

Crisis Continues: GBV Sub-Sector Sudan Situation Brief Update – 16 June 2023

Since 15 April, the number of people in need of GBV services in Sudan has increased by over 1 million to **4.2 million people**¹. The number of individuals **targeted for GBV services has increased to 1.3 million**². To reach these targeted individuals, the GBV Sub-Sector Sudan has included **USD 62.8million** in the revised 2023 Humanitarian Response Plan (HRP). As of mid-June, **less than 12%** of the GBV funding request has been met³.

During the 19 June 2023 Pledging Conference, the GBV Sub-Sector Sudan⁴ encourages donors to consider the GBV implications of the crisis in Sudan and take specific efforts to meet the needs and requests highlighted below.

Current Operating Environment:

While Sudan falls from headlines, humanitarian need in Sudan continues and women and girls continue to live at extremely high risk of all forms of gender-based violence (GBV). The presence of armed actors, resource shortages -including of water, food, and fuel - and even the humanitarian response itself continue to exacerbate risk of GBV and sexual exploitation and abuse (SEA) in the public sphere, while long periods trapped within homes due to fighting increases incidents of intimate partner and domestic violence. Multiple women and girls, including non-Sudanese individuals, are experiencing secondary displacement and psychological impacts of displacement. Older women, adolescent girls and women and girls living with disabilities face additional concerns and challenges in this unstable environment. Vulnerable men and boys are also exposed the risks of GBV.

Ongoing insecurity, looting, and inability to ensure reliable supply-chains for commodities, combined with electricity cuts and fuel shortages all continue to prohibit humanitarian response of the scale necessary to meet the needs in conflict affected states. While humanitarian actors, including coordination mechanisms, are now operating through locations including states affected by new IDP influx, such as Port Sudan and Al Jazeirah state, administrative challenges, shortages of supplies, and unmet needs for GBV services continue to exist.

For GBV responders, access remains a major concern. 25% GBV partners are operational. Even where GBV services are available, GBV survivors often face challenges due to the heightened security situation and movement restrictions.

Meeting Need - By the Numbers⁵

Since the increase in violence on 15 April, and despite huge challenges, GBV actors and the GBV Sub-Sector Sudan, have:

- Reached **6,794** beneficiaries.
- Trained a total of **303** GBV actors and service providers (topics including GBV in Emergencies, remote service provision, psychosocial support, emergency response planning, referral, PSEA, and conflict related sexual violence).
- Conducted **11** GBV assessments (South Darfur, Khartoum, Aj Jazeirah , North Kordofan, South Kordofan, River Nile, Northern and Red Sea states).
- Created an additional GBV Working Group (in Aj Jazeirah, which has received large numbers of IDPs), bringing the total number of GBV Working Groups to **10** (in Red Sea state GBV Working Group will be established soon)
- Updated GBV referral pathways in **13** states, Mapped Clinical Management of Rape services in all **18** states. The GBV AoR is also linking work with the health cluster to ensure survivors have timely access to GBV health or protection services and jointly determine referral pathways.⁶

In the next 6 months, support is still needed to meet the needs of the population at immediate risk of GBV, including through:

- Establishing/Rehabilitating **210 Women Centers**.
- Distributing **260,692 Dignity Kits (**of which 48,000 are currently being procured by UNFPA).
- Training roughly **5,000 service providers** and **13,000 community members involved in GBV prevention and response,** and to ensure quality GBV service provision in an ethical and confidential manner.
- Continuing to expand reach of GBV Working Groups.
- Provide holistic services, including mental health and psychosocial support, cash to GBV survivors as part of case management, and appropriate multisectoral referral pathways, and services to non-Sudanese individuals.

- ³ Based on funding analysis by GBV Sub-Sector Sudan. UNOCHA Financial Tracking Service shows funding for Protection writ large at 14%:
- https://fts.unocha.org/appeals/1123/clusters

⁶ Sudan Health Cluster, WHO, Sudan Health Cluster: <u>delivering humanitarian health services to a population in need</u>, June 2023

¹ Revised Sudan 2023 Humanitarian Response Plan: https://reliefweb.int/report/sudan/sudan-revised-humanitarian-response-plan-2023-revision-issued-17-may-2023 ² Based on analysis by GBV Sub-Sector Sudan; further information available by contacting gbvsubsector.sudan@unfpa.org.

⁴ The Gender-Based Violence Area of Responsibility Sudan (GBV Sub-Sector Sudan), with UNFPA as lead agency on GBV in emergencies, is coordinating the humanitarian response to GBV for those in humanitarian need, including internally displaced populations (IDPs), within Sudan. The Sub-Sector is in close contact with those agencies coordinating the refugee response for Sudanese civilians who have crossed borders seeking aid.

