

# UNFPA Sudan 2024

## Annual Report



**2.7+ MILLION**

women and girls of reproductive age,  
including nearly 272,000 pregnant women

**1+ MILLION**

Pregnant and breastfeeding women are  
acutely malnourished.

**12.4+ MILLION**

people have been displaced





## EXECUTIVE SUMMARY:

The ongoing war in Sudan, which began on April 15, 2023, has caused an unprecedented humanitarian crisis, displacing approximately 12.4 million people. This includes 3.3 million refugees who have fled to neighboring countries and 8.7 million internally displaced within Sudan. Among the displaced are 2.7 million women and girls of reproductive age, including nearly 272,000 pregnant women, with an estimated 91,000 childbirths expected in the next three months. The conflict has left 20.3 million people in urgent need of healthcare, with pregnant and breastfeeding women facing life-threatening risks due to acute malnutrition and limited access to critical sexual and reproductive health (SRH) services.

Gender-based violence (GBV) has become a horrific hallmark of the crisis, putting 12 million people at risk of various forms of violence, including sexual violence, child marriage, and exploitation. Hospitals in conflict-affected areas are overwhelmed, with 80% rendered nonfunctional due to destruction and resource shortages. In this dire situation, UNFPA remains the primary agency providing lifesaving SRH and GBV services. With five offices and a network of implementing partners (IPs) and GBV actors, UNFPA has scaled up its response across all 18 states of Sudan and is ready to scale-up further.

## KEY INTERVENTIONS IN 2024 INCLUDED:

**SRH Services:** 180,000 individuals accessed medical care, 1 million people reached with emergency RH supplies, and 71 mobile clinics served remote areas with 160,000 consultations. Solarization of 19 health facilities ensured uninterrupted power for critical maternal and newborn care. UNFPA also trained midwives, supported 20 emergency obstetric care facilities, and reached 605,000 people with family planning methods, preventing maternal deaths and empowering women with reproductive choices.

**GBV Prevention and Response:** Over 397,000 individuals received GBV prevention and response services, 64 Women and Girls Safe Spaces supported over 100,000 women, and 3,200 frontline workers were trained in GBV minimum standards, case management, psychosocial support, referral pathways and GBV in Emergencies. Additionally, 66,300 dignity kits were distributed to displaced women and girls. Also, UNFPA has successfully expanded the use of sectoral Cash and Voucher Assistance, establishing it as a vital tool to address immediate needs, facilitate referrals, and enhance access to critical services.

In such a complex operational environment, UNFPA leverages its pre-existing network of local organizations, including women-led organizations (WLO), to deliver services across the country. UNFPA is committed to strengthening WLO capacity including their growth into leadership roles. UNFPA also co-chairs the GBV Area of Responsibility (AoR). In 2024, the AoR reached 225,000 individuals with GBV prevention and response services.

***In 2025, UNFPA is appealing for \$145.7 million to address the SRH and GBV response needs of internally displaced persons, refugees within Sudan, and other vulnerable groups. Yet, the current funding gap of \$126.8 million threatens the scale and sustainability of critical programs in 2025. Immediate funding is crucial to reach 2 million people, with \$56.65 million needed to combat surging GBV and \$63 million required to support maternal health interventions for 900,000 women and girls.***



## UNFPA HUMANITARIAN FUNDING APPEAL FOR SUDAN 2025\*

UNFPA Sudan Appeal – HNRP 2025	Protection - GBV	Health -SRH	Refugee Response in Sudan	Total
Funding Required	\$56,640,000	\$63,000,000	\$26,131,994	<b>\$145,771,994</b>
2025 Available Funding:	\$12,398,478	\$6,528,030	\$0	<b>\$18,926,508</b>
Funding Gap	\$44,241,522	\$56,471,970	\$26,131,994	<b>\$126,845,486</b>

For 2025, UNFPA Sudan is appealing for US\$145.7 million to address GBV and SRH, including for refugees. To date, UNFPA has received approximately 13% of funding needs. Rolled-over funds and secured funds in the hard pipeline amount to \$18.9 million, leaving a \$126.8 million funding gap which threatens the scale and sustainability of critical programmes. UNFPA continues to call for urgent financial support to address the growing needs of women and girls and uphold their health, rights, and dignity amid Sudan’s escalating crisis.

