

Flygtningenævnets baggrundsmateriale

Bilagsnr.:	722
Land:	Sudan
Kilde:	ACAPS
Titel:	Sudan. Impact of the war on women and girls
Udgivet:	23. januar 2024
Optaget på baggrundsmaterialet:	6. juni 2024

OVERVIEW

Women and girls have been facing escalating protection threats and reduced access to basic services, such as essential healthcare, in conflict zones in Sudan since the start of the conflict on 15 April 2023. Kidnapping, enforced disappearances, and conflict-related sexual violence (CRSV), often involving armed groups such as the Rapid Support Forces (RSF), are widespread (WHO 05/07/2023; Arab News 07/06/2023). The situation builds on the historical use of CRSV in Sudan at times of conflict, particularly the use of rape as a weapon of war. Certain groups are at particularly high risk of gender-based violence (GBV) and other human rights violations. These groups include IDPs and refugees living in overcrowded, poorly lit reception centres with low security. Lack of education access because of the conflict has increased girls' risk of early marriage and GBV. Despite increasing health risks, such as the current cholera outbreak, the access of women and girls to essential healthcare is greatly reduced (UNFPA 29/10/2023; KII 16/11/2023). This includes life-saving reproductive and maternal health services. Menstrual hygiene product scarcity also severely affects their dignity (KII 12/11/2023).

Despite the heightened protection and health threats affecting women and girls in Sudan, the humanitarian response is facing considerable barriers to meeting associated needs. Security and access challenges impede effective responses, and despite efforts to reach over 170,000 people, a significant funding gap has hindered progress. Mental health support for human rights violation survivors and those affected by the conflict generally remains limited, and survivor-centred healthcare is lacking in some states. Sudanese women activists and civil society stakeholders have emerged as key drivers of positive change through their involvement in peace initiatives, humanitarian efforts, and civil society organisations, building on the legacy of women's participation in resistance and the 2019 revolution. They nonetheless face challenges, as women human rights defenders are specifically targeted with violence (KII 20/11/2023).

Historically and in the current conflict, women have played a critical role in building community resilience and advocating peace.

About this report

Aim: The report aims to provide a better understanding of the status of women and girls and how the conflict that began in April 2023 has affected them. The report focuses on specific protection threats affecting women and girls, impacts relating to health and nutrition, access to services, and the most affected groups.

Methodology: This report was developed through a review of publicly available information, including approximately 70 reports from UN agencies, international organisations, the media, and local sources. These included sector-specific humanitarian reports focusing on health, GBV, and protection in general; media reports on healthcare access for and violence against women and girls; and other sector-wide alerts and reports. Interviews with seven individuals representing the women's protection unit, regional and international organisations, and UN agencies from across the GBV, health, and emergency response sectors further enriched the report.

Limitations: The report does not cover the situation across the whole of Sudan and may have missed information on certain geographical locations. It covers the areas highlighted in publicly available reports and key informant interviews.

The report focuses on GBV types and impact on women and girls. It does not include any prevalence data, which, according to the Protection Cluster's minimum standards for GBV, is likely to significantly underestimate GBV in an emergency setting because of underreporting.

It is not always clear from sources and informants whether some protection incidents are abductions, kidnappings, or enforced disappearances, in which case the report uses the term 'abduction'.

