SUDAN SITUATION | GBV BRIEF

Jan 2025 - Feb 2026

REGIONAL OVERVIEW

4.5M
Sudanese refugees and returnees in neighboring countries

456K
People reached with GBV prevention, mitigation and outreach activities

214K
Women at risk and survivors received GBV specialized services

78
Safe spaces for women and girls supported

5K
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)

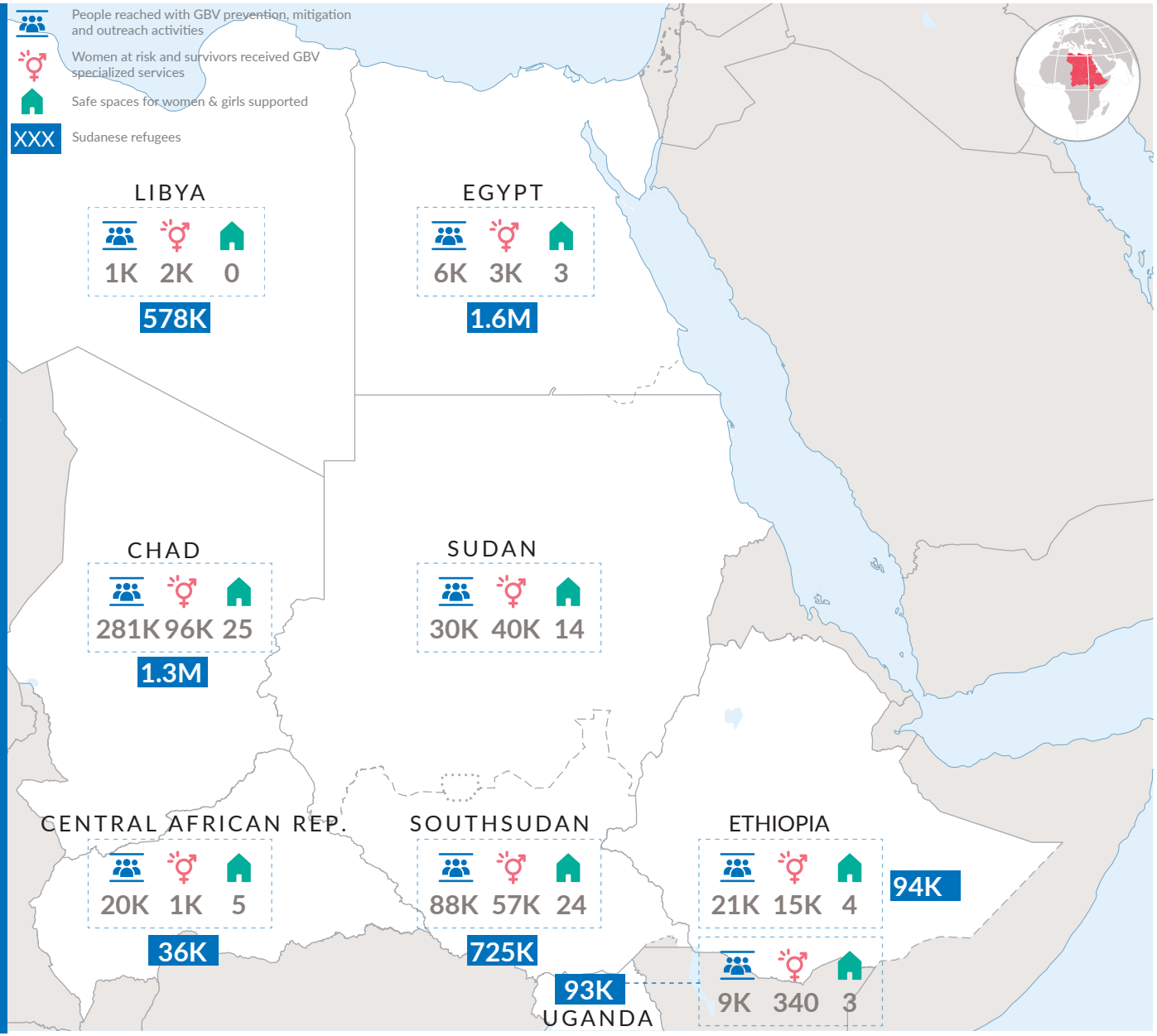
27
Direct partnership with local actors including refugee-led and women-led organizations

