

Spotlight Report on the Voluntary National Review of Sudan

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Executive Summary

This report assesses the implementation of selected Sustainable Development Goals in Sudan, namely: Goal 3 (Good Health and Well-being), Goal 5 (Gender Equality and the Empowerment of Women and Girls), and Goal 17 (Partnerships for the Goals).

The report is based on a descriptive-analytical approach, including a desk review and the outputs of three focus group discussions with civil society actors.

The report concludes that the continuation of the war since April 2023 has led to a sharp and compounded decline in health indicators, a widespread deterioration in the situation of women and girls, and a fundamental disruption of partnerships, financing, and capacity-building efforts.

Regarding Goal 3, available data indicate a significant collapse in health services due to the destruction of facilities, the emigration of health personnel, the spread of epidemics and malnutrition, and the disruption of immunization programs. Access constraints and shifting territorial control have further complicated service delivery, weakened data collection systems, and limited effective responses.

The report proposes a set of practical recommendations, the most important of which are: a ceasefire as a prerequisite for any development recovery; expanding support for national organizations; rebuilding data and early warning systems; ensuring a comprehensive response to sexual violence; integrating women into peacebuilding and negotiation processes; and resuming development partnerships based on the principles of accountability and transparency. It also notes the continued underrepresentation of women in peace processes and decision-making, as well as the worsening challenges faced by women in situations of displacement and refuge.

As for Goal 17, Sudan has witnessed a near-complete collapse in the pillars of financing, trade capacity building, and systemic cooperation. Most partnerships have shifted from sustainable development cooperation to emergency relief and humanitarian assistance.

The report also compares elements of the government report submitted to the United Nations within the Voluntary National Review (VNR) process. It identifies several shortcomings, including the failure to adequately address the impact of political and military divisions on service delivery, limited availability of reliable data, insufficient emphasis on the role of civil society, and the disregard of the broader political context that has hindered international cooperation.

Introduction

Sudan continues to suffer from the ongoing war between the government army forces and the Rapid Support Forces, which began in 2023 and has significantly affected the lives of the Sudanese people. As the scale of the humanitarian disaster in Sudan continues to rise, more than 30 million Sudanese now require humanitarian assistance.

Sudan is witnessing the highest rate of displacement in the world. Large numbers of people have been forced to flee their homes to relatively safer areas, both within Sudan and in neighboring countries, exacerbating regional instability. More than three million people are classified as refugees, and nearly nine million are internally displaced.

Acute hunger is also a growing problem, with more than half of the population facing high levels of acute food insecurity. Famine conditions have been reported in five locations in North Darfur and the Eastern Nuba Mountains.

This report assesses the progress made towards the implementation of Sustainable Development Goals focusing on three of the seventeen goals. The report discusses Goal 3, which relates to good health and well-being, Goal 5, which relates to empowering women and girls and achieving gender equality, and Goal 17, which relates to the means of implementing the Global Partnership for Development. The report also addresses some of the most important points in the government report submitted to the United Nations last July within Voluntary National Review process.

Goal 3: Good health and Well-being

The health sector in Sudan has been greatly affected by the war, particularly through the destruction of infrastructure such as hospitals and health centers, as well as the emigration of health personnel. This has been compounded by the spread of diseases and epidemics.

The ongoing conflict has reversed decades of progress in health indicators and has significantly undermined prospects for achieving Sustainable Development Goal 3. Without an immediate ceasefire, unhindered humanitarian access, strengthened support for health workers, and large-scale investment in rebuilding the health system, further deterioration in health outcomes is likely.

The World Health Organization (WHO) reported that the complex humanitarian situation—exacerbated by attacks on health facilities—continues to impede vital health interventions, including responses to cholera, measles, and malnutrition. WHO recorded nearly 60,000 cholera cases in Sudan, resulting in more than 1,640 deaths, while continuing to support the country through multiple response pillars. WHO confirmed that it faces numerous operational challenges in responding to these crises, including a widening funding gap that is forcing many partners to halt operations and further hindering response efforts. Furthermore, ongoing hostilities, including attacks on health facilities, continue to threaten security on the ground, cause further displacement, and increase the difficulty of meeting humanitarian needs, controlling infectious diseases, and delivering essential medical supplies and assistance.

