

PROTECTION BRIEF

GENDER-BASED VIOLENCE

SUDAN SITUATION

DECEMBER 2023



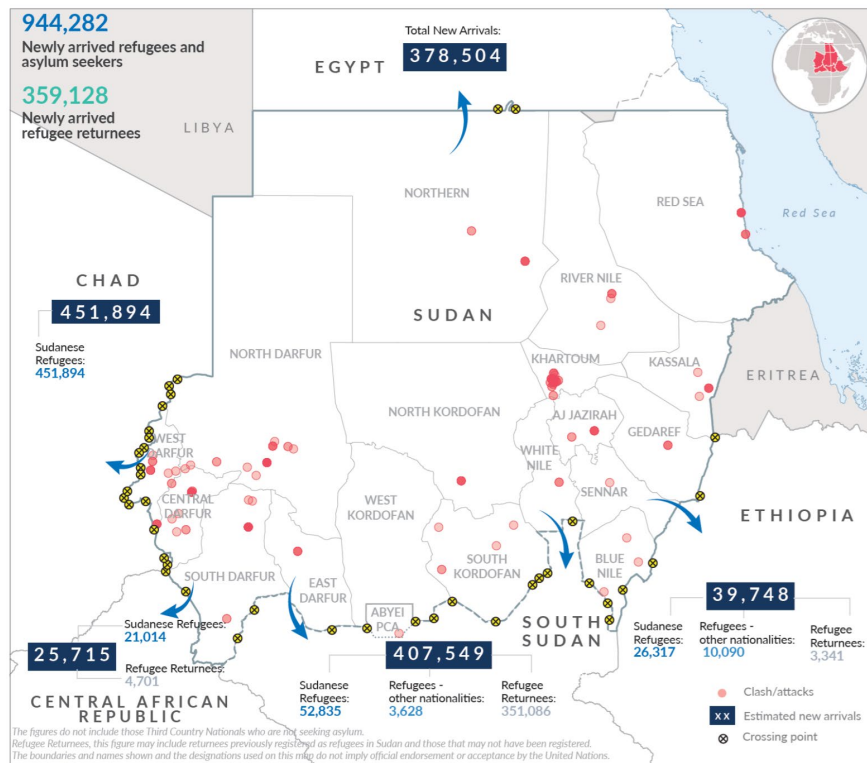
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Operational Context & Analysis



Despite ceasefire attempts and diplomatic efforts, fighting between the Sudanese Armed Forces (SAF) and the paramilitary Rapid Support Forces (RSF) has continued relentlessly since 15 April 2023, killing over 9,000 people, forcing over 6.8 million people from their homes and exacerbating an already dire humanitarian crisis¹, including more than 1.3 million people who have fled so far to neighboring countries.

The Central African Republic, Chad, Egypt, Ethiopia, South Sudan and Sudan are collectively hosting more than 17.4 forcibly displaced people, including refugees, internally displaced persons (IDPs), and returnees who had faced displacement even before the onset of the current conflict.² Two thirds of the afore-mentioned affected population are women, girls and

children.

In Sudan, alarming conflict-related sexual violence against women and girls has been reported. Women and girls have borne the brunt of consequences of the conflict. According to the Gender-based Violence (GBV) AoR in Sudan, as of 15 of October, the number of people in need of GBV services has climbed to 4.2 million.³ The Office of the High Commissioner for Human Rights (OHCHR) expressed alarm over reports that in Sudan, women and girls are being abducted, chained, and held in “inhuman, degrading slave-like conditions” in areas controlled by the Rapid Support Forces (RSF) in Darfur.⁴ “ We are running out of words to describe the horror of what is happening in Sudan.”⁵

The eight-month conflict has led to massive displacement of families. Destitute households including women and girls are sheltering in schools, in make-shift infrastructure, and in squalid living conditions- increasing risks of gender-based violence. Diminished livelihood options leading have also predisposed women and girls to desperation with cases of exploitation recorded. While the need for support has increased significantly, limited access in conflict-affected states, shortage of supplies and limited availability of specialized GBV services are three of the most serious challenges to service provision. 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.⁶

