



Sudan - The Current Context and Concerning GBV Trends

Trends Analysis and Situational Update as of 29 November 2023

Since 15 April, gender-based violence (GBV) responders report that the significant and long-lasting impacts of GBV on physical and mental health - including injury, unintended pregnancy and pregnancy complications, sexually transmitted infections including HIV, depression, post-traumatic stress disorder, and death – have all been reported in Sudan. The risk of sexual exploitation and trafficking has increased due to the low operating capacity of public services and economic hardships. And in many states affected by movements of internally displaced people (IDPs), especially states that were not considered humanitarian settings prior to the escalation, there is a significant gap in response capacity. Additionally, not all IDP gathering sites are supported or known, leaving some of those most in need without humanitarian response services.

The situation in Sudan continues to be incredibly fluid, with the situation particularly in Darfur states deteriorating rapidly since early November, forcing many to flee to Chad. Despite some partners resuming activities since September, many partners report the need to close programming in the face of looted or destroyed offices and response spaces, including Women and Girls Safe Spaces (WGSS), confidential corners, and hospitals.

“We saw women smiling a month ago enjoying activities at a Women Center, now they are all displaced.” – GBV Sub-Sector Sudan

The GBV Sub-Sector Sudan conducted a trends analysis based on field visits and communication with GBV Sub-Sector Sudan members. Despite efforts in the country to provide training, services, and commodities, including an emphasis on support to women-led and women’s rights organizations (WLOs/WROs), and [the system-wide scale up](#), a number of concerning trends were uncovered in this analysis. These trends, which are not presented in order of importance but are interrelated, include:

Trend 1: Continued deterioration of security situation – particularly in Darfur states – with fears of looting and closures of recently opened spaces and stoppage of recently resumed activities.

GBV Sub-Sector Sudan partners report that the security situation is incredibly fluid, with increasing insecurity in early November once again pushing large numbers of people, particularly from Darfur state, into internal displacement, and leading many to flee to Chad.

Response: As possible, GBV responders are maintaining currently/recently re-opened WGSS, ensuring capacity to re-open services should they be forced to close due to looting and/or insecurity, and maintaining contact with GBV Sub-Sector Sudan as possible.

Trend 2: Increased number of unmarried pregnant women seeking services at health facilities in IDP hosting states.

The majority of those seeking GBV and Sexual Reproductive Health services for pregnant women are displaced from conflict-affected states and are pregnant as the result of rape. This is despite the fact that several factors deter survivors of sexual violence from seeking services, including that insecurity prohibits prompt clinical management of rape (CMR) care and stigma of receiving sexual and reproductive health services as unmarried women acts as a deterrent. Many survivors therefore rely on midwives for delivery services and to seek support after rape. This situation presents a huge risk in case of pregnancy/delivery complications. However, not all IDP sites have properly trained service providers, including trained midwives, to provide confidential support to survivors. Untrained service providers may force survivors into reporting GBV; in a worst-case scenario in one IDP site, it was reported a mother and girl disappeared after information about the rape of the girl was shared.

Response: The GBV Sub-Sector Sudan is accelerating the sensitization of health workers to survivor-centred care that is in line with minimum standards. The Sub-Sector is also working to build the

capacity of the health workers and midwives to provide at least the minimum package to health support to the GBV survivors. The increase of mobile clinics with trained health personnel to provide CMR should be considered.

Trend 3: Increased cases of life-threatening intimate partner violence (IPV).

Survivors are reporting an intensification of IPV, sharing that psychological problems among men have increased in IDP sites as stressors due to loss of income, displacement, and lack of psychosocial support (PSS) increase. Survivors also report extreme measures to distance themselves from perpetrators, including having to resort to locking themselves in rooms, and the need for assistance in rescue/removal from their homes and relocating to neighbouring states. Finally, survivors of IPV have reported that multiple IDP sites do not have safe shelters, while some survivors have requested that IDP sites create women and children-only sections, with sections that are also only for men.

