



SAPA



ANNUAL 20 REPORT 25

Care Across Sudan



Sudanese American Physicians Association



***To care is to show up, and that
has always been our purpose***

Across Sudan, SAPA showed up where it mattered most, in cities strained by crisis, in overcrowded camps, and in remote villages often left behind. Wherever people were, that is where care went.

Through supporting health facilities, deploying mobile clinics, and delivering essential treatment, we worked to restore access, dignity, and reliable care for those who needed it most.

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SAPA in
2025

Highlights



750,053

Number of patients served



319,976

Number of children screened for malnutrition



103,194

Number of children under 5 vaccinated



2,167

Number of Healthcare Professionals Supported Through Incentive Programs



3,104,513

Number of meals distributed to vulnerable populations across Sudan



397

Number of mobile clinics deployed



106

Number of SAPA-supported health facilities



11,879

Number of psychosocial consultations provided



17,666

Number of admissions for SAM (OTP & SC programs)



14,086

Number of deliveries by skilled birth attendants



1,943

Number of medical cadres and community volunteers trained through 39 trainings and workshops



15

Number of rehabilitated facilities

Message From The President

Over the past years, SAPA has grown in ways many thought were impossible. We grew by more than one hundred-fold. We went from having no presence inside Sudan to teams working across 13 states and 5 countries. From one staff member to more than 100 staff and thousands of frontline workers and volunteers. But what matters most is not the growth itself. What matters most is what we learned along the way.

We learned that medicine is not only about hospitals, clinics, and medications. Medicine is also about dignity, justice, community, and whether people are abandoned in moments of crisis.

We learned that medicine is a social mission as much as it is a scientific one. This understanding shaped SAPA's journey.

In the middle of war, displacement, hunger, and collapse, SAPA tried to stand with the Sudanese people, not only by delivering care, but by protecting hope. We tried to be a beacon of hope and a beacon of unity during one of the darkest periods in Sudan's history.

'Medicine is also about dignity, justice, community...'

For years, we spoke about *Hope for Sudan*. Today, I believe hope is no longer just an idea. Hope is materializing through the work of thousands of people who refused to give up on Sudan and refused to give up on each other.

The future of SAPA should not simply be to grow bigger. Its mission should be to continue building a model of humanitarian work that is community-centered, principled, professional, and deeply rooted in the belief that every human life has equal value.

This work was never about one person. It belongs to every member, volunteer, donor, partner, staff member, and supporter who believed that Sudan deserved better.

As I complete my time as President, I do so with gratitude, humility, and hope for what comes next. I truly believe that SAPA's greatest contribution to Sudan may still lie ahead.

**With gratitude,
Yasir Yousif Elamin,
President, SAPA
2024-2026**

Executive Summary

In 2025, the Sudanese American Physicians Association (SAPA) delivered a large-scale, integrated humanitarian response and early recovery portfolio across Sudan amid sustained armed conflict, mass displacement, recurrent outbreaks, and an accelerated collapse of essential health system functions. Operating within severe access constraints and chronic supply-chain volatility, SAPA prioritized life-saving service continuity while initiating system recovery interventions designed to stabilize core service platforms and rebuild resilience at facility and community levels.

SAPA's health response was implemented across the continuum of care — primary, secondary, and tertiary — through a mixed delivery model that combined support to static facilities, mobile outreach, Emergency Medical Team (EMT) surge deployments, and targeted support to referral hospitals. Across this platform, SAPA delivered **403,359 medical** outpatient consultations, deployed **397 mobile clinics**, and sustained operations across 106 SAPA-supported health facilities, with a deliberate focus on internally displaced persons (IDPs), women and children, and underserved host communities. Maternal and child health services were maintained and expanded, including **14,086** skilled birth

attendant deliveries, while protection-sensitive and psychosocial services were integrated into routine service delivery, resulting in **11,879 psychosocial** consultations. Parallel investments in workforce readiness were implemented through incentives and structured capacity-building, reaching **1,943 medical cadres** and community volunteers through 39 trainings and workshops, strengthening triage, emergency care, IPC, HMIS, EPI, and protection competencies.

Nutrition programming was embedded within PHC and outreach models and reinforced through stabilization care and campaigns, delivering a comprehensive CMAM-aligned continuum. **SAPA screened 319,976** children for malnutrition and supported **17,666 admissions** for severe acute malnutrition (OTP and stabilization care), while delivering preventive and integrated packages that strengthened early identification, referral linkages, and treatment adherence. Complementing these efforts, SAPA supported immunization delivery, reporting 103,194 children under five vaccinated through supported platforms.

Beyond service delivery, SAPA advanced an explicit recovery orientation through infrastructure rehabilitation, systems restoration, and institutional strengthening. Priority investments included solarization and utility stabilization, rehabilitation of critical service units (including maternity, operating theatres, and pediatric critical care), and high-impact oxygen system restoration and expansion. At the policy and governance interface, SAPA strengthened national regulatory continuity through digital transformation support to the Sudan Medical Council, safeguarding workforce governance functions under conflict conditions.

A defining strategic shift in 2025 was the scale-up of localization and sustainability mechanisms. SAPA launched Community-Led Recovery (CLR) to operationalize community governance and facility-level accountability through direct support to community structures for rehabilitation, equipment procurement, and service restoration. In parallel, SAPA initiated Project NOOR, establishing a national consortium framework and deploying life-saving neonatal technologies (including infant warmers and CPAP — Continuous Positive Airway Pressure — systems) alongside a training-of-trainers cascade model to strengthen essential newborn care and respiratory support pathways in priority states — linking innovation deployment with national ownership and systems integration.

SAPA's response architecture was reinforced by an Emergency Preparedness & Rapid Response (EP & RR) mechanism designed for rapid activation within **48–72 hours** of acute shocks, integrating emergency mobile clinics, outbreak control, WASH risk mitigation, essential supplies, and community engagement. This mechanism enabled timely, multi-sectoral responses to displacement surges, facility attacks, and cholera outbreaks, demonstrating operational agility and adherence to humanitarian standards in high-risk environments.



Across 2025, SAPA combined principled humanitarian delivery with early recovery investments to protect service functionality, reduce preventable morbidity and mortality, and lay foundations for longer-term health system restoration. Despite insecurity and resource constraints, SAPA demonstrated measurable capacity to scale integrated service packages, deliver specialized surge care, and advance community-led and nationally aligned recovery pathways — positioning the organization as both a frontline responder and a catalytic actor in Sudan's health system resilience agenda.

Introduction

The year 2025 unfolded against a backdrop of sustained armed conflict, mass displacement, economic collapse, and repeated public health emergencies across Sudan. Millions of people remained displaced, health infrastructure was severely damaged or non-functional, and the national health system faced unprecedented strain due to workforce attrition, supply disruptions, and insecurity.

In this context, SAPA positioned its response at the intersection of humanitarian action, early recovery, and

health system strengthening. Guided by humanitarian principles and aligned with national priorities and global standards, SAPA implemented a multi-sectoral, people-centered approach designed to simultaneously reduce preventable mortality, restore essential service readiness, and protect dignity among the most vulnerable groups, particularly IDPs, women and girls, children under five and newborns, survivors at risk of GBV, people living with disabilities, older adults, and chronically ill patients facing disrupted continuity of care.







SAPA's programming in 2025 was characterized by:

- A strong emphasis on integrated healthcare delivery across primary, secondary, and tertiary levels, with targeted packages for high-risk groups (MNCH, newborn care, pediatric emergencies, disability-sensitive access, and chronic disease continuity where feasible).
- Rapid emergency response capacity to outbreaks, displacement, and sudden shocks through an EP & RR mechanism designed for time-critical stabilization in the first **48–72 hours**.
- Investment in health infrastructure rehabilitation and workforce capacity building to restore service functionality, protect quality, and improve referral readiness.
- Promotion of community leadership, localization, and accountability through responsive community interventions (community-led prioritization, local governance structures, feedback channels, and community-based follow-up).
- Active engagement in advocacy, coordination, and policy dialogue at national and international levels to amplify affected communities' needs and strengthen coherence across response actors.

This annual report presents an overview of SAPA's achievements, challenges, and lessons learned in 2025, highlighting the organization's evolving role from emergency responder to a key actor in Sudan's health system recovery and resilience.

**SAPA's Humanitarian
Developmental Response**

2025



Health

Primary Healthcare

Primary healthcare (PHC) services remained the cornerstone of SAPA's health interventions in Sudan throughout 2025. SAPA delivered essential, life-saving primary healthcare services across multiple states and localities through a combination of supported PHC facilities, mobile clinics, and community outreach initiatives, with a particular focus on internally displaced persons (IDPs), conflict affected populations, and underserved host communities.

Through its supported PHCs and mobile clinic platforms, SAPA ensured continued access to essential service packages, including outpatient consultations, maternal and child health services, routine immunization, management of common illnesses, referrals, and health promotion activities. In 2025, SAPA-supported primary healthcare interventions reached hundreds of thousands of beneficiaries across Sudan, significantly contributing to the continuity of care amid ongoing conflict, displacement, and system disruptions.



Northern State

In Northern State, SAPA supported the operation of the SAPA IDPs Healthcare Center in Dongola, which was initially established in March 2024 and continued operating until May 2025. During the reporting period, the center provided essential primary healthcare services to IDPs and host community members, serving a total of **9,306 patients** over five months of operation. The facility played a critical role in maintaining access to care for displaced populations in the absence of adequate alternative services.

Gedarif State

In Gedarif State, SAPA continued delivering primary healthcare services at Om Shegeerat Healthcare Center in Al-Huri Camp until March 2025. The facility primarily served IDPs displaced from Sennar and Eastern Gezira, providing a life-saving essential healthcare package. During its three months of operation in 2025, the center served approximately **8,647 patients**.

In addition, SAPA expanded its support to newly supported PHCs—Al Malik Health Center and Mohamed & Said Al Khabir Health Center—in partnership with WHO. Since November 2025, these facilities have collectively served **9,580 patients**, contributing to the expansion of primary healthcare coverage in underserved areas of the state.

North Darfur State

In 2025, SAPA continued its primary healthcare support across three localities in North Darfur, implementing both static PHC services and mobile outreach in partnership with RRF-IOM.

- **Al Lait Locality:** SAPA supported the operation of Almuzdawaja PHC until April and Dar Alshabab Health Center from May to July. Through these facilities, approximately **7,386 patients** received primary healthcare services. To extend access to surrounding hard-to-reach villages, SAPA deployed **18 mobile clinics**, reaching nearly **2,118 patients**. In addition, **900** beneficiaries were reached through health awareness and promotion sessions.
- **Saraf Omra Locality:** SAPA supported Dankooj Camp PHC until July 2025, serving **5,195 patients**. Furthermore, **18 mobile clinics** were deployed in surrounding villages, reaching **2,083 patients** with essential primary healthcare services.
- **Tawila Locality:** SAPA supported Rwanda Camp, Dali Camp, and Dabba Naira Camp PHCs, providing healthcare services to a total of **37,749 IDPs** and host community members. To complement static services, **15 mobile clinics** were deployed, reaching **1,872 patients** with primary healthcare services and **567** beneficiaries with health education sessions.

