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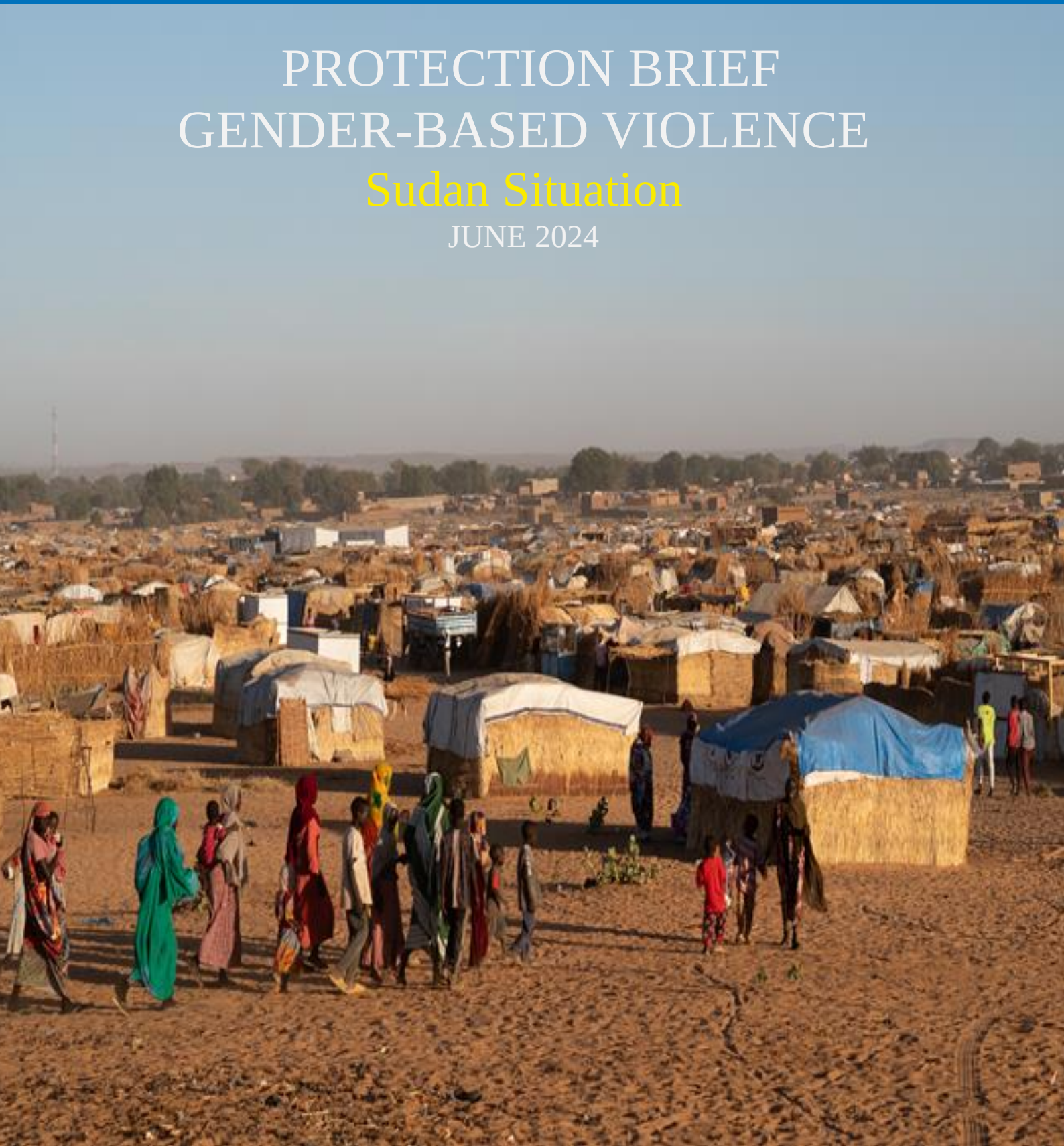
PROTECTION BRIEF
GENDER-BASED VIOLENCE
Sudan Situation
JUNE 2024



