Gender-Based Violence in the Sudan Refugee Response – Ethiopia

This August 2024 protection brief analyzes gender-based violence (GBV) as faced by refugees fleeing the Sudan situation into Ethiopia. The brief is intended to be actionable and to take stock of the effectiveness of the current GBV interventions that include a coordinated approach prioritizing timely access to appropriate psychosocial, medical, safety and legal services. It will also provide recommendations for areas where immediate improvement is needed. Relevant UNHCR guidance on best practices is used as a benchmark. Interventions in (1) coordination and response (2) prevention (3) risk mitigation are considered.

The situation of both new arrivals and persons who arrived before April 2023 is considered. The brief covers the response in the Amhara and Benishangul Gumuz regions, and also looks at some activities in Gambella and Addis Ababa.

Furthermore, the brief provides information on the funding constrains that require immediate attention from donors and partners. Based on the gaps identified below, the overall recommendation is that the **GBV response interventions in the Amhara and Benishangul Gumuz regions must be immediately expanded**. The current response capacity which survivors can access is not sufficient. While UNHCR has an important role to play, other actors also need to strengthen their interventions.

I. Understanding GBV risks among the Sudanese refugees in Ethiopia

As related to the new Sudan situation, recorded incidents of GBV have included conflict related sexual violence, Intimate Partner Violence (IPV), child or forced marriage, and Female Genital Mutilation (FGM). Additionally, in older refugee camps, reported incidents of GBV included rape and sexual assault, often linked to violence within the camps or in relation to the collection of firewood and water outside the camps, followed by IPV, denial of resources or restriction of access to services and information, as well as psychological and emotional abuse.

Cultural norms from Sudan, including entrenched gender inequalities and harmful practices, persist and are exercised discreetly, significantly contributing to a culture of silence. Deep-seated patriarchal norms and traditional practices also perpetuate GBV and often discourage survivors from reporting their experiences or seeking help. These norms frequently lead to weak or poorly enforced legal protections, further contributing to the persistence of GBV.

Benishangul Gumuz Region

There are 74,210 Sudanese refugees living in the Benishangul Gumuz region out of which 22,649 arrived during the recent conflict in Sudan. Long-staying refugees are located at the Sherkole (established in 1996), Bambasi (established in 2012), and Tsore (established in 2015) camps. Most new arrivals cross from Sudan into Ethiopia at Kurmuk. A refugee settlement has been established in Ura for the delivery of protection and assistance.

i. *Kurmuk Transit Centre and Ura Refugee Settlement in Benishangul Gumuz (Emergency)*

As per statistical data from Kurmuk Transit Centre and Ura Refugee Settlement, 39% of the reported incidents involved rape and sexual assault, 47% were physical abuse, and 14% were psychological and emotional abuse. Among the survivors, 89% are women, and 11% are girls.

Regarding the location of the incidents, 39% occurred in Sudan or during the journey from Sudan to Ethiopia, 61% of the incidents occurred within the settlement or transit center, with the rest happening in the surrounding areas or outside the settlement or transit centre. Among the GBV cases, 46% were related to intimate partner violence (IPV), and 3% were associated with firewood or water collection. Others were reported as conflict-related sexual violence in Sudan and harmful traditional practices such as FGM and child marriage.

ii. *Tsore, Sherkole, and Bambasi Refugee Settlements in Assosa*

In Tsore, Sherkole, and Bambasi Settlements, out of the total reported GBV incidents, 33% involved rape and sexual assault, 44% were physical abuse, 21% were psychological and emotional abuse, and 2% were related to denial of resources. Among the survivors, 86% are women and 14% are girls.

Regarding the location of the incidents, 21% occurred in Sudan or during the journey to Ethiopia, while the remaining incidents took place within Ethiopia. Specifically, 79% of the incidents happened within the camps, with the rest occurring in the surrounding areas or outside the camps. Among the reported GBV cases, 40% were related to intimate partner violence (IPV), and 9% were associated with activities such as firewood or water collection.