The escalation of conflict has drastically worsened GBV, with 12.1 million people requiring prevention and response services in 2025 - a sharp increase from 6.9 million in 2024. UNFPA requires US\$56.65 million to deliver lifesaving GBV prevention and response interventions for 2 million people.

Sudan is already in a health crisis, with 20.3 million people in need of urgent support. UNFPA seeks US\$63 million to provide 900,000 women and girls with life-saving SRH interventions, including maternal health care.

With nearly 1 million refugees inside Sudan, UNFPA is appealing for US\$26.1 million to provide lifesaving maternal health care and GBV prevention and response services to over 200,000 South Sudanese and Ethiopian refugees, asylum seekers, and vulnerable host communities across 14 states.

## IMPACT ON WOMEN AND GIRLS

The war in Sudan continues to have a devastating impact on millions. Since April 2023, approximately 12.4 million people have been displaced, including 3.3 million who have fled to neighbouring countries and over 8.7 million internally displaced within Sudan. Among those affected are 2.7 million women and girls of reproductive age, including nearly 272,000 pregnant women, of which an estimated 91,000 childbirths are anticipated in the next three months.

**1+ MILLION**  
**One million pregnant and breastfeeding women are acutely malnourished.**

Over half the population in Sudan are facing acute food insecurity due to conflict, economic instability, and soaring food prices - the worst levels ever recorded in the country. Disturbing reports indicate that in Darfur, Khartoum and Kordofan one million pregnant and breastfeeding women are acutely malnourished. The number of children under five and pregnant and breastfeeding women experiencing severe malnutrition is expected to rise in 2025, increasing the risk of death, poor pregnancy outcomes, weak immune systems, and long-term health problems for both mothers and children.

Access to essential SRH services is rapidly declining, putting pregnant and breastfeeding women at heightened risk of life-threatening complications. Hospitals are overwhelmed and struggling to meet growing demand, while resource shortages further limit the availability of care. In 2024, 82 verified attacks on health care facilities killed 200 people. Around 80 percent of hospitals in conflict-affected areas are no longer operational due to destruction, supply shortages and staff displacement. As a result, many pregnant women have limited or no access to critical care.

GBV has become a horrific hallmark of the ongoing crisis in Sudan. Reports detail incidents of rape, enslavement, and murder, while young girls are forced into marriage under the guise of protection. Economic desperation coupled with displacement has driven families to marry off their underage daughters as a last resort. Inadequate systems and protection services resulting from limited funding and access have only exacerbated trauma and heightened women and girls' exposure to GBV, fostering an environment of fear. In 2024, **there was a 400% increase in the provision of these services, including case management, psychosocial support (PSS), health services, and legal advice.**

**Humanitarian access limitations exacerbate these challenges, impacting medical care, maternal health, and the supply of menstrual hygiene products. Violence prevents humanitarian workers from reaching the hardest-hit communities. As a result, many families are left without access to health and protection services that are critical for their survival.**

The humanitarian crisis in Sudan requires urgent attention and funding to enable comprehensive response measures. A multidisciplinary approach that integrates healthcare, protection, and nutrition is critical to addressing the effects of conflict on pregnant women and tackling the root causes of GBV. Under OCHA's coordination, cluster leads have outlined concrete actions to address these challenges early in 2025. Immediate funding and coordinated efforts are vital to alleviating suffering and upholding the rights of those affected by the crisis.