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KEY FINDINGS

- GBV is deeply rooted in Sudan's history, often wielded as a weapon during conflict. The lack of robust legislation and sociocultural barriers deter survivors from seeking justice, especially during the Darfur conflict from 2002, when rape and physical violence against women were systematically employed as tools of war.
- Patriarchal gender roles persist despite constitutional equal rights, affecting women's economic contributions. Conflict increases domestic responsibilities, particularly caregiving, intensifying related challenges.
- Protection risks for women and girls have escalated since the recent conflict, marked by kidnapping, abduction, and enforced disappearances. Ransom demands and forced labour further compound their plight. Forced marriages, human trafficking, and increased child marriage risks are prevalent. Armed groups, notably the RSF, are responsible for the majority of CRSV incidents.
- Conflict parties have targeted and subjected African ethnic groups, particularly the Masalit in West Darfur, to various human rights violations.
- The crisis has compromised humanitarian access in conflict zones, affecting medical care, maternal health, and menstrual hygiene supply. Cholera outbreaks pose additional threats, especially to pregnant women. Attacks on health centres disrupt essential services, while malnutrition further complicates health issues for pregnant and lactating women.
- IDPs and refugee women, particularly migrant and refugee women from Eritrea and South Sudan, face heightened GBV vulnerabilities. Women and girls on the move are at an increased risk of CRSV.
- GBV responders encounter conflict-related security and access challenges, hampering support for survivors. Insufficient funding for GBV prevention and response leaves a significant gap. Survivors often grapple with depression, post-traumatic stress disorder, and suicidal tendencies. GBV health responses lack survivor-centred approaches, impeding psychosocial support.
- Amid these challenges, women actively participate in peace initiatives, humanitarian efforts, and civil society organisations. They lead groups advocating peace, documenting violations, and monitoring human rights abuses. Despite adversities, women persist in mobilising community-led action and play pivotal roles in society and the humanitarian response.

CONTEXT OVERVIEW

On 15 April 2023, violent conflict erupted between the Sudanese Armed Forces (SAF), led by General Abdel Fattah al-Burhan, and the RSF, a paramilitary group formed from the Janjaweed forces and led by Mohamed Hamdan Dagalo (also known as Hemedti). The violence has led to mass displacement and thousands of casualties. As at 4 December, the conflict had forcibly displaced over 6,700,000 people within and outside Sudan, and more than 13,000 had been recorded as at 12 January (UNHCR accessed 15/11/23; ACLED accessed 16/01/2023).

The conflict has been ethnicised, with certain non-Arab communities particularly targeted. In Darfur, the RSF and its allied militias have targeted the Masalit tribe with systematic attacks, leading to thousands of deaths (HRW 11/12/2023).

The impacts of the conflict are clearly gendered. As at 19 December, there were approximately 5,500,000 IDPs in Sudan (IOM 19/12/2023). Over three-quarters were women and girls of reproductive age, and over 100,000 were pregnant women in need of urgent access to essential reproductive health services as at 15 October (Africa Renewal 16/11/2023; UNFPA 15/10/2023). Displacement has particularly affected women, with the lack of safe spaces leaving them even more vulnerable to GBV threats. They also lack access to basic health services and dignity kits (KII 01/12/2023). Malnutrition, a longstanding issue in Sudan, continues to affect women and girls, with pregnant women facing the harshest impact. The lack of services during the current conflict has only aggravated this situation (CARE 01/10/2023).

Women and girls are also experiencing extensive human rights violations because of both parties' conduct in the conflict (SIHA 25/10/2023). Protection concerns include a heightened risk of specific forms of GBV, including CRSV and intimate partner violence (IPV), abductions, kidnappings, and enforced disappearances. Reports of the first CRSV cases performed by armed groups began almost immediately after the conflict started. Within the first month, reports of CRSV were widespread (Insecurity Insight 30/09/2023). Actual incident rates are likely much higher, as reporting is inhibited by the trauma, shame, and stigma attached to sexual violence, limited access to GBV medical response services, and limited communications capacity across Sudan (Radio Tamazuj 16/10/2023; Protection Cluster 01/10/2023). The conflict has also increasingly constrained humanitarian reporting and access to emergency care (WHO 05/07/2023).

Women's role before and after the beginning of the war

Amid the devastating impact of the conflict in Sudan, women have emerged as key drivers of change, actively engaging in diverse peace initiatives, humanitarian efforts, and civil society organisations. Since the late 19th century, women have organised against colonisation and fought for their rights, with the formation of the Sudanese Women's Union in 1952 marking a significant turning point. While political obstacles impeded the development of a robust women's movement, Sudanese women played a crucial role in the 2019 revolution that ousted dictator Omar Hassan al-Bashir (WILPF 26/04/2023). The 2019 Constitutional Document, with the inclusion of the Juba Peace Document, subsequently included specific commitments to women's rights, peace, and security (Peace Women accessed 27/11/2023). Although women were not proportionately represented in negotiations, the inclusion of gender-focused commitments distinguished these peace documents from past political frameworks, which addressed gender issues to a much lesser degree.

