are still severely limited, particularly in rural and remote areas. Access challenges persist in Darfur. There are also shortages of essential supplies and medical equipment, and a lack of trained midwives, obstetricians and emergency obstetric care providers.

## Situation Overview

- **Sudan is now the world's largest internal displacement crisis.** Approximately [11.4 million](#) people are displaced across the country. Around 3 million people have fled to neighbouring countries, including the Central African Republic, Chad, Egypt, Ethiopia, South Sudan, and Uganda.
- **Gender-based violence:** Conflict-related sexual violence is rising sharply, with an estimated 12.1 million people at risk.
- **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). Food insecurity and malnutrition, particularly in Zamzam internally displaced persons camp, North Darfur, have worsened due to access restrictions and conflict. Around 755,000 people are facing catastrophic levels of hunger (IPC 5). This will increase the risk of death, poor pregnancy outcomes, weak immune systems, and long-term health problems for both mothers and children.



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 March 2025, UNFPA delivered critical SRH services across all states of Sudan, supporting EmONC facilities, deploying mobile clinics, distributing essential medical supplies, building the capacity of health staff, rehabilitating damaged health infrastructure, and strengthening referral systems.
- UNFPA distributed reproductive health kits and routine supplies, reaching more than 1.5 million women and girls with essential SRH commodities.
- Over 180,000 individuals were reached through 124 UNFPA-supported health facilities and mobile clinics. However, due to funding constraints, the number of supported service delivery points has since been reduced to 25, including 6 mobile clinics, that continue to deliver life-saving services in underserved areas.
- 20 community-based referral mechanisms were strengthened and facilitated 117 obstetric emergency referrals—helping to ensure timely and safe access to specialized care.
- To improve access to SRH services, 58 women received cash and voucher assistance (CVA) to support safe births, including EmONC.
- A total of 173 healthcare providers received training on the clinical management of rape (CMR), including 12 people who were certified as national CMR trainers. In addition, 25 medical assistants were trained in long-acting family planning methods; 60 healthcare providers received instruction in infection prevention and control; and 51 midwives completed comprehensive, skills-based training and were equipped with updated midwifery kits to support pregnant women/safe births in communities.

- Several facilities that were out of action have been rehabilitated and solar panels have been installed, restoring access to EmONC services. One recently rehabilitated hospital has already supported 784 safe deliveries and successfully managed 49 obstetric complications since its reopening.

## GENDER-BASED VIOLENCE

- From January to 15 March, 62,150 people were reached through various GBV interventions across multiple states of Sudan. Activities included awareness-raising, the provision of specialized GBV services, distribution of dignity kits, vocational training, and social activities.
- **Women and girls' safe spaces (WGSS):** UNFPA is currently supporting 63 WGSSs that provide essential GBV prevention and response services across Blue Nile, Central Darfur, Gedaref, Kassala, Northern State, River Nile, East Darfur, West Darfur, South Darfur, South Kordofan, Khartoum, White Nile, and Sennar. Since January 2025, more than 27,000 women and girls have visited the WGSSs and received GBV-related services.
- **Awareness-raising sessions:** During the reporting period, 39 awareness-raising campaigns were conducted on GBV and available services, reaching over 42,300 individuals—including women, men, girls, and boys—across 12 states. Awareness-raising sessions were also conducted at women and girls' safe spaces (WGSS).
- **Dignity kits distribution:** Over 18,650 women and girls across eight states received dignity kits, containing basic hygiene items, while nearly 25,000 individuals received sanitary pads (30 each). Dignity kits were also distributed at the confidential corner of Kosti Hospital, White Nile state.
- **Capacity-building initiatives:** A total of 434 women and men received training on GBV prevention, risk mitigation and response, including in Gedaref, Sennar, Blue Nile, West Darfur, White Nile, North Darfur, and River Nile.
- **Specialized GBV services:** More than 1,100 individuals accessed specialized GBV services in 11 states, including essential health services, psychological first aid, psychosocial support—through individual case management and group sessions—and social activities.
- **Life skills training and economic empowerment:** Over 7,750 individuals participated in life skills training and recreational activities across six states: Kassala, Gedaref, Sennar, West Darfur, White Nile, and East Darfur. Activities included coffee sessions<sup>4</sup>, adolescent clubs, sports sessions, language classes, and life skills training. Additionally, women received training in food processing to support economic empowerment.
- **Community-based protection networks:** As of March, 59 networks are operating across 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 session for 50 humanitarian actors in Port Sudan on the Inter-Agency Standard Operating Procedure for PSEA, the Information Sharing Protocol, and the Reporting of SEA Allegations. Additionally, UNFPA and the PSEA Network Strategic Advisory Group (SAG) held a two-day PSEA orientation training in Port Sudan, targeting 35 humanitarian workers from various NGOs, INGOs, UN agencies, and government bodies. UNFPA also conducted a separate PSEA orientation session for 40 humanitarian workers from NGOs and INGOs operating in North Darfur State. To strengthen the implementation of the UN Victim Assistance Protocol, UNFPA and the PSEA Network SAG organized a three-day training in Port Sudan for 25 GBV case managers and case workers from seven states. The training aimed to enhance participants' capacity to manage SEA cases, facilitate appropriate referrals, and ensure that survivors have access to essential services in line with international standards, particularly the UN Victim Assistance Protocol.