These mobile clinics were implemented prior to the emergency mobile clinic response in El Fasher, which is detailed in the Emergency Preparedness and Rapid Response section.



South Darfur

In South Darfur, SAPA continued supporting Tadamun and Karrari PHCs in partnership with WHO until February 2025 and extended support beyond the partnership period until the end of May 2025. These facilities provided maternal health services, routine immunization, and essential primary healthcare services to conflict affected populations, serving approximately 9,053 patients during the reporting period.



Kassala State

In Kassala State, SAPA supported Altawra Aljadeeda PHC in New Halfa Locality, where **13,711 patients** were served in 2025. The facility contributed to sustaining access to essential primary healthcare services for both host and displaced populations.



Red Sea State

In Red Sea State, SAPA supported Hassai Awli PHC, alongside 24 PHCs in Port Sudan Locality under the UNICEF-SHARE project. Through these facilities, approximately **96,236 patients** received essential primary healthcare services in 2025. In addition, 12 mobile clinics were deployed, reaching

around 784 IDPs with essential primary healthcare services in underserved and displacement-affected areas.



South Kordofan State

In South Kordofan, SAPA reached **24,246** patients through UNICEF-SHARE project-supported health facilities. To extend services to remote and underserved communities in Abu Jubaihah Locality, SAPA deployed **28 mobile clinics**, reaching an additional **8,241 patients** with essential primary healthcare services.



Khartoum State

In 2025, SAPA expanded its primary healthcare support across multiple localities in Khartoum State:

- In Umbadda Locality, SAPA supported the operation of seven PHCs until June 2025, through which **52,872 patients** were served.
- In Bahri Locality, SAPA supported Al Khelila and Al Olyab PHCs during the first two months of the year, serving **1,554 patients** under a WHO-supported project.
- In Omdurman Locality, SAPA began supporting 25 PHCs in July 2025 under the UNICEF-SHARE project. These facilities served **93,824 patients**, while **5,363** individuals were reached through community outreach activities conducted by healthcare workers.

Mobile clinics were also deployed across Khartoum State, with 25 mobile clinics in Omdurman reaching approximately 5,170 patients, and 99 mobile clinics in Sharg Al-Neel Locality implemented in partnership with Heart to Heart International (HHI), reaching 11,682 patients with essential primary healthcare services.

In addition to providing operational support to primary health care facilities to ensure the delivery of the full PHC service package, SAPA expanded its support to the Expanded Programme on Immunization (EPI) in Khartoum State in October 2025, in partnership

with UNICEF. The intervention was implemented across all seven localities of Khartoum State and adopted a multi-pronged approach to strengthen routine immunization services and enhance community engagement. Through this support, a total of 38,728 children under one year of age were vaccinated with the Pentavalent (Penta 3) vaccine through routine services, while 62,415 children under one year of age received the first dose of the measles vaccine, contributing significantly to improved immunization coverage and disease prevention efforts in the state.



Under the Sudan Health Assistance and Response to Emergencies (SHARE) Project, implemented by SAPA in partnership with UNICEF, essential primary healthcare continues to reach families across Omdurman Locality in Khartoum State.

At Abu Said Health Center, one of the 25 primary health centers supported through the project, Fatima arrived with her young daughter, Mayar Nizar, for a routine vaccination and follow-up visit. Holding her mother's hand, Mayar moved quietly through the clinic, a familiar space where care and reassurance still exist despite the surrounding challenges.

During this visit, Mayar received all her immunization doses in full. For Fatima, it was a moment of relief and confidence, knowing her child was protected and being properly followed up.

This simple interaction reflects the broader impact of the SHARE Project. During on-ground visits by SAPA teams, stories like Mayar's continue to unfold, with health workers providing consistent care and families accessing the services they need. In times of uncertainty, these moments of continuity help safeguard children's health and strengthen community trust in the healthcare system.



Secondary & Tertiary Healthcare

In 2025, SAPA supported secondary and tertiary healthcare service delivery across multiple states to address critical gaps in access to specialized and referral-level care in facilities heavily burdened by conflict, displacement, and population influx. SAPA's interventions targeted hospitals serving large numbers of IDPs and conflict affected populations, with the aim of enhancing facility capacity, sustaining continuity of care, and responding to urgent and life-threatening medical needs.

SAPA's approach combined operational support to referral hospitals—including sustaining essential services and infrastructure—with the deployment of Emergency Medical Team (EMT) missions, particularly in contexts where specialized expertise was unavailable or health systems had been severely disrupted.

South Darfur State

In South Darfur, SAPA extended its support to Al Sheikh Musa Hospital until May 2025. Through this support, the hospital continued providing emergency and referral care to conflict affected populations, serving approximately **3,207 patients** during the reporting period. SAPA's intervention contributed to sustaining essential hospital services in an area experiencing prolonged insecurity and high humanitarian needs.

Gezira State

In Gezira State, SAPA played a critical early role in restoring access to hospital-based healthcare services following the liberation of Wad Medani. SAPA was the first humanitarian organization to deploy an EMT mission at Al Jazeera Nephrology Hospital, providing emergency medical services during the first two months of 2025. Through this intervention, approximately **12,402 patients** received life-saving care, supporting the rapid reactivation of specialized services in a highly fragile post-conflict environment.

In addition, SAPA supported the operational functionality of Abu Haraz Hospital by sustaining electrical power supply during the first three months of the year, enabling the hospital to maintain continuity of essential services at a time when infrastructure disruptions threatened complete service suspension.

A second specialized EMT mission was implemented in April 2025, during which SAPA deployed a specialized orthopedic surgical and consultation EMT at SAPA Hospital for IDPs in Wad Medani, in collaboration with the GODA surgical team, WHO, and the Federal Ministry of Health. Over a 10-day deployment, the mission addressed critical gaps in access to secondary and tertiary orthopedic care for displaced and conflict affected populations. The team conducted over **690 orthopedic** consultations

and performed 31 major orthopedic surgical procedures, including fracture fixations, spinal decompression, soft tissue repairs, pediatric orthopedic interventions, and management of trauma- and conflict-related injuries. Patients were referred from across Gezira State and neighboring states, reflecting the high unmet demand for specialized surgical services. Despite operating under severe infrastructure constraints, the mission achieved zero intraoperative complications, demonstrating the effectiveness of short-term EMT deployments in restoring access to life-enhancing specialized healthcare in crisis-affected settings.

Khartoum State

In Khartoum State, SAPA supported multiple secondary and tertiary hospitals across different localities to sustain specialized medical services amid continued system strain:

In Karrari Locality, Elbolouk Hospital received SAPA support throughout the year, providing specialized medical services to approximately **131,867** children. Al Fateh Hospital served around **59,511 patients** through SAPA-supported services. In addition SAPA supported Al Sororab Hospital from July 2025 under the WHO-SHARE project, enabling the hospital to serve approximately 49,929 patients.

In Bahri Locality, SAPA supported Al Shohada Hospital until February 2025 in partnership with WHO, and later re-

sumed support in June 2025 for Haj Al-safi Hospital, which provided services to approximately **27,488 patients**.

Additionally, under a WHO-ECHO-funded project, SAPA began supporting Jabal Awlia Hospital in November 2025, through which approximately **11,778 patients** received secondary and referral-level healthcare services.

Kassala State

SAPA initiated support to Kassala Saudi Hospital, a specialized obstetrics and gynecology hospital, in November 2025 under the WHO-ECHO project. During the reporting period, the hospital served approximately **6,242 patients**, contributing to improved access to specialized maternal and reproductive health services.

Gedarif State

In Gedarif State, SAPA deployed two specialized Emergency Medical Team (EMT) missions focused on neurosurgical and advanced medical care, addressing critical and life-threatening conditions while strengthening referral and specialist services.

During the first EMT mission, SAPA supported the triage of 930 referral cases, conducted **178 specialized** consultations, and performed 12 major neurosurgical procedures, with 91 patients referred for further care. Key diagnoses included hydrocephalus, spina bifida, traumatic head injuries

Surgical interventions comprised VP shunt revisions, discectomies, skull fracture elevation, burr hole evacuation, CSF taps, and spinal biopsy procedures. No complications were reported, and patient outcomes were positive despite coordination and logistical challenges.

The second EMT mission expanded the scope of care to include neurosurgery, neurology, internal medicine, pulmonology, and respiratory care. Over a five-day deployment, the multidisciplinary team delivered 3 neurosurgical procedures and provided extensive outpatient services. This included 43 neurology consultations, 162 epilepsy and neurological disorder evaluations, and 35 pulmonary and respiratory assessments. The mission also incorporated academic exchange through targeted lectures on pulmonary fibrosis and seizure management, strengthening local clinical capacity.

Across both missions, SAPA's EMT deployments demonstrated the critical role of diaspora-led specialized care in reducing surgical backlogs, improving access to life-saving interventions, and supporting Sudan's referral and specialist health services in conflict affected settings.

In addition, during the first two months of 2025, SAPA supported Gedarif Teaching Hospital and Gedarif Obstetrics and Gynecology Hospital in partnership with WHO. SAPA resumed support to both hospitals in November 2025 under the WHO-ECHO project, expanding coverage to include Gedarif Pediatric Hospital. Collectively, these facilities provided care to approximately **24,474 patients** during the reporting period.



Born Into Hope

In Gedarif State, Sudan, a newborn only five days old entered the world facing an immediate and life-threatening neurological condition. The baby urgently needed complex brain surgery, a specialized service not typically available in the state. With limited resources, ongoing instability, and restricted access to advanced healthcare, traveling elsewhere for treatment was impossible. Time was running out.

The baby's birth coincided with the deployment of SAPA's Neurosurgery Emergency Medical Team to Gedarif. Leading the mission was Dr. Wail Abdu, a neurosurgeon who traveled all the way from Ireland, driven by commitment and compassion to serve communities in crisis. Acting swiftly, the team performed the life-saving surgery, giving the newborn a chance not only to survive, but to live.

What could have ended in tragedy became a story of survival, made possible by cross-border solidarity, medical excellence, and unwavering dedication.





Red Sea State

In Red Sea State, SAPA continued its support to the largest Pediatric Intensive Care Unit (PICU) in Port Sudan, providing life-saving specialized care for critically ill children and pediatric

patients from Port Sudan and surrounding localities. This intervention played a vital role in sustaining advanced pediatric care capacity in one of Sudan's most critical referral hubs.