**1+ MILL**





UNFPA Sudan Appeal – HNRP 2025	Cluster		
	Protection - GBV	Health	Refugee Response
People in Need (PIN)	12 M	20.3 M	1M
Cluster Target	3.2 M	9.4 M	1M
UNFPA Target	2 M	0.9 M	0.2 M

### UNFPA'S HEALTH AND PROTECTION RESPONSE:

Despite the challenging circumstances, UNFPA and its partners, including many local and women-led organizations, are steadfast in our efforts to meet the SRH and GBV protection needs of conflict-affected, displaced and refugee women and girls across Sudan. The figures below provide an overview of **UNFPA's key direct interventions in Sudan in 2024:**



**180,000**

People received sexual and reproductive health and other medical services.



**3,100**

Partners and community members trained in the prevention of sexual exploitation and abuse (PSEA)



**7000**

UNFPA supported safe births



**71**

mobile and temporary clinics deployed in 16 states to deliver integrated SRH and GBV services.



**300**

Healthcare providers trained in the clinical management of rape across nine states.



**22**

health facilities supported through renovations, solarization, staff deployment, and generator fuel supply.



**379,000**

Individuals received GBV prevention and response services, including vocational training, psychosocial support (PSS), case management, and referral to other specialized services.



**64**

Women and Girls Safe spaces established in **13 states**



**66,500**

women and girls received dignity kits.



**1,000,000**

People reached with emergency reproductive health supplies through mobile clinics and health facilities, encompassing a range of critical types of supplies, including life-saving medications and various family planning methods. Additionally, the (IARH) kits have been provided, which support a wide spectrum of services. These services include the management of normal deliveries, Cesarean sections, and obstetric complications, as well as the treatment of sexually transmitted infections (STIs) and post-rape care.

## SUPPORT FACILITY READINESS FOR EMONC SYSTEM IN SUDAN

Health clinics and hospitals across Sudan are struggling with frequent and prolonged power cuts, severely impacting medical care. The lack of electricity has forced hospitals to rely on external blood banks, with requests taking anywhere between several hours to days to fulfill. Incubators for newborn babies have also been affected, with parents unwilling to place their child in a machine that could switch-off at any moment. Moreover, life-saving medicines and supplies could not be stored in refrigerators for long periods of time.

To address this, UNFPA has launched an essential initiative to solarize hospitals across the country, ensuring uninterrupted availability of emergency obstetric and newborn services care. In 2024, UNFPA installed 19 solar power systems in EmONC facilities and 6 primary health care units across Sudan. The solar systems enable all health facilities to continue operating with 24/7 renewably-powered electricity, focusing on the maternity ward, operation rooms, blood bank refrigerators, incubators, medicine storage rooms and administration offices.

This past year UNFPA also supported the functionality of 20 EmONC facilities through rehabilitation, provision of fuel, deployment of health providers, provision of Infection, Prevention and Control (IPC) supplies along with other life-saving supplies and equipment.

Through these and other initiatives, 1,316,650 pregnant women have been provided with life-saving medicines since the outbreak of the war in April 2023.

“There's only one functioning maternal hospital left in Khartoum, It's incredibly dangerous to move around the city – one of our neighbours died on her way to the hospital

*Esraa, a 32 year old woman from Khartoum.*

“These women would be left without medical care if the centre remained out of service”

*Dr. Khalid, health care provider in West Darfur.*



UNFPA has operationalized 71 mobile health teams across 16 states in Sudan. A remarkable 160,000 consultations were conducted, underlining the clinics' essential role in Sudan's healthcare landscape.

Each mobile health team is staffed with a medical doctor/assistant, pharmacist, laboratory technician, counseling psychologist, health promoter and midwives. The collaboration between medical professionals and service providers ensures that the clinics are well-equipped to meet the diverse primary healthcare needs of the Sudanese population affected by conflict and displacement.

In light of continuous conflict and displacement, UNFPA's mobile clinics are a pivotal component of the current healthcare infrastructure, addressing the pressing demand for medical services among isolated and marginalized communities, and subsequently bringing hope and healthcare to the hardest-to-reach areas.

