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### COVER PHOTOGRAPH:

*Transit Centre Extension Site in Renk. © Ruth Kirui*

<b>Acronym</b>	<b>Definition</b>
<b>CCCM</b>	Camp Coordination Camp Management
<b>CFM</b>	Community Engagement Feedback Mechanism
<b>CP</b>	Child Protection
<b>FGD</b>	Focus Group Discussion
<b>GBV</b>	Gender Based Violence
<b>IOM</b>	International Organization for Migration
<b>IRC</b>	International Rescue Committee
<b>JRS</b>	Jesuit Refugee Service
<b>KII</b>	Key Informant Interviews
<b>MHPSS</b>	Mental Health/Psychological Support Services
<b>NFIs</b>	Non-Food Items
<b>NGO</b>	Non-Governmental Organization
<b>PSEA</b>	Protection from Sexual Exploitation and Abuse
<b>PSN</b>	Persons with Specific Needs
<b>PWD</b>	People with Disability
<b>SCI</b>	Save the Children
<b>SRH</b>	Sexual and Reproductive Health
<b>TC</b>	Transit Center
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>WASH</b>	Water Sanitation and Hygiene
<b>WFP</b>	World Food Programme
<b>WG</b>	Working Group
<b>WVI</b>	World Vision International

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## Background

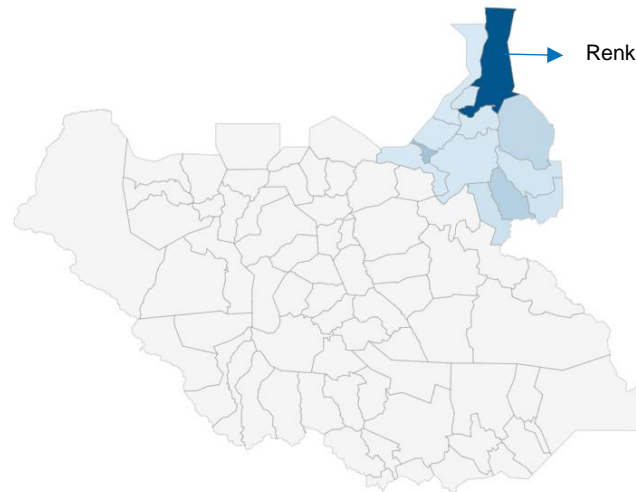
Following the onset of the Sudan crisis in April 2023, the town of Renk has become a safe transit place for individuals fleeing the conflict. By February 2024, more than 530,000 people had crossed into South Sudan through the Joda-Wunthow border point in Renk. Transit Center One (TC1) was established in April 2023 to accommodate the initial influx of refugees and returnees. To alleviate overcrowding in TC1, Transit Center Two (TC2), also known as the Extension Site, was opened in January 2024. By March 2024, the combined population of both centres exceeded their intended capacity by 3.3 times. The needs of the overpopulated TCs are large, with increased risks due to limited access to services, congestion and refugees and returnees overstaying the intended three to seven days before onward movement is initiated. The likelihood of resorting to negative coping strategies, as well as facing exploitation and abuse, remains significantly high. For these reasons, the first safety audit was conducted between 25<sup>th</sup> March to 25<sup>th</sup> April 2024 in the transit centres to identify and evaluate risks, particularly those associated with gender-based violence (GBV) and the safety and security concerns encountered by women, men, girls, boys, as well as people with disabilities, older persons and other vulnerable groups residing in the transit centres.

Transit centres have taken centre stage in the humanitarian response in Renk, prioritizing onward transportation and alleviating congestion in both the border areas and Renk itself. However, certain returnees and refugees have chosen to remain in these centres for extended periods, expressing reluctance to relocate. Consequently, safety audits in Renk have specifically targeted the transit centre.

The report outlines the results and key findings of these safety audits, carried out in the two transit centres to evaluate the safety and security issues affecting the residents (returnees and refugees). The report also draws some of the most salient conclusions and puts forward actionable recommendations to tackle the identified challenges. The assessment focused on various groups, of men, women, boys and girls from both refugee and returnee communities. The methodology employed in the assessment was based on age, gender, and diversity.

## Objective

- Enhance the general safety of the transit centres by promoting access by women, men, girls and boys, people with disabilities, safe to resources, services, and facilities.
- Identify risks of Gender-Based Violence in the transit centres, highlight existing gaps for targeted response interventions, and advocate for improved conditions, especially for women and girls residing in these centres.
- Identify areas needing improvement and suggest measures/recommendations to enhance safety within the TCs.