Building on this, in response to the current conflict, over 49 women-led groups, collectively forming the Peace for Sudan Platform, have united to advocate peace and address the crisis. This collaborative effort, with support from the UN Women Sudan office, has facilitated increased coordination among women's groups, fostering strong solidarity across all Sudanese states. Networks such as Women Against War and Mothers of Sudan campaign document violations, monitor the situation, and advocate peace (WILPF 26/04/2023; UN Women 26/10/2023).

Regional groups, including women's and youth initiatives or networks, have also stepped in to run volunteer-led, community-based services after the conflict led international organisations to reduce operations, but not without challenges. Women remain excluded from leadership roles in governance and conflict-resolution committees. Some civil society organisations, especially those that are women-led and that serve as key community entry points for humanitarian stakeholders' GBV programming in conflict areas, have also faced deliberate targeting, looting, and the destruction of their premises. They have had their staff displaced as well, affecting service delivery (KII 20/11/2023). Despite these setbacks, women civil society stakeholders persist in mobilising community-led action, supporting community-led initiatives, and playing crucial roles in information dissemination and the continuity of regional groups (CARE 01/10/2023).

Background on violence against women and girls

GBV is not new in Sudan, especially during times of conflict. Conflict parties have historically used CRSV, and rape in particular, as a tool to intimidate communities and solidify power in Sudan (KII 16/11/2023). In the Darfur conflict that began in 2002, when mostly non-Arab groups protested the prolonged neglect of their region and the exploitation of their resources, rape was used as a deliberate and regular tool of war. The attacks were mostly against non-Arab villages (Al Jazeera 16/05/2023; HSPH 31/10/2004). Before, during, and following rape, women would be subjected to additional physical violence, including beatings using sticks, whips, or axes (MSF 03/07/2005).

Other human rights violations specifically targeting women and girls during the Darfur conflict included torture, abductions, human trafficking, sexual slavery, and forced displacement by the Janjaweed forces. These had profound impacts on survivors' lives, including social stigma and negative economic, social, health, mental health, and human rights consequences (AI 18/07/2004).

Following two further counterinsurgency campaigns by the RSF in Darfur in 2014 and 2015, armed groups again used CRSV. In the town of Golo in Central Darfur, women were gang-raped in front of communities, and those who resisted were killed. In Tabit town in North Darfur, women and girls endured mass rapes and physical assaults (HRW 09/09/2015 and 11/02/2015). Reports also indicate that the RSF performed rapes, killings, and beatings in Blue Nile state (HRW 14/12/2014). Survivors had little to no access to clinical management of rape (CMR) services.

More recently, during the women-led pro-democracy protests of 2019, reports of mass rapes against women by the RSF and other paramilitary groups emerged, suggesting that senior military officials ordered these incidents to quell the pro-democracy movement (AP 03/06/2020). On one occasion, hospitals received dozens of rape cases following the dispersal of a sit-in where, for weeks, protesters had been demanding the military to relinquish power (Al Jazeera 23/04/2019; The Guardian 11/06/2019). Women also faced sexual assault, blackmail, and sexual violence threats by the military aimed at breaking and silencing them throughout the revolution (CNN 17/05/2019).

The historical patterns of violence against women in Sudan have led to the normalisation of targeting women and inflicting fear and humiliation on communities, especially during conflict (KII 16/11/2023).

Sociocultural drivers of harmful gender norms in Sudan

In Sudan, gender roles are deeply ingrained and patriarchal despite the 2005 interim constitution ensuring equal rights for both men and women in economic activities, political participation, education, and all human rights. The lack of protective laws, along with factors such as conflict and poverty, also poses challenges to upholding these rights (UNDP et al. 12/2019; JICA 15/03/2012).

Social and cultural norms also typically position women as subordinate to men. For example, the law does not provide for gender equality and offers minimal protection from GBV (UNDP 12/2018). This increases men's power over women, which can be a driving factor of violence.

Men are traditionally viewed as the main income earners, while women are expected to fulfil homemaking responsibilities. The prevailing belief is that a woman's financial dependence on her husband or father is normal, emphasising a traditional structure where men provide for their families economically (Cultural Atlas accessed 17/10/2023). This is likely to reduce women's power at the household level. Women still play a significant though often underrecognised role in the household economy, engaging in both formal and informal work across rural and urban settings. Their contributions extend to agricultural tasks, handicraft production, and other informal activities (JICA 15/03/2012).