“After I give birth, I worry about the cold weather and not having a proper place to put my baby. We don't have a home – we sleep on the floor. A mobile clinic visited us, examined me, and performed an ultrasound. They treated me kindly. I needed pills for jaundice, which they didn't have at the time, but they went to the city and brought them back for me”

***Mother-of-four Sabreen Abdulrahman left her home in Khartoum and has been displaced multiple times on her way to Gedaref – a journey that would take days to complete, all of it on foot.***

“I reached far-away areas and connected with people I had not been able to reach before. It was a great morale boost for them to know there are organizations that care about them and are not leaving them behind.”

***Dr Mohamed Nahat, mobile team coordinator in Khartoum.***



# SUPPLIES

## SUPPLIES

UNFPA is the largest supplier of reproductive health commodities, including for clinical management of rape (CMR), globally. The ongoing conflict in Sudan has significantly disrupted the supply chain, critically impacting the availability of essential health and protection services. UNFPA is actively responding to these challenges, prioritizing the provision of necessary supplies to ensure the continuation of SRH services and support for GBV survivors.

In 2024, UNFPA provided 66,300 Dignity Kits critical to maintaining hygiene and dignity for displaced women and girls across Sudan. These kits contain menstrual pads, soap, underwear and other essential items. At the distribution sites of the Dignity Kits, awareness-raising sessions are held for women on topics such as menstrual hygiene, available GBV services and other ways to seek help. Distributions constitute an essential entry to reach out to survivors.

In addition, 548 Inter-Agency Reproductive Health (IARH) Kits were distributed across the country to meet the needs of more than 65,841 affected people with life saving SRH services including normal deliveries, C-sections and management of obstetric complications, in addition to STIs management and post rape treatment.

Name of IARH kit	Kits Procured	Number of people supported IARH kits (Estimated number)
Clean Delivery	167	33,400
Treatment of Sexually Transmitted Infections	40	13,000
Rape Treatment	92	3,496
Clinical Delivery Assistance - Midwifery Supplies: Drug & Disposable Equipment	102	4,590
Management of Complications of Miscarriage	20	1,200
Suture of Tears (Cervical & Vaginal) and Vaginal Examination	51	2,295
Obstetric Surgery and Severe Obstetric Complications: Drugs & Disposable Equipment	52	5,460
Blood Transfusion	24	2,400
Total	548	65,841

**548**

(IARH) KITS WERE DISTRIBUTED ACROSS THE COUNTRY

**167**

CLEAN DELIVERY KITS PROCURED





SUPPLIES

**605,120**

**FAMILY PLANNING  
COMMODITIES**

UNFPA continues to support voluntary family planning by providing 605,120 family planning commodities, ensuring access to contraceptives and comprehensive education. This support is particularly critical in crisis and famine situations, where women may prefer to delay pregnancies. These efforts reinforce women’s empowerment and their right to make informed choices.

To address Sudan’s escalating healthcare crisis, UNFPA procured more than 1,105,000 units of Oxytocin, a crucial medication for managing obstetric hemorrhage and ensuring safe childbirth.

UNFPA has not only provided general medical support but also tailored its response to the specific needs of survivors of sexual violence, distributing post-rape treatment supplies estimated to support 3,500 survivors. Additionally, in its efforts to mitigate the spread of Sexually Transmitted Infections (STIs) among affected populations, UNFPA provided 13,000 supplies for management of STIs to safeguard the reproductive health of people in Sudan.

Despite logistical and access challenges, UNFPA has effectively navigated these obstacles through collaboration with inter-agency coordination focal points, ensuring the efficient movement and storage of supplies. This collaborative approach, coupled with online training for health managers and strategic partnerships, has been pivotal in enhancing the delivery of life-saving services and facilitating access to affected areas.