Amhara Region

There are 12,657 registered Sudanese refugees living in the Amhara region. All are new arrivals arriving after April 2023. Most

cross from Sudan into Ethiopia at Metema. After a series of security incidents in the Kumer and Awlala Settlements originally established to receive the refugees have been decommissioned and a new settlement has been established in Aftit, where refugees have access to protection and assistance under safer conditions.

With regards to reported incidents in locations within the Amhara region, 29% of the incidents reported involved rape and sexual assault, 21% physical abuse, 1% forced marriage, 29 % denial of resources, services, and opportunities, and 20% psychosocial/emotional abuse. 43.75% of cases were reported to be intimate partner violence (IPV) while 50% were related to firewood and water collection. Others were reported as conflict-related sexual violence and harmful traditional practices. Among the survivors, 60 % are women, 33% are girls, while 2% and 5% are men and boys respectively.

Furthermore, 15.63 % of the reported incidents happened in Sudan or on the way from Sudan to Ethiopia while others happened in Ethiopia. While 84.37% of the incidents happened within the settlements or the transit center, others happened in the surroundings or outside the settlements.

ii. GBV Risk Mitigation[1] Mainstreaming for the Sudanese refugees in Ethiopia

In Ethiopia, effort has been undertaken to mainstream GBV risk mitigation across all locations. UNHCR continues to build the capacity of different stakeholders including staff, partners' and government's staff and refugees focusing on identifying those at risk, understanding the sources of risk, and recognizing the potential impacts of actions or inactions related to GBV risk mitigation within their roles. Key UNHCR staff working on the Sudan situation response have received training on how to safely handle GBV disclosures and making appropriate referrals. Refresher training is currently in progress, with the next virtual session scheduled for October 2024.

As part of GBV mainstreaming, safety audit exercises to assess the GBV risks have been conducted in different locations. The safety audit reports in all refugee sites identified risks in different sectors including Camp/settlement management, health, WASH, Shelter, and energy. While the details can be found in the annexes, key findings in new refugee locations include; insecurity due to lack of security personnel and threats from local communities specially in Amhara region, inadequate night lightening in the strategic locations such as streets, waterpoints, latrines and showers etc., overcrowding in shelters, limited number of sex-segregated and lockable latrines, and insufficient and safe energy for cooking, exacerbating safety concerns for women and girls.

In previously established refugee camps in Assosa, similar to the above situation, overcrowding, insecurity, lack of lighting in strategic locations, hygiene, and sanitation facilities remained the issues. In addition to the above, refugees identified other risks including, increased number of houses abandoned by refugees, insufficient/inaccessible schools, lack of GBV response and health services, unsafe food distribution points, lack of care support to

[1] Risk mitigation refers to a process and specific interventions in all phases of humanitarian programming. It includes conducting risk assessments and actions that are taken in each humanitarian sector and area of work to reduce the identified risks and exposure to GBV and improve safety as part of an agency-wide mainstreaming approach. Cross-sectoral coordination is essential to ensure a comprehensive approach. Risk mitigation measures also contribute to reducing the risk of sexual exploitation and abuse

unaccompanied and separated children (UASC), and young women and girls leading them to opt for working in dangerous areas of gold mining, further exposing them to sexual exploitation and abuse etc.

Additionally, the food-aid pause in Ethiopia, had severe implications for refugees, exacerbating the risks of GBV. With dwindling resources, many women and girls faced increased vulnerability as they struggled to secure necessities, leading to heightened instances of exploitation and abuse. The scarcity of food not only intensified economic pressures but also contributed to a breakdown in protective community structures, further exposing refugees to GBV. urgent need for comprehensive support systems to safeguard vulnerable populations in crisis settings.