As of January 2024, more than 150,000 Sudanese refugees who fled the outbreak of conflict in Sudan in April 2023, are still living in makeshift shelters at the spontaneous refugee site in the border town of Adré, Chad, without adequate access to basic se. They are in urgent need of relocation to safer areas with better access to aid. © UNHCR/Ying Hu

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Operational Context & Analysis

Key figures- Refugee settings

1.9M refugees, asylum seekers, and returnees have fled from Sudan

78% of refugees are women and children.

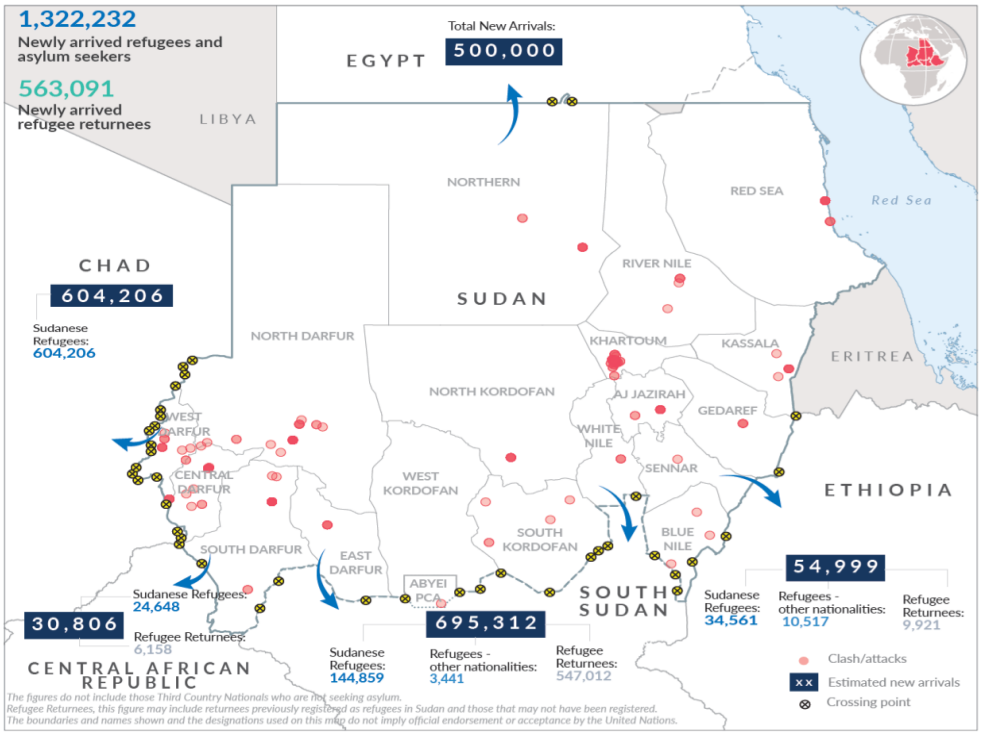
131,711 persons reached by UNHCR GBV programmes.

115,676 persons targeted through information-sharing and awareness raising sessions.

34 Women and Girls Safe spaces (WGSS).

1,836 GBV actors, service providers and community volunteers trained.