In the context of the current conflict, traditional gender roles persist within households, worsening gender inequality. The burden of unpaid caregiving, such as childcare, cooking, and cleaning, falls predominantly on women, aligned with regional social and cultural norms. With schools closed, women have to manage children without the support of educational institutions. At the same time, men are increasingly absent as a result of various conflict-related factors, further intensifying women's domestic responsibilities (CARE 01/10/2023).

PROTECTION THREATS AFFECTING WOMEN AND GIRLS

Women and girls as young as 12 years old are facing various protection risks from armed groups such as the RSF (CARE 01/10/2023). These include various forms of GBV, such as CRSV, forced marriage, and IPV, kidnappings, abductions, enforced disappearances, and human trafficking. These human rights violations have rapidly increased since the start of the latest conflict and represent some of the most prevalent and pressing issues currently affecting women and girls. Displacement, increased insecurity because of armed violence, lack of safe spaces for women and girls, and increased tensions within households have aggravated these protection threats affecting women and girls.

Conflict-related sexual violence

CRSV refers to rape, sexual slavery, forced prostitution, forced pregnancy, forced abortion, enforced sterilisation, forced marriage, and any other form of sexual violence of comparable gravity perpetrated against women, men, girls, or boys that are directly or indirectly linked to conflict (UNSC 03/06/2020).

Healthcare practitioners, social workers, and community-based protection networks in Sudan have all observed a sharp increase in CRSV reports across the country (WHO 05/07/2023; Atalayar 29/07/2023; CARE 01/10/2023). Despite the SAF's track record of committing CRSV, current reported cases more frequently cite the RSF, as well as opportunistic criminal gangs present mainly in Khartoum and Darfur, as the perpetrator (Atalayar 29/07/2023; Arab News 07/06/2023). In some reported cases, the motivation appears to be racial or ethnic (OHCHR 17/08/2023). Regional women human rights defenders providing life-saving GBV services to survivors have also been deliberately targeted (UN 17/08/2023). Frontline female defenders working in emergency rooms in Khartoum who tried to coexist with the RSF while providing services to the community have experienced sexual violence, with some being killed after resisting (KII 16/11/2023).

CRSV incidents against women and girls have been predominantly documented in urban zones with intense fighting, leaving civilians confined within their residences (Insecurity Insight 30/09/2023). Areas where CRSV incidents have been reported include, but are likely not limited to, Darfur region (most notably Ag Geneina in West Darfur), Khartoum, and North and West Kordofan (CARE 01/10/2023; Protection Cluster 15/10/2023).

In Ag Geneina, Khartoum, and Um Durman, women have been subjected to rape in their own homes, and family members have been killed after trying to defend women and girls from sexual violence. In Darfur and Khartoum, women and girls have been subjected to rape along the road on their way to and in markets (CARE 01/10/2023). Women and girls in locations with

RSF presence who attempted to coexist with them are being prevented from leaving and have also been subjected to sexual violence, with cases of gang rape reported in southwest Um Durman (KII 16/11/2023). In Khartoum, women have faced attacks within their homes after armed groups forcibly entered and looted residences. Documented reports also describe women being held under conditions of sexual slavery, with multiple armed men raping them (CARE 01/10/2023).

In East Darfur, respondents in a rapid gender analysis reported rape in camps as a serious concern. Reports indicate that rape cases have increased pregnancies outside of marriage given a lack of access to emergency contraception. The situation is detrimental to women's and girl's security, health, social standing, and emotional wellbeing. When girls are impregnated during rape, their mothers also face an increased risk of physical assault. A traditional belief in East Darfur that the mother of a woman or girl impregnated through rape is accountable for the family's dishonour justifies the beating of the mother (CARE 01/10/2023). Across Sudan, GBV service providers have noted other long-term effects of CRSV, including injuries and the transmission of sexually transmitted infections, such as HIV (UNFPA 29/11/2023).

Elsewhere in Darfur, including Khartoum and West Darfur, women have been killed after resisting rape, and parents have lost their lives while trying to defend their daughters (Reuters 22/09/2023; SIHA 03/2023).