¹ Sudan Emergency Critical Lifesaving needs- The World must not look away from this unfolding humanitarian crisis- November 2023

² Ibid

³ <https://reports.unocha.org/en/country/sudan/card/5HPiTQBSaq/>

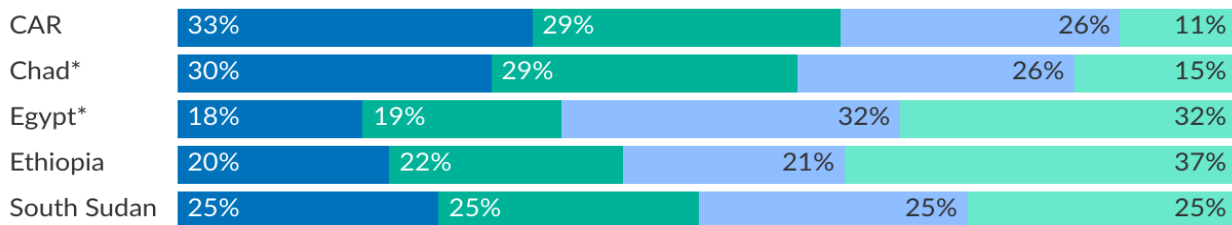
⁴ [Sudan Situation - UNHCR External Update #34--06 November 2023.pdf](#)

⁵ Opening remarks at the Noon Briefing by Clementine Nkweta-Salami, Resident and Humanitarian Coordinator for Sudan. NY- 10th of November 2023- <https://reliefweb.int/report/sudan>

Trends & Figures⁷

Demographic breakdown of new arrivals

Girls and **Boys** refers to ages 0-17. **Women** and **Men** are 18+



*age/sex breakdown only available for those registered by UNHCR.

Source: UNHCR, IOM & Governments (as of 6 September, 2023)

As of 04 December 2023, 2.6 million persons have been displaced within Sudan due to the conflict, including 195,059 refugees and asylum seekers, representing various nationalities including South Sudanese, Ethiopians, Eritreans. A total of 1.3 million refugees, asylum seekers in Sudan, and returnees have fled to Egypt, Chad, Central African Republic, South Sudan and Ethiopia. While around 50% of refugees are women and girls overall, in countries like Chad and CAR the current percentage of women and children is estimated around 85%.

Key Gender-based Violence risks

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 are still being reported by women and girls in Sudan.

Ethiopian and Eritrean refugees including migrant women and girls are to be considered at heightened risk in Khartoum-North and Omdurman. Undoubtedly, the number of those who have experienced conflict-related sexual violence due to the ongoing conflict exceeds the cumulative number of cases that have been reported to date. Reporting is not only inhibited by the conflict itself but also by lack of access to relevant services for survivors of gender-based violence, breakdowns in the telecommunications network, and fear of (further) community stigma. Feedback received by humanitarian partners indicates a disturbing scale of conflict-related sexual violence (CRSV) in conflict affected areas.

Women and girls fleeing Sudan and seeking asylum in neighbouring countries continue to report violence experienced or witnessed during their flight. Incidents reported include cases of harassments at checkpoints, abduction, rape, sexual assault, sexual exploitation, and other forms of physical and psychological violence allegedly perpetrated by parties to the conflict, but also by criminal groups active in Sudan. Accounts of combatants looting civilians' homes and deliberately targeting women and girls have also been recorded in Chad, Ethiopia, and South Sudan. Events of systematic rape of women and minors as young as 8 years old by parties to the conflict operating between Karasana and the border have been reported. An older woman described her route to South Sudan "as dangerous as the war itself".⁸

⁷ [Situation Sudan situation \(unhcr.org\)](https://www.unhcr.org/sudan-situation)

⁸ [Sudan Situation - UNHCR External Update #25 - 4 September 2023.pdf](#)

Women and girls arrive in asylum countries in dire conditions- with little or no assets. Having witnessed and encountered violence at home as well as during their flight, arrive in asylum they continue to face GBV risks whilst in transit, in temporary shelters provided, and while awaiting visas at borders. Delays at the border crossings have placed vulnerable households at the mercy of the criminal network of smugglers who often exploit and abuse women and girls.