13 GBV coordination mechanisms and **22** referral pathways are in place.



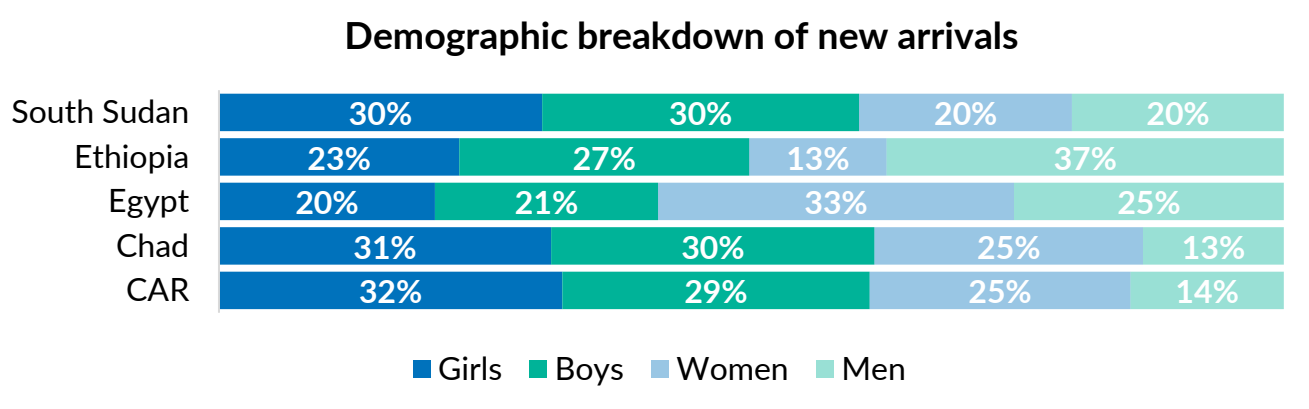
It has been one year since the outbreak of conflict between the Sudanese Armed Forces (SAF) and Rapid Support Forces (RSF) on 15 April 2023, which led Sudan to become one of the world's worst humanitarian tragedies and one of the largest internal displacement crises globally, forcing over **9.2 million people from their homes** and exacerbating an already dire humanitarian crisis, including more than **1.9 million people who have fled so far to neighbouring countries**. Two thirds of the afore-mentioned affected population are women and children.

The security situation in Sudan remains highly volatile, characterised by ongoing armed conflict, criminal activities and communal tensions. Independent UN Human Rights experts on 22 March expressed alarm over increase reports of sexual slavery and trafficking. This is being compounded by an increase in child and forced marriage, and the recruitment of boys by armed forces, access to support survivors has reportedly deteriorated since December.[1]

In addition, fourteen months of brutal fighting is driving a hunger crisis in Sudan with some areas likely to experience catastrophic levels of food insecurity. The conflict has had a devastating impact on agricultural production leading to acute food insecurity, malnutrition rates a soaring and the obstacles to aid delivery are many. WFP warns that at least 25 million people are struggling with escalating rates of hunger and malnutrition.[2]

[1] UNHCR Sudan Situation External Update #57- 17 April 2024
[2] UNHCR Sudan Situation External Update #53- 20 March 2024

Trends & Figures[3]



As of June 2024, **7.1 million persons** have been displaced within Sudan due to the conflict, including 219,503 refugees and asylum seekers, representing various nationalities including South Sudanese, Ethiopians, Eritreans.

A total of **1,9 million** refugees, asylum seekers, and returnees have fled to Egypt, Chad, Central African Republic (CAR), South Sudan, and Ethiopia. While around **78% of refugees are women and children** overall, in countries like Chad and CAR the current percentage of women and children is estimated around **86% and 80 %** in South Sudan.

Key Gender-based Violence Risks

GBV risks in Sudan

Continuous reports of conflict-related sexual violence:

In Sudan, numerous incidents of conflict-related sexual violence perpetrated by parties to the conflict but also resulting from the escalation of inter-communal violence coupled with the collapse of law and order continue to be reported by women and girls. Reports of sexual exploitation and abuse and trafficking in person have also increased[4] But with limited access to services as well as fear of retaliation and stigma, under-reporting of GBV incidents remains high. The trend emerging from analysis shows that 56% of GBV incidents reported in Ethiopia and South Sudan occurred prior displacement or during flight.