Kidnappings, abductions, and enforced disappearances

Abduction refers to the forcible capture of individuals. An abduction becomes a kidnapping once hostage takers make demands (EISF 09/11/2017). An enforced disappearance is considered to be an arrest, detention, abduction, or any other form of deprivation of liberty by agents of the State or by people or groups acting with the authorisation, support, or acquiescence of the State, followed by a refusal to acknowledge the deprivation of liberty or by the concealment of the fate or whereabouts of the disappeared person, which places such a person outside the protection of the law (UNHRC 28/12/2010). When the sources used by this report were unclear about whether incidents were abductions, kidnappings, or enforced disappearances, the report used the term 'abduction'.

The exact number of women and girls affected by abductions, kidnappings, and enforced disappearances in Sudan is unknown, but the issue has grown in prominence since the start of the conflict in April 2023. In East Darfur, reports have emerged of the abduction of women during displacement-related travels. These abductions take various forms, including kidnappings for ransoms of around SDG 30 million (USD 50,000). Reports also indicate that women and girls are being abducted, chained, or detained in "inhuman, degrading slave-like conditions" in RSF-controlled areas in Darfur (UN 03/11/2023). Some women have been seen chained up in cars and pickup trucks (OHCHR 03/11/2023).

In Darfur, parts of Khartoum North, and Um Durman, reports suggest that hundreds of women have been abducted. Some survivors reported being taken and held with other women in warehouses, abandoned houses, and hotels and subjected to repeated rape by their captors (Insecurity Insight 30/09/2023). In West and South Kordofan states, there are reports of women being abducted in view of their families (UN Women 05/07/2023). Women and girls in conflict-affected areas, members of minority communities, IDPs, and refugees have been particularly targeted (Sudan War Monitor 03/11/2023).

It is not always clear who is responsible for the abductions, but most have been attributed to armed groups, particularly the RSF (France 24 02/08/2023). According to the Strategic Initiative for Women in the Horn of Africa, the RSF have been kidnapping female civilians and holding them hostage in Darfur. The RSF then either return them to their families following payment of ransom or sell them in markets (SIHA 01/08/2023). The RSF have also abducted women and girls in Khartoum in front of their families (CARE 01/10/2023). The Sudanese Group for Victims of Enforced Disappearance has documented 800 civilians who have experienced enforced disappearance in Ag Geneina, Al Fasher, El Obeid, Khartoum, Khartoum North, Medani, Nyala, Um Durman, and Zalingi since the start of the 2023 conflict (Sudan Tribune 05/12/2023). Reports suggest that some left home before disappearing, while others were taken while travelling to different areas (TNA 13/07/2023).

Forced marriage

There are reports of women being forcibly married (OCHA accessed 16/11/2023). In RSF-controlled areas in Darfur, women are being abducted and held then forcibly married (OHCHR 03/11/2023). In Khartoum, there are instances of young girls being forced into marriages with RSF soldiers. These forced marriages may come from parents agreeing to dowry proposals after the RSF has restricted their family's access to essentials, making dowries their only means of survival. The increase in cases of forced marriage, including child marriage, has also been linked to hyperinflation and economic challenges (UNFPA 29/11/2023). Families might also agree to these forced marriages out of fear of potential violent retaliation from the RSF if they resist (SIHA 03/2023).

Another potential driver of child marriage is decreased education access, as the conflict has impeded access to schools for children. This has increased the risk of dropouts and left girls without protection and access to secure learning environments. Girls who drop out of school are particularly vulnerable to child marriage and other human rights violations (Education Cluster 05/09/2023; UNICEF 09/10/2023; CARE 01/10/2023).

Intimate partner violence

There is a concern that the incidence of IPV may increase as the current conflict persists, given historical patterns linking conflict and economic hardship to heightened IPV risks when large groups of people cohabit, particularly in overcrowded settings such as camps or collective shelters (CARE 01/10/2023). While survey respondents in a CARE rapid gender analysis did not report a noticeable surge in IPV cases, underreporting is likely to affect the data. A few respondents from East Darfur and Khartoum did acknowledge IPV to be a growing issue. They attributed this to rising tensions and conflicts within households, stemming from men's inability to find employment, financial constraints, and displacement, leading to an increase in divorce cases (SIHA 01/08/2023; CARE 01/10/2023). High inflation and economic hardship further increase sources of household stress and are among the main triggers of IPV (UNFPA 29/10/2023).