Key Challenges Hindering Progress toward SDG 3 in Sudan

Sudan's health crisis is primarily driven by ongoing armed conflict, which has destroyed health infrastructure, disrupted supply chains, and displaced millions of people. The collapse of the health system—marked by the closure of facilities, shortages of medicines, and the departure of healthcare workers—has severely limited-service provision. A deepening humanitarian and economic crisis has increased malnutrition, food insecurity, and poverty, directly undermining health outcomes. Frequent disease outbreaks, including cholera and measles, continue to spread amid poor sanitation, lack of clean water, and overcrowded living conditions. Chronic underfunding and insufficient donor response have further constrained the health and humanitarian response. In addition, the division of control areas between the Sudanese army and the Rapid Support Forces, which control most of Darfur and parts of Kordofan states, makes gathering information on the health situation extremely difficult.

Role of Civil Society Organizations

In the context of weakened state capacity and political fragmentation, civil society organizations have played a critical role in sustaining access to healthcare services. Many organizations have supported the establishment and rehabilitation of health centers in relatively stable areas, delivered mobile health services to displaced populations, and contributed to community-level health awareness and emergency response efforts. Civil society actors continue to fill critical gaps in service delivery and humanitarian assistance, often operating under extremely challenging and insecure conditions.

Overview of the government report submitted within VNR process

The government's reporting on SDG 3 highlights extensive destruction of health infrastructure (i.e. Central Public Health Laboratory) and worsening public health indicators, including the loss of over 30% of hospitals, the shutdown of half of dialysis centers, the collapse of specialized services, rising maternal and child mortality and loss of health system data as a result of the destruction of servers and infrastructure. Accordingly, the report also outlines response measures—such as reopening facilities in safer areas, deploying mobile clinics, supplying medicines, and training community health workers.

the report does not address the fragmentation of territorial control between the Sudanese Armed Forces and the Rapid Support Forces that has significantly undermined governance, service distribution, and the credibility of health information systems, especially given the loss of substantial health data and the emergence of parallel administrations. Moreover, the report gives insufficient attention to the critical and expanding role of civil society organizations, which have been central to maintaining service delivery, rehabilitating facilities, and supporting community-level health responses amid state capacity gaps.

Goal 3 Target 1: Reduce the global maternal mortality ratio to less than 70 per 100 000 live births

Maternal mortality rate was very high before the conflict, estimated at 270 deaths per 100,000 live births. Following the outbreak of the war, the Federal Minister of Health reported a rise in maternal mortality rates, reaching 295 deaths per 100,000 live births, while child mortality increased to 51 deaths per 1,000 newborns. However, questions remain regarding the accuracy and reliability of these statistics given the ongoing conflict, limited data collection capacity, and the collapse of large parts of the health system. The situation has further deteriorated as health services have neared total collapse, particularly emergency obstetric care. The conflict has forced the closure of nearly 80% of hospitals in affected areas, making childbirth increasingly life-threatening for women and newborns. Among the facilities forced to shut down was Omdurman Maternity Hospital—Sudan’s largest referral maternity hospital—significantly reducing access to specialized maternal health services.

Goal 3 Target 2: By 2030, end preventable deaths of newborns and children under five years of age, with all countries aiming to reduce neonatal and under-five mortality.

Child health indicators in Sudan were already fragile before the conflict, with the under-five mortality rate estimated at approximately 50.9 deaths per 1,000 live births and infant mortality 41.3 per 1,000 live births. The main causes of child mortality included pneumonia, diarrhea, malaria, and malnutrition, all of which are closely linked to poverty, limited access to healthcare, and weak public health infrastructure. Since the outbreak of the war, the situation has significantly deteriorated. Acute malnutrition has risen sharply due to widespread food insecurity and displacement, increasing the vulnerability of infants and young children. The war has also severely disrupted vaccination and routine immunization programmes. Before the war, approximately 94% of infants received the first dose of the DTP vaccine; however, coverage reportedly fell to around 48% in 2024, reflecting one of the most severe declines globally. The collapse of primary healthcare services, shortages of vaccines, and insecurity limiting outreach activities continue to undermine child survival efforts and threaten to reverse decades of progress in reducing preventable child deaths.