<sup>4</sup> A coffee session is a group of women gathering confidentially at the UNFPA WGSS to prepare and drink coffee and engage in discussions on topics relevant to them.

## Results Snapshots (2024)



**180,000**  
People reached with **SRH and other medical services**. 77% female, 23% male







**124**  
Health facilities supported by UNFPA<sup>5</sup>



**258,000**  
People reached through **GBV prevention, mitigation, and response activities**  
90% female, 10% male



**63**  
**Safe spaces** for women and girls supported

	698	<b>Interagency reproductive health kits (IARH)</b> provided to 129 service delivery points enabled 76,918 people to access family planning, normal deliveries, C-sections, STI treatment, clinical management of rape, and safe blood transfusion services. <sup>6</sup>
	8,000	Safe births supported
	3,100	Obstetric emergencies referred to hospitals
	3,034	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 15 March 2025, the GBV AoR strengthened prevention and response activities. Interventions were implemented by 14 GBV AoR members across multiple 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 enhance GBV response capacity. Training in Khartoum and Northern State focused on engaging persons with disabilities (PWD) in GBV programming, while two GBV safety audit sessions were conducted for AoR members. Community-Based Protection Network (CBPN) leaders were provided with GBV Pocket Guidelines to enhance survivor support.
- Technical support included reviewing Sudan Humanitarian Fund proposals in South Darfur to integrate GBV across sectors and developing a strategic document on the Emergency Service Package to prioritize life-

<sup>5</sup> At the time of reporting, support is being provided to 25 health facilities, including mobile and temporary clinics.

<sup>6</sup> 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.

saving interventions amid funding gaps. GBV referral pathways were strengthened in White Nile, and 25 humanitarian actors participated in a protection and referral workshop in Port Sudan to reinforce survivor-centred approaches.

- **Assessments and joint missions:** A coordinated interagency assessment was carried out in Shandi locality, River Nile State, to evaluate GBV needs and response mechanisms in place. Safety audits were conducted in 11 localities across five states. The safety audit in Tawila Camp, North Darfur, was also completed. These assessments provided critical data for improving GBV prevention and response, ensuring that programmes meet the needs of affected populations.
- **GBV risk mitigation within famine prevention:** The GBV AoR continues to strengthen the established GBV Risk Mitigation Task Force across various states. This is achieved through capacity-building sessions and the development and deployment of questionnaires to support safety audits in areas impacted by famine (IPC 5). The task force maintains ongoing coordination with non-GBV actors, particularly members of the Food Security, Livelihoods and Nutrition Working Groups at the state level, to ensure the effective implementation of GBV risk mitigation measures at both the state and local levels. On 23 March 2025, the working group endorsed the Gadarif GBV Risk Mitigation Strategy, which now requires the inclusion of two key components: the definition of roles and responsibilities for all partners and the establishment of a resource budget to support the strategy's implementation.

## Sexual and Reproductive Health:

As the chair of the National SRH Working Group under the Health Cluster, UNFPA convened a hybrid SRH Working Group meeting on 4 March 2025, in Port Sudan.

### Key Technical Discussions:

- **Maternal Death Surveillance and Response (MDSR) and EmONC Mapping:** Recent updates highlight ongoing underreporting of maternal deaths, particularly at the community level, and persistent gaps in EmONC. Although a significant proportion of EmONC facilities were classified as technically functional (82% for Basic EmONC and 79% for Comprehensive EmONC), critical shortages in trained personnel, medical supplies, and emergency transport continue to hinder effective service delivery.
- **Clinical Management of Rape (CMR):** An assessment conducted in Q4 2024 indicated that many CMR service points remain non-functional or only partially functional due to a lack of trained personnel, insufficient supplies, and inadequate infrastructure for safe, confidential corners. The assessment has enabled implementing partners managing these facilities to begin to identify and address critical gaps, and will help guide targeted follow-up actions and support planning for improved service delivery.
- **Cash and Voucher Assistance (CVA):** Partners shared positive outcomes from CVA pilots that expanded access to skilled birth attendance. However, concerns were raised about overlapping interventions and potential misuse, such as non-medically indicated C-sections. Recommendations included coordinated targeting, service mapping, and multiple delivery modalities to ensure safe and equitable access.
- **High Caesarean Section Rates:** Rising rates of caesarean sections were flagged, with partners pointing to a combination of clinical limitations and incentive structures. Although CEmONC facilities are fully equipped to manage normal deliveries, there is a noticeable shift toward elective caesareans—driven less by gaps in clinical capacity and more by the limited incentives and support for the time-intensive, patient-centred care that normal labour management requires. The need for quality audits and stronger promotion of midwife-led deliveries was emphasized to curb unnecessary surgical interventions.

**Subnational Coordination:** At the sub-national level, all designated SRH Working Groups under the humanitarian response are now fully operational covering all 18 states. State-level service mapping was reviewed to identify key service delivery gaps and priority areas requiring targeted support.



## Funding Status

In 2025, UNFPA is appealing for \$145.7 million to respond to the 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 key donors, whose financial support and advocacy has made it possible to provide vital assistance to women and girls.