**1,105,000**

**UNITS OF OXYTOCIN**







## CASH AND VOUCHER ASSISTANCE (CVA)

In 2024, UNFPA Sudan's CVA interventions supported 8,435 vulnerable individuals. A total of 7,369 individuals benefited from GBV interventions, including 367 through case management, 6,268 internally displaced persons (IDPs) who were provided with menstrual hygiene items, and 734 women and girls at risk who received emergency cash for protection. Furthermore, 1,066 individuals accessed SRH services through CVA, which facilitated 408 normal deliveries, 559 C-sections, and addressed 99 medical complications. These interventions have significantly enhanced access to critical services, improving protection and maternal health outcomes across conflict-affected areas in Sudan.

To ensure program quality, compliance, and to deepen the understanding of CVA among UNFPA staff and partners, 13 capacity-building sessions were conducted using a combination of in-person and online training methods. A strong emphasis on localization further empowered national-level actors, ensuring sustainable and effective implementation.

This initiative provides emergency individual cash for protection to mitigate GBV-related risks, cash support under case management to help survivors access essential services, and cash/vouchers for menstrual hygiene items for women and girls. Additionally, it offers financial assistance for safe deliveries and medical complications under SRH programming.

Implemented across eight states, including five in Darfur, and in collaboration with six national and international partners, the program ensures efficient delivery and meaningful impact.



# #Midwives Save Lives

In 2024 UNFPA deployed 95 midwives to rural and remote areas. With 70–80% of health facilities in conflict-affected areas either inaccessible or nonfunctional, access to healthcare is severely limited and the conditions for pregnant women are among the most precarious in the world. Community midwives and skilled birth attendants trained by UNFPA are supporting pregnant women with clean delivery kits to give birth in the safety of their homes.

Many women throughout Sudan rely on midwives during and after pregnancy, yet their role is often overlooked. The critical role of midwives goes beyond delivering babies; They also provide prenatal and postnatal consultations, counseling, and referrals as needed, offer psychological support, and deliver essential health messages to help mothers maintain their well-being and adopt healthy practices for raising their children. UNFPA is investing in midwives' education and training as recognition of the key role of midwives in reducing maternal mortality and morbidity in humanitarian settings.

To strengthen the capacity of the midwives, UNFPA has supplied 167 clean delivery kits, meeting the needs of 33,400 pregnant women, particularly in hard-to-reach-areas.

“I delivered four women on our way here,” she told UNFPA. “I delivered them in the bush, with only very basic sterilization – I had nothing but water and soap”

*Midwife Awatef was also forced to flee Aj Jazirah and is now in a displacement camp in Gedaref*

“One woman suffering from pregnancy complications had to be carried on a donkey cart for 10 kilometers”

*Zainab, a midwife working with a UNFPA mobile team in Aj Jazeera State. With Zainab's help, the woman successfully delivered her baby and is now healthy, along with her newborn.*



## SRH COORDINATION

SRH Working Group in Sudan was established in August 2024 under the Health Cluster, with its inaugural meeting held on August 27. This marked a significant step towards strengthening coordination and response capacity for SRH services in Sudan. The group includes over 30 organizations - UN agencies, international and national NGOs, and representatives from the State and Federal Ministries of Health (SMOH & FMOH). By the end of the year, efforts were underway to establish sub-national SRH WGs in the Eastern (Kassala), Western (Darfur), and Central (Kosti) regions, ensuring coverage across all states in the country and aligning with the Sub-National Health Cluster mechanisms established under the Health Cluster.

A major achievement was the creation of a unified platform for all humanitarian SRH actors, fostering collaboration and enabling the systematic sharing of critical SRH data with partners and the Health Cluster on a periodic basis. The group also conducted a comprehensive mapping of SRH service delivery points, assessing functionality and coverage to guide strategic resource allocation and donor engagement. Additionally, refined SRH indicators were introduced to better align with humanitarian priorities, streamlining data collection and reporting to improve response effectiveness.





## WOMEN AND GIRLS SAFE SPACES

In response to the ongoing conflict in Sudan, UNFPA has been pivotal in providing crucial support and protection for affected and at-risk women and girls through the establishment of Women and Girls Safe Spaces (WGSS). These spaces are dedicated to offering key services in GBV prevention and response, along with SRH support, amidst the humanitarian crisis. The key objectives of a safe space are to provide an area where women and girls can socialize and rebuild their social networks, receive social support, acquire contextually relevant skills, as well as access safe and non-stigmatizing multi-sectorial GBV response services including psychosocial, legal, medical services.