Goal 3 Target 3: By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases

Sudan faces a growing burden of communicable diseases amid deteriorating living conditions and widespread displacement. Malaria remains endemic and a leading cause of illness and mortality, with conflict-related disruption of infrastructure, overcrowded shelters, and limited vector control measures contributing to increased transmission risks. Tuberculosis also remains a major public health concern, with Sudan classified as a high-burden country. The conflict has interrupted treatment continuity and follow-up services, increasing the likelihood of treatment failure and the emergence of drug-resistant strains. Although HIV prevalence among adults aged 15–49 has historically remained relatively low, around 0.2%, the collapse of sexual and reproductive health services, rising displacement, and heightened risks of gender-based and sexual violence are increasing the risk factors.

Goal 3 Target 4: By 2030, reduce by one third premature mortality from non-communicable diseases through prevention

The burden of non-communicable diseases (NCDs) in Sudan including cardiovascular diseases, diabetes, and cancer is steadily increasing. The war has significantly worsened access to treatment due to shortages of essential medicines such as insulin and antihypertensive drugs, as well as the closure of health facilities and the displacement of healthcare workers. As a result, many individuals living with chronic illnesses are experiencing interruptions in care, increasing the risk of complications and preventable deaths. Even before the conflict, mental health services were extremely limited and under-resourced. Mental health needs have risen dramatically as a consequence of widespread violence, displacement, and loss. Today, millions of people are estimated to be experiencing trauma, anxiety, depression, and other psychological distress, while access to professional mental health and psychosocial support services remains severely constrained.

Goal 3 Target 8: Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable

Health service coverage in Sudan was already limited before the war and heavily concentrated in major urban centers. Since the outbreak of conflict, the health system has effectively collapsed across large parts of the country. Many facilities have closed or are functioning at minimal capacity, and access to essential services has been severely disrupted. The destruction of infrastructure, insecurity, and displacement of health professionals have further weakened service delivery. The ongoing economic crisis, rising poverty, and loss of livelihoods have made healthcare unaffordable for the majority of the population. Out-of-pocket expenditures have increased while humanitarian assistance remains insufficient to meet growing needs. As a result, large segments of the population are unable to access even basic health services, placing universal health coverage increasingly out of reach.

Goal 5 Empowering: women and girls and achieving gender equality

In light of the catastrophic war that erupted in April 2023 between the Sudanese Armed Forces and the Rapid Support Forces – which has displaced nearly 14 million people, left at least 25 million exposed to all five internationally recognized phases of famine, and subjected Sudanese women to the full spectrum of war-related harms – Goal 5 will be analyzed through selected targets and along with references to Goal 2 and Goal 4,

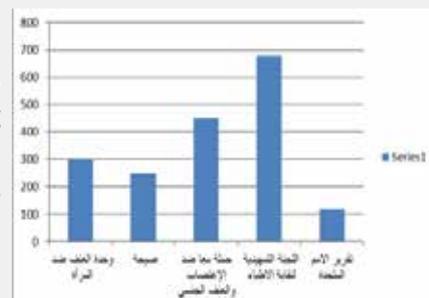


to make a broader conceptual framework referred to as (Goal 5+).

Goal 5 Target 1: End all forms of discrimination against all women and girls everywhere.

Sudanese women have a long history of struggle, marked by courage, steadfastness, and fierce determination to secure their rights. As a result of these struggles, they have achieved many important gains. However, the 1989 coup by the Islamic Movement brought about a clear regression in relation to women and their rights. A number of laws were introduced that clearly discriminated against women. Therefore, Sudanese women continued their struggle and are still working diligently to abolish all laws that represent a setback to the gains they have achieved.

Since Goal (5) is fundamentally about gender equality and non-discrimination, and empowering women and girls to fully realize their rights, it is imperative to review all Sudanese laws that contain clear discrimination, hinder women's progress, restrict their movement, and deprive them of many rights.



Examples of these laws include Personal Status Law of 1991, Criminal law, Criminal Procedure Code, Civil Service Law. Whereas all agreements and treaties signed and ratified by Sudan stipulate non-discrimination between the sexes (i.e. the Universal Declaration of Human Rights, the International Covenant on Civil and Political Rights, the International Covenant on Economic Social and Cultural Rights, the African Charter on Human and Peoples' Rights, etc.) domestic laws are in clear conflict with these agreements.