This year, services were provided to refugees critically in need and at risks of GBV. In Kurmuk Transit Center and Ura Settlement, cash assistance was provided to 301 women and girls at risk in Ura and 100 women and girls at risk living in the host community, while dignity kits and sanitary items were provided to 200 women and girls at risk. In Tsore, Sherkole and Bambasi settlements, distribution of dignity kits for 200 women and girls of reproductive age was conducted to reduce GBV risks and avoid harmful coping mechanisms. Material support was provided for the 200 asylum-seekers and 350 refugee survivors of GBV or at heightened risk, making a cumulative total of 550 women and girls. In Metema and Kumer, dignity kits were provided to 3,995 women and girls, 691 received other material assistance. 130 women and girls received sanitary napkins upon arrival in Aftit. 540 solar lanterns were also distributed.

iii. GBV Prevention Activities underway for the Sudanese refugees in Ethiopia

To effectively prevent GBV, this year UNHCR and its partners have focused on addressing the root causes, such as entrenched gender inequality, systemic discrimination, and unequal power dynamics between women and men. By tackling these underlying issues, UNHCR strives to create a safer and more equitable environment where GBV is less likely to occur.

In Assosa, UNHCR and partners ensured the prevention against GBV through mass awareness-raising campaigns, door-to-door visits, community consultations, and awareness-raising sessions in Women and Girls' Safe Spaces (WGSS) focusing on different forms of GBV including Sexual Exploitation and Abuse and harmful traditional practices, such as FGM and early marriages. The campaigns were mainly carried out in public spaces such as food/non-food items distribution areas and waterpoints. The campaigns reached a total of 7,842 individuals (4,335 women, 3,507 men), and the activities in WGSS reached a total of 6316 (3,652 women, 2652 girls), while home-to-home visits reached a total of 1,732 individuals (948 women, 784 men). Furthermore, International Women's Day was celebrated with the dissemination of various messages on gender equality and human rights.

In Tsore, Sherkole and Bambasi Settlements, UNHCR and partners continued to provide GBV awareness-raising sessions. During this period 300 girls shine trainees, and 300 female caregivers/parents completed the life skill programme and graduated during the World Refugee Day celebration. Around 11,263 refugees (6,107 women and 5,156 men) were engaged in GBV prevention sessions. During the International Women's Day

Celebration, an estimated 3,400 individuals (1500 women and 1900 men) were reached through awareness-raising sessions.

In Kumer, Women and Girls' Safe Spaces (WGSS) were established in 2023. With refugees now being moved to the new settlement in Aftit, a new WGSS is being established there. A total of 383 women and girls were reached with empowerment programmes such as life-skills training and awareness-raising around women's rights.

The GBV partners work together with community incentive workers who lead the prevention and awareness activities at Aftit. Awareness-raising interventions and information-sharing on GBV response services reached 6,185 refugees and 1,258 members of the host community.

iv. GBV Response[2] interventions underway for the Sudanese refugees in Ethiopia

In Ethiopia, there is a significant gap in the GBV response capacity. To address this issue effectively, it is crucial to allocate additional resources to GBV programmes and enhance the responsiveness of service providers.

Due to limited funding in 2024, case management services for GBV survivors in Kurmuk were provided by UNHCR partner IRC only until 31 May. All identified survivors during the given period received basic/non-specialized psycho-social counseling and material support, including hygiene materials, clothes, and other core relief items. 50% of them received medical support. Besides, 39% benefited from safety and security and legal assistance. In Tsore, Bambasi and Sherkole Settlements, case management services continued with the limited capacity and provided to all GBV survivors including basic psycho-social support. 54% received medical services, 16% accessed the legal assistance while 9% benefited from safety and security.

In Amhara, the funding situation has been relatively stable, allowing partners to continue providing support to survivors without interruption. At Metema, Kumer and Awlala, psychosocial counseling was provided to all survivors, while medical assistance was provided to 43% of the survivors. Only a few survivors in need of specialized mental health and psychosocial support (MHPSS) services were able to access assistance through the available resources at health facilities. The service provision continued in Aftit while Kumer and Awlala were closed.