*The boundaries and names shown and designations used on this map does not imply official endorsement of or acceptance by the United Nations or UNHCR. Final boundary between the Republic of Sudan and the Republic of South Sudan and final status of Abyei area are not yet determined.*

### Demographics

- 280 respondents participated in the FGD sessions
- 28 respondents participated in the KIIs
- 17 partners participated in safety audits

Women	Men	Girls	Boys	People with Disability	Older Persons
30 %	30 %	4 %	20 %	10 %	6 %

## Methodology

Participatory sessions in the Transit Centers (TCs) used observation checklists, Focus Group Discussions (FGDs), and Key Informant Interviews (KIIs) to evaluate and monitor the overall safety and security challenges encountered by those in the transit centres. GBV safety audit tools were customised for Renk to identify current risks, gather insights on safety perceptions among the target groups, provide information on accessing services, and document community-led mitigation measures.

- **Observation checklist:** Staff from the 17 partners who took part in the audits conducted one safety walk in the two transit centers. The walk identified potential risks that further escalates GBV and other protection risks.
- **FGDs:** Forty-five FGDs were held with women, men, girls and boys, people with disabilities and older people. Using a structured questionnaire, at least ten individuals were mobilised per group to gather in-depth information on the existing risks, access to services, and perceptions of protection / GBV-related risks facing different target groups, particularly women and girls.
- **KII:** Nine KIIs targeted service providers within the transit centres, helping gather more insights into the existing challenges, gaps, and redress measures for the existing risks.

## Key observations

- **Lighting:** Insufficient lighting in pathways, WASH facilities (showers and latrines), and along the fence areas in TC 1. In TC 2, respondents highlighted insufficient lighting in WASH facilities (showers and latrines), communal shelters, and one section of the fencing area.
- **Movement:** Visible risks in and out of TC 1 and TC 2 include police checkpoints, markets, transportation, bars and drinking joints, social points, bush areas, tap stands, and latrines in the evening. For example, these areas are associated with risks such as police officers extorting money at checkpoints, harassment of women at tap stands, exploitation of local traders in markets and drinking joints, and the risk of sexual abuse while collecting firewood in the bush.
- **Locks and privacy:** In TC 1 and TC 2, the showers, latrines, and communal shelters lack locks to ensure the privacy and safety of community members.
- **Overcrowded and isolated shelters:** Both TC 1 and TC 2 have overcrowded shelters, posing risks to sexual abuse and physical safety. TC 1 was highlighted as visibly isolated due to limited services and smaller presence of humanitarian actors working on registration and cash assistance distribution compared to TC2.
- **Signage:** Both TC 1 and TC 2 have insufficient signages, particularly on the hotline and helpline on the accessibility of services in case of an emergency



# Key findings

## General perception of safety and security

- 63 per cent of the respondents, mainly women and girls in both TC 1 and TC 2, highlighted security concerns related to theft, lack of lights, police violence/harassment, lack of police patrols during the night, presence of gangs and criminal activity, and safety concerns near WASH facilities (tap stands and latrines).
- 30 per cent of the male youths and adolescent boys cited insecurity issues related to the presence of gangs, criminal activities, encounters with wild animals during the night, bullying, and police violence directed towards them.
- 7 per cent of the respondents, mainly women and girls, highlighted feeling unsafe during the night because of limited shelter and being forced to accommodate strangers during the night.

## Risks during movement

- In TC 1 and TC 2, 60 per cent of respondents highlighted feeling safe during movement; 10 per cent of the respondents had mixed feelings, with concerns highlighted by adolescent girls and persons with disabilities about potential threats.
- Most at-risk groups, such as people with disabilities (7 per cent), mentioned feeling unsafe on their way to the cash distribution centres. Adolescent girls and female youths (7 per cent) expressed feeling unsafe, particularly in tap stands and routes to distribution points, while fetching firewood and communal shelters during the night. Other specific locations were *en route* to and from the market during evenings and at night.

## Risks during transportation

Approximately 44 per cent of the respondents reported using public transport, while 54 per cent said they commute on foot. The primary reasons for travel include buying goods in the market at 29 per cent, work and income at 25 per cent, social and religious activities at 24 per cent, and firewood collection at 13 per cent. Among those who utilise public transportation, half expressed feeling safe, while 34 per cent indicated feeling unsafe primarily due to concerns about overcrowding, road safety, and conflicts over fare charges. Conversely, (14 per cent) of respondents found public transport hardly accessible, citing affordability as the main barrier.