⁵ Figures included within this box are aggregated from GBV Sub-Sector Sudan analysis, as well as assessments and the UNFPA "Sudan Emergency: Situation Report No.3": <u>https://reliefweb.int/report/sudan/sudan-emergency-situation-report-no3-12-june-2023</u>.

Pressing Concerns:

The risk of all forms of GBV remain high across Sudan's impacted states, with increased cases of intimate partner violence and sexual violence reported since the start of the conflict. In addition to these overarching concerns and those around access of and to humanitarian aid, **GBV Sub-Sector Sudan urges all actors to consider that:**

- In conflict affected states, women and girls continue to face heightened GBV risks.

Conflict-affected women and girls face increased risk of GBV, including sexual violence during displacement and in temporary accommodations, exacerbated by the increased presence of armed actors. Domestic violence risks have increased with limitations on mobility, increased stressors, and decreased access to basic needs.

- In multiple states and localities, the majority of IDPs are women and girls.
 A majority of IDPs in Madani, Hasahisa, and Ruffa and other IDP hosting locations are women and girls, including female headed households, who require urgent women- and girl-friendly services, including access to safe shelter, spaces, food, and non-food items (NFIs), as well as GBV prevention and response. GBV services are critically being connected to health services, particularly sexual and reproductive health (SRH) services that can reach in-need women and girls.
- Humanitarian responses are not safe for women and girls. According to rapid assessments conducted by the GBV Sub-Sector Sudan and partners, GBV and other protection risks have been exacerbated by a lack of sufficient risk mitigation and investment across other sectors. These risks include, but are not limited to:
 - WASH: inadequate water and sanitation facilities put women and girls at risk of sexual violence as they travel to fetch water and are using crowded latrines shared by men and boys;
 - NFI and Food Distribution: inadequate, inappropriate, and unequal distribution of commodities can lead to tension and violence, putting women and girls at risk of both GBV and SEA;
 - Health: inadequate or inaccessible health services, including for SRH, expose women and girls to increased risk of health complications from GBV as they do not have access to timely and quality prevention and response;
 - Camp Coordination and Management: inadequate lighting, poor layout of shelters, shelter overcrowding, lack of privacy, and poor representation of women and girls in decision-making mechanisms increase risk of GBV.
- Sexual Exploitation and Abuse (SEA) are a major risk for women and girls.
 All of the above concerns, as well as poor representation of women and girls in decision-making, increase the risk of SEA.

Recommendations for 19 June Pledging Conference:

To provide for necessary services in the next 6 months, as well as other life-saving care into the future, **GBV service providers and** coordination need support to provide comprehensive and integrated approaches to protection, and women and girls themselves must be included in decision-making. To do this, GBV responders require:

- Increased funding amounts, as well as allowing for increased flexibility of use of funds, to:
 - Ensure that GBV services and the GBV Coordination mechanism can scale up to meet increased need in both IDP hosting sites and conflict affected states and provide life-saving GBV services, women and girls safe spaces, and GBV Confidential Corners, and ensuring appropriate and updated referral mechanisms;
 - Allow for strengthened remote GBV services provision and remote training, including setting-up additional helplines and training service providers on remote GBV case management and psychosocial support.
 - Ensure adequate supplies of dignity kits, menstrual hygiene management commodities and Rape Treatment Kits;
 - Provide cash assistance to GBV survivors as part of GBV case management so that GBV survivors are able to travel to access services;
- **Provide funding to building capacity on safe and effective GBV information management,** to inform the evidence-based contingency and response planning processes.
- Direct funding and refresher training/capacity development/Training of Trainers support to local organizations and networks, and in particular women's organizations working on the frontline;
- Additional support to enhance the inter-sectoral complementarity with GBV risk mitigation to be included within all sector strategies, planning, and programmatic interventions, to make all the spaces safe for women and girls;
- Funding to strengthen mechanisms to prevent and respond to SEA, including community-based complaints mechanisms and protection networks;
- Support for responses which address Conflict-related Sexual Violence as part of the **whole landscape of GBV**, **including addressing intimate partner violence (IPV)**;
- Inclusion of psychosocial support and psychological first aid throughout the response.

Resources and Contacts:

- To access briefings from the GBV Sub-Sector in Sudan, please visit the GBV AoR's YouTube Page.
- For information on current activities of the GBV Sub-Sector in Sudan, please sign up for the mailing list.
- To contact the GBV Sub-Sector in Sudan, please email: gbvsubsector.sudan@unfpa.org.