PROTECTION BRIEF: GENDER-BASED VIOLENCE

SUDAN SITUATION

MARCH 2026

Newly arrived Sudanese refugees in Farchana Refugee Settlement, Chad, in November 2025 following the takeover of El Fasher in North Darfur.
PHOTO CREDIT @UNHCR/ALA KHEIR

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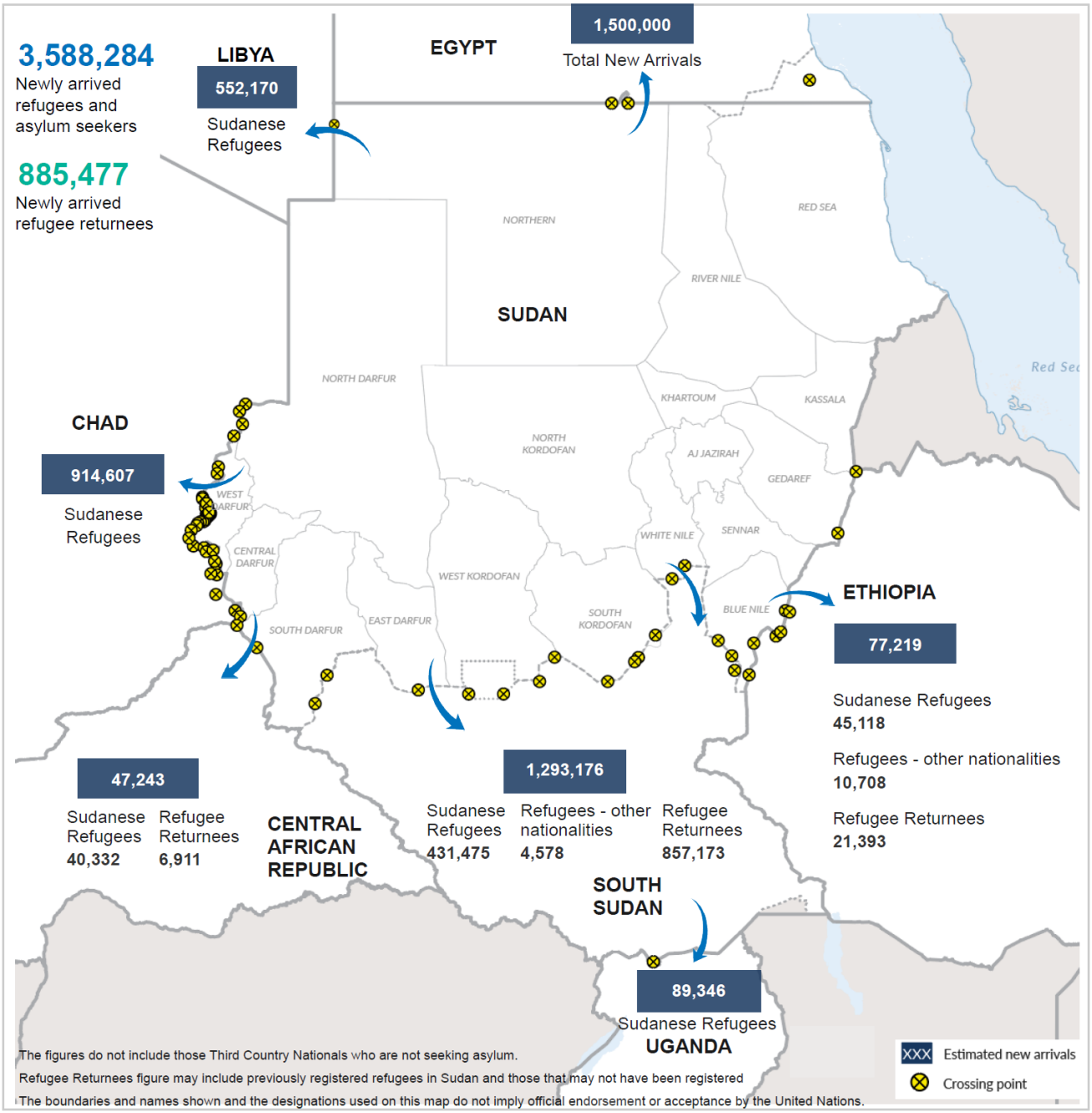
Operational Overview and Context