As part of the response to support GBV survivors in new refugee sites, four therapy groups for women survivors were established. The therapy sessions allowed the women to address and manage the severe impacts of their traumatic experiences, including post-traumatic stress disorder (PTSD) and depression, which they had developed following the GBV incidents during the flight from Sudan. This therapeutic process not only facilitated emotional recovery but also empowered the women to regain a sense of control over their lives, fostering resilience and improving their overall well-being. The women shared that

[2] GBV response refers to immediate interventions that address survivors' physical safety, health concerns, psychosocial needs, and access to justice, in line with the survivor-centered approach. The provision of multi-sectoral services and assistance to all survivors of GBV contributes to ensuring people's safety, improving physical, mental, sexual, and reproductive health, and facilitating access to justice. All survivors of GBV, including survivors of Sexual Exploitation and Abuse (SEA) perpetrated by humanitarian workers, have the right to immediate life-saving protection and GBV services, however following the survivor centered approach, available services are provided to the survivors based on their informed consent and choices made by them.
UNHCR follows the IASC guidelines for GBV case management. IASC GBV Guidelines, available from https://gbvguidelines.org/en/

they had improved their sleep patterns and had a reduction in intrusive or suicide ideation. Suicide attempts were also managed.

As part of the capacity building of partners involved in the response, GBV trainings undertaken in 2024 include (1) case management and referral pathways, (2) promoting safe disclosure and access to services, and (3) Mental Health and Psychosocial Support (MHPSS) involving different stakeholders. Both community volunteers, government officials, UNHCR and partners staff have participated in these trainings.

Regarding coordination, there are monthly meetings of the protection working group led by UNHCR and RRS, supported by GBV and CP partners and service providers such as Innovative Humanitarian Solutions (HIS), Rehabilitation and Development Organization (RADO), Development and Inter-Church Aid Commission (DICAC), International Rescue Committee (IRC) and Plan International Ethiopia (PIE) in Benishangul Gumuz and Amhara regions. The working group allows for regular information sharing, aligning strategies, and pooling resources to address gaps and avoid duplication, and thereby enhance the overall GBV response.

v. Critical Gaps and Recommendations

Despite ongoing efforts, several critical gaps in GBV services require urgent attention to ensure effective support and protection for survivors. These gaps include:

1. **Lack of GBV Programming in Ura Settlement and Kurmuk Transit Centre:** As of mid-year 2024, both Kurmuk Transit Center and Ura Refugee Site are facing a critical funding gap with no partner operating for GBV prevention and response.
2. **Lack of Safe Houses:** There are no safe houses available for GBV survivors, which limits immediate protection and safe accommodation options for those escaping violence.
3. **Lack of Specialized Support for Child Survivors of GBV:** There is a shortage of tailored support services for child survivors of GBV, impacting their ability to receive appropriate care and recovery services.
4. **Lack of Access to Legal Assistance Services, Especially Due to Language Barriers:** Survivors face difficulties accessing legal assistance due to language barriers, hindering their ability to seek justice and protection.
5. **Staff Turnover and Limited Capacity of Current Staff:** High staff turnover and insufficient training limit the ability of current personnel to provide effective GBV response services.
6. **Women and Girls' Safe Space (WGSS) Established but Not Operationalized:** A WGSS was set up by the partner MTI in Ura Settlement, but it has not become operational due to a lack of funding, preventing it from providing necessary services.
7. **Limited Engagement with the Community Through Dialogues and Male Engagement:** There is insufficient community engagement and involvement of men in GBV prevention efforts, reducing the effectiveness of community-based interventions.
8. **Lack of an Information Management System for GBV Case Management:** The absence of a robust information management system leads to data protection issues and challenges in tracking and managing GBV cases.