Saving a Life Through Specialized Care

The presence of a Pediatric Intensive Care Unit (PICU) is extremely important in children's hospitals. Without mechanical ventilation, positive pressure ventilation, and close monitoring by qualified medical staff, many lives would not be saved."

— **Dr. Fatima Zahraa Mustafa,**
Pediatrics Registrar

With these words, Dr. Fatima Zahraa Mustafa reflects on a powerful human story she witnessed inside the Pediatric Intensive Care Unit. A child was admitted suffering from severe shortness of breath due to viral myocarditis. Unfortunately, the condition rapidly deteriorated into dilated cardiomyopathy, a life-threatening complication, especially in children.

When the child arrived at the hospital, timely and decisive intervention made all the difference. The medical team initiated a comprehensive treatment plan that included immunotherapy, respiratory support using mechanical ventilation, and continuous close monitoring in the PICU. Thanks to the availability of advanced medical equipment and the dedication of a highly trained medical team, the child's condition

gradually improved.

After days of intensive care, the child stabilized and was able to leave the hospital in full recovery, returning safely to their family after a critical and challenging journey.

This story is not only a medical success, but also a living testament to the vital importance of supporting Pediatric Intensive Care Units, investing in life-saving equipment, and empowering skilled healthcare professionals. Through such support, critical emergencies are transformed into stories of hope, and children are given a second chance at life.



Infrastructure Rehabilitation and Development

As part of its broader commitment to strengthening health system resilience and supporting health system recovery across primary, secondary, and tertiary levels of care, SAPA prioritized the rehabilitation and development of critical healthcare infrastructure throughout 2025. In the context of prolonged conflict, widespread displacement, and increasing pressure on health services, SAPA's infrastructure interventions were designed to restore functionality, expand operational capacity, and enable facilities to meet the urgent and growing needs of vulnerable populations. Under SAPA's "Restoring Health Facilities" initiative, rehabilitation efforts focused on both essential and specialized units to ensure the delivery of life-saving care, particularly for women, children, and other at-risk groups. These interventions combined structural rehabilitation, utility restoration, and targeted upgrades to support continuity of services and improve quality of care.

Rehabilitation Highlights by State

Gezira State

In Gezira State, SAPA restored the oxygen plant at Medani Teaching

Hospital to full operational capacity, enabling the production of more than **3,000 oxygen cylinders** per month. This intervention ensured a reliable oxygen supply for approximately 28 health facilities, including obstetrics and gynecology, pediatric, and nephrology hospitals. The restoration of the oxygen plant significantly strengthened the state's capacity to manage critical and emergency cases, particularly for neonatal, pediatric, and maternal care.

North Darfur State

In North Darfur, SAPA supported minor rehabilitation works across PHCs in Al Lait, Saraf Omra, and Tawila localities. Interventions included improvements to patient waiting areas, installation of solar power systems, wall painting, roof repairs, and general facility enhancements to improve safety, functionality, and patient experience. In contrast, Dabba Naira PHC in Tawila Locality underwent a full-scale construction and rehabilitation in partnership with Islamic Relief USA, substantially upgrading the facility's infrastructure and service capacity.

Gedarif State

In Gedarif State, while supporting both the Teaching Hospital and Obstetrics and Gynecology Hospital during the early months of 2025, SAPA conducted targeted minor rehabilitation works focused on emergency units,

intensive care units, operating theatres, and patient waiting areas. These structural improvements were complemented by upgrades to sanitation systems, water supply, and the installation of handwashing facilities, contributing to a more functional, hygienic, and patient-centered care environment.

Kassala State

In Kassala State, Al Thawra Al Jadeeda PHC in New Halfa Locality underwent minor rehabilitation works in partnership with HDF, alongside an expansion to include a dedicated Gender-Based Violence (GBV) unit. This enhancement improved the facility's capacity to provide safe, confidential, and survivor-centered services while maintaining access to essential primary healthcare.

Khartoum State

Khartoum State accounted for the largest share of SAPA's reconstruction and rehabilitation efforts in 2025, reflecting the scale of damage to health infrastructure and the critical importance of restoring referral-level services in Sudan's most populous urban areas.

SAPA supported the rehabilitation and full equipping of the Pediatric Intensive Care Unit (PICU) at Elbolouk Hospital, strengthening the hospital's capacity to deliver life-saving critical care for children.

To address persistent power disruptions, SAPA installed solar power systems at Haj Elsafi Hospital in Bahri, in partnership with HDF, as well as at Soba Hospital, ensuring 24/7 operability and uninterrupted delivery of critical services.

Mohammed Al Amin Hamed Pediatric Hospital and Omdurman Obstetrics and Gynecology (Maternity) Hospital underwent comprehensive rehabilitation of operating theatres, nutrition departments, maternity wards, and other key service areas in partnership with HDF, significantly improving service quality and patient safety.



Bahri Teaching Hospital Rehabilitation



The largest-scale rehabilitation undertaken by SAPA in 2025 was the restoration of Bahri Teaching Hospital, implemented in partnership with Islamic Relief USA. This intervention represents a strategic continuation of SAPA's health system recovery efforts in Khartoum, building on lessons learned and operational experience gained during the Saudi Hospital intervention. It marked a transition from emergency response to early recovery, with a focus on restoring public referral capacity in one of Sudan's most densely populated urban areas.

Bahri Teaching Hospital one of Khartoum State's most vital tertiary referral institutions historically served more than **350,000 patients** annually, including approximately **100,000 outpatient consultations**, over **30,000 emergency cases**, and more than **10,000 surgical procedures**. With nearly **500 beds** and a wide range of departments, including internal medicine, pediatrics, and obstetrics, the hospital also functions as a key training center for Sudan's medical workforce. Following years of inactivity due to conflict, the hospital's infrastructure had been severely damaged, with diagnostic and surgical equipment looted or destroyed, access roads compromised, and frequent disruptions to water and power supplies. Health worker displacement further rendered the facility unable to provide even basic care for nearly three years.

As part of the rehabilitation, SAPA not only restored key service areas—

including operating theatres, nutrition and maternity departments, and intensive care units but also installed the largest oxygen plant in Khartoum State, with a production capacity of **120 cylinders** per day. This facility now supplies oxygen to Bahri Teaching Hospital and extends support to other health facilities in the state, significantly strengthening critical care capacity for neonatal, pediatric, and maternal patients.

The rehabilitation of Bahri Teaching Hospital therefore represents a milestone achievement in SAPA's commitment to restoring essential health services, rebuilding public health infrastructure, and supporting long-term health system recovery in Sudan.

Looking ahead, SAPA's commitment to health system recovery and infrastructure strengthening will continue into 2026 with the planned rehabilitation of the Ibrahim Malik Emergency Department. Scheduled to begin at the start of 2026, this intervention will focus on restoring and upgrading emergency care infrastructure, improving triage and patient flow systems, and enhancing the department's capacity to manage high patient volumes and critical cases. This planned rehabilitation reflects SAPA's long-term vision of rebuilding resilient, functional, and people-centered emergency care services, and further reinforces its strategic transition from short-term emergency response to sustainable health system recovery in Sudan.

Powering Continuity at Soba Teaching Hospital

Due to the war, Soba Teaching Hospital suffered severe infrastructure damage, particularly to its electricity system. Cables and internal electrical connections were destroyed, leaving laboratories and outpatient clinics struggling to function.

With patients still arriving daily for essential services, the lack of reliable power threatened the continuity of care.

The installation of four solar power systems marked a critical turning point. Laboratory equipment resumed operation, refrigeration for medical supplies stabilized, and outpatient clinics were able to continue serving the community.

As Mohammed Saif, Medical Coordinator at Soba Teaching Hospital, explains:

The installation of four solar power systems played a major role in ensuring the continuity of services of the laboratories and outpatient clinics from August 24th to this day.

Today, those solar systems continue to power essential services, restoring not only electricity but also confidence, stability, and hope for recovery.



Capacity Building (Health Oriented)

In 2025, SAPA placed strong emphasis on capacity building as a cornerstone of its health system strengthening and recovery strategy in Sudan. Recognizing that resilient health systems depend on skilled, confident, and well-supported health workers, SAPA implemented a wide range of training programs, mentorship initiatives, and institutional strengthening activities across multiple states. These efforts targeted healthcare professionals, frontline workers, and community volunteers to ensure timely, high-quality,

and people-centered health services, particularly in conflict affected and resource-constrained settings.

Through strategic partnerships with national and international organizations, SAPA's capacity building interventions addressed both specialized clinical skills and essential public health competencies, including emergency preparedness, disease surveillance, infection prevention and control, supply chain management, and protection-sensitive service delivery.



1. Capacity Building Highlights by State



Red Sea State

In February 2025, SAPA conducted a specialized medical mission in Red Sea State aimed at enhancing the clinical competencies of healthcare professionals in high-impact and underserved medical specialties. Implemented in collaboration with local and international partners, the mission combined hands-on workshops, bedside mentoring, and structured training sessions, with a focus on five key clinical areas: Point-of-Care Ultrasound (POCUS), Neonatology, Neurology, Gastroenterology, and Nephrology.



Point-of-Care Ultrasound (POCUS):

A total of 30 healthcare professionals, including physicians and medical officers, were trained in the use of ultrasound for emergency and primary healthcare settings. The training emphasized rapid diagnostics and clinical decision-making, and was complemented by the distribution of ultrasound devices to selected hospitals to support immediate application of acquired skills.



Gastroenterology (ERCP and Endoscopy):

Forty physicians, gastroenterologists, and internal medicine specialists

received training in upper and lower gastrointestinal endoscopic techniques, including endoscopic retrograde cholangiopancreatography (ERCP). The training included case-based discussions on gastrointestinal bleeding and patient assessment and management strategies.



Nephrology:

Thirty healthcare professionals, including nephrologists, internists, and dialysis technicians, were trained on the diagnosis and management of acute kidney injury and chronic kidney disease. The sessions covered dialysis indications, fluid and electrolyte balance assessment, and practical approaches to kidney-related emergencies.



Neonatology:

Forty-two pediatricians, neonatal nurses, and general practitioners were trained to strengthen their skills in neonatal resuscitation and neonatal intensive care practices, contributing to improved survival and quality of care for newborns.



Neurology:

A total of 38 healthcare professionals, including neurologists, emergency physicians, and internal medicine doctors, participated in the training, enhancing facility-level readiness to manage acute neurological conditions in emergency and inpatient settings.

In addition to specialized clinical training, SAPA supported broader capacity building initiatives in Red Sea State, reaching a total of 155 Frontline Workers (FLWs) and Community Health Workers (CHWs). These trainings included:

- Rapid response team training on early warning systems and disaster preparedness (in partnership with Global Whole Being Fund (GWBF))
- Supply management and Health Information Systems (HIS)
- Infection Prevention and Control (IPC) and Expanded Programme on Immunization (EPI)
- Environmental and Social Safeguards (ESS), Accountability to Affected Populations (AAP), Gender-Based Violence (GBV), and Mental Health and Psychosocial Support (MHPSS), implemented in partnership with UNICEF through the SHARE project.