The UN Fact-Finding Mission for the Sudan[5] received credible reports of rampant sexual violence, including rape and gang rape, and that they are investigating reports of sexual slavery and sexualized torture in detention facilities, including against men and boys."[6] "We are appalled by reports of women and girls being sold at slave markets in areas controlled by RSF forces and other armed groups, including in North Darfur," UN experts said.[7] The experts also expressed concern about the increase in child, early and forced marriage, reportedly a result of family separation, and gender-based violence, including rape and unwanted pregnancies.[8]

[3] Situation Sudan situation (unhcr.org)
[4] *Sudan: Disaster before us- GBV situational update as of 1 April 2024*
[5] *The* Human *Rights Council on 11 October 2023, through resolution A/HRC/RES/54/2 decided to establish an independent international fact-finding mission for the Sudan,* Independent International Fact-Finding Mission for the Sudan | OHCHR
[6] https://www.ohchr.org/en/hr-bodies/hrc/ffm-sudan/indexInvestigators: Disregard for human rights, law drives crisis in Sudan
[7] Sudan: Trafficking for sexual exploitation and recruitment of children on the rise, warn UN experts | OHCHR
[8] *Ibid*

The conflict was described as a war on women. It was observed that "Sudanese women have paid the price of this war with their lives and with their bodies"[9]. They face the risk of sexual violence and exploitation in displacement, in transit, in temporary shelters and at border crossings. In areas controlled by the Rapid Support Forces, they have been abducted and held in "inhumane and degrading slave-like conditions."[10]

Limited access to and attacks on GBV service providers and frontline workers, including Women-led organizations:

Women and girls, often the first responders in crises, are not only victims of this violence but also pivotal to the survival and resilience of their communities.[11] Indeed, Women-led organizations (WLOs) and women's rights organizations (WROs) play a crucial role in Sudan's response, not only by providing direct assistance, but also by serving as a voice for Sudanese women and girls who bear the brunt of consequences of a conflict[12] that remains largely invisible to the world. However, the challenges are significantly greater for women-led organizations engaged in sensitive and risky work, including being subjected to threats, including deaths threats, injured, harassed, and arrested with impunity.[13]

In addition, limited access in conflict-affected states, shortage of supplies and limited availability of specialized GBV services continue to be the most pressing challenges. Access to services in conflict-affected localities is severely curtailed by ongoing fighting, destruction of property, and looting of medical supplies and facilities, including health centres and hospitals.

Increase in intimate partner violence and harmful coping strategies:

Conflict, food insecurity coupled with diminished livelihood options have dramatic consequences on women and girls, heightening the risks of intimate partner violence, sexual exploitation and resorting to harmful coping mechanisms. Women and girls reported scarcity of food as a contributing factor to increased levels of Intimate partner violence (IPV) in the camps settings.it amounts for 77% of disclosed GBV incidents in 2024.

GBV risks in asylum countries

Women and girls have arrived in asylum countries in dire conditions, with little or no assets and resources. Having witnessed and encountered violence at home as well as during their flight, they continue in asylum to face GBV risks whist in transit, in temporary shelters provided, and while awaiting visas at borders.

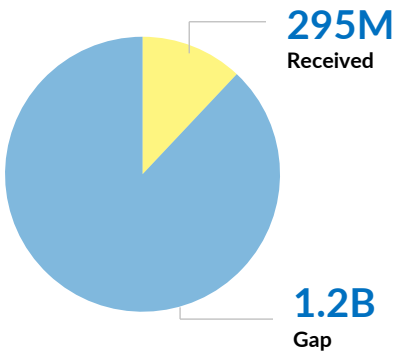
Presence of armed elements in refugee settings:

