



ADVOCACY BRIEF

Because They Are Women: How the Sudan conflict has created a war on women and girls

One year of conflict in Sudan has taken a devastating toll on the country's population, generating multiple and overlapping catastrophes. Sudan now holds the grim record of being the world's largest internal displacement crisis. More than 6.6 million people in Sudan (or nearly 14% of Sudan's population) are internally displaced. The war has also driven nearly 1.8 million people to neighbouring countries already crippled by their own crises. Chad, a country highly affected by the conflict and humanitarian emergencies, hosts the majority of Sudanese refugees to date.

+3m women and girls were at risk of GBV before the conflict

Among the internally displaced population, more than **1.5 million** are women and girls of reproductive age

There has been a nearly **60%** increase in the number of women and girls in need of GBV services since the conflict started

As too often in conflicts and other crises, women and girls have been severely and disproportionately affected by hostilities, displacement, hunger, and disrupted or destroyed livelihoods, all of which have driven their basic needs exponentially. The effects of the war on women and girls do not happen in a vacuum; they feed on existing gender inequalities perpetuated by harmful gender and social norms and Sudan's patriarchal society. Even before the conflict, more than 3 million women and girls were at risk of gender-based violence (GBV), and women's economic contributions and decision-making power were limited, especially in some of the most conservative areas of the country.

As a result of the conflict and its ramifications, women and girls' vulnerabilities to violence and deprivation have increased, protection threats against them have escalated, and their access to life-essential services have been significantly reduced. Twelve months of war have effectively created a "war on women" that manifests itself in multiple and intersecting ways.

Women and girls are the primary targets of GBV

Women and girls are disproportionately affected by GBV, with displacement and living in unsuitable shelter such as overcrowded camps, significantly amplifying protection risks. The UN has reported that the use of sexual violence as a "weapon of war" and trafficking, and sexual exploitation have been common since the beginning of the conflict. As of December 2023, 118 reports of conflict-related sexual violence including rape, had been received by the Office of the High Commissioner for Human Rights, with real numbers likely to reach the thousands. Older women, adolescent girls and women and girls with disabilities face additional GBV concerns, while women rights defenders and those delivering aid services including healthcare have also been specifically targeted. As clashes between the Sudanese Armed Forces and the Rapid Support Forces continue across the country, GBV risks for women and girls including sexual violence and trafficking during displacement persist and are likely to worsen.

Women and girls make up the majority of the forcibly displaced within and outside Sudan



Among the internally displaced population, more than 1.5 million are women and girls of reproductive age, including nearly 150,000 currently pregnant women. Displaced women and girls have significant protection and health risks, especially those who are survivors of GBV, as well as pregnant and breastfeeding women. In addition, women experience increased caregiving responsibilities and additional and/or income generating and

livelihoods activities. This is especially the case for female-headed households whose number surged due to conflict-induced displacement. For example, some displaced women in Khartoum especially have also lost their private space, financial freedom, and their safety because of moving back with their parents, and living with extended families in very conservative and patriarchal communities. In neighbouring countries, refugee women and girls hoping to find safety face significant challenges accessing basic commodities and services due to under-funded humanitarian crises in host countries.

Women and girls bear the brunt of hunger

Women and girls, especially female-headed households, widows, and adolescent girls, bear the brunt of hunger and face additional health and protection challenges amidst acute food insecurity and malnutrition especially in Greater Darfur and Greater Kordofan, as well as Khartoum and Gezira States. As of March 2024, an estimated 4.86 million people were acutely malnourished, including 1.2 million pregnant and breastfeeding women. Women and girls are cutting down on meals, eating less nutritious foods. Because of malnutrition, women and girls are facing pregnancy and delivery complications and increases of anaemia are recorded. Some women are also selling or exchanging sex to survive, and the number of forced or child marriage is rising. In neighbouring countries, refugee women and girls also face reduced access to food, with cuts in humanitarian aid and limited livelihoods opportunities compounding challenges.

Women and girls' staggering sexual and reproductive health needs are not being met



Since April 2023, the number of people in need of GBV services has increased from 3.1 million to an alarming 6.7 million. Yet, due to limited access to health facilities, shortages of medicines and specialised services, and electricity blackouts, women and girls, especially the forcibly displaced, the survivors of gender-based violence, and pregnant women struggle to get the support and medical treatment they desperately need, including GBV services,

mental health and psychological support (MHPSS), ante- and post-natal care, sexual and reproductive health (SRH). GBV also remains under-funded and under-prioritised. Only 6.7% of the 2024 funding requirements for protection have been met (as of 8 April 2024) and only 1.8 million out of the 6.7 million people in need of GBV prevention and response services are being targeted. In neighbouring countries such as South Sudan and Chad, where healthcare systems were already overstretched and under-resourced before the conflict, refugee women and girls who have fled the conflict and experienced GBV, only have limited access to specialised GBV and medical care, including Post-Exposure Prophylaxis.