Northern State

In Northern State, SAPA trained 32 rapid response teams on early warning systems and disaster preparedness in partnership with GWBF. These training strengthened local preparedness and response capacities to health emergencies, disease outbreaks, and climate-related shocks.

Kassala State

In Kassala State, SAPA conducted

Trauma-Informed Gender-Based Violence (GBV) Care and Management training for 24 medical care providers and community volunteers. Implemented in partnership with GIZ, the training focused on survivor-centered approaches, ethical case management, and safe referral pathways, enhancing the quality and sensitivity of GBV-related health services.

Gedarif State

In Gedarif State, SAPA trained 30 personnel to establish and strengthen rapid response teams through training on early warning systems and disaster preparedness. These efforts contributed to improved local readiness for health emergencies and outbreaks.

Khartoum State

In Khartoum State, SAPA implemented a comprehensive package of clinical and systems-strengthening trainings. Two rounds of Emergency Triage Assessment and Treatment (ETAT) were conducted, reaching 48 participants from various medical cadres. ETAT is a proven intervention designed to improve the identification and management of critically ill children in low-resource settings, based on guidelines adapted from the Advanced Pediatric Life Support (APLS) framework.

In addition, a Neonatal Resuscitation Program (NRP) workshop was conducted for 18 medical staff, strengthening

neonatal emergency response skills.

SAPA also conducted several training packages targeting a total of 205 front-line health workers, covering:

- Supply management and Health Management Information Systems (HMIS)
- Operational planning and leadership
- Case management, Infection Prevention and Control (IPC), and waste management
- Expanded Programme on Immunization (EPI)
- Integrated Management of Childhood Illnesses (IMCI)
- Gender-Based Violence (GBV) and Mental Health and Psychosocial Support (MHPSS), in partnership with UNICEF through the SHARE project

Additionally, Integrated Emergency Triage Training was conducted for 25 doctors and nurses at Alsororab Hospital in partnership with WHO through the SHARE project, further strengthening emergency care services at facility level.

South Kordofan State

In South Kordofan State, SAPA trained a total of 172 frontline health workers and community volunteers across a

range of critical areas, including operational planning and leadership, reproductive health and maternal and newborn health (MNH), EPI, HMIS, supply management, case management, IPC, and triage. These interventions aimed to enhance both service delivery and facility-level management capacity.

North Darfur State

In North Darfur State, SAPA conducted psychosocial support training for community volunteers, strengthening community-based mental health support and referral mechanisms for populations affected by conflict and displacement.

2. Strengthening Medical Regulation Through Digital Transformation

In response to the unprecedented disruption caused by the conflict that erupted in April 2023, the Sudanese American Physicians Association (SAPA) partnered with the Sudan Medical Council (SMC) to safeguard and modernize one of Sudan's most critical health regulatory institutions. As the war severely constrained institutional operations, SMC faced significant challenges in maintaining physician registration, licensing, and certification processes, with no prior external support secured for digital system development.

Recognizing the central role of the SMC in protecting healthcare standards and workforce governance, SAPA initiated a strategic collaboration in June 2023. Following a series of technical consultations and coordination meetings, SAPA supported the development and launch of a comprehensive online application and registration system. The first Memorandum of Understanding (MoU) was signed in July 2023, enabling the official launch of the SMC online system in August 2023—marking a critical milestone in ensuring continuity of regulatory functions during active conflict.

Building on the success of the initial

phase, SAPA and SMC signed a second MoU in June 2024 to expand system functionality and institutional impact. This second phase introduced a fully integrated electronic examination system, including online applications, examinations, and results, and facilitated the launch of Sudan’s first online medical licensing examination in August 2024. Additional enhancements included strengthened system security, the introduction of provisional registration services, and the establishment of a fast-track digital verification mechanism to improve efficiency and transparency.



In 2025, the system delivered substantial outcomes. A total of 47,918 regulatory services were processed, including 12,774 certificates of good standing, 11,302 full registration certificates, 10,093 specialist and consultant certifications, and 13,749 provisional registration certificates. During the same period, 31,380 certificates were digitally verified, and 4,917 candidates successfully participated in the licensing examination, ensuring the continued entry of qualified professionals into Sudan's health workforce.

Now completing two years of full sponsorship, this collaboration stands as a landmark achievement in capacity building, institutional resilience, and digital innovation in a conflict setting. By enabling regulatory continuity, improving access, and strengthening governance systems, SAPA's support to the SMC has contributed directly to sustaining Sudan's health workforce and protecting the quality of health-care delivery nationwide.



47,918

Regulatory Services

12,774

Certificates of Good Standing

11,302

Full Registration Certificates

10,093

Specialist & Consultant Certifications

13,749

Provisional Registration Certificates

31,380

Digitally Verified Certificates

4,917

Licensing Examination Participants

“In the midst of war, SAPA continues to play a vital role in strengthening communities when they need it most. Through the Mother Support Group training workshop on nutrition and breastfeeding, we trained 30 health-care workers from the locality. These trained cadres will now go on to transfer this knowledge to their communities and to mothers across all of Ombada Locality.

This cascading approach will significantly improve nutritional support for pregnant women, breastfeeding mothers, and their children, helping families build healthier futures despite the crisis. Training programs like these are not just capacity-building activities; they are lifelines that protect mothers and children and ensure continuity of care during the most challenging times.”

**Dr. Montasir
Al-Tayeb Yousif**

Family and Emergency Medicine
Specialist



CommunityLed Recovery (CLR):

In 2025, SAPA launched the Community-Led Recovery (CLR) initiative as a strategic effort to strengthen Sudan's health system and expand access to essential services in conflict affected and underserved areas. The initiative was designed to place communities at the center of recovery, ensuring that local committees, health facility boards, and grassroots organizations were empowered to lead rehabilitation efforts, manage resources, and sustain service delivery.

CLR was established in response to the urgent need for resilient health systems capable of serving displaced populations and vulnerable host communities amid prolonged conflict and system disruption. By channeling targeted financial support and technical guidance directly to community structures, SAPA enabled communities to rehabilitate health facilities, procure essential medical and diagnostic equipment, and restore critical services. This approach reinforced local ownership, accountability, and sustainability, while ensuring that life-saving care remained accessible even during periods of acute crisis. In parallel, the initiative strengthened data sharing between SAPA and community structures, enabling improved assessment of community needs, ser-

vice utilization, and emerging disease patterns.

Through eight formal agreements signed with community representatives, SAPA supported the rehabilitation and operational strengthening of primary health care centers, rural hospitals, laboratories, and teaching hospitals across Khartoum, Gezira, and Sennar States. Community grants ranging from **USD 10,000 to 15,000** were disbursed to support infrastructure rehabilitation, procurement of essential equipment, solarization to ensure uninterrupted power supply, and expansion of priority health services, particularly maternal and child health.

By the end of 2025, the CLR initiative had supported eight health facilities, collectively serving an estimated **375,000 people**. In Gezira State, SAPA supported Jazirat Alfeel Health Center, serving approximately **45,000 people**, through infrastructure rehabilitation, installation of a solar power system, procurement of medical equipment, and strengthening of maternal and child health services, including outpatient and emergency units. Wad Bilal Health Center, serving around **20,000 people**, was rehabilitated to restore primary healthcare infrastructure and strengthen the treatment of communicable diseases.

In Khartoum State, SAPA supported

Hilat Khojalee Laboratory, restoring essential diagnostic services for approximately **5,000 people** through laboratory rehabilitation and procurement of diagnostic equipment. Al Shajrah Health Center, a referral-level facility serving around **30,000 people**, received support to restore referral services, outpatient care, emergency response capacity, and rehabilitate its minor surgery unit. Um Dawanban Teaching Hospital, serving an estimated **100,000 people**, underwent infrastructure rehabilitation and expansion of inpatient services, reestablishment of radiology diagnostics, and procurement of advanced medical equipment, enabling the hospital to expand its service lines to include major and orthopedic surgical procedures. Aldanagla Rural Hospital, serving approximately **40,000 people**, received support to rehabilitate laboratory services, establish obstetric and antenatal care through the provision of essential equipment, and add a surgical suite for both major and minor surgeries. Faki Hashim Health Center, serving around **25,000 people**, was rehabilitated and solarized to ensure uninterrupted operations, with additional procurement of laboratory and maternity equipment to expand outpatient services.

In Sennar State, SAPA supported Sinja Teaching Hospital, serving an estimated **150,000 people**, through rehabilitation of hospital infrastructure, procurement of advanced diagnostic equipment, and strengthening of laboratory services, including support to

the dialysis unit.

Across all supported facilities, CLR interventions enabled the restoration and expansion of critical services, including Emergency Obstetric and Newborn Care (EmONC) to reduce maternal and neonatal mortality, Clinical Management of Rape (CMR) and psychosocial support for survivors of gender-based violence, outpatient consultations and laboratory diagnostics, communicable disease treatment and vaccination, and the provision of specialized services such as orthopedic surgical care. Investments in solarization and fuel support ensured continuity of operations in settings affected by power instability.



Project NOOR

Project NOOR was launched in September 2025 as a strategic initiative to drive systemic improvements in maternal, newborn, and child health (MNCH) across Sudan. Implemented in a highly constrained and crisis-affected health system, the initiative is built on a partnership driven model that combines innovation, capacity building, and national system integration to address preventable causes of neonatal mortality.



Scope

Project NOOR focuses on strengthening essential newborn care through targeted, evidence-based interventions implemented in collaboration with global and national partners. In 2025, the initiative prioritized the establishment of governance structures, deployment of life-saving technology, and development of a trained healthcare workforce across five high-priority states: Red Sea, Kassala, Gedarif, Gezira, and Sennar.

Flagship Sub-Project: Embrace Global Partnership (EMBRACE)

The Embrace Global partnership was selected as Project NOOR's inaugural sub-project to address neonatal hypothermia, a major and preventable contributor to neonatal mortality. Through the donation of 900 Embrace Infant

Warmers, the intervention aimed to deliver immediate life-saving impact while strengthening facility-level newborn care systems.

Key Achievements in 2025

- National coordination established: Formal inauguration of the NOOR Consortium, providing strategic oversight and alignment with federal health authorities.
- Technology deployed: 254 Embrace Infant Warmers distributed to 44 health facilities across five states, following successful regulatory clearance and system integration.
- Workforce strengthened: 20 national trainers certified through a Training of Trainers model, leading to the cascade training of over 1,033 frontline healthcare providers in essential newborn care and device use.
- Systems for learning initiated: Standardized utilization reporting tools introduced, alongside development of a study protocol to assess clinical effectiveness and operational performance in the Sudanese context.