Trafficking

In the current conflict, women and girls are at risk of human trafficking, which had been observed previously during the 2003 Darfur conflict (Arab News 07/06/2023). In the current conflict, reports indicate a number of forms of trafficking. Reports include abduction for forced labour, with women forced to provide domestic services for combatants, including the provision of emergency healthcare, cooking, and cleaning. There are also reports of girls being abducted from Khartoum to Darfur for sexual exploitation, including sexual slavery (OHCHR 16/10/2023). In South Darfur, many displaced women and girls from Otash camp have been kidnapped and raped. Many women and children fleeing Khartoum have lost their identification documentation, increasing their vulnerability to traffickers, who often lure them with false promises of security during transportation (CARE 01/10/2023; SIHA 01/08/2023).

THREATS TO WOMEN'S AND GIRLS' HEALTH

The conflict is also aggravating risks to women's and girls' health, including their reproductive, nutritional, and mental health. Nearly 15,000 women face the likelihood of complications during pregnancy and childbirth, necessitating Cesarean sections. Looking ahead, an estimated 36,000 displaced women were expected to give birth from November to January, highlighting the pressing need for timely and essential maternal health and obstetric services in these challenging circumstances (UNFPA 29/10/2023).

The current conflict is significantly restricting access to life-saving healthcare, including reproductive and maternal. This leaves thousands of pregnant women without proper maternal health services, posing life-threatening consequences for both mothers and infants (ORF 08/06/2023). Many expectant mothers take long journeys to receive medical attention, posing challenges and potential harm to both their and their babies' wellbeing. For those unable to travel, delivering at home without the assistance of trained medical professionals increases the risk of complications, including sepsis, haemorrhage, and obstructed labour. Hundreds of thousands of pregnant women and newborns face heightened vulnerability in such circumstances (Olaleye et al. 09/09/2023).

The conflict's toll on sexual reproductive and maternal health is alarming, with numerous hospitals having been attacked and over 61% of health centres in Khartoum forced to shut down (ORF 08/06/2023). As at 18 October, 70% of the hospitals in conflict-affected states were not functional (UNICEF 18/10/2023). In Khartoum, armed groups control areas surrounding the few remaining hospitals, deterring women from seeking healthcare, including necessary obstetric and neonatal care (CARE 01/10/2023).

Even where services are available, healthcare costs pose a challenge for many women and girls. Treatment for complications, such as Caesarean deliveries, poses an additional financial burden. In East Darfur, Caesarean deliveries cost as much as SDG 200,000 (USD 330), rendering it impossible to afford for most and risking the lives of both mothers and babies given delivery complications (CARE 01/10/2023). Some national service interventions distribute menstrual hygiene kits, but a lack of coordination between service delivery organisations and procedural delays challenge access to these services (KII 12/11/2023).

At the same time, the Federal Ministry of Health in Gedaref officially declared a cholera outbreak on 26 September 2023, followed by declarations in Khartoum and South Kordofan on 7 October. This heightened situation poses an additional threat to pregnant women, increasing their susceptibility to dehydration and, consequently, contributing to adverse pregnancy outcomes (UNFPA 29/10/2023). A further critical but often overlooked issue is the scarcity of sanitary products for menstrual care, compounded by the increasing shortage of water, compromising women's and girls' health and dignity.

Malnutrition has also become a pressing issue since the start of the conflict in April, particularly affecting children, pregnant women, and lactating women across all states (CARE 01/10/2023). Over one million pregnant and lactating women were reported to suffer from acute malnutrition in November 2023 (Nutrition Cluster accessed 15/11/2023). The lack of nutrition services worsens the problem, leaving pregnant and lactating women and infants without essential screenings and support services, such as counselling, breastfeeding promotion, and micronutrient supplements, affecting their health and wellbeing. In a CARE rapid gender analysis, nutritional support was identified as the biggest reproductive health need for women and girls, with both female and male respondents emphasising its critical importance, especially in Khartoum (CARE 01/10/2023).

The lack of safe spaces for confidential GBV service provision has also particularly affected IDP hosting states, with overcrowding making it challenging to establish women's and girls' safe spaces (KII 20/11/2023). Given the lack of safe spaces, some survivors have requested the creation of sections for women and children only (UNFPA 29/11/2023).