Based on the above, key recommendations to the humanitarian community are:

1. **Risk Mitigation:** Conduct regular safety audits to identify GBV risks and integrate risk mitigation measures across all sectors by applying the insights and recommendations from safety audit exercises, ensuring that potential risks are proactively addressed and managed in every aspect of program implementation. Specific areas to review are expanding the camp sizes, the number of shelters, and WASH facilities to reduce the risks associated with overcrowding, improving the transit center or settlement security by increasing the number of security personnel, community policing and patrolling at night, increasing the number of streetlights, provision of sufficient food, core relief items and dignity kits, among others.
2. **Safe House:** Establish safe houses in Gende-Wuha and Ura Woreda to offer immediate shelter and protection for GBV survivors.
3. **Support Services:** Enhance legal assistance and mental health and psychosocial support (MHPSS) for GBV survivors, utilizing Women and

Girls' Safe Spaces (WGSS) among other resources. Ensure a survivor centered approach for all survivors and child-friendly services to child survivors of GBV.

4. **Community Engagement:** Boost community dialogues with refugee leaders and engage men and boys to challenge and change harmful cultural norms and stereotypes related to GBV, promote positive masculinity, and foster a culture of respect and equality.
5. **Women Empowerment:** Provide training and livelihood programs for women and girls at risk to promote sustainability and self-reliance.
6. **Information Management:** Implement a GBV Information Management System (GBVIMS) to improve data management and ensure better protection and response.
7. **Training:** Provide comprehensive training on GBV prevention and response for aid workers, refugees, and local authorities. Develop awareness programs to provide refugees with information on available GBV services and reporting mechanisms. Train security personnel to effectively support and protect refugees.
8. **MHPSS:** Given the profound and devastating impacts on the lives of GBV survivors, it is evident that there is a critical need to strengthen MHPSS support. The trauma survivors endure can be crippling, making it essential to enhance and expand the range of mental health and psychosocial services available to help them rebuild resilience, regain stability, and foster long-term recovery.

Annex I – Results of the GBV Safety Audit undertaken in Benishangul Gumuz and Amhara region

Benishangul Gumuz Region:

i. Kurmuk TC and Ura Refugee Site (emergency)

In June 2024, UNHCR in collaboration with International Committee for the Development of People (CISP) conducted a GBV Safety Audit in Ura to identify GBV risks in the refugee locations. Findings of the assessment are:

a. **Camp layout and shelter:** Participants noted that Ura camp lacks adequate night lighting, with some refugees using personal generators and batteries. Many women and girls do not have alternative solutions such as flashlights or torches, which compromises their safety while staying in the shelters and while using communal facilities at night. Additionally, while access roads and walkways in the camp are sufficiently wide for safe movement, overcrowding is a significant issue, with multiple families often sharing a single household that further exacerbates safety concerns, particularly for women and girls.
b. **Water, Sanitation, and Hygiene (WASH):** Water points in Ura refugee camp are centrally located and accessible, providing sufficient water for the current population. However, additional water points will be needed if the camp's population increases, as current resources may become inadequate. The community has reported that the water quality is not ideal and is primarily used for washing rather than drinking. Regarding sanitation, some latrines lack gender segregation, with both men and women using the same facilities. Additionally, the latrines have internal and external locks.
c. **Camps safety and security:** Ura camp currently lacks formal security personnel. The security is managed by the RRS protection team and community leaders, who act as the camp's protection force. Participants in the safety audit noted a lack of visible services for GBV survivors, with existing centers located in unsafe, inaccessible areas, particularly challenging for women, girls, and individuals with special needs.
d. **Energy:** The National Rural Development Programme (NRDP) organization provides firewood to the refugee community, but it is insufficient, forcing women and girls to travel long distances into the bush to collect firewood, which poses significant protection risks. Additionally, the lack of a market within the camp requires women and girls to venture outside for supplies, exposing them to further safety concerns.