## Other safety and security risks

- 24 per cent of male and female respondents highlighted physical violence mainly involving the police, fights within the TCs, tribal fights, and unspecified forms of violence.
- 12 per cent of adult female and adolescent respondents raised concerns related to sexual harassment and violence, particularly in the latrines and due to lack of lighting inside wash facilities (bathroom and latrines).
- 10 per cent of the female respondents highlighted related issues within the households mainly linked to a lack of access to basic goods and services, like food and shelter, which increased miscommunication at the household level, resulting in domestic violence.
- 6 per cent mentioned related risks of safety resulting from psychological trauma and stress factors at individual and household levels.
- 2 per cent of the youths mentioned protection-related risks resulting from drug and substance abuse among the youths.

## GBV risks in TCs

- 36 per cent of the respondents indicated intimate partner violence/domestic violence rooted due to lack of basic needs and psychological abuse resulting in misunderstanding within the family, leading to quarrels and fighting within the households.
- 27 per cent of women and adolescent girls highlighted sexual harassment and violence directed towards them by men and boys while fetching firewood at the tap stands during evening hours. Other cases highlighted by women

and girls were the use of female latrines by men and boys and the congestion within the TCs forcing men to use female-allocated shelters during the night.

- 20 per cent of the respondents highlighted physical violence perpetrated by men in TC 1 and TC 2.
- 11 per cent of women highlighted risks of early marriage and exploitation among young women and adolescent girls because of a lack of basic services, poor living conditions, lack of family support, and lack of education opportunities in the TCs.
- 5 per cent of emotional and psychological abuse is due to limited access to basic services and poor living conditions, while 15 per cent of respondents said they were not aware or had no information on where and how to report GBV incidents.
- The lack of dignified spaces for women and girls in the TCs increases the risks of early marriage, intimate partner violence, and sexual abuse.

**Risks of exploitation and abuse:** Both men and women highlighted increased risks of exploitation and abuse, early marriage among young women and adolescent girls due to lack of economic support, poor living conditions, lack of family support, and psychological distress among individuals.

## Barriers and risks to accessing services

Most respondents (56 per cent) highlighted that services were accessible without obstacles. However, a smaller percentage (21 per cent) expressed concerns about service accessibility due to inadequate services, delays, lengthy registration procedures, and denial of certain services like Non-Food Items (NFIs) and cash assistance. Additionally, 23 per cent of respondents highlighted issues including a lack of services for long-term residents<sup>1</sup>, limited information about available services, absence of Non-Food Items (NFIs), exclusion, and uneven distribution of blankets to all individuals.

<sup>1</sup> [South Sudan Crisis Response Strategy 2024](#)

## Access to services and basic needs

**Shelter:** In TC and TC 2, 46 per cent of the shelters lack lighting, representing 65 out of the 97 shelters assessed. Respondents also cited additional risks associated with extreme weather conditions, such as heat, snakes and scorpions at night, poor hygiene due to overcrowding, petty crimes like theft within the households, and disputes with other shelter occupants.

**WASH:** Half of the respondents (50 per cent) identified several key issues related to water, sanitation, and hygiene (WASH) facilities. These issues included a lack of lighting inside latrines and showers, a shortage of latrines, sanitation and drainage problems, absence of fencing near latrines at TC1, occasional water shortages, and the mixed-use of gender-segregated latrines by men and boys at night. Additionally, there were reports of men and boys congregating near female latrines at night, posing a safety concern.

*“The taps are overcrowded, causing a lot of fights when fetching water”*

Participants, Women and girls

**Health:** A portion of respondents (14 per cent) expressed feeling unsafe or facing challenges in accessing healthcare centres at night, obtaining medication, and receiving treatment for chronic illnesses. Other health-related issues identified included concerns about the overprescription of painkillers, financial barriers to accessing lab tests in Renk Civil Hospital and medications outside of Renk Hospital, difficulties in accessing emergency services at night (especially for older individuals and persons with disabilities) due to limited presence of healthcare providers and poor communication. Other barriers were mainly related to overcrowding, delays in healthcare facilities, and poor ambulance service capacity.

*“ The health service are very limited, we need more assistance, we cannot only rely on painkillers given to us in Renk Civil hospital and in the Transit Centres”....*

Participants, Men and women

**Cash Assistance:** Most respondents (63 per cent) emphasised the insufficiency of cash for purchasing food. Other issues included the distance to cash distribution points (1.5-1.8 kilometers), long queues and overcrowding, bureaucratic

processes leading to delays in receiving cash assistance, and a lack of alternative arrangements for persons with disabilities, older individuals, and pregnant or lactating women to access their cash assistance.