Key Gender-Based Violence risks

- Conflict-related sexual violence
- Child and forced marriage
- Trafficking & sexual slavery
- Psychological violence
- Lack of access to basic needs and services

Cross cutting challenges

- Severe underfunding
- Stigma and fear of retaliation reduce reporting rates
- Insecurity continues to limit access to lifesaving services
- Destruction of health facilities
- Limited livelihood opportunities driving negative coping mechanisms
- Movement restrictions and increase smuggling/trafficking risks
- National systems overstretched



UNHCR RBESA DIMA | rbesa-dima@unhcr.org

NB: GBV prevention and response are life-saving interventions that must be implemented from the onset of an emergency, with minimum commitments prioritised even where response capacity is limited (Inter-Agency Minimum Standards for GBV in Emergencies; IASC GBV Guidelines).

Published 24 March 2026

UNHCR
The UN Refugee Agency

SUDAN SITUATION | GBV BRIEF

Jan 2025 - Feb 2026

Country	Response and Challenges
Central African Republic	In 2025 and early 2026, five women and girls' safe spaces delivered critical GBV case management, psychosocial support and material assistance to **1,296 survivors/persons at risk**, while prevention activities reached **20,484 people**. Referral pathways were strengthened through collaboration with medical and judicial authorities, enabling access to emergency and follow-up care - despite ongoing service delivery constraints. Community led prevention efforts were reinforced through initiatives engaging men and boys in GBV prevention (EMAP), alongside and women's empowerment programs. Significant gaps remain including access to basic services in remote locations due to the limited presences of humanitarian actors. Availability of Post-Exposure Prophylaxis (PEP) medications and related supplies remain inconsistent as well as gaps in access to justice, hindered by limited funding, stigma, fear of reprisals, and procedural barriers, while operational access restrictions further limit timely referrals and the provision of comprehensive and multisectoral support. With adequate funding and human resource capacity, the operation will scale up its response by expanding safe spaces, reinforcing referral networks, improving access to lifesaving clinical management of rape services and enhancing community-based prevention and accountability mechanisms.
Chad	UNHCR and partners supported the implementation of GBV prevention, risk mitigation, and response interventions across 24 refugee sites and transit centres. These efforts reached **95,582 survivors and individuals at risk**, as well as **280,547 refugees were reached through information sessions and community outreach activities**. A total of **25 women's and girls' safe spaces** were equipped to provide much needed psychosocial support, care and material assistance to survivors. Additionally, 3,357 community and frontline workers—including representatives from women-led organizations were trained in GBV prevention and response. Risk mitigation efforts were further strengthened through the training of technical staff from education, shelter, cash-based assistance and health sectors. Moreover, the operation supported the distribution of dignity kits, the provision of alternative cooking energy solutions, engagement of men and boys in GBV prevention initiatives, and the implementation of women's empowerment activities. Despite these achievements, critical gaps remain, these include limited number of case managers, limited coverage of essential services in the transit and urban areas and increasing need for equipped safe spaces. Funding is required to ensure equitable coverage and maintenance of basic GBV specialized services in line the interagency minimum standards and UNHCR GBV global policy.
Egypt	UNHCR and partners provided GBV psychosocial support and case management services to **2,620 individuals** and delivered one time Safety Package Cash Assistance to highly vulnerable survivors and women at risk. **Three women's and girls' safe spaces were established** and continue to deliver survivor centred psychosocial support, information services, skills building opportunities, and prevention activities, with strong outreach to Sudanese communities. Despite these efforts, the demand for specialized GBV services continues to exceed partners' available capacity. Less than twenty per cent of identified survivors were able to access the full range of specialized GBV services. The increasing pressure on GBV services, coupled with persistent resource constraints, is hindering UNHCR and partner's capacity to the expand coverage of critical interventions and delaying timely referrals and assistance. This underscores the urgent need for additional capacity and sustained, flexible funding to maintain and scale both response and prevention efforts.