Sub-Project 2: CPAP

Continuous Positive Airway Pressure (CPAP), a non-invasive breathing support device used to treat patients with respiratory distress was deliberately chosen as a cornerstone of the SAPA program's second sub-project. This targeted, evidence-based intervention addresses one of the most critical drivers of neonatal and pediatric morbidity and mortality: respiratory distress, a direct, preventable, and significant contributor to child mortality. Through the distribution of 45 CPAP devices and the initiation of ToT for health workforces, this sub-project serves as both a direct life-saving intervention and a catalytic platform for broader health systems strengthening, workforce professionalization, and collective action, this project has been implemented in close coordination with FMOH and the Child Health Department at both federal and state levels, ensuring national ownership, technical oversight, and alignment with broader child health priorities.

The year 2025 marked the successful launch and initial implementation of CPAP rollout under SAPA. This phase focused on proving the integrated approach of device distribution, workforce capacity building, and monitoring in six high-priority states: Red Sea, River Nile, Gezira, Sennar, Khartoum, and Northern States. Achievements were aligned with the project's logical framework:

- **The establishment of a coordinated distribution mechanism**
- **The initiation of Training of Trainers (ToT) in Port Sudan for 21 Health cadre from targeted states**
- **The creation of a skilled healthcare workforce for CPAP utilization**
- **The implementation of systems for monitoring and accountability.**

In mid-2025, SAPA convened a multi stakeholder coordination meeting with representatives from FMOH, the Child Health Department, and state health ministries. This gathering culminated in a resolution to prioritize CPAP integration into neonatal and pediatric care pathways. A steering group was formed to validate the facility list and oversee equitable distribution. This governance model ensures national ownership and alignment with broader child health priorities.

The first consignment of 45 CPAP devices arrived in Port Sudan in late 2025. The project successfully navigated customs clearance and secured technical authorization from the Federal Ministry of Health's Department of Biomedical Engineering, ensuring formal integration into the national medical equipment registry. Distribution was launched in November 2025, with devices delivered to designated facilities across the six targeted states. Priority was given to neonatal wards, pediatric units, and emergency centers, ensuring maximum impact in high-burden areas.

Capacity Building: Creating a Sustainable Network of Expertise: To ensure effective and sustainable utilization of CPAP technology, a comprehensive capacity-building strategy was executed. The cornerstone was the ToT program in Port Sudan (21 Participants), conducted with technical experts and national child health coordinators.

- A cadre of master trainers including pediatricians, nurses, and biomedical engineers was certified.
- These trainers cascaded knowledge to facility-level staff across the six states.
- By the close of 2025, hundreds of frontline healthcare providers had been trained in CPAP operation, routine maintenance, infection prevention, and clinical application.



A Life-Saving Game Changer for Preterm Babies

For years, as a nurse working in neonatal care, preterm babies have always been at high risk of hypothermia. Most of them arrive directly from the obstetrics emergency room, and with our old incubators, we had to keep them plugged in constantly, which was extremely challenging during frequent power cuts.

When SAPA provided us with the Embrace Global Warmers, they truly became a game changer. We prepare the baby's bed, charge the warmer, and it continues working for 4 to 6 hours without electricity. This reliability has made a life-saving difference. Their mobility and accessibility allow us to respond quickly and provide immediate warmth when it matters most.

What makes this support even more impactful is the hands-on training SAPA provided. It gave us the confidence and skills to use and maintain these warmers properly, helping prolong their lifespan so they can benefit even more babies in the future.

Thanks to this initiative, we are now better equipped to protect our most vulnerable newborns and give them a stronger chance at life.

— **Karima Yousif**,
Nurse, Wad Madani Women and Obstetrics Hospital

In 2025, SAPA integrated comprehensive nutri-



Nutrition

tion services across its healthcare and emergency response interventions, addressing the acute nutritional needs of displaced populations, children under five, and pregnant and lactating women in crisis-affected regions of Sudan. In the context of widespread food insecurity, displacement, and disruption of basic services, SAPA's nutrition response played a critical role in preventing malnutrition-related morbidity and mortality.

Through its network of mobile clinics, supported Primary Health Care (PHC)

facilities, and referral hospitals, SAPA delivered a continuum of nutrition services, including malnutrition screening, treatment of Severe Acute Malnutrition (SAM), Infant and Young Child Feeding (IYCF) counseling, and nutritional support for mothers. These interventions were further strengthened by targeted support to Stabilization Centers (SCs) in Khartoum State, ensuring access to specialized inpatient care for complicated malnutrition cases and reinforcing referral pathways.



Nutrition Services Across SAPA's Interventions

● Mobile Clinics and PHCs

Nutrition services were a core component of SAPA's mobile clinic operations and supported PHCs through Outpatient Therapeutic Programs (OTPs) and Targeted Supplementary Feeding Programs (TSFPs). These services focused on early detection, timely treatment, and prevention of malnutrition, and included:

- Routine screening for acute malnutrition among children under five years of age
- Provision of therapeutic feeding and medical follow-up for children diagnosed with Severe Acute Malnutrition (SAM)
- Delivery of Infant and Young Child Feeding (IYCF) counseling to promote optimal breastfeeding and complementary feeding practices
- Integration of nutrition services within antenatal care (ANC) and postnatal care (PNC), including nutritional counseling and support for pregnant and lactating women.

This integrated approach ensured that nutrition services were embedded within routine primary healthcare, improving early identification of at-risk children and strengthening prevention

at community level.

● Support to Stabilization Centers (SCs) in Khartoum State

In 2025, SAPA continued to provide targeted nutrition support to the Stabilization Centers (SCs) at Elbolouk Hospital and Al-Fateh Hospital in Khartoum State. These SCs served as critical referral points for the management of children with Severe Acute Malnutrition (SAM) with medical complications, particularly in the context of disrupted referral systems and limited access to inpatient care.

SAPA's support focused on strengthening the functionality and service delivery capacity of the SCs to ensure timely and quality care for critically malnourished children. The supported SCs provided:

- Inpatient nutritional stabilization and medical management for children with SAM and associated complications
- Integration of clinical nutrition care within hospital pediatric services to ensure continuity of treatment and safe recovery
- Strengthened referral linkages between OTPs at PHC level and inpatient stabilization services.

Through this support, SAPA contributed to maintaining life-saving inpatient

nutrition services in Khartoum State, ensuring that children with severe and complicated malnutrition had access to appropriate, specialized care despite ongoing health system disruptions.

● Integrated Nutrition Campaigns (INCs)

As part of its preventive and outreach strategy, SAPA implemented four Integrated Nutrition Campaigns (INCs) in 2025. These campaigns were conducted in:

- Khartoum State (Karrari, Ombadda, and Omdurman Localities)
- Red Sea State (Port Sudan Locality)
- South Kordofan State (Abu Jubaihah Locality)

The campaigns targeted children aged 6–59 months and pregnant women, and aimed to rapidly expand coverage of essential nutrition and preventive health services. Key interventions delivered through the INCs included:

- Nutritional screening for children and pregnant women
- Vitamin A supplementation for children
- Albendazole distribution (deworming)
- Distribution of iron and folic acid (FeFol) supplements for pregnant women

These campaigns played a critical

role in reaching hard-to-access and high-risk populations, strengthening prevention of malnutrition and micronutrient deficiencies, and linking communities to ongoing nutrition and health services.

● Nutrition-Focused Capacity Building

To strengthen the quality and sustainability of nutrition service delivery, SAPA prioritized nutrition-focused capacity building as part of its broader health systems strengthening approach.

- Community-based Management of Acute Malnutrition (CMAM) training workshops were conducted for a total of 116 nutrition staff in partnership with UNICEF through the SHARE Project in Omdurman, Port Sudan, and Abu Jubaihah localities. These trainings enhanced technical capacity in screening, case management, reporting, and referral of malnutrition cases.
- In addition, SAPA trained 61 nutrition volunteers in Abu Jubaihah Locality under the same project, strengthening community-level outreach, early identification, and follow-up of malnourished children.

Key Nutrition Results and Impact

Across all intervention modalities, SAPA's nutrition services reached hundreds of thousands of vulnerable individuals in 2025. Key performance indicators include:



77,199

Number of IYCF counseling sessions provided



319,976

Number of children under five screened for malnutrition



13,565

Number of admissions to OTP



4,101

Number of admissions to Stabilization Centers (SCs)



265,475

Number of children under five who received Vitamin A Supplements

Reaching Families Who Need Us Most

Sayda and her children arrived at SAPA's mobile clinic in the Fattasha area west of Omdurman after a grueling journey on a donkey-drawn cart, which was the only way to reach care from their remote community.

She was accompanied by three sick children, one of whom was suffering from severe malnutrition, while the others showed signs of fatigue and weakness due to the lack of medical and nutritional services in their area. Upon arrival, the mobile clinic team welcomed the family with care and compassion, conducted medical examinations, provided the necessary treatment, and delivered urgent nutritional support to the child affected by severe malnutrition.

SAPA's mobile clinics, supported by UNICEF, bring essential health and nutrition services to communities that cannot access hospitals or health centers. They focus on children, mothers, and the most vulnerable families, offering not only treatment but also guidance and training on proper nutrition and disease prevention to ensure care continues long after the visit.

Sayda's story is one of many that highlight the life-saving impact of mobile clinics. In Sudan's most remote and underserved areas, long and difficult journeys can become journeys toward hope, improved health, and a brighter future for children and families.



- **Contribution to Health and Nutrition Outcomes**

Through its integrated and multi-level nutrition response, SAPA addressed both immediate life-saving needs and longer-term nutritional risks. By embedding nutrition services within primary healthcare, supporting inpatient stabilization care, conducting large-scale preventive campaigns, and strengthening workforce capacity,

SAPA contributed to improved detection, treatment, and prevention of malnutrition in some of Sudan's most underserved and crisis-affected communities.

These efforts ensured that vulnerable populations—particularly children under five and pregnant and lactating women—received timely, comprehensive, and life-saving nutritional support, while also reinforcing the resilience of Sudan's health and nutrition systems.



Comprehensive Social Protection Mechanisms

In 2025, SAPA prioritized comprehensive social protection interventions as a core pillar of its humanitarian and recovery response, recognizing that health outcomes are deeply interconnected with food security, protection, psychosocial well-being, and access to safe water. In conflict affected and displacement settings across Sudan, SAPA's social protection programming aimed to strengthen community resilience, restore dignity, and reinforce social safety nets for internally displaced persons (IDPs), host communities, women, children, and other vulnerable groups.

SAPA's social protection interventions encompassed a multi-sectoral approach, including food assistance, psychosocial support (PSS), gender-based violence (GBV) prevention and response, community awareness and empowerment, and Water, Sanitation, and Hygiene (WASH) services. These activities were implemented through a combination of fixed facilities, mobile outreach, community kitchens, safe spaces, and integrated PHC platforms, in close coordination with national and international partners.