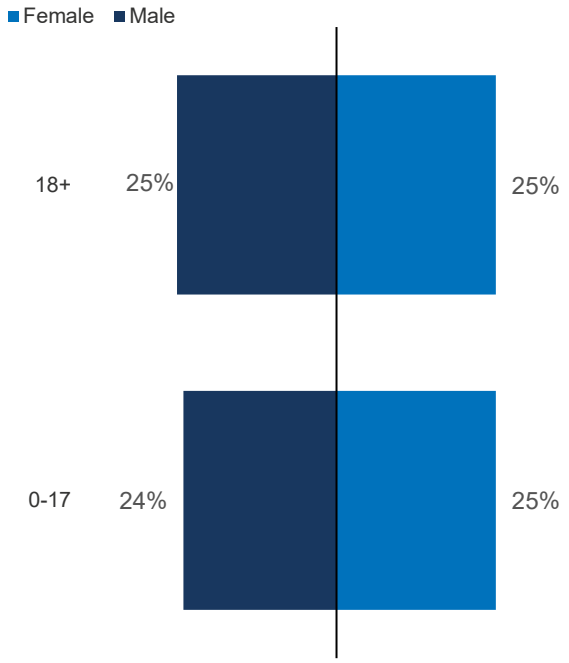
As of February 2026, more than 9 million people are forcibly displaced due to the outbreak of conflict in Sudan, while over 4.5 million refugees and returnees have fled to neighbouring countries since the conflict began in April 2023.

Three years after the outbreak of conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) in April 2023, Sudan continues to be the largest displacement and protection crisis globally. Displaced populations, including those who have fled to neighboring countries, face reduced access to food, shelter, and essential basic services. In addition, outbreaks of diseases such as cholera and measles have been reported in camps and settlements hosting refugees and internally displaced persons (IDPs) amid inadequate and deteriorating health services and overcrowding, further exacerbating humanitarian needs.

More than 9 million people are currently displaced within Sudan (including displacement *pre* and *post*-April 2023)[1], making it the largest internal displacement crisis in the world, while nearly 4.5 million Sudanese are in neighboring countries, including Chad, Egypt, South Sudan, Ethiopia, Uganda, the Central African Republic (CAR), and Libya. The influx of refugees, as well as large numbers returning to South Sudan and elsewhere is putting immense pressure on already fragile host communities and national systems. Women and children constitute 75 per cent of Sudanese refugees, with even higher proportions reported in some countries, including around 86 per cent in Chad, approximately 80 per cent in South Sudan, and similarly high numbers in CAR.

The regional refugee response continues to expand as insecurity, economic collapse, and the breakdown of social services drive ongoing displacement. Refugees arriving in neighboring countries often do so after long, dangerous journeys, facing violence along the way, and frequently with limited belongings and in urgent need of humanitarian assistance. Overall, the scale and complexity of the crisis continue to challenge humanitarian operations across the region. The 2026 Regional Refugee Response Plan targets nearly 5.9 million refugees and host community members for assistance, with 123 humanitarian partners appealing for USD 1.6 billion to respond to growing needs.

Age and Gender Breakdown of Sudanese Refugees[2]



51%

Women & girls

49%

Men & boys

49%

Children

Main Gender-based Violence Risks

The ongoing conflict in Sudan continues to generate severe and multifaceted protection risks for women and girls within Sudan, along displacement routes and in neighboring host countries. The breakdown of security structures, widespread displacement and limited access to essential services have significantly increased exposure to gender-based violence, exploitation and other forms of abuse. UNHCR teams and partners in border

[1] *https://reliefweb.int/report/sudan/dtm-sudan-displacement-and-return-snapshot-update-3-19-march-2026*

[2] *UNHCR Operational Data Portal, Sudan Situation (UNHCR Data Portal, updated 2026) https://data.unhcr.org/en/situations/sudansituation accessed 23 March 2026.*

crossings, particularly in Chad, continue to hear consistent and deeply concerning accounts of violence experienced by women and girls during flight. Many report exposure to sexual violence, physical assault, and threats by non-state actors, often occurring in the context of attacks on villages, displacement routes, and during transit. Reports from reception areas in eastern Chad indicate that a significant proportion of women and girls arriving from Sudan have experienced one or more forms of sexual violence, with humanitarian partners describing patterns of abuse occurring at scale and frequently going unreported due to fear, stigma, and insecurity. [3]