**UNFPA supports 64 WGSS across Sudan including in displacement gathering points, providing over 100,000 women and girls with access to critical information and services**

“You don’t see young women in some camps. Some girls who arrived in Gedaref said friends were left behind.”

***One health worker explained to UNFPA, the United Nations sexual and reproductive health agency.***

“If we see armed fighters come to the village and attempt to rape you, we will kill you to protect you.”

***Khadeeja ,17 years old from Aj jazeera***





## COMMUNITY-BASED PROTECTION NETWORKS

Within the framework of the WGSS, UNFPA has been instrumental in enhancing protection and support mechanisms through the establishment of community-based protection networks (CBPN) and referral systems. In 2024, with the support of UNFPA, community-based referral mechanisms were operationalized across Sudan. Moreover, UNFPA's dedication to reinforcing 57 CBPNs across target locations including Aj Jazirah, Khartoum, and Gedaref, River Nile and Northern State underscores the commitment to providing comprehensive protection assistance. These networks disseminate crucial information on GBV and ensure access to services, thereby facilitating referrals to specialized care. Additionally, CBPNs receive continuous training in order to enhance their operational capacity, this includes topics such as training on protection monitoring, reporting of GBV and protection violations, GBV coordination and referral of GBV cases to service providers. Through these community-driven efforts, over 379,000 individuals have been reached with essential GBV response services, psychosocial support, and information on GBV, highlighting the efficacy of these initiatives in bolstering the health and safety of communities amid adversity. The integration of community-based strategies within the WGSS framework exemplifies UNFPA's unwavering commitment to safeguarding and empowering vulnerable communities, especially in contexts marred by conflict and displacement.

## COMBATING HARMFUL PRACTICES

The humanitarian crisis in Sudan has rolled back some of the gains achieved to eliminate harmful practices. UNFPA has ensured that within its humanitarian response, initiatives aimed at combating Female Genital Mutilation (FGM) and Child Marriage (CM) are prioritized, employing strategic capacity building and awareness-raising interventions. Notably, over 1,300 professionals, including social workers, healthcare providers, community-based protection network members, community leaders, and legal aid providers across Sudan have been trained. This training emphasizes GBV core concepts with a focus on strategies for risk mitigation and the provision of responsive services pertinent to FGM and CM. In 2024, 60,000 community members benefited from awareness-raising activities conducted across the 9 states. The sessions focus on different forms of GBV, including FGM and CM, as well as existing GBV services and referral pathways. These sessions are designed to raise awareness on the impacts of GBV, including FGM and CM, while informing participants of the available services and referral pathways.





## SEXUAL AND GENDER-BASED VIOLENCE

Since the start of war in Sudan, GBV service providers reported a drastic surge in the number of GBV cases, including sexual violence. GBV survivors are suffering from significant and long-lasting physical and mental consequences of GBV, including injury, unintended pregnancy and pregnancy complications, sexually transmitted infections including HIV, depression, post-traumatic stress disorder, and in some cases death.

Reports indicate that some of the women are pregnant because of rape and are seeking GBV and SRH services. The majority kept silent to avoid stigma. Most of the cases reported are of displaced women and girls from conflict-affected states.

In response to this crisis, UNFPA has adopted a multi-faceted approach, concentrating on capacity building and the development of technical guidance to empower GBV service providers. By training 3,200 frontline workers on comprehensive GBV concepts and interventions, including the nuances of sexual exploitation, conflict-related sexual violence, GBV in Emergencies, GBV case management, psychological first aid, Clinical Management of Rape, and GBV referral pathways, UNFPA strives to improve the quality and accessibility of support services for survivors.