● Key Social Protection Interventions

- Food Assistance and Ramadan Campaigns: SAPA provided both wet and dry food assistance to address acute food insecurity. Wet food interventions were primarily delivered through soup kitchens and community kitchens operating in displacement settings, while dry food assistance mainly in the form of food baskets was scaled up during Ramadan and other religious occasions to support vulnerable households.
- Psychosocial Support (PSS): Psychosocial support services were embedded within SAPA-supported health facilities, community outreach activities, and child- and survivor-friendly safe spaces. Services included individual and group counseling, psychosocial first aid, and community-based mental health support.
- Gender-Based Violence (GBV) Prevention and Response: SAPA implemented GBV interventions through awareness sessions, capacity building of service providers, establishment of integrated GBV clinics within PHCs, and the development of referral pathways to ensure survivor-centered, confidential, and timely care.
- WASH and Clean Water Interventions: Access to clean water and hygiene promotion formed

an essential component of SAPA's social protection approach, particularly in displacement settings where water scarcity and poor sanitation posed serious public health risks.

- Community Awareness and Empowerment: Community awareness and empowerment formed a cross-cutting component of SAPA's social protection approach. Through mobile clinics, facility-based services, and community outreach, SAPA delivered interactive awareness and education sessions.

Achievements by State

Khartoum State

In Khartoum State, SAPA operated the Wad Nubawi Community Kitchen throughout 2025 in Omdurman Locality, providing approximately **245,680 meals** to IDPs and vulnerable host community members. During the month of Ramadan, the kitchen operated in partnership with Droplets of Mercy (DOM), ensuring sustained food access during a critical period.

Additionally, in partnership with Penny Appeal Canada (PAC), SAPA distributed **7,770 Iftar meals** for fasting individuals and provided 100 Ramadan food baskets (25 kg each) to **100 vulnerable households** in Sharg Alneel Locality.

SAPA also implemented extensive community awareness and empow-

erment activities through mobile clinics and community outreach. A total of **1,021 IDPs** and host community members participated in therapeutic and interactive awareness sessions, including human rights education, GBV awareness, and basic mental health and psychological support.

Through UNICEF-supported SHARE project community outreach in Omdurman Locality, **5,387 individuals** were reached with:

- Health education
- Personal, menstrual hygiene, and WASH promotion
- Protection from Sexual Exploitation and Abuse (PSEA) messaging
- GBV and child protection awareness
- Community sensitization on missed vaccinations

Across all SAPA-supported facilities in Khartoum State, psychosocial support services were delivered to **4,274 beneficiaries** in 2025.



Red Sea State

In Port Sudan, SAPA implemented large-scale food assistance during Ramadan and end of the year, distributing:

- **450 food baskets** (40 kg each) to

450 households in partnership with GODA

- **300 food baskets** (25 kg each) in partnership with Africa Relief & Community Development (ARCD)
- **256 food baskets** in partnership with Droplets of Mercy (DOM)

In addition, psychosocial support services were delivered to **787 beneficiaries** through SAPA-supported facilities across Port Sudan, addressing the mental health needs of displaced and conflict affected populations.



Gedarif State

In Gedarif State, SAPA combined food assistance, psychosocial support, and preventive community awareness activities to address both immediate humanitarian needs and longer-term public health risks. During Ramadan, SAPA distributed 200 food baskets (30 kg each) to vulnerable households in Algalabat Algharbia, in partnership with Droplets of Mercy (DOM).

Psychosocial support services were delivered to **485 beneficiaries** through SAPA-supported facilities across the state throughout 2025, contributing to improved mental well-being among conflict affected populations.

In addition, SAPA implemented school-based health awareness sessions focusing on disease outbreak prevention, meningitis awareness, and heat

shock prevention in Baladyat Al Gedarif and Central Al Gedarif localities in partnership with GWBF. These sessions reached a total of **10,945 school** pupils, strengthening knowledge of early warning signs, preventive behaviors, and appropriate health-seeking practices among children and adolescents, and contributing to improved community-level preparedness and resilience



White Nile State

In White Nile State, SAPA distributed **340 Ramadan food baskets (35 kg each)** to 340 vulnerable households in Al Dewaim Locality, in partnership with Penny Appeal Canada (PAC).

Gezira State

In Gezira State, SAPA distributed **500 Ramadan food baskets (40 kg each)** to 500 vulnerable households in Wad Medani, supporting families affected by displacement and economic hardship.

Northern State

As part of the Zakat Al-Fitr 2025 Project, SAPA distributed 1,000 bags of flour to **1,000 vulnerable** families in need, with funding support from Penny Appeal Canada (PAC).

In addition, SAPA conducted GBV awareness sessions alongside the distribution of dignity kits to approximately **1,250 female** beneficiaries, in partnership with UNFPA, strengthening dignity, protection, and access to essential supplies.

North Darfur State

In North Darfur, SAPA continued operating the Zamzam IDP Camp Community Kitchen until March 2025, providing approximately **242,658 meals** to displaced populations. Following attacks on the camp and the forced displacement of residents from El Fasher to Tawila, SAPA rapidly adapted its response and transferred kitchen operations to Tawila Al Omda as part of its emergency response.

SAPA also operated the Hope Oasis child-friendly space in Zamzam IDP Camp until it was attacked in March. The Hope Oasis supported 162 children with developmental and recreational activities—including drawing, music, theatre, sports—as well as structured psychosocial support.

To address water access needs, SAPA

developed a water station in Tawila, comprising fixed infrastructure and water tankering. The station produces **40,000 liters** of water per day, sufficient to meet the daily needs of approximately **2,666 people**.

Across SAPA-supported facilities in North Darfur, psychosocial support services reached **5,838 beneficiaries** in 2025.

Kassala State

In 2025, SAPA prioritized GBV prevention and response in Kassala State through integrated and sustainable service delivery models. A flagship achievement was the establishment of a fully equipped, integrated GBV clinic within the Al Thawra Al Jadeeda PHC in New Halfa Locality, Kassala State, in partnership with GIZ. The clinic provides a permanent, safe, and survivor-centered space for GBV care, consistently supplied with essential medical commodities.

In parallel, 24 local healthcare providers and community volunteers were trained in trauma-informed care and are actively participating in a structured, ongoing GBV Mentorship Program, ensuring a skilled and confident local workforce.

SAPA also supported the development of GBV manuals and policies, and—while pending final endorsement—initiated the institutionalization of trauma-informed care practices in

partnership with the Federal Ministry of Health (FMoH).

A functional, survivor-centered, multidisciplinary referral pathway was established, linking survivors to legal aid, psychosocial services, and income-generating opportunities. Through 18 group sessions and 189 home visits, the project reached 1,085 community members, contributing to reduced stigma and increased help seeking behavior by engaging communities in safe and familiar settings.



A Silence Too Heavy to Carry

This story was shared by one of the workshop participants during the SAPA–GIZ Trauma-Informed GBV Care and Management Training in Kassala Locality. Names and identifying details of the survivors and their families have been withheld to protect their privacy and safety.

At a health centre in Kassala Locality, two women arrived together. One was crying—not quietly, but with the kind of sobbing that comes from somewhere deep. Her companion tried to soothe her, but nothing seemed to reach her.

Staff directed them to a doctor, but the woman’s distress only grew. A female worker gently pulled her aside into a private room. The doctor stayed with the other woman, her sister.

At first, she could not speak. Then, slowly, she began. Her sister had been sexually assaulted. The perpetrator was her own son. A young man lost to addiction, he had become a danger to everyone around him.

The sister’s voice broke. *“This is a crime we cannot name. It is horrific. It is unprecedented. And we cannot speak of it.”*

She explained what held them silent. Not just shock or pain, but the weight of a society where customs and traditions leave no room for such truths. A son violating his mother. There were no words for this. No precedent. No path forward.

The victim had no way to seek help. The shame was not hers to carry, but she carried it anyway. Bound by fear of judgment and disgrace, she had nowhere to turn.

So she walked into a health centre and simply cried. Not with words. Not with demands. Just tears. The only language left to her.



Emergency Preparedness & Rapid Response

While all SAPA interventions are implemented within an emergency context, the Emergency Preparedness & Rapid Response (EP & RR) mechanism specifically refers to immediate, short-term life-saving actions undertaken within 48–72 hours of an alert related to conflict, disease outbreaks, natural hazards, or sudden population displacement. These rapid interventions focus on swift mobilization of resources, deployment of surge capacity, and implementation of high-impact, strategic responses to stabilize affected populations during the critical early phase of a crisis.

Through the activation of its EP & RR mechanism, SAPA delivered timely,

people-centered, and integrated emergency services, aligned with global Emergency Medical Team principles and humanitarian minimum standards. Core interventions included the deployment of emergency mobile clinics, provision of essential medicines and medical supplies, distribution of food and non-food items, emergency WASH support, and targeted community engagement. These interventions were particularly critical in settings where conflict-driven displacement resulted in overcrowded living conditions and the collapse of functional health services, including North Darfur, Khartoum, South Darfur, and South Kordofan.



Emergency Preparedness & Rapid Response Interventions by State

North Darfur

In North Darfur, particularly Tawila locality, SAPA rapidly responded to mass displacement following intensified conflict in El Fasher and surrounding areas. Over **20,000** newly displaced individuals arrived in Tawila, overwhelming host communities and reception sites. The humanitarian situation was characterized by severe overcrowding, limited access to health services, safe water, education, NFIs, protection services, and acute food insecurity among both IDPs and host populations.

SAPA launched a multi-sectoral emergency response focused on primary health care delivery, food security, and safe water provision. To address immediate food needs, the capacity of Community Central Kitchens (CCKs) in Tawila was expanded to four kitchens, collectively providing approximately **2,608,405 meals** during the response period.

Emergency health services were scaled up through the deployment of 29 mobile clinics in Rwanda (North Gate), which treated **1,964 patients**, alongside

38 mobile clinics in Martal and Garni, providing trauma and emergency care to 3,198 injured and conflict affected individuals.

To mitigate WASH risks, SAPA enhanced the capacity of its water station in Tawila by adding tanker services to increase water availability for IDPs. In Martal, 24 emergency latrines were constructed to improve sanitation conditions. In parallel, SAPA distributed non-food items (NFIs), including hygiene and dignity kits, to **12,250 displaced** individuals in Dabba Naira Camp, Dali and Martal in partnership with Islamic Relief USA.



When we went far from the arrival point to help transport people, they told us that some people there were thrown, injured, and unable to make it.”

– Mariam Mohamed,
SAPA’s Nutrition Officer.

Her words captured the reality of families who fled El Fasher in North Darfur, where escalating violence and the collapse of basic services forced tens of thousands to escape on foot. Many walked more than 60 kilometers across harsh terrain, bare-foot and exhausted, with no food or water for days.