Monitoring conducted by the Office of the High Commissioner for Human Rights (OHCHR), including interviews with survivors, numerous women and girls, primarily from the Zaghawa community, confirmed stories recounted upon arrival. Refugees shared how they were subjected to severe conflict-related sexual violence during the attack on the Zamzam IDP camp and along escape routes. Reported violations include rape, gang rape, sexual slavery, and other forms of sexual assault, frequently accompanied by cruel, inhumane, and degrading treatment such as flogging, intended to terrorize and humiliate survivors. Between 11 April and 20 May 2025, OHCHR documented 66 incidents involving at least 104 victims (75 women, 26 girls, and 3 boys). However, the actual scale of abuse is believed to be significantly higher due to stigma, insecurity, communication disruptions, fear of reprisals, lack of services, and the collapse of justice systems.[4]

The collapse or disruption of health systems, law enforcement, and justice mechanisms in many conflict-affected areas has created a climate of widespread impunity. Survivors of gender-based violence face significant barriers to reporting incidents or accessing medical, psychosocial, and legal services, further reinforcing the cycle of abuse and underreporting. Limited access to post-rape clinical management and safe referral pathways also increases the long-term physical and psychological impacts on survivors.

Displacement routes remain particularly dangerous for women and girls. As of the end of February 2026, Chad hosted 1.3 million Sudanese refugees with majority residing in eastern provinces of Ennedi Est, Wadi Fira, Ouaddaï and Sila. Refugees arriving in eastern Chad report travelling under extremely insecure conditions with limited access to safe transportation[5]. Among the affected population are an estimated 306,957 women of reproductive age, 41,787 pregnant women and approximately 55,715 expected births over the next 12 months. [6]Incidents of rape, sexual assault, and other forms of violence along transit routes continue to be widely reported, often perpetrated by non-state actors, traffickers, or opportunistic criminal groups exploiting the absence of security and law enforcement agencies along these routes.

Additionally, information gathered by UNHCR staff and partners from displaced Women-Led Organizations (WLOs) and Women Human Rights Activists (WHRAs) in receiving countries indicates that online GBV targeting of Sudanese refugees, particularly women and girls has sharply increased since the conflict began in April 2023, with digital spaces becoming extensions of intimidation, harassment, and coercion. Women activists, health workers, journalists, and staff of WLOs face targeted threats, doxing, and extortion, including threats of sexual violence or kidnapping intended to silence them. These attacks undermine the ability of women-focused organizations to provide vital protection and support services to the affected communities.

[3] *Office of the United Nations High Commissioner for Human Rights, Report of the OHCHR Sudan Country Office on the Offensive of the Rapid Support Forces on Zamzam IDP Camp, North Darfur (11–13 April 2025): "Three Days of Terror with No Safe Refuge" (18 December 2025) https://www.ohchr.org/sites/default/files/documents/countries/sudan/ohchr-sudan-rapid-support-forces-zamzam-idp-camp-north-darfur-3-days-safe-refuge-offensive-april-terror-1-en.pdf accessed 23 March 2026.*

[4] *UNHCR Operational Data Portal, Sudan Situation (UNHCR Data Portal, updated 2026) https://data.unhcr.org/en/situations/sudansituation accessed 23 March 2026.*

[5] *https://reliefweb.int/report/chad/flash-update-19-new-sudanese-refugee-influx-chad*

[6] *United Nations Population Fund (UNFPA), Chad Country Appeal 2025 (UNFPA West and Central Africa Regional Office, https://wcaro.unfpa.org/sites/default/files/pub-pdf/2date26-date3/UNFPA%20Chad%20Country%20Appeal%202026%20%2818%m , accessed 23 March 2026.*

In refugee camps and settlements in receiving countries, women and girls face ongoing protection risks due to inadequate infrastructure and environmental conditions. The need to travel long distances outside camps to collect water and firewood exposes them to risks of assault, sexual violence, and exploitation, particularly in remote or poorly monitored areas. Within camps and settlements, overcrowded shelters with lack of privacy, insufficient sanitation facilities, and lack of lighting further increase vulnerability to gender-based violence. A lack of gender-sensitive site planning and limited community protection mechanisms also restrict safe access to essential services.

In urban contexts, particularly in Egypt and Libya, GBV risks are closely linked to precarious living conditions and dangers associated with irregular migration routes. Many newly arrived refugees report experiencing violence either in Sudan or during their journey. In Egypt, compared to other nationalities, Sudanese women and girls represent approximately 78 per cent of GBV survivors seeking support, reflecting the scale of the problem and the vulnerabilities associated with irregular entry routes and reliance on smuggler/traffickers' networks. Survivors report incidents of sexual assault, rape, physical abuse, torture, arrest and detention, as well as exploitation linked to limited access to livelihood opportunities. Vulnerable groups, including unaccompanied girls, female-headed households, and individuals with diverse sexual orientations, face heightened risks of discrimination, abuse, and social exclusion.