**Movement while fetching firewood:** A significant majority of women and girls (80 per cent) pointed out challenges they face while fetching firewood, including feelings of isolation due to the lack of visible roads, absence of outdoor lighting at night, and inadequate security personnel and support measures in place for their safety during this task.

**Other sites:** During discussions about other sites in the community, women and girls highlighted specific areas of concern. These included the western end of TC1 lacking fencing and experiencing unregulated movement of outsiders, the eastern fence of TC2 with an unmonitored gate, the Women's and Girls' Safe Space (WGSS) at TC1 witnessing occasional gatherings of boys and young men who expressed a desire for a similar recreational space, and the football field at TC2 where occasional fights were reported.

## Access to GBV services

- 26 per cent felt GBV services are not accessible, safe, confidential, or meeting needs due to barriers like lack of information and services.
- 74 per cent believe the services are accessible, safe, confidential, and meet needs.
- 70 per cent of the respondents highlighted being aware of service providers while 30 per cent mentioned they lack specific knowledge of what GBV is and where to access these services.
- 52 per cent recognised GBV service providers (IRC) providing prevention and response services.
- About specific groups, refugee adolescent boys generally mentioned a lack of awareness or provided unspecified responses, while the adolescent girls cited being aware of medical services.
- While 80 per cent of the refugee and returnee women in TC 1 and TC 2 cited being aware and sought GBV services provided by partner IRC, 20 per cent of returnee women in TC 1 and TC 2 cited referrals of GBV incidents to the police.
- Both refugee and returnee people with disability mentioned being aware of GBV services through services from GBV partners, health partners, and within the WGSS.

## Reporting, disclosure, and referral of GBV incidents

- 47 per cent of men and women highlighted they would report incidents of sexual assault or rape to police while 53 per cent would report physical assault rather than rape cases to the police manning the transit centers.
- 27 per cent of the refugees and returnees highlighted they would report incidents of sexual assault and 19 per cent for other incidents to NGOs/Agencies.
- 9 per cent of the refugees and returnees mentioned referrals to the incidents of sexual assault and rape to community leaders.
- 6 per cent of the refugees and returnees for sexual assault and 1 per cent for other incidents to the health care providers.
- 11 per cent would not report sexual assault, and 7 per cent would not report other incidents.
- Both refugee and returnee men indicated GBV referrals to GBV partners, IRC, police, and community representatives. On the other hand, male refugee youths indicated referrals to CCCM partners, protection, and complaint desks. Returnee male youths on the other hand mentioned referring GBV cases to police.
- 64 per cent of the respondents highlighted they would not disclose incidents related to sexual assault, while 62 per cent would not disclose other forms of GBV that were perpetrated against them.
- 11 per cent of the respondents highlighted they would disclose GBV incidents to their family members.
- 9 per cent of the respondents reported t incidents related to sexual assault while seeking legal assistance.
- 13 per cent of the respondents highlighted referrals of sexual assault to humanitarian actors.

## Awareness and services related to SRH

- 49 per cent highlighted being aware of SRH primarily through clinics while 51 per cent mentioned not being informed or aware of SRH services in the TCs.

## Access to safety and security (Police)

- While 82 per cent of the respondent's mentioned police are approachable. 18 per cent highlighted limited support from the police, delayed response to address issues, limited patrol inside the TCs, demand for money, and physical violence from the police.

## Barriers faced by people with disabilities

- Mobility barriers due to limited access to and a lack of assistive devices such as wheelchairs, white canes, and crutches among other supportive devices. This limits their mobility to receiving cash assistance and safe access to services.
- Institutional barriers mainly related to limited access to information among people with disability, delays in receiving/accessing services, and limited opportunities for participation in decision-making.
- Safety and security concerns related to physical safety, lack of disability-friendly wash facilities, lack of dignified shelters and private spaces, and limited mobility to the surrounding facilities like markets, and hospitals.
- Limited access to services "Except in JRS". As highlighted by people with disability, few organizations provide services for people with disability limiting services to other individuals in need of these services.
- Lack of care and support for people with disability.

*"As people with disability, we are unable to even use the latrines, because they are far and not disability friendly, please support us."*

Participants, people with disability groups

## Access to legal services and dispute resolution in the TCs

56 per cent of the respondents highlighted seeking legal assistance while 44 per cent mentioned they do not seek legal assistance but refer incidents to police, community representatives, local authorities, and organizations.

