



Fig 1: Performance during International Women's Day, Renk Transit Center @UNHCR/Juru Jackline

REPORT ON GENDER-BASED VIOLENCE

JANUARY – SEPTEMBER 2024

RENK RESPONSE

Executive summary

Since April 2023, the conflict in Sudan has forced over 540,000 people, primarily women, children, and individuals with specific needs, to cross the Joda/Wunthau border. The Renk response, serving as a transit center, provides life-saving interventions such as protection, WASH, health, nutrition, and food assistance. However, those remaining in Renk face increased GBV risks. The programming focuses on prevention, risk mitigation, and response, including awareness campaigns, Women and Girls Safe Spaces (WGSS), and various support services are closely conducted in collaboration with the department of Gender, Child and Social Welfare at the county level.

Despite challenges like limited basic assistance of health, safety, psychosocial, and legal assistance, significant achievements include reaching 33,629 individuals through awareness campaigns, supporting 3,196 women and girls in safe spaces, and integrating GBV risk mitigation across sectors have been recorded from January to September with 298 GBV incidents reported incidents, highlighting the ongoing need for comprehensive support and intervention.

Partners: The Gender Based Violence report highlights the achievements of partners; International Rescue Committee (IRC), International Medical Corps (IMC), United Nations High Commissioner for Refugees (UNHCR) and ACTED.

KEY ACHIEVEMENTS

PREVENTION ACTIVITIES

33,629
people reached
through Prevention
Activities

- From January to September, awareness-raising campaigns on Gender-Based Violence (GBV) reached **33,629** individuals, including **11,698** women, **8,679** girls, **6,177** men, and **6,587** boys. These sessions aimed to educate the community in transit centers about gender inequalities and power imbalances that perpetuate violence, inform them about available support services, and build the resilience of women and girls as they await relocation and onward transportation.

Capacity building: **294** partner staff, community leaders, and government officials trained on GBV basic concepts, safe disclosure, referral pathways, and case management.

3,196
Women and Girls
Access services in
WGSS

Women and Girls Safe Spaces: Between January and September, **3,196** women and girls accessed services at Women and Girls Safe Spaces (WGSS), among them **2,470** women and **726** girls, who participated in group therapy, psychosocial support, and information sessions. Managed by Plan International, IRC, and IMC, there are four WGSS, these centers provide various services that promote well-being, equip women with knowledge on accessing services, offer privacy for counseling sessions, and ensure dignified interactions.

Additionally, these spaces are utilized for distributing dignity kits. Within the reporting period, **4,841** women and girls of reproductive age were provided with personal hygiene kits comprising of sanitary pad, soap, bucket, wrappers, underwear, and a torch. These kits help maintain hygiene and dignity,

as part of the basic needs and well-being, especially in challenging situations where services are limited.

International Women's Day: To further enhance awareness, promote positive promoting positive change, and support women's rights, the calendar event was marked with information sessions, songs, dance, and dissemination of educational materials for continued awareness and advocacy. The even mobilized the community, Ministry of Gender, Child and Social Welfare, County Commissioner, and partners.

Mainstreaming GBV risk mitigation

In Renk, mainstreaming Gender-Based Violence (GBV) risk mitigation across sectors was implemented through integrating specific actions to reduce GBV risks in transit centers. For instance;

Lighting: 243 solarized street lighting have been installed in both Transit Center one and two open spaces and in latrines. This has enhanced security and helped mitigate the risks of women and girls being attacked by unknown people during the night. Similarly, the risk of GBV has further been mitigated by providing solar lighting to **seventy-seven (77)** communal shelters mainly occupied by female-headed households.



WASH: At least forty-eight blocks of latrines among the number, nineteen (19) are disability-friendly latrines in the two transit centers. In addition, gender-segregated WASH facilities are available with thirty (30) blocks for females and twenty (20) blocks for male to ensure safe and dignified access to services of WASH.



Shelter: Even with limited shelter, priority is provided to persons with specific needs including GBV survivors. During this reporting period, shelter partners constructed 164 communal shelters that continue to provide temporary safety to individuals including those at risk.