Across hosting countries, the suspension or reduction of women-focused and empowerment programs due to lack of funding have weakened critical protection and support mechanisms for at-risk groups. At the same time, increasing household economic stress, driven by limited livelihood opportunities and reduced food assistance, continue to force families to adopt negative coping strategies, including child marriage, family separation, and other survival mechanisms that significantly increase exposure of women and children to GBV risks.

Amid these conditions, GBV remains significantly underreported. Survivors often fear stigma, retaliation, and social exclusion, while access to services is further constrained by movement restrictions and the destruction of health and protection infrastructure. The consequences of GBV are severe and far-reaching, including sexually transmitted infections such as HIV, unintended pregnancies and the risk of unsafe abortions, psychological distress (including suicidal ideation), serious physical injuries (including intentional mutilation), stigma, and even death. As a result, many incidents go undisclosed, leaving survivors without timely access to essential medical, psychosocial, or legal support. This analysis is informed by GBV safety audits, protection monitoring reports, and case management data from GBV service providers across refugee-hosting countries affected by the Sudan crisis.

Snapshot of Achievements

456,317
peopled reached through GBV prevention and outreach activities.

214,253 women at risk and survivors received GBV specialized services (psychosocial support services/ case management, legal, medical, dignity kits, cash-based assistance, energy efficient stoves, and referrals for additional services)

78
Women and Girls Safe Spaces (WGSS)

4,986 people trained (UN, partners, community-based front-line workers and local actors) on prevention, risk mitigation and response to GBV and Sexual Exploitation and Abuse (PSEA)

27 direct partnerships with local actors including refugee-led and women-led organizations

Operational Response

Throughout 2025, UNHCR and partners implemented lifesaving GBV response services across the most affected localities, prioritizing areas receiving newly arrived populations. This includes provision of emergency specialized services in some locations including psychosocial support and case management, clinical management of rape, the deployment of GBV experts, and establishment of confidential referral mechanisms.

These efforts were delivered amidst critical funding shortfalls. In 2025, RRP partners appealed for US$ 64,275,188 million to meet urgent GBV needs in countries affected by Sudan crisis, yet partners reported receiving only around 14 per cent of this requirement, leaving a gap of more than US$ 55,517,629 million. In 2026, RRP partners are appealing for USD 69,894,485. Without urgent, flexible and sustained donor support, essential services for women and girls risk further disruption at a time when needs continue to rise.

Provision of GBV Response Services

During the reporting period, 214,253 women and girls accessed GBV services through UNHCR supported facilities, outreach teams and community protection networks, despite severe constraints. 78 Women and Girls Safe Spaces (WGSS) were supported across refugee-hosting operations, serving as critical entry points for safe disclosure, psychosocial support, and referral. Moreover, 4,986 individuals including UNHCR staff, government officials, partners, community leaders and volunteers, were trained on GBV prevention, response and safe referrals.

In South Sudan, 24 WGSS provided structured psychosocial support, life-skills activities and case management services to refugees, returnees and internally displaced persons, with over 56,900 individuals receiving specialized GBV assistance. In Chad, where large numbers of Sudanese refugees continue to arrive following traumatic journeys, 25 WGSS supported survivors across refugee camps and transit sites, ensuring that survivors received psychosocial support and referrals to essential services.

In Ethiopia, despite the withdrawal of several partners and severe funding constraints, UNHCR and the remaining partners maintained four Women and Girls Safe Spaces in Aftit and Ura settlements, where 8,706 women and girls accessed structured psychosocial support sessions and life-skills activities, ensuring continuity of survivor-centred services despite operational challenges. In the Central African Republic (CAR), five safe

spaces supported 1,296 survivors and persons at risk, providing case management, psychosocial support, dignity kits and referrals to medical and judicial authorities.

In Egypt, 3,300 survivors, the majority of whom were Sudanese women and girls benefited from comprehensive case management services. Survivors were also supported through a one-time safety cash grant, enabling them to address urgent protection needs following incidents of violence. In Libya, where operational constraints increased following the suspension of several international partners, UNHCR shifted to direct implementation to ensure the continuity of case management, psychosocial support and referral services for survivors.

Strengthening Localization (Refugee Leadership and Community Engagement)

Community-based approaches and localization were central to the GBV response. UNHCR strengthened partnerships with women-led organizations, refugee-led organizations and community protection networks, which often act as trusted first responders and play a critical role in facilitating safe disclosure and survivor referrals.