The impact of the conflict extends beyond the physical, with the mental health of women and girls also being affected. There are reported cases of depression and post-traumatic stress disorders, with strong suicidal tendencies observed among GBV survivors, heightening the need for mental health and psychosocial support (MHPSS) interventions. Access to MHPSS services is extremely limited for women and girls, and GBV survivors are often left without pathways to receive support (UNFPA 29/11/2023). In the same CARE rapid gender analysis, female respondents more generally reported increased feelings of depression and fear, as well as feelings of isolation without extended family and social connections. Widowed and divorced women face additional psychological stressors with the collapse of the rule of law, including challenges with child custody and alimony payments (CARE 01/10/2023).

GROUPS MOST VULNERABLE TO CONFLICT-RELATED THREATS

All women and girls in Sudan face increased vulnerability as a result of the conflict, which puts them at risk of GBV and other rights violations, such as impeded access to essential healthcare. Some groups are at even greater risk of specific forms of conflict-related threats.

IDPs and refugees

Besides conflict, the dire economic situation in Sudan has been driving hundreds of thousands of men and women to leave their homes in search of employment opportunities, aggravating the impact of the conflict (WILPF 26/04/2023). As at 13 December, there were over 5.4 million IDPs in the country (IOM 13/12/2023). Approximately 70% of the IDPs were women, including those in conflict areas, while 90% of refugees crossing borders to Chad were women and girls (OCHA accessed 16/11/2023).

Displaced women lack sources of income and livelihood, further increasing their vulnerability to and risk of GBV, including sexual exploitation and abuse (KII 20/11/2023). Anecdotal reports suggest that refugees and internally displaced women have been specifically singled out for CRSV (AI Jazeera 16/05/2023; TNH 26/06/2023). The risk of CRSV is especially high when women and girls are on the move seeking safer locations, food, and water both inside Sudan and across borders (UNFPA accessed 15/01/2024; Atalayar 29/07/2023). There has been an increase in reports of GBV, particularly against IDPs fleeing from one state to another. Women and girls also face sexual violence threats when trying to escape urban areas. Reports indicate that women and girls travelling on buses have experienced rape by armed groups. Frequently, these buses are stopped at checkpoints, leading to women being removed and subjected to rape (Insecurity Insight 30/09/2023).

Women in temporary shelters as well as those awaiting visas at border points are also at heightened risk of sexual violence and exploitation (OCHA 06/12/2023). Camps do not offer protection from abuse. In Ardamata camp, which hosts IDPs in West Darfur, there are reports of women being subjected to CRSV (UN 17/11/2023). Displaced women currently living in camps are exposed to a higher risk of GBV more generally where there is inadequate lighting and overcrowding (CARE 01/10/2023). For example, the increase in psychological stressors among men has increased the risk of IPV in IDP sites (UNFPA 29/11/2023).

Some groups of IDPs and refugees are at heightened risk of violence. More non-Sudanese women were targeted earlier on in the conflict, but attacks on Sudanese women have since become more common (AI Jazeera 16/05/2023). Migrant and refugee women and girls, mainly originating from Eritrea and South Sudan, have also experienced significant disruptions to their lives and safety and have also been vulnerable to violence (OHCHR 17/08/2023).

Ethnic groups

The RSF has targeted African ethnic groups, particularly the Masalit in West Darfur, with systematic attacks that have led to thousands of deaths in mass ethnic killings (HRW 12/12/2023 and 26/11/2023). They have also been subjected to looting of their property, unlawful detention, and assault of members of their community (HRW 26/11/2023). There are also reports of the RSF rounding up and subjecting African ethnic groups to assault, as well as reports of killings in Ardamata (CNN 16/11/2023). The RSF have also been accused of committing crimes against humanity and ethnic cleansing (HRW 11/12/2023).

RESPONSE CAPACITY

With the increased risk of GBV, women and girls require access to survivor-centred GBV services, including MHPSS, that can support their recovery. They also have health needs (including reproductive and maternal) that are vital for their physical and psychological wellbeing and dignity. Since the start of the conflict, access to all these potentially life-saving services has been severely curtailed across most of Sudan.