It is worth noting that Sudan has not ratified the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), which calls for non-discrimination, thus limiting the possibility of implementing legal reforms. Equality before the law is fundamental for achieving gender equality. Laws enacted against discrimination that protect women's rights, and domestic laws that align with human rights principles and standards helps building just and peaceful societies in which women can fully and meaningfully participate in policymaking and decision-making processes.

Furthermore, it is critical to:

1. Promote a societal shift in perceptions of women's rights by affirming that women's rights are human rights. This requires sustained awareness-raising efforts, alongside reforms of the justice system and the amendment of discriminatory laws to ensure full compatibility with international human rights instruments and principles of equality and justice.
2. Provide training for judges, prosecutors, and law enforcement officials to ensure impartial, survivor-centered, and gender-sensitive handling of cases involving sexual violence.
3. Ensure accessible and comprehensive legal aid and psychosocial support services for sexual violence victims, guaranteeing confidentiality, protection, and dignity.
4. Adopt and implement a comprehensive legal reform strategy that establishes clear policies and enacts the necessary legislation to promote gender equality and empower all women and girls at all levels of society.

Goal 5 Target 2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

Rape in the context of armed conflict is one of the most egregious violations of human dignity, where sexual violence goes beyond individual crimes and becomes a systematic tool targeting entire communities. In the Sudanese war, ongoing since 2023, this phenomenon has emerged at an unprecedented scale and frequency, raising profound questions as to whether these violations are isolated incidents or reflect deliberate and systematic patterns shaped by military and social policies and agendas.

Reports by the United Nations and Amnesty International have documented hundreds of rape cases in Khartoum, Darfur, and other cities, revealing recurring patterns of sexual violence accompanied by torture and humiliation. These violations have been reported in private homes, detention centers, and even places of worship. This comes as the Rapid Support Forces (RSF) sweep through Gezira State, particularly the city of Wad Madani and its surrounding villages.

It is worth noting that even after fleeing to safer areas, women and girls remain at risk of rape and sexual violence. For example, three cases of rape were documented within the Gorum camp in South Sudan while Amnesty International also documented 16 survivors from the Kiryandungo camp in Uganda. Reported perpetrators include members of host communities as well as individuals working within service provision structures in refugee camps and shelters.

Main challenges to eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation include:

- Weak political will: The powers in control today, whether military or civilian, do not yet have an explicit position on sexual crimes, but rather avoid addressing them as an embarrassing topic or a threat to alliances.
- The absence of effective judicial institutions: The Sudanese judiciary, which has been emptied of its content for decades, is not yet prepared to deal with these cases especially in light of the divisions and institutional collapse.
- A culture of impunity: No one has been held accountable for the crimes committed in Darfur, the Nuba Mountains, or even the recent revolutionary massacres, which reinforces doubts about the seriousness of any future justice process.
- Difficulty in documentation: Many victims do not report the crime for fear of stigma or retaliation especially in local communities, making it nearly impossible to compile statistics and identify perpetrators without effective protection mechanism.

Victims require comprehensive and survivor-centered support. Justice is not limited to criminal prosecution; it must also encompass reparations, access to psychological and medical care, formal acknowledgment of violations, and pathways for social reintegration. Delivering such support demands sustained political will and long-term, predictable funding. Survivors face severe barriers in accessing essential medications for the treatment of sexually transmitted infections (STIs), including HIV/AIDS and hepatitis C, particularly in contexts where healthcare infrastructure has been destroyed. They also encounter significant legal obstacles in pursuing procedures related to pregnancy and abortion, especially in the absence or collapse of judicial and legal institutions. In this regard, several actions should be taken including:

- Establishing specialized courts for sexual violence. This may include strengthening local courts (despite their current limitations) through judicial reform and the creation of specialized chambers for sexual violence cases, provided that sufficient political will exists. Alternative options include hybrid or international courts that draw on international expertise—similar to the models implemented in Sierra Leone and Cambodia—or restorative community justice mechanisms that focus on recognition, apology, and community reparations, while ensuring full respect for the rights of victims.
- Ensuring the inclusion of women and survivors in peace processes. Genuine and sustainable peace cannot be achieved without the representation of affected women at the negotiating table and without addressing sexual violence as an integral component of any peace agreement. Global experience has shown that peace processes that ignore women or overlook justice remain fragile and risk reproducing violence in other forms. Crimes of sexual violence should therefore be explicitly addressed in all peace agreements and political settlements as crimes that do not have a statute of limitations, and no immunity should be granted to those responsible for acts of rape.
- Supporting judicial system reform and providing specialized training for judicial personnel to effectively handle cases of sexual violence.
- Providing urgent psychological and medical support to survivors, alongside programs to reintegrate child survivors of rape and prevent their recruitment or involvement in any military or security activities.