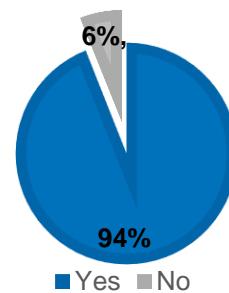
Similar to legal assistance and, the community's response to dispute resolution, 56 per cent of the respondents highlighted referral of the protection and GBV-

related cases to alternative dispute resolutions. 44 per cent of the respondents mentioned referrals of the cases to partners, local authorities, and police to solve their cases.

## Access to free services

Regarding access to free services, 6 per cent of the respondents highlighted having paid or been requested to pay for the services provided. Example provided were on health assistance where refugees and returnees are requested to pay for the services related to laboratory tests and purchase of medication not available in health facilities.

Are all services free of charge



94 per cent highlighted seeking services free of charge without any payment whatsoever.



# Recommendations

## Protection

- Advocate for provision of additional basic services and goods, including , food, shelter, health, WASH and long-term solutions of the transit centers.
- Enhance awareness/sensitisation through participatory methods on MHPSS, CP, and GBV, and referral pathways and reporting mechanism of incidents for timely assistance
- Strengthen the CFM to enhance accountability, safe and timely access to services e.g. hotlines, signages
- Implement strategies that involve men and boys in prevention and risk mitigation measures
- Strengthen monitoring of activities through assessments and accountability approaches
- Prioritize/enhance awareness-raising campaigns on GBV, PSEA, and CP
- Prioritize GBV, PSEA, and CP training for partner staff, local actors, and community representatives.
- Ensure age and disability inclusion is mainstreamed across sectors. This includes the representation of people with disability in the community leadership structures.

## PSEA

- Ensure PSEA focal points/alternates have been nominated to participate in the PSEA Task force fully
- Prioritize PSEA and CoC training for new staff and refresher for all staff
- All organisations have reporting systems in place and work closely with the established PSEA Task Force
- PSEA Task Force, CFM task team, GBV WG, and CP WG coordinate awareness and information on referrals

## WASH

- Provide safe and dignified age, gender-segregated latrines and showers for men and women
- Prioritize the provision of disability-friendly WASH facilities for people with disability
- Prioritize the CoC training and PSEA training for hygiene promoters
- Provide lighting in and out of the WASH facilities and the tap stands

- Provide locks in and out of the WASH facilities to ensure safe access to latrines and showers
- Have additional tap stands to avoid overcrowding and risks of GBV

## Site planning / CCCM

- Enhance safety and security, e.g. increase security patrols through community structures
- Clear the bushes next to the perimeter fence in TC 2
- Ensure access to disability-friendly services. This includes the representation of persons with disability in the decision making process and the representation in community leadership structure
- Enhance awareness and engagement of community representatives in the decision-making process
- Provide sufficient lighting in and out of shelters in both TC 1 and TC 2
- Monitor the allocation of shelter by prioritising the most vulnerable and PSNs
- Ensure signages and way finding systems are available in TC 1 , and TC 2
- Enhance maintenance of the shelters

## Age, Disability and Inclusion

- Mainstream age and disability inclusion across sectors.
- Address the existing barriers to mobility e.g. finding alternatives to accessing cash assistance
- Implement disability-friendly services to ensure dignified and safe access to services
- Advocate for the provision of assistive devices for people with disability

## Health

- Enhance access to and awareness of SRH services
- Monitor the provision of services provided by the frontline workers
- Capacity building for the health care providers on CoC
- Ensure timely services are provided at the health centers and clinics
- Facilitate timely access to services in Renk Civil Hospital and inquiries on services in need of payments and night services
- Advocate for the provision of additional ambulances for night response

## MHPSS

- Strengthen MHPSS intervention for enhanced response by protection actors/stakeholders to address the increased incidents of mental health resulting from existing constraints related to limited basic needs, prolonged depression, family separation and loss of loved ones among other mental health and well-being concerns.
- The sector coordinator advocate for additional capacity of MHPSS specialists
- Regularly update the joint action plan to inform programming by all protection actors.

## Food Security

- Advocate for a more efficient cash assistance program for food assistance to mitigate risks of exploitation and other forms of vulnerabilities.
- Find alternative solutions for accessing cash for food for people with disability.

# SAFETY AUDIT REPORT RENK

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