The security situation in CAR, Chad and Ethiopia remains a major challenge, due to the presence and activities of armed elements and the number of protection incidents, mainly GBV incidents, reported has increased. In CAR, the volatile security situation is causing secondary refugee movements within the Bamingui-Bangoran prefecture, putting women and girls at heightened risks of GBV. In Ethiopia, the main GBV risks that were raised by women and girls concerned the insecurity in the Amhara region heightened by the presence of armed men from the host community in and around Kumer site, including incidents of murder, abductions, thefts, and rape. The Government's Refugee and Returnee Service (RRS) has decided to close Awlala and Kumer refugee settlements in the Amhara region considering refugees' concerns on security and service provision. A new settlement was allocated and the detailed plan and timelines for the relocation of refugees from Awlala and Kumer are currently being developed.[14]

[9] Briefing Security Council
[10] *Ibid*
[11] UN Women: A year of suffering for Sudanese women and girls | United Nations in Sudan
[12] GBV and Women-Led Responses in Sudan - InterAction
[13] War in Sudan is 'a crisis of epic proportions' as atrocities abound | UN News
[14] UNHCR Sudan Situation External Update #67- 12 June 2024

Increase in intimate partner violence and harmful coping strategies:

The severe underfunding across sectors of the refugee response continues to create gaps in assistance and service delivery. Currently, the Refugee Response Plan for the Sudan Situation is **funded at 20%**, and its GBV prevention and response programming is disproportionally under-funded with **only 16% of needs covered**[15].



Forcibly displaced populations have a reduced access to food, the scarcity of natural resources, the limited livelihood opportunities and inflation have particularly contributed to increase risks of GBV against women and girls. At an increasing rate, families are resorting to harmful coping strategies to meet their basic needs. These include selling household assets, reducing the quantity and nutritional value of meals, begging, resorting to the sale or exchange of sex, child and forced marriage, borrowing accrual of debt from traders, and withdrawing children from school to engage in child labour to support income-generating activities for the family.

In refugee settings, incidents of denial of resources and being committed by intimate partner are on the rise. In CAR, Chad, and South Sudan, Intimate partner violence (IPV) amounts to respectively 79, 66 and 52 per cent of disclosed GBV incidents. In Cairo, UNHCR and UNFPA hosted a donor advocacy roundtable on prevention and responses to GBV in emergencies. The event brought together representatives from women refugee-led organisations, NGOs, embassies, and UN agencies to improve the effectiveness of funding and increase awareness on the specific complexities facing refugees in Egypt, Among the key challenges which were highlighted for Sudanese women were financial dependence on perpetrators and the inability to work.

Firewood collection related incidents nd lack of basic services:

In refugee settlements, women report facing significant risks while collecting firewood. They often walk long distances (more than five hours per trip) to gather fuel for cooking, which puts them at risk of physical and sexual assault, abuse, and injury. GBV incidents related to the collection of firewood or water amounts to 38 per cent of disclosed GBV incidents across affected countries.
This is further exacerbated by the lack of clean drinking water, lack of access to adequate shelter, insufficient WASH facilities, lack of street & public lighting increasing GBV risks at the border areas and in the settlements.

SOGIESC- related discrimination in Egypt:

In Egypt, new arrivals report GBV risks occurring in Sudan and en-route, majority of the survivors have arrived in Egypt through irregular movements and were either subjected to GBV or forced to witness it happening to others. Particularly vulnerable, LGBTIQ+ survivors continue to report difficulties integrating in the country of asylum due to discrimination and abuse based on SOGIESC[16]. As a result, some have reported resorting to selling/ exchanging sex to afford their basic needs.

The above information is based on GBV safety audits, other assessments as well as trends analysis with GBV service providers. GBV remains severely under-reported as women and girls have reported fearing stigma and retaliation as well as facing difficulties accessing services due to active hostilities and other constraints.

[15] *https://refugee-funding-tracker.org as of 07 July 2024*
[16] SOGIESC stands for Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics

Prevention of, Risk Mitigation and Response to Gender-based Violence

Inter-Agency GBV coordination in refugee and mixed settings

UNHCR continues to ensure that coordination mechanisms and referral pathways are in place in refugee settings. Jointly with its partners, UNHCR has strengthened the provision of lifesaving, survivor-centred GBV response services addressing health- including Clinical Management of Rape (CMR), psychosocial support (PSS), economic/material assistance, legal awareness to GBV survivors, as well as referral to appropriate services.