Goal 5 Target 3: Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation.

The Sudanese legal framework is deficient in providing adequate protection against child, early, and forced marriage, as there is no explicit criminalization of forced marriage. In addition, laws that continue to be applied allow the marriage of women and minors without requiring explicit consent.

Moreover, legal loopholes—particularly in the Personal Status Law for Muslims of 1991, the Sudanese Criminal Law of 1984, the Sudanese Evidence Law of 1994, and the Child Law of 2010—hinder access to justice and fairness.

In light of the armed conflict that Sudan has been witnessing since April 2023, cases of forced marriage have worsened as one of the most serious violations against women, girls and children, as it found a fertile environment in the context of those armed conflicts and the collapse of the legal system. With increasing displacement, poverty, and the absence of legal protection marriage became used as a means of protection and survival, or in exchange for food and shelter. Parties to the conflict have exploited the situation to impose forced marriages, taking advantage of the absence of the rule of law and the weakness of protection and justice mechanisms.

This situation has left women and girls increasingly vulnerable to exploitation and violence, particularly within a prevailing traditional discourse that promotes marriage as a “solution” to crisis. Limited awareness and ignorance have contributed to the normalization and acceptance of such practices within society. In times of instability and displacement, some communities revert to harmful coping mechanisms, including viewing the marriage of a girl as a “legitimate” response to economic hardship or insecurity, especially in the absence of protective frameworks and social support systems.

Significant legal gaps exacerbate these risks. There is a lack of sufficiently deterrent legal provisions that explicitly criminalize forced marriage and clearly and bindingly establish a minimum age of marriage. Oversight of marriage contracts remains weak, particularly in rural areas and conflict-affected zones, allowing informal or coercive arrangements to proceed unchecked. As a result, forced marriage in the Sudanese context effectively persists as a crime without punishment.

Furthermore, the absence of physical evidence and effective legal protection, beginning with the failure to formally acknowledge violations, creates significant barriers to justice. In most cases, there is no conclusive physical proof that a marriage was forced. Survivors are often subjected to psychological and social pressure and may not be able to testify freely before the court. Moreover, there are no reliable mechanisms within Sharia courts or marriage offices to verify free and informed consent. The strong community authority of guardians, coupled with tribal customs, further obstructs the submission of testimony challenging forced marriage. This gap creates serious difficulties for judges and lawyers in the legal characterization of the act. As a result, many cases are classified as “legitimate” or “legal” marriages, even when they occurred under duress or coercion. The situation is compounded by the absence of official documentation, particularly in rural areas and conflict-affected zones where customary marriages take place without registration. This makes such marriages legally difficult to contest and significantly hinders victims’ ability to seek judicial remedy or hold perpetrators accountable. In some areas controlled by armed groups that do not recognize formal legal systems, models of forced marriage are imposed. In these contexts, there are no police units or judicial bodies specifically trained or mandated to address this type of violation.

In conclusion, forced marriage in Sudan, particularly in the context of armed conflict and displacement, represents a blatant violation of the rights of women and girls. The weakness of the legal framework, the lack of documentation, and societal silence have all contributed to the spread of this phenomenon and the continued impunity surrounding it.

In this regard, and to combat forced marriage, several actions should be taken, including:

- Clear commitment and political will reflected and shared through genuine coordination between civil society organizations, judicial authorities and local communities
- Aligning national legislation with international human rights conventions and ensuring the protection of girls and women in both times of peace and conflict is a collective responsibility that cannot be postponed.
- Communities should be empowered to actively participate in prevention and response efforts through reporting mechanisms, survivor support systems, and sustained advocacy. Practical interventions to reduce forced marriage include comprehensive awareness campaigns, strategic legal advocacy, and the mobilization of traditional and digital media to challenge harmful narratives and promote protective norms.
- Strengthening recognition of feminist civil society efforts and highlighting survivor-led initiatives can contribute to expanding the reach and effectiveness of support centers and human rights networks at both local, national and international levels. This, in turn, enhances the impact of campaigns launched for prevention and protection, including in displacement settings and refugee camps.