The creation of guiding documents, such as GBV Standard Operating Procedures (SOPs) and guidelines for GBV awareness sessions, remote psychological first aid, case management, Women and Girls Safe Spaces, community based protection networks, Dignity Kit distribution guidelines further supports this effort, facilitating effective service provision and ensuring the safety of survivors and service providers.

**UNFPA is supporting clinical management of rape services, which include medical treatment and counseling services, and ensure that all medical and psychosocial services are available and accessible to survivors of violence across Sudan.**

“They came in and pointed a gun at me. They told me not to scream or say anything – then they began to take off my clothes. One soldier held the gun while the other raped me, and then they took turns”

*Aisha<sup>1</sup>, 17 year-old from Khartoum*

<sup>1</sup> Names changed for privacy and protection







## GBV COORDINATION

As the lead agency for coordinating GBV prevention and response in Sudan, UNFPA is leading the GBV AoRs in 15 states to ensure a coordinated and coherent response to GBV at both state and national levels.

GBV referral pathways are regularly updated for the 15 states with operational GBV AoRs, in line with the updated mapping of GBV services and clinical management of rape services in these states. These pathways provide a safe means for GBV survivors to access specialized GBV services and other sectoral services.

The GBV AoR reached 225,000 people in 2024 where 63% are IDPs. At the national level, the GBV AoR has enhanced the participation of national stakeholders. The 104 member organizations include 38 national NGOs and 22 women-led organizations. In some states, GBV Case Management Taskforce Groups have been reactivated under the GBV AoRs to provide technical support and guidance to GBV case managers in implementing case management interventions during the current conflict, ensuring the application of GBV Guiding Principles and preventing harm. In addition, 3,403 frontline GBV service providers and stakeholders have been trained in GBV principles and interventions, further expanding the support network for survivors.

GBV AoR's leadership in updating referral pathways and developing standard operating procedures and guidelines demonstrates an unwavering commitment to improving the accessibility and quality of GBV services, to ensure survivors receive the care and support they need during these challenging times.

Guiding documents developed by the GBV AoR include GBV standard operating procedures (SOPs) (national/state level) and standard guidelines for key GBV interventions. The GBV AoR has so far trained over 1,700 GBV actors on these guidelines to facilitate establishing and providing services, ensuring the safety of both service providers and survivors during the conflict. The GBV AoR successfully mobilized resources to staff coordination mechanisms across the country. It advanced the localization agenda by appointing a WLO to the position of co-chair at the national level. The GBV AoR also engaged strategically with key donors and stakeholders to bring attention to the issue of violence against women and girls within the international community. Targeted advocacy efforts have resulted in increased funding for numerous GBV actors.

<sup>1</sup> Names changed for privacy and protection



## HEALTHCARE CHALLENGES AND RESPONSE INITIATIVES

UNFPA is deeply concerned about the serious underfunding of the SRH and GBV sectors under the Sudan HNRP. The lack of, or inadequate access to, quality healthcare services and clean water, combined with the increased risk of sexual violence, exacerbates health challenges for pregnant women and children.