GBV response

Psychosocial support has been paramount to GBV survivors as well as women and girls at risk. Women and Girls Safe Spaces provide safe environments for empowerment, support network building and trauma reduction. 34 Women and Girls Safe Spaces (WGSS) have been established/ operationalised at border points and refugee sites, based on consultations with women and girls as well as community leaders, to offer women and girls psychosocial support, information on available services and provide them with empowerment activities.

In CAR, “Ma Mbi Si” safe spaces continue to offer psycho-social support activities as well as life skills training and literacy skills training to empower women and girls. “Ma Mbi Si” means “Listen to me too” in Sango and is the name that displaced women and host communities have chosen for this service: active listening, the first step in helping GBV survivors to cope with their trauma, rebuild their lives and their resilience. The pilot vegetable-growing initiative continues with the aim to enhance the women’ self-sufficiency. The earnings generated from these sales are pooled and managed collectively by the group, allowing them to jointly decide on how to utilize these funds.

Training sessions bolstered the capacity of 1836 GBV staff and frontline workers. They focussed on how to provide support and refer GBV survivors to specialized services using existing GBV referral pathways, as well as case management and clinical management of rape, and prevention approaches aiming at transforming social norms and behaviours that condone GBV.

UNHCR and its partners have increased collaborations with community-based structures, including Women-led organisation (WLOs) as well as Women Refugee-led organisations (WRLOs) in Sudan, South Sudan, Chad, Uganda and Egypt. They are critical partners for effective humanitarian responses. WLOs are uniquely positioned to understand the specific needs of displaced women and girls. They build trust, address cultural sensitivities, and provide holistic solutions that empower women to secure their safety, access education, healthcare, economic opportunities, and justice. Addressing GBV in displacement settings demands a collective effort. UNHCR is committed to working hand-in-hand with WLOs, facilitating greater collaboration and knowledge sharing, amplify their expertise and ensure GBV survivors receive the comprehensive support they deserve, and displaced women and girls are safe and empowered.

GBV prevention interventions

Factors like shame, discrimination, fear, a culture of silence and family pressure to resolve GBV incidents through out-of-court settlement and lack of information have continued to prevent GBV survivors from seeking the support they need.

UNHCR and its partners continue to invest efforts in awareness campaigns and sessions at community level that contributed to enhance knowledge on GBV risks and where to access services, how to report SEA and where to find Child protection services. These sessions are regularly conducted at transit centers and refugee sites.

Using various prevention methods such as mass sensitization, community small talks (causeries), men engagement activities, women led activities, community theatre, sport and arts, UNHCR and its partners were able to reach a large part of the communities with messages on GBV prevention and with information on existing services. In Sudan, Girba field office implemented Narrative theater (NT) approaches with the community to prevent forced marriage and denial of resources. Through this NT approach, community actors reflect on causes, consequences, and community-based solutions.

Operations have also continued to engage men and boys, community leaders, as change agents. UNHCR in South Sudan, Ethiopia and Chad has been building upon existing primary prevention activities (SASA! Together/ EMAP/ Girl shine) to effectively engage communities, promoting behavioural change and preventing violence.

Risk mitigation measures across sectors

GBV safety audits were carried out in Chad and South Sudan identifying specific risks and access gaps for survivors, as well as the strengths and opportunities provided by refugee and host communities. Upon results, action plans will be developed.

Efforts to reduce GBV incidents include addressing the challenges faced by women during firewood collection. Implementing safer energy solutions, such as clean cookstoves or alternative fuels, can help reduce the need for extensive firewood collection and mitigate GBV risks. In both Chad and South Sudan, UNHCR and its partners have distributed a total of 4522 improved cook stoves.