Goal 5 Target 5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

The continued underrepresentation of women in peacebuilding processes and efforts at the policy-making and decision-making levels across all peace forums and talks remains a prominent feature. This persists despite the significant role women play at the grassroots level, whether through emergency response teams or community centers that have addressed this catastrophic crisis and contributed to preserving the social fabric.

It is worth noting that this marginalization has persisted in previous periods, particularly during the transitional government of 2020–2023, despite the constitutional mandate stipulating 40% female representation at all levels.

Even in the best-case scenarios, women's participation has not exceeded 20%. Despite the prominent role of Sudanese women in the revolutionary and political movement since 2019, and the expectations of greater progress in their participation in leadership positions at the policy-making level, this participation has remained limited in both quantity and quality. Women were mainly assigned service-oriented ministries with restricted mandates and limited influence over strategic decision-making.

When women were appointed to two ministerial positions in the transitional government—Foreign Affairs and Finance—they encountered institutional resistance, political rejection, and, at times, a lack of cooperation that contributed to their early departure. This confirms the dominance of a patriarchal institutional culture that works to limit the active role of women in all structures and institutions of government. The general situation indicates the weakness of women's political participation, partly as a result of relying solely on the quota system. Furthermore, the absence of a strategic vision and the lack of clarity in goals have led to a general weakness in political participation. Consequently, several questions arise: Are women aware of this gap? Do political parties prioritize women's participation and representation within their institutions and structures? Will this be reflected in women's representation of their parties in political platforms and public institutions? This situation necessitates working more closely with women within political parties.

Goal 5 Target 6: Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences.

Since the beginning of the war, the humanitarian crisis has had a devastating impact, as reflected in alarming statistics. Currently, 198,000 pregnant women are suffering from malnutrition, and 860,000 breastfeeding mothers are malnourished. In addition, 53,000 children have died from malnutrition, while 680,000 pregnant women have died during childbirth.

Furthermore, in the besieged South Kordofan region, more than 67,000 women are suffering from malnutrition and tuberculosis. Approximately 12,000 pregnant women and 6,000 breastfeeding mothers lack adequate nutrition. Around 21,000 children are without sufficient food or access to vaccinations.

In North and Central Darfur, cholera is spreading within displacement camps, with 500 confirmed cases. This situation significantly affects the health of women and children—particularly pregnant women, who are at heightened risk due to weakened immunity and limited access to health services.

Therefore, immediate and decisive actions, along with effective protection measures, are urgently required, including:

- Linking internal and external efforts through the Women's Organizations Unit to develop a practical action plan. This should include strengthening coordination within networks of emergency rooms and medical service providers, as well as protecting and supporting local volunteer initiatives so they can effectively deliver essential health and nutritional care.
- Ensuring the safe transfer of patients, including women, the elderly, and persons with disabilities, to areas where hospitals are operating. Access to reproductive health services must be prioritized to prevent avoidable maternal deaths caused by lack of medical care, shortages of skilled midwives, and limited capacity to manage complications, particularly in cases requiring caesarean sections.
- Protecting adolescent girls (aged 11–16) who are exposed to harassment, disappearance, and sometimes rape while collecting firewood or fetching water. They are also at risk of kidnapping and other forms of abuse. This requires targeted attention through awareness-raising initiatives, the establishment of safe spaces, and improved access to education and vocational training within displacement centers and overcrowded shelters.

- Establishing local organizations within the camps and linking them with existing organizations and actors providing emergency response to ensure coordination and collaboration. Voluntary teams, first responders, international organizations, and other actors should be connected through genuine partnerships.
- Supporting and strengthening positive resistance through coordination with women's organizations to promote effective collective action aimed at ending the war and achieving and sustaining peace.

Goal 2: Zero Hunger

Sudan is experiencing one of the worst humanitarian crises in its modern history. The armed conflict, which began in April 2023, has led to the collapse of the food system, the displacement of millions, and widespread food insecurity. Millions of Sudanese face the threat of famine as fighting continues, supply chains are disrupted, and humanitarian aid struggles to reach affected areas.