The hosting conditions in Chad and Ethiopia are dire. The severe underfunding across sectors of the refugee response has created gaps in assistance and service delivery. Forcibly displaced populations have a reduced access to food, clean drinking water, lack of access to adequate shelter, insufficient WASH facilities, lack of street & public lighting, and lack of energy/ firewood to cook. All of these further exacerbates the current situation and heightens the GBV risks to heightened GBV risks including sexual exploitation at the border areas and in the camps.⁹

In South Sudan, Egypt, Ethiopia and Chad, the scarcity of natural resources, the limited infrastructure, essential services and livelihood activities and inflation, have particularly increased the vulnerability of women and girls. In Ethiopia, food insecurity was exacerbated following the temporary suspension of food assistance to persons in need throughout the country, including new arrivals. UNHCR and partners were using funds initially allocated to other services to cover food needs thus reducing access to basic services for refugees.

At an increasing rate, families are resorting to harmful coping strategies to meet their basic needs and those of their families. 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. Incidents of denial of resources, intimate partner violence and sexual exploitation by community members are also on the rise.

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

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

- **287,061 persons reached by UNHCR GBV programmes** (prevention + response)
- **260,422 persons targeted through information-sharing and awareness raising sessions** on GBV risks and where to access services, PSEA and Child protection at transit centers and refugee sites.
- **22 Women and Girls Safe spaces (WGSS)** are in place or under construction to offer women and girls psychosocial support, information on available services and provide them with empowerment activities.
- **530 GBV actors, service providers and community volunteers trained.**
- **13 coordination mechanisms and 22 referral pathways** are in place.

⁹ Document - UNHCR TCHAD| GBV in Emergency in CHAD-analysis and advocacy note

Inter-Agency GBV coordination in refugee and mixed settings

UNHCR continues to ensure that coordination mechanisms and referral pathways are in place and is also an active member of the MARA Working Group in Sudan. 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 children at risk and Women and Girls Safe Spaces provide safe environments for empowerment, support network building and trauma reduction. UNHCR is supporting health providers and ensuring a range of appropriate psychosocial interventions are established at border sites and all camps and accessible as first priorities and lifesaving GBV interventions.

22 Women and Girls Safe Spaces (WGSS) have been established/ operationalised at border points and refugee sites, based on the consultation 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, primary psycho-social support activities as well as life skills training and literacy skills training in the SSWG in Birao have contributed to empower women and girls while also being important entry points for response services. GBV “Ma Mbi Si centres” have been established in refugee sites to provide initial care and psychosocial support to survivors. “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. A pilot vegetable-growing initiative was also launched involving five women’s groups, with a combined membership of 58 women, with the aim to enhance the members’ 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. In Alexandria, UNHCR and the Bibliotheca Alexandrina organized an entrepreneurship training facilitated by the Micro, Small & Medium Enterprise Development Agency (MSMEDA) that was attended by 30 refugee and Egyptian women. Another training was also delivered to introduce women to digital marketing skills and photography.

In Eastern Sudan, services to support GBV survivors are ongoing. In Gedaref, all survivors who approached service providers have received counselling and services in accordance with case management procedures. In El Obeid, in the Kordofan region, UNHCR is working with community leaders to find alternative locations for women who have experienced conflict-related sexual violence, along with their families. Due to lack of access, UNHCR is unable to relocate refugees to safer areas out of Khartoum, the Darfur or the Kordofan region but continues to establish linkages between survivors and Community-Based Protection Networks to help them reach the support needed. Remote GBV services continue to be provided though the hotline, focusing on remote psychosocial support and referrals.