To mitigate GBV risks as well as promote safety and dignity for women and girls, UNHCR and its partners have provided 975 women with income generating activities and have supported 6970 women and girls with material assistance, including though the distribution of 7035 dignity kits at border points, in transit centers and in sites.7172 solar lanterns have been distributed in both Chad and South Sudan, as well as 356 solar street lighting installed.

Gaps & Challenges

GBV continues to be severely underreported due to difficulty for survivors to access services (due to continued hostilities, volatile security or floodings), out of fear of stigma and retaliation or because of low awareness on GBV and reporting mechanisms. This could be compounded by risk of extreme flooding in Sudan and South Sudan. In Chad, heavy rains could further complicate the situation by cutting off access to refugee camps.

On 15 April 2024, the one-year mark of the conflict in Sudan, UNHCR joined other humanitarian agencies in reflecting on the devastating impact of the crisis on the lives of millions. The Paris conference brought together ministers and representatives from 58 states, UN agencies, NGOs, and key stakeholders to address the urgent humanitarian needs in Sudan and advocate for finding solutions. The conference has brought much-needed visibility to the neglected crisis in Sudan and mobilized €2 billion to assist those affected, including internally displaced persons and refugees in the country and the region.[17]

However, under-funding is severely hampering comprehensive life-saving GBV prevention and response programming. The millions of women and girls in need of GBV prevention and response services will be not be reached without a timely scale up in additional funding. National social services are very weak and not present in all refugee emergency areas. Similarly local civil society such as women-led organizations are underfunded. Host communities are very poor. Although refugees display resilience, currently they lack even access to basic needs.

The GBV response entirely relies on few humanitarian actors who also are severely underfunded. A reduced access to food, the scarcity of natural resources, the limited livelihood opportunities and inflation have particularly contributed to increase risks of GBV for women and girls in both Sudan and asylum countries. Logistical challenges in Sudan, South Sudan, Ethiopia, Chad and CAR due to continued hostilities, weather conditions, to poor infrastructure and insecurity have also hindered the capacities of services providers to access survivors. Natural resources are scarce, infrastructure, essential services, and livelihoods activities are limited.

Key Messages

UNHCR will continue its advocacy to enhance the protection of forcibly displaced women and girls in and outside Sudan including in favour of improved access and quality of services:

- Swiftly scale-up and enhance GBV response services (including but not limited to static and remote GBV case management service provision, clinical management of rape services, psycho-social support interventions, increase the number of women and girls' safe spaces as well as strengthen information management in Sudan as well as in neighbouring countries, where those fleeing violence have sought safety as refugees, to meet the soaring needs.
- Ensure GBV prevention and response is considered as life-saving and prioritized or at least not disproportionately reduced.
- Strengthen awareness campaigns, and community-based initiatives aimed at safeguarding the rights and dignity of forcibly displaced women and girls, while continuing to engage men and boys, community and religious leaders to address the root causes of GBV.
- Enhance engagement with Women Led Organisations (WLOs), Refugee Led Organisations (RLOs), community influencers and other community-based structures to strengthen outreach, awareness raising on GBV and to foster safe disclosure. They have expertise and are the most effective respondents in many contexts.
- Provide cash assistance to GBV survivors so they can access services, ensure regular distribution of dignity kits and foster the self-reliance of women and girls so they do not have to resort to harmful coping mechanisms and/or risk being exposed to sexual exploitation.
- Strengthen GBV risk mitigation (including SEA) in all humanitarian interventions and safe disclosure and referrals of survivors through training of frontline workers across all sectors.
- Increase flexible contributions[18] to quickly scale up emergency response and adjust activities to meet the needs identified by refugees and internally displaced women and girls.

[17] *UNHCR Sudan Situation external update #53- 20 March 2024*

[18] *Updated financial requirements and funding status are available at https://reporting.unhcr.org/*