Some elderly people were pushed in wheelbarrows, while others were left along the roads, too weak to continue. Many arrived injured, dehydrated, and severely malnourished, especially children.

At SAPA’s response points, teams provided urgent medical and nutrition care to those who survived the journey, offering a first moment of safety, dignity, and hope.





South Darfur

In South Darfur, SAPA mobilized an emergency response in Jebel Marra following two overlapping crises: a landslide in Tersin that displaced hundreds of people and a cholera outbreak in nearby Deribat. These shocks exposed the extreme vulnerability of communities in this remote area, where access to healthcare is severely constrained and humanitarian presence remains limited.

In Tersin, the landslide destroyed homes and forced families into makeshift shelters. SAPA's rapid response team delivered mosquito nets, oral rehydration therapy (ORT), intravenous fluids, and essential medications, including antibiotics and antipyretics. In addition, temporary tents, blankets, and thermal supplies were provided to 70 displaced families, many of whom received humanitarian assistance for the first time since the disaster. Given that the nearest functioning health facilities were several hours away in Sono and Jawa, SAPA's intervention was critical in preventing further morbidity and mortality. Referral support from Jebel Marra to Tawila was also facilitated for severe cases.

Simultaneously, SAPA documented 11 confirmed cholera cases in Deribat and supported the cholera response through coordination with partners, including support to cholera vaccination campaigns and the activation of Oral Rehydration Points (ORPs) to

manage acute cases at community level.



Khartoum

In Khartoum State, SAPA responded to multiple, rapidly evolving emergencies. Following the bombing and shelling of Al-Naw Hospital, SAPA provided critical emergency medical supplies to sustain lifesaving services and support overwhelmed health workers.

SAPA also deployed 10 emergency mobile clinics to serve IDPs in Al-Jamoeya (Karri locality) and Jebel Awlia in April, in partnership with the Global Whole Being Fund (GWBF). These mobile clinics treated approximately **2,137 displaced** individuals, restoring access to essential healthcare in areas with limited functional services.

During the cholera outbreak in June 2025, SAPA led a comprehensive, multi-sectoral cholera response in Khartoum State, integrating case management, surveillance, WASH, laboratory diagnostics, infection prevention and control (IPC), and community engagement. The response was coordinated with the Khartoum State Ministry of Health, Al-Fatah Hospital management, and federal authorities, ensuring alignment with Health Cluster partners, UNICEF, and other actors.

Surveillance activities covered 121 sentinel sites, supported by 9 Rapid Response Teams that visited over **36,000 households**, distributed **8,800**

chlorine strips and 22,900 chlorine tablets, and reached 88,800 individuals with health promotion messages. Environmental health interventions included targeted spraying and chlorination in high-risk areas.

Laboratory support through mobile services enabled 750 diagnostic tests, including 40 Cholera Rapid Diagnostic Tests (RDTs), facilitating timely confirmation and appropriate case management.

Clinical care was provided through a 50-bed Cholera Treatment Unit (CTU) at Al-Fatah Hospital, which treated 281 patients, while 52 mobile clinics reached 5,100 patients, including 186 suspected or confirmed cholera cases. In addition, six Oral Rehydration Points (ORPs) managed 163 acute watery diarrhea cases. IPC and WASH support included the provision of chlorine, disinfectants, PPE, and hygiene supplies to the CTU and six primary health care facilities, while community engagement activities reached 12,480 beneficiaries through awareness sessions and coordinated spraying and fogging operations.

South Kordofan

In South Kordofan, SAPA implemented a coordinated EP & RR response to a cholera outbreak in Abu Jubaiha locality, aimed at strengthening clinical management, reducing transmission, and minimizing cholera-related morbidity and mortality. The response

combined health worker capacity building, improved case management, enhanced surveillance, and targeted community engagement.

To strengthen facility readiness, SAPA conducted specialized training on cholera case management, triage and screening, IPC, and healthcare waste management for 30 health workers from 12 primary health care centers, in addition to staff from the Abu Jubaiha Cholera Treatment Center (CTC). This significantly improved frontline capacity to detect, manage, and safely refer cholera cases.

Following the operationalization of the CTC, 301 cholera cases were reported, of which 284 patients received appropriate treatment. Despite operational and security challenges, cholera-related mortality was contained, with 17 deaths recorded, reflecting improved early detection and case management.



Complementing clinical interventions, SAPA implemented intensive Social and Behavioral Change (SBC) activities. A five-day mobile health awareness campaign was conducted across five residential neighborhoods in Abu Jubaiha, reaching 7,040 households and benefiting 12,248 individuals. Messaging focused on cholera

prevention, safe water handling, sanitation, hygiene practices, and early care-seeking. Additional targeted sessions were conducted in four outbreak epicenter areas, engaging **186 participants** and reaching 613 beneficiaries, alongside the distribution of soap and hygiene supplies.

Furthermore, during the recent escalation of conflict in Heglig, SAPA deployed six emergency mobile clinics to respond to the medical needs of newly displaced populations in Abu Jubaiha, treating approximately **3,165 patients**. SAPA also supported the safe transportation of 109 displaced families to Kosti, in coordination with local authorities, to mitigate protection risks and ensure access to safer living conditions.

Chad Country Office: Emergency Response to Abu Tanga Camp Fire

In 2025, SAPA expanded its emergency response efforts beyond Sudan to address the urgent needs of displaced populations in Eastern Chad. Following a series of devastating fires at Abu Tanga Refugee Camp, which resulted in the destruction of 210 shelters and the displacement of approximately **1,560 individuals**, SAPA's Chad Country Office implemented a rapid humanitarian intervention to support affected families and mitigate the immediate impact of the crisis.

A total of **1,560 individuals (210 households)** were reached through this intervention, receiving essential relief items to restore a minimum level of safety, dignity, and wellbeing. Each household was provided with core emergency supplies, including tarpaulins for temporary shelter, mattresses, water storage containers, and basic food commodities such as flour and pasta. These items were prioritized to address immediate shelter, food security, and basic household needs in the aftermath of the incident.

Implementation was carried out through a community-centered and accountable approach. Affected households were identified and registered in coordination with camp-based community, health, and protection committees to ensure transparency and inclusion. Relief items were procured locally, enabling timely delivery while supporting local markets. Distribution was conducted directly within the camp with the active involvement of community volunteers, and post-distribution follow-ups were undertaken to confirm that all targeted families received assistance as planned.

During implementation, minor adjustments were made to the composition of assistance due to the unavailability of certain items originally planned, such as cooking oil and bottled water. Equivalent alternatives were provided without altering the overall budget envelope, ensuring both financial compliance and responsiveness to beneficiaries' immediate needs.

This intervention highlights SAPA's capacity to respond rapidly and effectively to sudden-onset emergencies in displacement settings beyond Sudan. It also underscores the importance of sustained support for fire-affected populations in Abu Tanga Camp, where recurrent incidents continue to

threaten already vulnerable communities. Strengthening fire prevention awareness, supporting safer shelter reconstruction, and enhancing community-based emergency response mechanisms remain critical priorities moving forward.



Partnerships, Advocacy & Coordination

In 2025, SAPA significantly expanded its advocacy, coordination, and partnership efforts in response to the deepening humanitarian and protection crisis in Sudan, with a particular focus on Darfur and other conflict affected

regions. Building on the momentum of previous years, SAPA positioned itself as a leading medical and humanitarian voice, amplifying the realities on the ground and advocating for urgent, principled, and localized responses.



Advocacy

Throughout 2025, SAPA intensified its advocacy and strategic communications to elevate Sudan's humanitarian emergency particularly the siege dynamics and atrocity risks in Darfur, and the escalating crisis affecting IDPs in and around El Fasher and major displacement sites. SAPA operationalized an evidence-to-advocacy pipeline that translated frontline service delivery data, field verification, and partner-coordinated situational analysis into rapid public-facing outputs. These included situation reports, flash updates, and targeted briefs documenting civilian harm patterns, health system degradation, and humanitarian access constraints, disseminated through SAPA platforms and shared with advocacy networks and media interlocutors to inform public discourse and humanitarian diplomacy.

SAPA elevated the voices of Sudanese health workers and national staff as credible witnesses to the conflict's health and protection impacts, combining clinical perspectives with humanitarian analysis to counter information gaps and normalize sustained attention. This approach included first-person testimony and op-eds authored by frontline clinicians impacted by displacement and violence, strengthening the authenticity and ethical grounding of SAPA's advocacy.

Notably, a Newsweek opinion piece highlighted the lived experience of a

physician displaced from El Fasher who subsequently joined SAPA's mobile clinic response linking the collapse of services to urgent protection and humanitarian access imperatives.

SAPA advanced agenda-setting through participation in high-visibility academic and policy forums that shape decision-maker priorities. In December 2025, SAPA's President contributed to a Harvard Kennedy School forum focused on escalating atrocities in Sudan, alongside diplomatic, humanitarian, and academic leaders — positioning SAPA's operational insights as part of a broader evidence base on civilian protection, mass displacement, and the erosion of health system functionality.

These engagements enabled SAPA to (i) amplify validated field realities, (ii) reinforce the protection-of-healthcare narrative, and (iii) strengthen linkages between humanitarian operations and policy response options.

SAPA leveraged UN General Assembly (UNGA) moments as advocacy accelerators — using the visibility and diplomatic concentration of UN high-level weeks to reinforce calls for civilian protection, unfettered humanitarian access, and strengthened accountability mechanisms. SAPA publicly underscored that Sudan's crisis required prioritization at the UNGA level and warned against normalization of large-scale violations and the collapse of essential services.

In parallel, SAPA monitored and amplified key Sudan-focused UNGA side-events and ministerial engagements convened by states and multilateral actors — supporting broader ecosystem attention to Sudan’s protection and humanitarian financing gaps.

SAPA contributed to collective advocacy efforts with human rights and humanitarian partners through joint letters and coordinated initiatives calling for strengthened international action, including mechanisms to address violations and protection risks. This coalition posture reinforced SAPA’s role not only as an implementer, but as a policy-relevant actor supporting principled humanitarian response and accountability-centered advocacy.

Across 2025, SAPA sustained structured media engagement, via interviews, briefings, and targeted communications with journalists and stakeholders—to keep Sudan on the agenda amid competing global crises. SAPA’s media posture emphasized:

- Protection of civilians and health workers as a non-negotiable prerequisite for effective response;
- The operational consequences of access restrictions, underfunding, and delayed action; and
- The health-system implications of prolonged conflict (workforce attrition, supply chain disruption, facility non-functionality).

SAPA’s advocacy also benefited from strategic knowledge partnerships that strengthened credibility and reach — including policy/academic platforms and analytical collaborations that documented patterns of violence and system collapse.

In addition, SAPA-affiliated leadership contributed to international commentary calling for urgent action to protect Sudan’s health infrastructure.