In Egypt, UNHCR scaled up its GBV response, focusing in particular on case management, emergency relocation of survivors to safe accommodation options and capacity building of community-based organizations and other local actors on GBV.

Regular capacity-building activities for GBV actors, service providers and community volunteers are being conducted. In Sudan, South Sudan, Egypt, Chad and CAR, UNHCR invested in training community protection structures on GBV risks as well as on how to safely handle disclosures and refer survivors to services using existing GBV referral pathways. In Egypt, South Sudan and Chad, GBV and child protection staff as first responders have been trained on staff care.

In Chad, a retreat was organized to redefine UNHCR GBV in emergency strategy and priorities in regards with the fast-growing refugee influx and the insufficient funds for GBV programming. The GBV strategy related to this emergency is structured around three main phases: (1) fixing & pre-registration; provision of emergency assistance and GBV life-saving services, on spontaneous sites at border side. (2) Setting up new refugee camps and implementation of refugee relocation exercises ensuring that it respects protection principles. Ensure women

and girls have access to information on relocation and participate in the discussions, ensure GBV risks are mitigated when new refugees are settled in the new camps (shelters, etc.), presence of medical mobile service. (3) strengthening of protection services accessible and holistic & coordinated GBV programming in the camps. However, the resources are very limited to implement a holistic approach.

GBV prevention interventions

The community has been at the frontline of the response across Sudan. While many of the Community Based Protection Networks (CBPNs) supported by UNHCR and partners prior to the outbreak of conflict have been disrupted by displacement and other conflict impacts, several continue to function to some extent. Impressively, members of CBPNs who have been displaced to Chad have continued working to strengthen referrals of persons with specific needs and others to specialized services, where possible. UNHCR and partners have also continued to rely on CBPNs and other community-based structures for their contribution to ongoing protection monitoring, which has been sustained throughout the conflict although often conducted remotely.

Factors like shame, discrimination, fear, a culture of silence and family pressure to resolve GBV incidents through amicable/out-of-court settlement and lack of information have prevented GBV survivors from seeking the support they need. Therefore, UNHCR and its partners have invested 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 Child protection services are regularly conducted at transit centers and refugee sites.



In the framework of the '16 Days of Activism Against Gender-based Violence Campaign' (25 november-10 December), UNHCR and its partners have organized several community events to increase awareness on all forms of violence against women and girls and to call for stronger support to prevent gender-based violence. In Egypt, UNHCR organized a community event attended by 200 refugee women, men and children in Cairo on 30 November. In addition, panel discussions with women who received livelihood grants from UNHCR showcased the positive impact of investing in livelihood and other prevention activities. In South Sudan, women including returnees were provided with canoes for livelihood activities.

In Chad, over 80 activities have been organized in collaboration with the communities across all the regions receiving new refugees in the East of the country (Ouaddai, Wadi-Fira, Ennedi Est, Sila). 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.



UNHCR invested in training community protection structures on GBV risks as well as how to safely handle a disclosure and refer survivors to services. Operations have also been engaging men and boys, community leaders, as change agents. In Central African Republic, a pilot project with 18 adolescent boys was initiated based on the recommendation of adolescent girls. The pilot focussed on strengthening their knowledge on GBV risks and how they could contribute to prevent GBV. This will be further expanded to reach more adolescent boys. Another pilot project in Korsi refugee site focussed on training 13 religious leaders on GBV and their specific role in terms of preventing it (including by promoting access to empowerment and response activities for women and girls in the communities) as well as how they could safely handle

disclosure when approached by survivors. UNHCR has also worked with refugee women to develop the content of upcoming shows to prevent GBV through the local community radio. UNHCR in South Sudan has been building upon existing primary prevention activities (SASA! Together/ EMAP/ Girl shine) to effectively engage communities.

Risk mitigation measures across sectors

GBV safety audits were carried out in CAR (Korsi), Ethiopia and South Sudan identifying specific risks and access gaps for survivors. Action plans were developed and are currently being implemented.