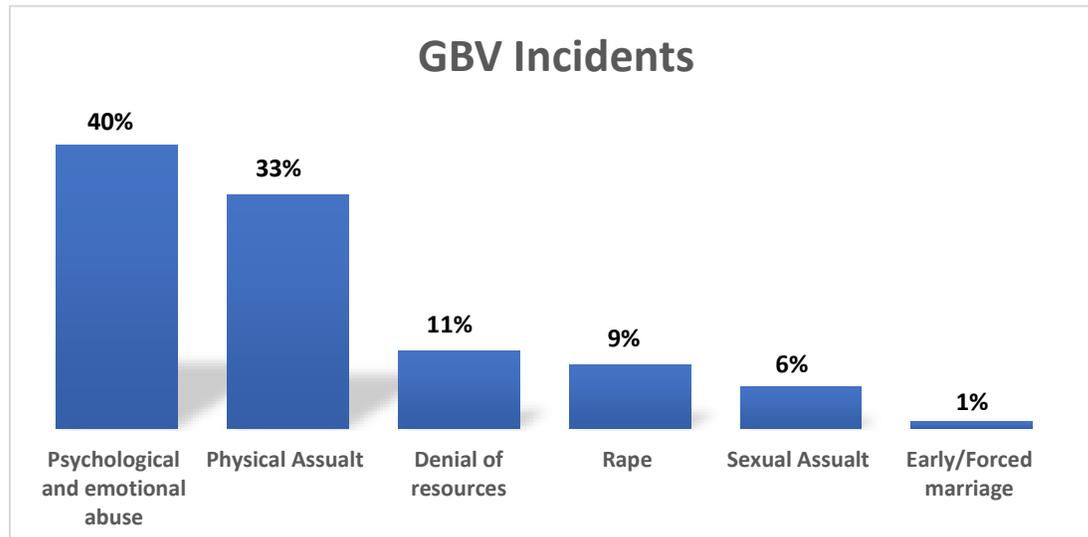


Cash Assistance: GBV risk mitigation actions were mainstreamed across sectors of WASH, shelter, cash assistance and Non-food Items with 157 vulnerable women and girls receiving non-food items (NFIs). This group comprised 113 women and 44 girls, who were supported with essential items to help them manage their daily needs.

RESPONSE: GBV trend analysis

- From January – September a total of 298 Gender-Based Violence (GBV) incidents were reported. It should be noted that **99 percent** of the incidents were female with **89 percent** being adult aged 18 and above.
- **8 percent** were adolescent aged 12-17 years while **2 percent** were minors aged 0-11 years.
- From the trend analysis recorded in the GBVIMS, **70 percent** of the survivors were married or cohabitating followed by single individuals at 21 percent while the divorced or separated were **4 percent** and widowed accounted for one percent.
- **57 percent** of the reported incidents were returnees; refugees were **38 percent** and **5 percent** were third country nationals, and host community respectively.

- 2 percent of the total incidents reported were people with disability.



Psychological and Emotional Abuse

During the reporting period, psychological and emotional abuse was the most frequently reported type of GBV. This abuse often took the form of humiliation and threats from intimate partners (mainly husbands), exacerbated by the harsh conditions in transit centers. Contributing factors included misunderstandings leading to constant quarrels among partners, limited assistance, congestion, and poor living conditions. Survivors also reported experiencing psychological torture during flight, including being subjected to rape and forced to witness family members being raped.

Physical Assault

Physical assault was predominantly carried out by intimate partners and known relatives, involving acts such as beatings, slapping, and kicking. Alcohol abuse, particularly by husbands, was a major contributing factor. Survivors also faced assaults from partners demanding food by force in transit centers and reported incidents of beatings and kicking by armed groups during flight.

Denial of Resources, Opportunities, and Services

Denial of resources, opportunities, and services was mainly perpetrated by intimate partners who refused to provide for the family's needs and misused funds for alcohol. Survivors reported that their partners withheld necessary resources, which were instead used for alcohol abuse.

Rape

Rape incidents primarily occurred during flight and were perpetrated by unknown individuals and armed groups. Many cases of rape went underreported due to cultural norms, fear of stigmatization, and shame. These incidents often happened during flight or while fetching firewood. Many cases were reported through women and girls' safe spaces, where participants were informed about available GBV services.