In addition, SAPA organized and participated in closed and public media briefings dedicated to the Sudan emergency, providing evidence-based analysis and operational updates to journalists, diplomats, and humanitarian stakeholders. The organization also convened and contributed to a number of high-level, Sudan-focused events, including:

1) “Re-imagining Sudan’s Health System in Conflict” Workshop, Kigali, Rwanda (February 2025)

In February 2025, the Sudanese American Physicians Association (SAPA) convened a high-level technical workshop in Kigali, Rwanda, bringing together policymakers, academics, humanitarian actors, civil society leaders, and international partners to re-imagine Sudan’s health system amid protracted conflict. The workshop provided a strategic platform to examine systemic

challenges, identify opportunities, and co-develop a policy-relevant agenda for a resilient, decentralized, and community-driven health system.



● Purpose and Objectives

The workshop aimed to advance a shared vision for a conflict-responsive health system in Sudan by:

- Co-developing a policy agenda for health system resilience and recovery
- Promoting decentralized, community-led health governance models
- Identifying practical solutions to workforce shortages, data frag-

mentation, and service delivery gaps

- Strengthening collaboration across the humanitarian–development–peace (HDP) nexus

● Key Themes and Discussions

Discussions were structured around six thematic areas aligned with health system building blocks and cross-cutting priorities:

- **Governance and Decentralization:** Addressing policy gaps, coordination failures, and accountability challenges, with emphasis on balancing local autonomy and central oversight.
- **Health Workforce:** Strategies for attraction, retention, task-shifting, and leveraging the Sudanese medical diaspora through training, telemedicine, and partnerships.
- **Community Engagement:** Evidence from grassroots initiatives demonstrated that community ownership and accountability are critical for sustainability and trust.
- **Health Information and Digital Innovation:** Strengthening data systems, improving real-time surveillance, and using digital tools for decision-making in fragile settings.
- **Health, Peace, and Stability:** Recognizing health as a peacebuilding tool and promoting integrated

approaches across sectors.

- **Climate Change and Health Resilience:** Addressing environmental stressors and their compounding effects on health vulnerabilities.



● **Key Outcomes and Recommendations**

Participants emphasized a phased approach to health system recovery and reform:

- **Short term:** Expand access to essential services, strengthen emergency coordination, and improve mortality and health data collection.
- **Medium term:** Invest in workforce retention, community trust-building, and partnerships across public, private, and international actors.
- **Long term:** Establish a robust national health information system, ensure sustainable health financing, and institutionalize decentralized governance models that promote equity and resilience.

Across all phases, participants underscored the importance of localization, community leadership, and alignment with HDP Nexus principles.

● **Moving Forward**

The workshop concluded with a strong consensus on SAPA's pivotal role in advancing health system resilience in Sudan. The recommendations form a practical roadmap to guide advocacy, partnerships, and programmatic action, reinforcing SAPA's commitment to data-driven policy, community-led solutions, and sustainable health system rebuilding in crisis-affected settings.

2) **“Two Years of War: Sudan’s Crisis and the Urgent Need for Response”**, Kampala, Uganda (April 2025)



3) SAPA General Assembly, Houston, Texas (November 2025)

At the global level, SAPA’s Board and Executive Director participated in the United Nations General Assembly in New York in September 2025, engaging in multiple side events and high-level meetings on Sudan. These platforms were used to advocate for the protection of civilians and humanitarian personnel, the opening of safe

corridors for aid delivery, the lifting of bureaucratic and security barriers, and the prioritization of aid localization and national leadership in the response.

SAPA also remained actively engaged in collective advocacy initiatives, joining group campaigns and signing open letters calling for unhindered humanitarian access, accountability for human rights violations, and an end to the targeting of civilians and essential infrastructure.



Coordination

Operational coordination remained a core pillar of SAPA's work in 2025. The organization maintained an active presence in national and sub-national sectoral coordination mechanisms in all areas of operation, including the Health, Nutrition, WASH, Protection, and Camp Coordination and Camp Management (CCCM) clusters.

In Tawila, where SAPA hosts one of its main field offices, the organization regularly convened and supported key coordination meetings, including:

- Humanitarian coordination forums led by OCHA
- Health Cluster meetings led by the WHO
- Nutrition Cluster meetings led by UNICEF

These platforms strengthened information sharing, joint planning, referral pathways, and the harmonization of emergency standards among national and international actors.

SAPA further reinforced its coordination with government authorities at federal, state, and local levels, as well as with community-based organizations and traditional and civic leaders. This engagement was essential for facilitating access, ensuring community acceptance, and maximizing the effectiveness and accountability of interventions.

At the strategic level, SAPA remained an active member of the Localization Coordination Council, supporting Sudanese mutual aid groups, promoting equitable partnerships, and advocating for the leadership of national and community actors in humanitarian decision-making and resource allocation.

SAPA also maintained continuous participation in high-level coordination and briefing meetings, including those convened by the UN Humanitarian Coordinator and the Deputy Humanitarian Coordinator, contributing operational insights from the field and reinforcing calls for principled, needs-based, and well-coordinated responses across conflict affected and hard-to-reach areas.



Challenges & Lessons Learned:



Key Challenges

Operating in Sudan in 2025 presented profound and persistent challenges:

- **Insecurity and Access Constraints:** Active hostilities, attacks on civilians and health facilities, and shifting frontlines limited humanitarian access and disrupted service continuity in several locations.
- **Health System Collapse:** Severe shortages of health workers, medicines, electricity, water, and functional infrastructure constrained service delivery, particularly at referral and tertiary levels.
- **Mass Displacement and Overcrowding:** Repeated waves of displacement overwhelmed host communities and existing services, increasing disease transmission risks and protection concerns.

- **Outbreaks and Public Health Emergencies:** Cholera and other communicable disease outbreaks required rapid, multi-sectoral responses in already overstretched settings.
- **Funding and Supply Chain Volatility:** Delays in funding disbursement, rising operational costs, and supply chain disruptions affected planning and scale-up efforts.

Lessons Learned & Operational Implications for the Year 2026

Despite persistent insecurity and 2025 implementation generated clear, actionable lessons for delivering high-quality humanitarian health programming and enabling early recovery in conflict affected settings:

1. Integrated, Multi-Sectoral Service Delivery

Lesson Learned:

Integrated programming across health, nutrition, WASH, protection, psychosocial support, and social assistance consistently yielded better service coverage, reduced duplication, and improved continuity of care in displacement and outbreak-prone

settings. Fragmented delivery models were less effective in addressing complex, compounding vulnerabilities.

Operational Implications for 2026:

SAPA will institutionalize integrated service packages as the default operational model through joint micro-planning, harmonized targeting criteria, unified referral pathways, and interoperable monitoring tools across sectors. Inter-sector case management protocols and shared beneficiary tracking systems will be strengthened to ensure continuity and efficiency.

2. Community-Led Governance and Accountability

Lesson Learned:

Structured community governance mechanisms, as operationalized through the Community-Led Recovery (CLR) model, were critical to sustaining service delivery in contexts of institutional disruption. Community ownership improved acceptance, accountability, prioritization accuracy, and operational continuity.

Operational Implications for 2026:

SAPA will scale CLR using standardized governance and fiduciary tool-

kits, including formalized community agreements, financial oversight mechanisms, Accountability to Affected Populations (AAP) feedback systems, and facility-level performance scorecards. Community-based monitoring will be expanded and integrated into routine program review cycles.

3. Emergency Preparedness and Surge Capacity

Lesson Learned:

Pre-positioned supplies, trained rapid response teams, functional early warning systems, and clear activation thresholds were decisive in reducing morbidity and mortality during outbreaks, sudden displacement, and acute shocks. Delays in activation significantly increased operational and health risks.

Operational Implications for 2026:

SAPA will strengthen Emergency Preparedness and Rapid Response (EP & RR) readiness through state-level preparedness benchmarks, including minimum stock thresholds, defined epidemiological and displacement triggers, and standardized 48–72-hour deployment protocols. Sentinel surveillance and risk mapping will be expanded to support earlier detection and faster decision-making.

4. Health Workforce Capacity and Retention

Lesson Learned:

Sustained service quality in fragile settings depends on continuous workforce investment. Capacity building, structured mentorship, supportive supervision, and incentive mechanisms were essential to maintaining clinical standards, preventing burnout, and reducing workforce attrition.

Operational Implications for 2026:

SAPA will transition from ad hoc training models to competency-based workforce development systems, including Training of Trainers (ToT) cascades, facility-based mentoring, and routine clinical quality audits. Incentive frameworks will be refined to align with performance, retention, and duty-of-care standards, with integrated staff well-being and safety measures.

5. Localization and Strategic Partnerships

Lesson Learned:

Effective collaboration with government authorities, UN agencies, international NGOs, and community actors enabled scale, legitimacy, access, and resilience. Localization was most effective when roles, responsibilities, and accountability mechanisms were clearly defined and mutually agreed.

Operational Implications for 2026:

SAPA will formalize partnership architectures through clear role delineation, joint performance indicators, and data-sharing agreements. Government integration will be deepened through co-planning, joint supervision, and phased handover pathways where fea-

sible. Consortium-based approaches will be prioritized for large-scale recovery interventions and infrastructure rehabilitation.

These lessons continue to inform SAPA's strategic direction and operational design.



Conclusion

In 2025, SAPA sustained high-tempo operations in one of the world's most complex humanitarian settings, delivering life-saving services while simultaneously investing in the core enablers of health system functionality. Through integrated health and nutrition service delivery, rapid response to shocks and outbreaks, targeted rehabilitation of priority facilities, and workforce capacity strengthening, SAPA mitigated preventable morbidity and mortality and protected access to essential care for conflict affected communities. In parallel, SAPA's multi-sectoral social protection interventions helped address compounding risks — food insecurity, protection threats, and psychosocial distress — that directly shape health outcomes and survival.

Importantly, 2025 consolidated SAPA's strategic shift from emergency delivery alone toward structured early recovery and system resilience, with an explicit emphasis on localization, continuity,

and accountable service restoration. Initiatives such as Community-Led Recovery (CLR) and Project NOOR advanced a model of responsive community-driven programming and innovation-enabled systems strengthening — supporting locally governed facility restoration, restoring critical utilities and oxygen capacity, expanding newborn survival interventions, and strengthening referral readiness and service quality in resource-constrained settings.

As Sudan's crisis persists, SAPA will continue to align humanitarian action with recovery pathways, prioritizing the protection of civilians and health workers, sustaining essential services in high-need locations, strengthening community ownership and institutional capacity, and working with government and humanitarian partners to ensure that health and social protection remain central to dignity, stability, and long-term recovery.



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SAPA's Footprint Across Sudan





SUDANESE AMERICAN PHYSICIANS ASSOCIATION

HAVE ANY QUESTIONS? **REACH OUT TO US**

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