Response: While the GBV Sub-Sector Sudan is coordinating with relevant humanitarian actors to support referrals, the response to these cases has been challenged by limited referral options due to the security situation and a lack of safe shelters to which survivors can be relocated.

Trend 4: Increased cases of child, early, and forced marriage.

Harmful coping strategies (such as child, early, and forced marriage) are often seen during times of increased economic stress. In Sudan, hyper-inflation and increased economic hardship have both been linked to a marked increase in the practice.

Response: The GBV Sub-Sector Sudan and members are working to support economic empowerment activities, as well as raise awareness on the harms of child, early and forced marriage, with some localities signing a declaration against early marriage. There is a need to increase the coordination with Food Security and Livelihoods (FSL) for better targeting of these affected areas.

Trend 5: Suicidal tendencies observed among GBV survivors.

GBV survivors often experience grave psychological impacts of the violence they have experienced. Among the GBV survivors in conflict-affected areas and IDP settings, service providers have reported that it is common for GBV survivors to express suicidal thoughts. Girls are particularly at risk, with a number of suicide attempts by girls reported in IDP sites.

Response: The GBV Sub-Sector Sudan and members are working to provide PSS by counsellors and social workers and through phone-based interventions. Additionally, PSS and recreational activities are being provided at WGSS. Mental health care is provided in “confidential corners,” which are sections of a health facility that provide GBV services in a confidential manner.

Zooming In - West Darfur

West Darfur is one of the states most affected by the recent escalation of the conflicts. Here, GBV Sub-Sector Partners continue to receive nearly unspeakable information about GBV. Essential GBV services have been heavily disrupted across El Geneina, West Darfur’s capital city, and other affected areas. Lack of communication and the heavy impact of the escalation of violence on GBV service providers themselves have also created challenges responding and getting information about the crisis. However, the limited assessments that have addressed the protection risks and the needs of women and girls and have highlighted alarming findings: unsafe displacement towards Chad with alleged cases of GBV along the journey; high risk of sexual violence without access to the clinical management of rape (CMR) in the areas most affected; the impossibility of referring survivors to the closest hospital due to insecurity on the way; displacement of many of the staff of GBV services. While thousands fled violence in the span of days in November 2023, some women and girls could not escape because they were too old, living with mobility impairment or because they were the sole carers of other family members who were not physically able to escape.

GBV actors are preparing to respond, with already severely overstretched funding, as soon as possible. Priorities for GBV response in West Darfur include the immediate need to re-establish essential services, adapting to the new situation and re-mapping current services, as well as working to enable safe access for GBV survivors to these services. Mitigating risks of GBV across the humanitarian response is also critical, as are providing services that support women and girls’ dignity. These include provision of dignity kits and fulfilling the urgent need of women and girls for safe and dignified living conditions across temporary shelters and existing and new gathering points.

Trend 6: Survivors prioritising needs like food and shelter for families over GBV response needs for themselves.

Women's roles as caregivers and primary food providers in the family leaves them vulnerable to sexual exploitation and abuse (SEA) and affects their well-being as they struggle to find any means to provide for their families. Women and girls may prioritize collecting wood for cooking or bringing water over seeking GBV services or joining GBV awareness raising or group PSS. When discussing GBV with women and girls, many express immediate needs for food and shelter, making it difficult to encourage them to seek GBV services.

Response: GBV Sub-Sector Sudan advocates for multi-sectorial response so that other basic and lifesaving needs, such as food and safe shelter, are adequately met. Furthermore, the GBV Sub-Sector is considering adding other sectors services in the emergency service mapping to be able to provide women and girls with holistic information about the services they can access.

Trend 7: Increasing hostility between host communities and IDPs while inter-IDP violence also increases.

Given the scarcity of funding, humanitarian aid is only currently provided to IDPs. This has increased the risk of harm to women and girls, with women and girls reporting attacks from host communities for using local resources like wood or water; host communities do not consider that IDPs have a right to these resources.