GBV services

As at 15 November, the GBV subsector in Sudan and GBV responders had reached over 170,000 people since the start of the conflict with CMR, material assistance to GBV survivors, legal and psychosocial support, capacity-building to support service provision, awareness campaigns, and material aid for survivors. Information sessions on GBV issues and available services, along with referral systems, were conducted through community-based structures. Temporary women centres in accessible gathering points were established based on consultations with women, girls, and community leaders (UNFPA 29/11/2023; OCHA 06/12/2023).

That said, GBV responders still face immense security and access challenges in areas with high rates of violence, especially Khartoum state and Darfur and Kordofan regions, where there is limited capacity to support victims of sexual violence (UNFPA 29/11/2023; UN17/08/2023). Communication challenges make it impossible to undertake a mapping of the situation to understand the extent and severity of the crisis. Technical staff who undertake programme delivery have also been displaced, further affecting response work. In West Darfur, multiple human rights defenders have been killed since the beginning of June (SR Defenders 02/08/2023).

Available hospitals also lack training for GBV interventions, including CMR and referrals, leaving survivors unable to receive context-specific medical attention. Where GBV health response is available, it is not always survivor-centred. For instance, in some states,

hospitals insist on survivors reporting rape cases to the police before going to the hospital. Law enforcers are not adequately trained to provide survivor-centred support, making it even more difficult for survivors to report cases and access medical care (KII 16/11/2023). The underreporting of sexual violence cases poses a continuous challenge (KII 20/11/2023). The security situation also prevents many women from accessing timely CMR services, even in areas where they may be available, reducing their opportunities to mitigate the effects of rape.

CRSV survivors pursuing justice face significant barriers, including a lack of effective GBV legislation. This leaves survivors with limited legal avenues and strong sociocultural barriers to seeking justice (UNDP et al. 12/2019). At the same time, most survivors conceal GBV incidents and do not seek GBV services partly because of stigma and fear.

Women and girls need centres where survivors can access emergency care, case management, and support to relocate to safer areas. Currently, women lack these safe spaces where confidentiality and access to GBV services can be established (KII 20/11/2023). There is a high need for the training of medical staff to enable them to safely refer GBV cases, as well as for improved GBV referral pathways in conflict areas (KII 16/11/2023).

Health services

The ability of public institutions, particularly health facilities, to provide necessary healthcare services is diminishing because of the displacement of health workers, escalating staff absenteeism, facility destruction or neglect, and the exclusive reliance on humanitarian responders for the supply of equipment and medicine. The fragility of public services presents a significant risk for the further deterioration of public health conditions (UNFPA 29/10/2023). Conflict areas in Sudan offer poor humanitarian access, leaving many women and girls without access to medical care. The few available services in conflict areas have been severely affected and have become ineffective (KII 16/11/2023).

In Khartoum, the majority of hospitals are either bombed, damaged, or understaffed, placing GBV survivors and pregnant women at increased risk of unmet health needs (WILPF 26/04/2023). Because of continuous attacks, insecurity, medical supply shortages, and insufficient funds for operational expenses and salaries, a significant proportion (70–80%) of hospitals in conflict-affected states have become inoperable. Consequently, an estimated 65% of the population is deprived of healthcare access (Protection Cluster 13/11/2023).

Similarly, healthcare access in South Darfur is severely curtailed because of armed groups setting up bases on health centre grounds. In East Darfur, there have been reports of up to three women sharing a hospital bed after the closure of smaller rural clinics and the IDP influx

overwhelmed the healthcare system. Across Sudan, the lack of female staff at health centres further hinders healthcare access, posing a challenge for women who, because of religious beliefs or cultural norms, can only see female medical personnel. The absence of female health workers, who have had to stay home with their families, worsens the healthcare gap for many women (CARE 01/10/2023).

Mental health and psychosocial support services

At the start of the conflict, mental health resources were already insufficient, with a reported shortage of psychiatric nurses. Only a few of Sudan's 18 states had qualified psychiatrists, and there were only 17 outpatient mental health facilities in the country (MHPSS Collaborative 08/05/2023). Currently, in areas such as West Darfur, access constraints have made it impossible to provide MHPSS services, and humanitarian aid workers are forced to provide services across the border with Chad (Health Cluster 28/08/2023).