

SUDAN SITUATION - PROTECTING FORCIBLY DISPLACED WOMEN AND GIRLS

As of June 2024, **7.1 million persons have been displaced within Sudan** due to the conflict, including **219,503 refugees and asylum seekers**, representing various nationalities including South Sudanese, Ethiopians, Eritreans. A total of **1.9 million refugees, asylum seekers, and returnees** have fled to Egypt, Chad, Central African Republic, South Sudan, and Ethiopia. **78% of refugees are women and children**. Risks of GBV have severely increased for forcibly displaced women and girls primarily in Sudan but also in neighbouring host countries.

The security situation in Sudan remains highly volatile, characterised by **ongoing armed conflict, criminal activities and communal tensions**. Reports of **numerous incidents of conflict-related sexual violence** perpetrated by parties to the conflict, **sexual slavery and trafficking, child and forced marriage**, and the **recruitment of boys by armed forces** have increased since December 2023.

Conflict, food insecurity coupled with diminished livelihood options have **dramatic consequences on women and girls**, heightening the risks of intimate partner violence, sexual exploitation and abuse, trafficking in person and resorting to harmful coping mechanisms. **Attacks on GBV services providers** as well as frontline workers including Women-led organizations (WLOs) are also reported. **Limited access** in conflict-affected states, **shortage of supplies and limited availability of specialized GBV services** continue to be the **most pressing challenges**.



The **severe underfunding across sectors** of the refugee response continues **to create gaps in assistance and service delivery**. Currently, the Refugee Response Plan for the Sudan Situation is **funded at 20%**, and its GBV prevention and response programming is disproportionately under-funded with **only 16% of needs covered**.

National social services **are very weak** and not present in all refugee emergency areas. Similarly local civil society such as women-led organizations **are underfunded**. Host communities are **very poor**. Although refugees display resilience, currently they **lack even access to basic needs**.

The GBV response entirely relies on few humanitarian actors who also are severely underfunded. A reduced access to food, the scarcity of natural resources, the limited livelihood opportunities and inflation have particularly



contributed **to increase risks of GBV for women and girls in both Sudan and asylum countries**. Logistical challenges in Sudan, South Sudan, Ethiopia, Chad and CAR due to continued hostilities, weather conditions, to poor infrastructure and insecurity have also hindered the capacities of services providers to access survivors. Natural resources **are scarce**, infrastructure, essential services, and livelihoods activities **are limited**.

At an increasing rate, families are **resorting to harmful coping strategies to meet their basic needs**. 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.

In refugee settlements, in both Sudan and asylum countries, women also report facing **significant risks while collecting firewood**. They often walk long distances (more than five hours per trip) to gather fuel for cooking, which puts them at risk of physical and sexual assault, abuse, and injury. This is further **exacerbated by the lack of clean drinking water, lack of access to adequate shelter, insufficient WASH facilities, lack of street & public lighting**, increasing GBV risks at the border areas and in the settlements.

However, **GBV remains severely under-reported** as survivors face difficulties accessing services (due to continued hostilities, volatile security issues or floodings), out of fear of stigma and retaliation or because of low awareness on GBV and reporting mechanisms.


Despite limited resources, UNHCR continues to ensure that **coordination mechanisms and referral pathways are in place in refugee settings**. Jointly with its partners, UNHCR has strengthened the **provision of lifesaving, survivor-centred GBV response services** addressing health, psychosocial support (PSS), legal awareness to GBV survivors, as well as referral to appropriate services. It also includes setting up Women and Girls Safe Spaces where psycho-social support is provided alongside women and girls empowerment activities.

KEY RESULTS- REFUGEE SETTINGS

(As of 31 March 2024)

 **131,711**
Persons reached by UNHCR GBV programmes. (prevention & response).

 **4,522**
Improved cook stoves and

 **1.51B USD** requested for the Sudan Situation Regional Refugee Response Plan (RRRP)


 **115,676**

Persons targeted through information-sharing and awareness raising sessions.

 **7,172**

Solar lanterns distributed.

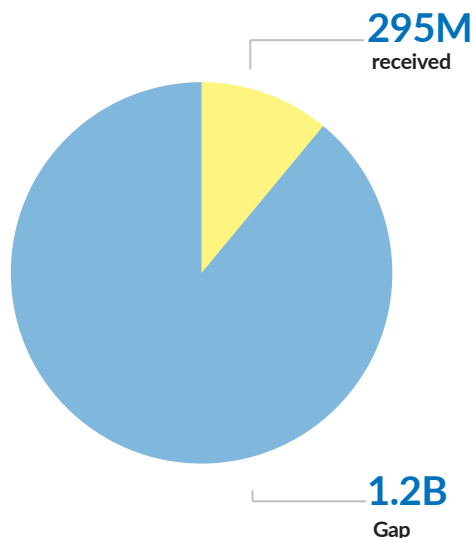
 **1,836**
GBV actors, service providers and community volunteers trained.

 **7,879**
Women supported with material assistance.

 **13**
GBV Coordination mechanisms

 **5,523**
Dignity kits distributed.

 **22**
Referral pathways are in place.



 **GBV funded at 16% of needs.**

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**.
- **The GBV response entirely relies on few humanitarian actors who also are severely underfunded.**
- **Logistical challenges** in Sudan, SSD Ethiopia, Chad and CAR due to continued hostilities, weather conditions, to poor infrastructure and insecurity have also hindered the capacities of services providers to access survivors.
- **Natural resources are scarce**, infrastructure, essential services, and livelihoods activities are limited.

KEY PRIORITIES

UNHCR will continue its advocacy to enhance the protection of forcibly displaced women and girls in and outside Sudan including in favour of improved access and quality of services:

- **Strengthen awareness campaigns, and community-based** initiatives aimed at safeguarding the rights and dignity of forcibly displaced women and girls.
- **Swiftly scale-up and enhance GBV response services** in Sudan, South Sudan, Ethiopia, Chad, Central African Republic, Egypt, Libya and Uganda.
- **Ensure GBV prevention and response are treated as life-saving and prioritized**
- **Enhance engagement with Women Led Organisations (WLOs), Refugee Led Organisations (RLOs), and other community-based structures** to strengthen outreach, awareness raising on GBV and risk mitigation and to foster safe disclosure.
- **Provide cash assistance to GBV survivors** so they can access services including transport to access medical care, legal and PSS, **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.
- **Strengthen interagency coordination mechanisms and gradually transition coordination of GBV efforts to state-line ministries**, fostering inclusion of identified GBV survivors and those at risk of GBV into government-run services and socio-economic empowerment schemes.
- **Increased flexible contributions** to quickly scale up emergency response and adjust activities to meet the needs identified by refugees and internally displaced people.