Violence between IDPs has also reportedly increased. For example, in one state where the IDP site hosts IDPs from different tribes, mistreatment of women from less advantaged tribes was reported. Others report that where IDP sites put more than one family in a shelter/room or have mixed WASH facilities, women and girls are facing increased GBV.

Response: The GBV Sub-Sector advocates for inclusion of host communities in the humanitarian response, considering host communities are also affected by the ongoing conflict. Further resources are also required to ensure adequate shelter and WASH facilities, which meet Sphere Standards, are available in all IDP sites.

Trend 8: Increasing vulnerabilities of elderly women.

Particularly in refugee camps, there is an increase in elderly women's vulnerabilities and needs, though they have not been previously included in GBV response activities. Service modalities used before the increased conflict are no longer safe and efficient, pointing to a need for reprogramming of intervention modalities that are adapted to the context. This includes adapted vulnerability criteria that allow for working with elderly women.

Response: The GBV Sub-Sector will provide technical support to ensure the safe adaptation for the GBV services and advocate for the inclusion of elderly women and people with disabilities in the GBV response.

In addition to support for the responses highlighted above and to meet the above trends, funding continues to be required to:

- **Provide holistic services to all those at risk of or who have survived GBV**, including mental health and psychosocial support, cash to GBV survivors as part of case management, maintenance of appropriate multisectoral referral pathways, and ensuring services to non-Sudanese individuals.
- Establish/Rehabilitate **210 Women Centers**.
- Distribute **260,692 Dignity Kits**.
- Train 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.
- Continue to **expand reach of GBV Working Groups** to underserved states with high needs.
- Strengthen linkages between cross-border operations and refugee/IDP responses in respective countries can be strengthened.
- **Strengthen staff-care services**, in particular for frontline staff.

Response Reach

In the face of limited funding and huge security and access challenges, GBV actors and the GBV Sub-Sector Sudan, have been able to:

- Reach **174,521** people between April and 15 November (in addition to 42,078 people reached in Jan-Mar 2023) with activities such as provision of lifesaving GBV responses, such as medical (including Clinical Management of Rape), legal, psychosocial support (PSS), awareness raising, and material assistance to GBV survivors, as well as referral to appropriate services. (Information dissemination sessions conducted on GBV-related issues including the availability of services and referral system, utilizing the community-based structure).
- Establish or support **68** Temporary Women Centres in selected accessible gathering points and **255** existing Women Centres (based on the consultation with women and girls as well as community leaders).
- Invest significantly in capacity building to scale up service provision, with **5,692** frontline GBV service providers and non-GBV humanitarian actors trained on GBV concepts, conflict-related sexual violence, GBV in emergencies, remote service provision, psychological first aid and case management, setting up temporary safe spaces and preventing sexual exploitation and abuse (PSEA).
- Support **483** Community-based Protection Networks.
- Start or support **14** GBV Working Groups to be operational at the state level (Khartoum, Jazeira, White Nile, Blue Nile, Gadarif, Kassala, South Kordofan, Red Sea, Central/South/North/West Darfur, Northen, Sennar)
- Update **GBV referral pathways** in 14 states and mapped **Clinical Management of Rape (CMR)** services in all 18 states.
- Reactivate the **GBV Case Management Taskforce**.
- **Enhance technical guidance**, including the development of guiding documents such as GBV SOP (national/state level), Standard Guidelines for key GBV interventions (guidance notes on GBV awareness sessions, remote psychological first aid, remote case management, key considerations for GBV prevention and response and conflict-related sexual violence messages).
- Familiarize 109 GBV actors at the national and state levels on the **GBV Sub-Sector Standard Operating Procedures** and protocols for establishing temporary safe spaces and confidential corners (by adhering to these guidelines, GBV actors can provide secure and confidential services, ensuring the safety of women and girls during emergencies).
- Develop an **Observation Tool for GBV to ensure access to information on GBV needs in conflict-affected areas**, familiarizing 44 GBV and non-GBV humanitarian actors at the national level on this tool and its usage as part of interagency assessments where GBV actors are not present or in cases of high security risk where conducting GBV needs assessments is not

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.