In the Rotriak returnee site of South Sudan, a training on fuel efficiency stoves was conducted to mitigate GBV risks women are exposed to by reducing the number of firewood collection trips.

In CAR, advocacy was done to engage security actors to reduce the risks of GBV and a wider group of men and boys are being engaged through focus group discussions. In CAR, Ethiopia and South Sudan, solar lamps were also distributed to reduce the risk of GBV at night (CAR/ Ethiopia) and partial lighting at border points and solarization was completed in reception/transit centers (SSD).

In Chad, safeguards have been put in place by partners to ensure that distributions are conducted in a way to ensure safety for women and girls, are accessible for persons with disabilities, and mitigating risks of child protection, SEA and GBV.

To reduce GBV risks and promote safety and dignity for women and girls, UNHCR and its partners are distributing dignity kits at boarder points, in transit centers and in sites.

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.

Under-funding is severely hampering comprehensive life-saving GBV prevention and response programming. Currently, the Refugee Response Plan for the Sudan Situation is funded at 37%, and its GBV prevention and response programming is disproportionately under-funded with only 19% of needs covered. Chad received the highest number of refugees fleeing Sudan, compared to the other neighbouring countries, compounding an already challenging situation as Chad ranks the lowest 187 out of 189 countries on the Human Development Index with the highest level of poverty (42.3%) and a Fragile State Index (9 out of 179 countries). In South Sudan, Ethiopia, Egypt, and Chad natural resources are scarce and infrastructure, essential services, and livelihoods activities are limited resulting in families resorting to harmful coping strategies to survive, at an increasing rate. In regards with the critical situation in Chad as one of the most underfunded operation in UNHCR while facing a fast growing emergency, with the support of the regional Bureau for West and Central Africa, Chad has launched a communication and advocacy campaign on GBV in emergency which started during the 16 days of activism campaign but will run throughout the next months. **Communication materials** have been developed (will be regularly updated with more materials), senior managers including **the Regional Director** and **UNHCR** have used their social media platforms to disseminate key advocacy messages and an advocacy note titled **“Sudan refugee’s emergency in Chad a protection crisis? - GBV perspective”** was developed to share in-depth analysis of the risks, needs and suggested strategies for GBV programming in Chad.

Security and other constraints to access affected communities in Sudan, Ethiopia and CAR are significant. The volatility of the situation and access challenges in conflict-affected areas led to the interruption of life-saving services. In Ethiopia, the deterioration of the security situation in the Amhara region has made access to refugees and host communities challenging.

In Egypt, the entry procedure requiring all Sudanese nationals, regardless of age or gender, to have a valid passport and visa to enter Egypt, which has been implemented since 10 June 2023, continues affecting the ability of Sudanese with no proper documentation, including women and girl in need of international protection to access

asylum in the country. Consequently, individuals have resorted to using smugglers with heightened risk of women and girls being exploited.

There are also important levels of irregular crossings, including smuggling, that put many Sudanese who enter the country irregularly at risk of detention and deportation and exposed them to further risk, including GBV during the crossing and at the hands of smugglers.

Key Messages

UNHCR will continue its advocacy to:

- 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.
- 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), Women Rights Organisations, Refugee Led Organisations (RLOs), community influencers and other community-based structures to strengthen outreach, awareness raising on GBV and risk mitigation and to foster safe disclosure. They have often shown how they may be the first and most effective respondents in constrained situations. This will include strengthening their capacity on project management, accountability and transparency as needed.
- 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 PSEA) in all humanitarian interventions and safe disclosure and referrals of survivors through training of frontline workers across all sectors.
- Increased flexible contributions¹⁰ to quickly scale up emergency response and adjust activities to meet the needs identified by refugees and internally displaced people.

¹⁰ [Updated financial requirements and funding status are available at https://reporting.unhcr.org/.](https://reporting.unhcr.org/)