ii. Tsore, Sherkole, and Bambasi camps in Assosa

In 2024 Safety audit exercise were conducted in Tsore, Sherkole, and Bambasi Refugee camps. Key findings include:

a. **Shelter and Infrastructure:** In Sherkole camp, significant overcrowding was noticed in Zone C and new sites in Tsore camp with multiple families living in inadequate shelters. Female-headed and child-headed households face increased vulnerability due to lack of privacy and protection. Unsafe, narrow roads in Zone F and dark areas of Tsore camp increase risks for women and girls traveling within the camp.
b. **Security and Protection:** In Sherkole, abandoned houses and lack of security lights, limited presence of security forces and local police are among the major challenges that contribute to unsafe living conditions. Women and children working in gold mining areas face significant GBV risks, including exploitation and abuse. In Tsore, absence of formal law enforcement with

reliance on local community police limits effective protection against GBV was noted. Limited safe spaces for children and youth, with the need for more youth centers and safe spaces in newly established sites were highlighted by Children and youth. In Bambasi, limited security and legal protection services are available. The detention center in Zone A was reported to have inadequate fencing and sex-segregated spaces, affecting safety and protection.

c. **Water, Sanitation, and Hygiene (WASH):** In Tsore camp, limited latrines in several zones creates unsafe conditions while the existing ones lack sex-segregation and proper locks, impacting privacy and safety for women and girls. Water points are inadequately fenced, raising safety and cleanliness concerns. Overcrowding at water sources cause tensions among the refugees and host communities in and around Sherkole camp. In Tsore, centralized water points are present but may need expansion if the population increases. Insufficient menstrual hygiene materials for adolescent girls are a concern in all the three camps.
d. **Energy Supply:** In Bambasi camp, insufficient provision of firewood forces women and girls to collect firewood from surrounding areas, increasing their risk of GBV.
e. **Health and Nutrition:** In Sherkole, limited availability of essential medicines and frequent closure of health services affect care for GBV survivors. Support for individuals with disabilities is inadequate. In Tsore Health facilities are not fully stocked, and there are issues with providing timely and adequate care, including the lack of emergency contraception and family planning services. In Bambasi, the health center operates 24/7 but lacks separate spaces for male and female patients, emergency contraception, and family planning services. Medication shortages and power issues affect service quality.
f. **Food/CRI/NFI Distribution Practices:** The distribution points do not consider the needs of people with specific needs. Separate ques are not considered, or priority is given to pregnant women, people with disabilities and elderly during distributions, impacting their safety and access to resources.

Amhara Region:

i. Metema border, Kumer TC (Emergency)

Below are the key findings from the assessment conducted in Metema and Kumer safety and needs assessment in 2023 while a similar exercise is planned to take place before the end of September in Aftit.

a. **Shelter and Infrastructure and WASH:** The entry points and transit centers are considered unsafe due to overcrowding, poor infrastructure, and environmental hazards like snakes, scorpions, and exposure to harsh weather. Participants of the assessment consistently reported feeling unsafe due to inadequate security, threats from local communities, and the lack of secure places, such as proper lighting and fenced areas. Specific risks highlighted by the refugees were, attacks from local men, harassment, and the presence of dangerous wildlife. Shelters are reported to be overcrowded and poorly managed, leading to a lack of privacy and increased risks of GBV. Reports also indicate insufficient or damaged facilities like toilets and shelters that lack proper locks or sex-segregation. Conditions at entry points and transit centers are particularly dire, with issues such as lack of proper food, shelter, and electricity. Relations with the host community vary, with some reports of friendly interactions and others noting issues such as harassment and lack of support.
b. **GBV Awareness and Services:** There is a significant lack of information about GBV and available support services among refugees. Many participants are unaware of where to report GBV incidents or receive help. Some refugees rely on informal methods of addressing GBV,

such as talking to family members or community members, rather than accessing formal reporting mechanisms or services. Services for GBV survivors are reported as limited or non-existent in several areas. There is a lack of accessible, gender-sensitive services, and inadequate medical and psychological support. There is also a need for more trained female staff and case workers to handle GBV cases and psychological support and counseling services to address mental health issues. The psychological impact of living in unsafe and overcrowded conditions is significant, with reports of severe stress, anxiety, and depression.

c. **Training and Awareness:** There is a need for enhanced training for both aid workers and refugees on GBV issues and available resources. Creating awareness among refugees about GBV services and reporting mechanisms is crucial. Training should also extend to local authorities and security personnel to ensure they can effectively support and protect refugees.