Across Egypt, South Sudan, Sudan and Uganda, 27 direct partnerships were established with local actors, including women-led and refugee-led organizations. In Sudan, partnerships with women-led organizations supported the integration of psychosocial support and legal assistance for GBV survivors while strengthening prevention and awareness activities in refugee, and internally displaced persons hosting areas. In Uganda, a refugee-led organization supported through 'Safe from the Start' funding conducted community-based awareness activities reaching over 2,200 women, men, boys and girls, strengthening community-driven prevention and referral mechanisms.

In South Sudan, UNHCR strengthened the capacity of refugee-led and women-led organizations through training and engagement in community outreach and survivor referral mechanisms, reinforcing the role of local actors in protection responses. Similarly, in Ethiopia, UNHCR strengthened local response capacity by training 216 community members and frontline actors on GBV prevention, safe identification and referral pathways, enabling community volunteers to maintain outreach and survivor support despite reduced partner presence.

GBV Prevention and Behaviour-change Initiatives

Prevention efforts remained central to addressing the root causes of violence, gender inequality and harmful social norms. Across the response, GBV prevention efforts reached more than 456,000 people, focusing on addressing harmful social norms, gender inequality, and risks of violence. Major outreach included large-scale campaigns in Chad (280,000 people), South Sudan (88,000), CAR (20,000), and Ethiopia (21,000). Programs targeted women, men, boys, and adolescents through awareness sessions, behaviour-change initiatives, and community dialogues. Specialize initiatives such as Girl Shine supported adolescent girls in South Sudan, while programs like Engaging Men through Accountable Practices (EMAP) supported across multiple operations to promote positive masculinity and challenge harmful practices.

Risk Mitigation, Economic Empowerment and Resilience Initiatives

Recognizing the link between GBV risks and broader humanitarian conditions, UNHCR and partners implemented a wide range of mitigation measures to reduce women's and girls' exposure to violence across camps, settlements, and urban areas. Distributions of dignity kits and safe energy solutions, such as the provision of over 20,900 dignity kits and 68,544 improved stoves with eco-charcoal in Chad, helped minimize risks associated with inadequate hygiene supplies and unsafe firewood collection. Economic empowerment, livelihoods and resilience initiatives contributed to risk reduction, including cash assistance provided to 300 at-risk women in South Sudan, savings groups and income-generation initiatives reached over 1,500 women in Chad, and women's empowerment programmes in CAR strengthened participation in protection activities and enhanced community capacity to address GBV risks.

Capacity Strengthening on GBV and PSEA

Capacity strengthening efforts remained a central pillar of the refugee response, with 4,986 frontline actors, including UN staff, government officials, partners, community leaders and volunteers trained across receiving countries on GBV prevention, case management, safe identification, referral pathways, and PSEA basic concepts and reporting. These trainings enhanced response capacity and accountability mechanisms. In Chad, Libya and Egypt, over 3,786 community leaders and frontline workers were trained on GBV prevention, disclosure and referrals. In South Sudan, training, mentoring and coaching sessions targeted 318 GBV frontline workers, PSEA focal points, as well as refugee and women-led organizations on safe disclosure and survivor referrals. In Sudan, specialized trainings strengthened the skills of health workers, para social workers, civil society and protection actors on clinical management of rape, legal procedures and psychosocial support. In Ethiopia and Uganda, 877 community members and frontline workers were trained to maintain safe identification, reporting and referral systems amid reduced partner presence. These investments reinforced community-based protection structures and improved referral networks, particularly in settings where insecurity and resource constraints have weakened formal service systems.

GBV Coordination and Mechanisms

At regional level and across countries impacted by the Sudan crisis, UNHCR supported coordination of GBV efforts, enabling partners to harmonize interventions, strengthen referral pathways, and deliver more consistent survivor-centred services.

UNHCR worked closely with governments, UN agencies, INGOs, national actors, civil society and refugee led organizations through GBV and PSEA interagency coordination mechanisms at national and sub-national levels, supporting joint assessments, safety audits, monitoring of emerging risks, and implementation of key joint response and prevention initiatives aligned to multisectoral programming. For example, in South Sudan, the GBV Sub-Working Group facilitated coordinated actions between humanitarian actors and government institutions, including implementation of the GBV Mainstreaming Action Plan and PSEA protocols.