Reports from the World Food Programme and other international aid organizations indicate that hunger rates in Sudan are reaching unprecedented levels, particularly in conflict-affected communities. This situation necessitates urgent and innovative interventions to mitigate the crisis and identify immediate solutions to prevent it from escalating into a full-blown humanitarian catastrophe.

The Integrated Statistical Classification (ISC) data for 2024–2025 indicates:

- 42% of the population suffers from acute food insecurity (up from 24% in 2023).
- 25 million people face acute food insecurity.
- More than 8 million people are in Phases 4 and 5 (emergency or famine).
- Approximately 14 million people are in Phase 3 (crisis).
- Widespread acute malnutrition among children under five and pregnant women, along with high mortality rates in some areas due to hunger and weakened immunity.

In this context, urgent and immediate measures must be taken. Ending the war immediately should be the top priority. This must be accompanied by funding the humanitarian response plan to bridge the existing funding gap and lifting administrative and political restrictions on the delivery of aid. It is also essential to ensure the effective involvement of national organizations in the distribution of humanitarian and emergency relief.

In the medium term, measures should be implemented to support the current and upcoming agricultural seasons both financially and technically. This includes providing financing for farmers and smallholders and training young people and women to manage small agricultural projects.

In the long term, plans should include rehabilitating agricultural and water infrastructure, investing in agricultural education, and transferring modern technologies to improve agricultural value chains and enhance farmers' access to markets.

Goal 4: Quality Education: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Sudan has been suffering from armed conflict since April 2023, resulting in a catastrophic collapse of its education system. This threatens the achievement of Sustainable Development Goal 4 and jeopardizes the future of an entire generation of children and young people.

The war has led to the closure of thousands of schools, the displacement of teachers and students, and high dropout rates—particularly among girls—thereby exacerbating existing inequalities. The education sector has also been severely damaged, compounding long-standing challenges such as poverty, inequality, and inadequate infrastructure.

According to international reports:

- More than 19 million children in Sudan have been out of school due to war and displacement.
- One in ten girls does not receive basic education, placing girls' education at serious risk.
- More than 45% of girls (aged 15–24) are illiterate.
- Between 80% and 90% of schools have been completely closed or converted into shelters for displaced people.

As statistics reveal, the challenges are significant. The ongoing war and lack of insecurity have severely disrupted the educational process and placed the lives of students and teachers at constant risk. This is compounded by the collapse of state educational institutions, administrative divisions and the absence of educational planning. At the same time, weak government funding and the redirection of national budgets toward armament and support for armed actors have significantly marginalized the education sector. Amid ongoing displacement, millions of children remain out of school, particularly in refugee-hosting areas. The lack of reliable and updated data on out-of-school children makes planning difficult and creates substantial gaps in response. The recruitment and mobilization of children by parties to the conflict represent an additional obstacle. Furthermore, the psychological toll of displacement, insecurity, and sexual violence weighs heavily on many girls, leading to increased school dropout rates. Early marriage often adopted as a coping mechanism during crisis which further restricts girls' access to education and deepens gender disparities.

Despite the scale of the devastation, education in Sudan remains a strategic source of hope for building peace and achieving sustainable development. If it receives sufficient attention and support, education can serve as a foundation for national recovery and as a gateway to a generation capable of rebuilding their country.

In light of this painful reality, it is crucial to rethink the role of education as a tool of resistance, not merely a means of learning, and to ensure the continuity of educational opportunities even in the most dire circumstances. Societies that maintain education during crises are the ones that lay strong foundations for future recovery.

Saving education in Sudan requires an unprecedented, concerted effort from all actors—local and international—and necessitates a long-term vision that goes beyond temporary relief toward building a resilient education system capable of withstanding future challenges. Education is not a luxury but a right and a collective responsibility, and an indispensable pillar for achieving just peace and genuine development.

Goal 17: Partnerships for the goals

Goal 17 focuses on strengthening the means of implementation and revitalizing the global partnership for sustainable development. The areas covered include finance, technology, capacity building, trade, and systemic issues (such as coordination policies). This report assesses progress in each area within the Sudanese context .

Goal 17 -Targets on financing (Target 1-5)

Even before the war, Sudan was suffering from a severe economic crisis, marked by massive inflation and a large budget deficit. The Sudanese economy has faced major challenges since the secession of South Sudan in 2011, which took with it about 80% of the country's oil wealth.