Ethiopia	UNHCR and its partners sustained minimum GBV prevention and response services in Aftit and Ura sites respectively in the Amhara and Benishangul Gumuz regions following the withdrawal of most implementing partners due to funding constraints. Despite the reduced operational footprint, specialized care and support were provided to 15,442 individuals at risk, w**hile approximately 21,407 refugees were reached with prevention messaging on GBV, SEA reporting mechanisms, and referral pathways**. Four Women and Girls Safe Spaces (WGSS) remain operational, enabling 8,706 women and girls to participate in structured counselling and therapeutic sessions. In addition, 6,736 dignity kits were distributed to mitigate protection risks, and 216 frontline and community networks were trained to support safe identification and referral of survivors. However, the reduced partner presence continues to weaken access to comprehensive, multisectoral services, particularly medical and legal assistance. Persistent staffing shortages and lack of sufficient funding continue to undermine geographic coverage of GBV programming and quality of services. Ongoing instability, coupled with the scale of needs, far exceeds the existing operational capacity, posing serious sustainability risks to the established services including, dignity kit distribution, and case management support. Without urgent funding, the continuity of both life-saving response and critical prevention interventions will be negatively impacted.
Libya	Following the suspension of INGO operations, UNHCR maintained essential GBV services through direct implementation. UNHCR staff provided remote s**pecialized case management to 534 survivors** and in kind material support to **2,059 individuals**, alongside prevention programs reaching **1,290 forcibly displaced persons**. Response modalities included provision of psychosocial support, legal counselling, safe referral pathways, multi channel information sharing, and the distribution of 1,525 dignity kits to women and girls at risk. However, legal and operational constraints continue to limit safe access and contribute to persistent underreporting, while clinical management of rape remains largely inconsistent. Registration restrictions, particularly in western areas, leave many refugees without documentation and unable to access basic services. Limited UNHCR's operational capacity further GBV service delivery, requiring strict prioritization of high risk and urgent cases only. Sustained support is urgently needed to preserve safe access to services, expand outreach, and strengthen the capacity of local actors to ensure continuity of both prevention and response interventions.
South Sudan	Despite significant funding constraints, UNHCR and partners provided **specialized GBV services to 56,914 refugees and returnees in 2025**. Twenty four Women and Girls Safe Spaces enabled the delivery of case management, psychosocial support, and life skills activities, complemented by the distribution of **1,065 dignity kits and targeted cash assistance for 300 at risk women and girls**. GBV prevention efforts reached more than **88,000 people**, and 381 personnel and community actors were trained to strengthen safe identification, referrals, and community based prevention. Collaboration with judicial actors/entities facilitated the legal redress for 46 survivors and contributed to strengthened referral pathways between different agencies and improved Gender-Based Violence Information Management System (GBVIMS) capacity and accountability. However, persistent funding gaps continue to limit access to safe shelters and sustained medical and psychosocial care. Access to justice also remains weak, with many cases withdrawn due to fear of revenge and retaliation, intimidation, or informal settlements. Safety risks such as inadequate lighting and insecure shelters further undermine protection outcomes and heighten vulnerabilities for women and girls.
Uganda	UNHCR provided comprehensive case management to **GBV survivors and reached 8,960 community members** through prevention and Sexual and Reproductive Health and Rights (SRHR) awareness, including Refugee-led outreach supported through Safe from the Start. Community leaders (492) were mobilized to strengthen referrals and promote messaging to prevent GBV and Sexual Exploitation and Abuse/Sexual Health. The current response is severely constrained by funding reductions, which have driven staffing cuts and diminished technical capacity, limiting the ability to provide comprehensive survivor support. Reduced access to health, livelihoods, and basic services has compounded vulnerabilities, while harmful norms and alcohol/substance misuse continue to undermine prevention gains. The absence of safe houses and confidential counselling spaces restricts survivor-centred service delivery and case management quality