Sexual Assault

Sexual assault incidents included unwanted touching and attempted rape by armed groups during flight. Other assaults occurred in wash facilities, communal shelters, and tap stands, particularly during evening hours. Unwanted touching in communal shelters often involved attempted rape, while adolescent girls reported inappropriate touching at tap stands by men and boys.

Early/Forced Marriage

Early and forced marriage incidents were reported mainly by adolescent girls and caregivers. Contributing factors included a lack of family support systems, parental guidance, and education, as well as the loss of parents, which forced adolescent girls to become caregivers. Limited awareness of sexual and reproductive health also led to young girls becoming pregnant and being forced into marriage to avoid family and community stigma.

Incident Time: **39 percent** of the incidents happened in the evening or night, **31 percent** in the morning, and **25 percent** in the afternoon.

Perpetrator Information: **61 percent** of the incidents were perpetrated by intimate partners or former partners. Other relationships included family members, caregivers, and community members. The majority of perpetrators were aged 26-40 years (**61 percent**) and 41-60 years (**37 percent**). In addition, it should be noted that majority of the reported incidents were related to Intimate Partner Violence that occurred in form of psychological, physical and denial of resources.

Case Context

- The context of the cases varied, with intimate partner violence being the most common **44 percent** while **56 percent** included child sexual abuse, early marriage, possible sexual exploitation, possible sexual slavery, and harmful traditional practices.

Reporting and Response

- The time between the incident and the report date varied, with **38 percent** of the incidents reported within 0-3 days, and **36 percent** reported after more than one month.

Referral Pathways

To ensure timely assistance for survivors and other at-risk groups, the referral pathway in Renk is updated quarterly by protection partners, under the leadership of the GBV sub-sector. During this reporting period, timely assistance were provided at the multi-sectoral level as referenced below;

Psychosocial support: All the reported incidents were taken through psychosocial support inform of counseling, group therapy sessions, materials assistance, and information on how and where to access services.

Health: **17 percent** of the cases were referred for health assistance, including incidents of rape and physical abuse. Despite the limited capacity of health facilities in Renk, 72-hour assistance has been

provided for sexual violence cases, prioritizing CMR services and further referrals to psychosocial support and other assistance. It is important to note that the Renk Response has faced multiple challenges with health referrals. While primary and tertiary health services are available, the assistance provided is very limited and basic. For example, referrals beyond Renk are a major challenge due to medical expenses, poor road conditions, and the lack of specialized medical care at the Juba level. Other challenges include legal assistance and justice for survivors, as the absence of high court judges in Renk has led to some perpetrators being released earlier than expected upon arrest.

Legal: While not all survivors sought legal support, consent received were from **6 percent** of the reported incidents mainly related to **early forced marriage, rape, and sexual assault**. In addition, it should be noted that in Renk, legal services remain a challenge due to lack of high court judges. While survivors continue to seek legal counseling services, existing challenges related to cultural barriers and preference for alternative dispute resolutions remains an impediment for survivors to seek justice.

Safety and security: **5 percent** of the survivors sought referrals to safety services. These were mainly individuals' cases referred to the police and in need of protection assistance. It should be noted that majority of the cases addressed by the police, were those which perpetrators live in the transit center and its surrounding areas.

Non-Food Items: Due to limited services provided in transit centers, persons with specific needs, individuals at risk including GBV survivors are prioritized for NFI support. **6 percent** were referred for materials assistance which include mats, mosquito nets, and soap. Important to note, that not all survivors were referred for NFIs assistance due to limited basic needs.

Recommendations

Enhance Response services

- Of Health and psychosocial support response by increasing the capacity of staffing needs, in Primary and secondary healthcare facilities.

Enhance Awareness Campaigns

- Utilize the communication channels, including community recordings, and local community structures, to disseminate information on where and how to access the GBV services.

Address the specific gaps across sectors to mitigate risks of GBV

- Of WASH and site management (e.g lighting) to ensure safety and dignified spaces for individuals at risks.

Address issues surrounding stigma and discrimination.

- Strengthen the community based approach that will help build trust between community members to encourage reporting, and reduce stigma and shame.