One of the biggest obstacles was external debt, amounting to more than \$60 billion, which prevented Sudan from qualifying for concessional international financing from institutions such as the International Monetary Fund and the World Bank. Domestic revenue mobilization was also weak, due to the large informal economy and an ineffective tax system.

In 2021, initial debt relief from the Paris Club was a positive step. However, Sudan's progress toward the Heavily Indebted Poor Countries (HIPC) Initiative was halted following the October 25 coup against the civilian transitional government.

With the outbreak of war, government revenues collapsed and most international financing programs largely ceased. Humanitarian aid became the primary source of external support, yet it remains insufficient to cope with the scale of the emergency and the growing humanitarian needs and disaster.

Goal 17- Targets on Technology (Target 6-8)

Sudan already had limited technological infrastructure, and initiatives to support digital transformation were not widespread. The war has further intensified these challenges through the destruction of critical infrastructure. Communication towers and power stations have been destroyed, and internet and telecommunications services have been disrupted.

This has created serious difficulties in the provision of humanitarian assistance, particularly cash-based support, as banks ceased operations for several months.

Goal 17- Target 9- Enhance SDG Capacity

Before the war, Sudan received extensive technical support from the United Nations, the World Bank, and the European Union to assist in areas such as statistics, planning, governance, and key sectors including health and education. However, the government's ability to translate this support into effective policies remained limited.

With the outbreak of war, most of these programs have stopped or been suspended due to insecurity and the breakdown of governance structures in many areas. As a result, the current focus has shifted from development-oriented capacity building to strengthening emergency response capacities.

Goal 17- Targets on Trade (Targets 10-12)

Sudan has suffered for decades from isolation due to economic sanctions, which limited its access to export markets and international financing. Following the revolution, the process of removing Sudan from the list of state sponsors of terrorism began, opening the door for greater integration into the global economy.

However, with the outbreak of war, most traditional exports have halted, and both local and international supply chains have been severely disrupted. As a result, a conflict economy has emerged, characterized by the illicit smuggling of resources, particularly gold.

Goal 17- Targets on Systemic issues (13-19)

Before the war, there were efforts with the International Monetary Fund (IMF) to achieve macroeconomic stability. However, these measures were socially painful—particularly the removal of subsidies—and were not fully completed. The transitional government was attempting to formulate coherent economic policies, but the 2021 coup disrupted these efforts. With the outbreak of war, the situation has become even more bleak, marked by a breakdown in governance and a near-total inability to formulate or implement coherent national policies.

Sudan has consequently witnessed a complete reversal in progress toward achieving Goal 17. The conflict has transformed pre-existing structural challenges into existential crises. Developmental “partnerships for the Goals” no longer exist in their original sense; instead, they have largely been replaced by emergency humanitarian partnerships focused primarily on survival.

Roles of civil society:

Civil society plays an important role in the post-war period in the humanitarian aspect, in advocacy, and in creating partnerships with international organizations to improve conditions in Sudan. It is important they continuously advocate for a ceasefire and peace and continue in their provision of services, as primary and effective partners. Their role should be strengthened through funding and capacity building.

Overview of the government report submitted within VNR process

The government report ignores the role of the 2021 coup against the democratic transition in halting the process of restoring cooperation with international financial institutions. This is the main reason for the international community's withdrawal of technical and financial support.

The role played by civil society organizations was not mentioned, despite the role played by civil society in mobilizing humanitarian financing.

It is difficult to meaningfully address structural development obstacles or restore partnerships for sustainable development in light of the ongoing political and military conflict.

Conclusion

Even before the April 15, 2023 war, Sudan was suffering from a decline in its progress towards achieving the Sustainable Development Goals, especially after the October 25, 2021 coup, which hindered the path of democratic transformation and transition. It also hindered the attempts of the transitional civilian government to restore the recovery of the Sudanese economy and to break the international isolation. This highlights the importance of the political reform process and the democratic civilian transition in achieving any development goals, whether within an international framework or within national development plans, especially in less developed countries like Sudan. Ultimately, achieving sustainable development in Sudan is inseparable from achieving peace and political stability, alongside coordinated international and regional support for economic recovery and long-term development.