Yet, in the face of adversity, violence, poverty, and trauma, Sudanese women are rising and taking action. In Sudan, women have come together to lead the humanitarian response when international organisations have been unable or severely restricted to deliver aid. They have done so by joining forces, growing existing networks and initiatives, adapting the way they work, and most importantly, by catering for the specific needs and responding to the lived realities of different population groups. Women across the country have created or expanded existing initiatives, including Women's Emergency Response Rooms (ERRs) which have been pivotal in providing specific services and

interventions for women and girls, including internally displaced women, pregnant and breastfeeding women, and those who have been affected by sexual violence. Women's networks and organisations have used their expertise to address sensitive issues for women and girls, such as GBV. The women-led (WLOs) and women's rights (WROs) organisations CARE has partnered with have shown their critical role in humanitarian response efforts in Sudan and neighbouring countries, demonstrating leadership, resilience and flexibility to reach those most in need, and advocating for increased funding and support for the delivery of aid to women, children, and other vulnerable groups at the global level.

WROs/WLOs are essential in addressing women and girls' urgent needs and ensuring a gendered response to the conflict. In one state in Sudan, a WLO was the only organisation that continued to provide GBV services when hostilities escalated. Yet, they are not receiving enough funding. They also lack support and their participation in humanitarian decision-making and coordination fora is insufficient, if not, non-existent.

As international humanitarian actors gather in Paris at the International Humanitarian Conference for Sudan and its Neighbors on the 15th of April 2024, Zenab for Women in Development, United Peace Organization, Global Aid Hand, Nirvana, Raira Organization for Awareness & Development, and CARE are calling on Member States, in their diplomatic and donor roles, for:

Prioritisation of gender equality and women and girls' specific needs in Sudan and neighbouring countries, amidst conflict, displacement, hunger and looming famine, and increased violence. Specifically:

- Using the Women, Peace and Security (WPS) framework, including UN Security Council resolutions 1325, 1820, 1888, 1960 and 2467, put explicit emphasis on the obligation of conflict parties to refrain from using sexual violence as a weapon of war; facilitate humanitarian access, including to GBV response services; adopt a GBV survivor-centred approach to prevention and response; and strengthen access to justice for victims, including through the prompt investigation, prosecution and conviction of perpetrators. Member States must also support humanitarian actors, including WLOs and WROs, to scale up an age, gender and disability-responsive (and where possible gender-transformative) intervention, with GBV risk mitigation integrated across all sectors of the humanitarian response, including in the urgently needed scaled up response to the food crisis.
- Increase investments in protection from Sexual Exploitation, Abuse and Harassment (PSEAH) and in Accountability to Affected People, ensuring women and girls' friendly reporting mechanisms.

Increased funding for survivor-centred GBV services, including MHPSS, as well as SRHR, nutrition and maternal care interventions in Sudan and neighbouring countries. Specifically:

- Urgently scale up funding for GBV, SRH, nutrition and maternal care and the Minimum Initial Service Package (MISP) for SRH in crisis situations in Sudan and neighbouring countries.
- Facilitate access to and provide adequate, quality and longer-term (multi-year) funding to women-led initiatives including to WLOs/WROs, women's networks and women's ERRs (in Sudan), and women-refugee led organisations in refugee hosting countries. Funding should be flexible enough to quickly pivot activities based on rapidly evolving situations and the changing needs of women and girls.
- Prioritise funding to meet the food and nutrition needs of households with heightened gender-related vulnerabilities, including women headed households.
- Fund the operation of nutrition centres and community screening services for identification and treatment of severe and moderate acute malnutrition in children and pregnant and breastfeeding women, and the provision of iron supplements to treat anaemia.

Strengthening women and girls' voices, participation and leadership in humanitarian response and peacebuilding efforts. Specifically:

- Support capacity sharing, strengthening and technical support for WLOs/WROs, women's networks, and other women-led initiatives.
- Include and support (funding, logistics) the participation of local WROs/WLOs, women's networks and women's ERRs in sub-national, national and regional humanitarian coordination and planning structures, including in Humanitarian Coordination Teams in Sudan and neighbouring countries, and in peacebuilding and security initiatives at the national, regional and global levels.
- Ensure the full, direct and meaningful participation of women in relevant international policy fora, such as Senior Officials Meetings, donor hosted conferences, launch of humanitarian plans and conflict resolution and Peace conferences.