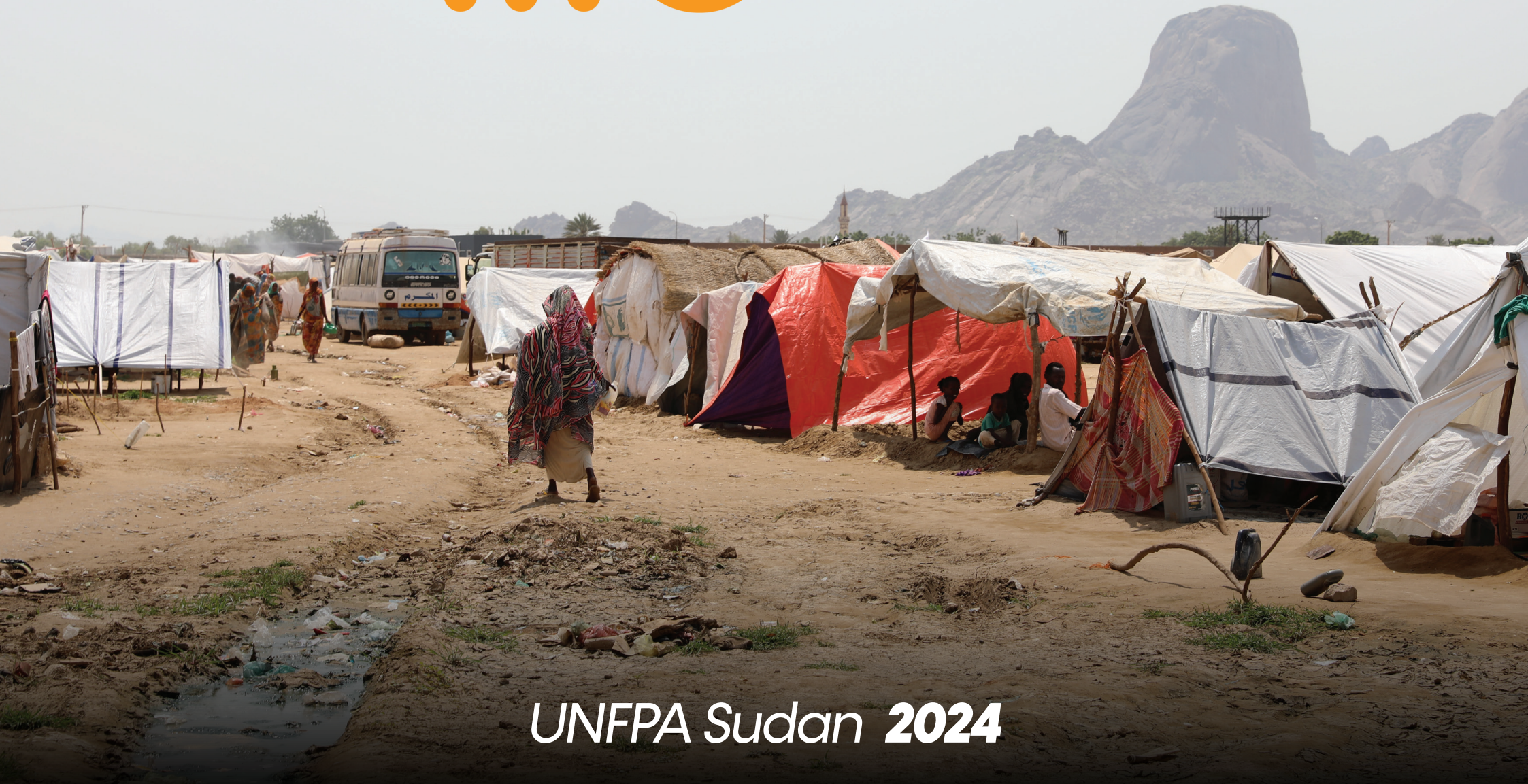
**The crisis in Sudan, resulting from the lasting conflict, famine, disease outbreaks and floods, calls for immediate action to protect the most vulnerable, particularly pregnant women, girls and children. UNFPA is dedicated to leading efforts to address SRH and GBV needs, improve healthcare access and quality of care, and bolster community resilience amidst these challenges.**

## OVERCOMING OPERATIONAL CHALLENGES

Lingering challenges such as access barriers and inadequate funding, have significantly impacted the delivery of quality essential services to a wider number of women and girls in need. It is expected that in 2025, ongoing efforts to bolster coordination among clusters, improve the frequency and quality of communication with donors and constant advocacy with the Government, will contribute to minimize, if not eliminate, these challenges, thereby ensuring uninterrupted humanitarian access to all affected areas, and the efficient movement and distribution of relief items. Regular in person and/or online training of health managers focused on providing life-saving services in emergencies. In addition, UNFPA is actively working with partners to explore all avenues to deliver services and goods to the most affected areas, including cross-border operations from neighboring countries.







**UNFPA Sudan 2024**