At regional level, coordination was reinforced through the establishment of the Women-Led Organizations (WLO) Support Platform for the Sudan Situation, co-led by UNHCR and UN Women. A regional co-creation workshop targeting members of the platform was held in December 2025, bringing together Sudanese WLOs from across refugee-hosting countries to amplify women's voices, leadership and advance locally driven protection and peacebuilding initiatives. The workshop helped WLOs to define shared priorities and practical pathways for strengthening their engagement, while the platform's linkages with the Women's Advisory Group to the UNHCT in Sudan ensured that Sudanese women's perspectives informed regional coordination and advocacy.

Major Gaps

Despite UNHCR and partners efforts to scale up GBV prevention, response, and risk-mitigation, the Sudan regional refugee response continues to face critical and widening gaps driven by the sheer magnitude of displacement and severe underfunding. In 2025, GBV components of the Sudan Refugee Response Plan operated with a funding gap of 86 per cent, while USD 69 million is urgently required in 2026 to sustain and expand lifesaving services for women and girls.

The current funding shortfall has resulted in reduced partner presence, limited geographic coverage, and undermined access to essential GBV services such as case management, safe shelters, legal aid, and clinical management of rape victims. Generally, national protection and social service structures are struggling to keep pace with escalating needs.

Although over 214,000 survivors and individuals at risk received support in 2025, this represents only a fraction of the 1.2 million women and girls estimated to be at risk across the region. UNHCR and partners' operational capacity remains far below global standards, with a social worker-to-survivor/at-risk ratio of 1:350, and partner

withdrawals in several countries, such as Ethiopia, and South Sudan have further affected the delivery of specialized services for the most vulnerable women and girls.

In countries like Chad, CAR and Libya, limited access to vulnerable refugees in need by humanitarian actors continues to hinder delivery of GBV specialized services while the national GBV systems remain overstretched. Insecurity, damaged infrastructure, and bureaucratic hurdles in Sudan, South Sudan and border areas continue to impede safe access to GBV services, while the destruction of health facilities has disrupted emergency medical care for survivors.

Funding cuts have also affected UNHCR's capacity to deploy GBV experts and trained staff in high-need locations and provide the required response. For instance, in Ethiopia, UNHCR could not support the deployment of GBV specialized staff in Aftit and Ura which are receiving refugees from Sudan. Meanwhile, deteriorating economic conditions and declining humanitarian assistance are driving families into harmful coping mechanisms, including child and forced marriage and transactional sex. Lack of adequate lighting, insufficient WASH facilities, overcrowded shelters, and limited access to safe energy solutions continue to heighten daily protection risks for women and girls.

Without immediate and sustained donor investment, these gaps will continue to undermine protection outcomes, leaving survivors without adequate timely, confidential, and survivor-centred care.

Key Messages

- Uphold obligations under international humanitarian and human rights law by ensuring the protection of civilians at all times, including before, during, and after hostilities, and by taking all feasible precautions to prevent harm. Particular attention must be given to those at heightened risk, especially women, girls, and other vulnerable groups, while preventing all forms of violence, including gender-based and conflict-related sexual violence.

- Increase direct, flexible and long-term funding to strengthen the resilience, sustainability, and leadership of refugee led and women led organizations, civil society and community-based organizations who are at the forefront of efforts to fight violence against women and girls. Strengthening capacity of these actors will enhance community outreach, improve referrals, and advance locally led protection responses.

- Scale up GBV prevention, risk mitigation and response services across the Sudan regional response. Sustained investment is urgently needed to expand survivor-centred services, including case management, safe spaces, legal support, and clinical care for survivors of sexual violence.

- Invest in strengthening and professionalizing the frontline protection workforce, including social workers, case managers, and community protection volunteers. Partnerships with academic institutions and training centres can help build sustainable national capacity for GBV prevention and response.

- Strengthen partnerships across sectors and with non-traditional actors, including the private sector and philanthropic organizations, to expand economic empowerment and resilience opportunities for women and girls and address the structural drivers of GBV such as poverty, displacement, and limited livelihood opportunities.

- Intensify coordinated efforts to ensure unimpeded humanitarian access so that immediate, life-saving assistance can be delivered to all affected populations, especially survivors of sexual and gender-based violence through timely, safe, and comprehensive services.

- Advocate for the protection of civilians, sustained humanitarian access, and strong protection safeguards in all return processes, ensuring that Sudanese refugees, including women and children, are able to make informed and voluntary decisions about returning, and are not subjected to deportation or forced return to areas where safety, basic services, and humanitarian assistance remain inadequate or unavailable.