



## Final Project Report

# ***Mitigating risks and enhancing the response to GBV and CRSV in conflict affected states in Sudan***

April 2024 – April 2025





Mitigating risks and enhancing the response to GBV and CRSV in conflict affected states in Sudan	
<b>Participating UN Organisations</b>	UNFPA and UNHCR with coordinating support from the UN Action Secretariat
<b>Project Start Date</b>	1 April 2024
<b>Project Completion Date</b>	01 April 2025
<b>Project Duration</b>	1 year
<b>Geographic Location(s)</b>	Sudan (West and Central Darfur)
<b>Project Budget</b>	US\$400,000
<b>Report Date</b>	June 2025

### 1. Executive Summary

Between April 2024 and April 2025, UNFPA and UNHCR, with coordination support from the UN Action Secretariat, carried out a one-year initiative in West and Central Darfur to mitigate risks and strengthen the response to gender-based violence (GBV) and conflict-related sexual violence (CRSV). The project sought not only to provide life-saving services in the midst of conflict but also to build sustainable, community-based structures that could continue to protect women and girls beyond the project cycle.

The work took place against a backdrop of acute insecurity. In Central Darfur, Zalingei city endured intermittent aerial bombardments, persistent banditry and the collapse of the rule of law. In West Darfur, tribal conflict, looting and the entry of Rapid Support Forces troops heightened fear and instability. Within this environment, women and girls were disproportionately exposed to violence and deprived of safe access to essential services. It was under these conditions that the project partners sought to restore dignity and expand access to health care, protection and livelihoods.

A central achievement of the project was the creation and rehabilitation of safe facilities for survivors. In West Darfur, a confidential corner within Geneina Maternity Hospital was restored to provide a discreet entry point for survivors of sexual violence to receive psychosocial support and clinical management of rape. In Central Darfur, the Multi-Purpose Community Center in Zalingei was refurbished and re-opened, managed by a committee representing both displaced and host communities, to ensure inclusive oversight. These spaces became lifelines for thousands, offering care, counselling and protection in environments otherwise marked by violence and fear. Alongside infrastructure, the project invested heavily in capacity building. In West Darfur, ninety healthcare providers were trained in clinical management of rape, while in Zalingei thirty-five service providers received similar instruction. Pre- and post-training assessments showed a dramatic rise in knowledge, with average test scores climbing from 19 percent to more than 83 percent.

GBV coordination mechanisms were strengthened **through fourteen Area of Responsibility meetings and workshops for more than 160 service providers**, embedding a survivor-centred approach and adherence to international standards. These efforts addressed the acute pressure created by the displacement of previously trained staff and the urgent need to equip frontline responders with the skills required to support survivors safely and effectively.

Community engagement was another hallmark of the project. Community-Based Protection Networks were established and trained in both states, bringing together teachers, midwives, housewives, and young people to disseminate messages, identify risks and support



survivors in accessing care. In West Darfur, **45 members were trained** to conduct outreach and safe referrals, while in Central Darfur, **35 members** in Zalingei and Um Shalaya camp were capacitated to deliver awareness and protection activities.

**Awareness campaigns reached tens of thousands, including 17,389 people in West Darfur and 3,582 in Central Darfur**, challenging harmful practices such as early marriage and female genital mutilation and opening space for dialogue about the often-overlooked experiences of men and boys as survivors. The campaigns, especially those linked to the 16 Days of Activism and International Women’s Day, generated a surge in demand for services; regular awareness raising and mass campaigns significantly increased the number of women and girls visiting the women and girls’ safe spaces.

Psychosocial support and livelihoods were equally central to the results achieved. **In Central Darfur, 2,563 people accessed psychosocial services through the MPCC, while in West Darfur nearly 10,000 women and girls benefited from counselling, case management and recreational activities.** Women were trained in Psychological First Aid, equipping them to respond in emergencies. Vocational training and small-scale business support gave survivors new avenues for income. In Central Darfur, **20 women completed an eight-day workshop on perfume production and business skills, while in West Darfur, 24 women, including survivors and women with disabilities, learned marketing and business management and were supported with start-up grants.** As one participant explained, “After... vocational training on marketing at the WGSS, I was able to start my own coffee shop. Now, I feel much stronger and more hopeful.”

The impact of these services is best captured in the voices of women who used them. One woman described the women and girls’ safe space as *“like a second home where I can share my worries and find strength to carry on.”* Another, who lost her husband during fighting in 2023 and was left to care for four children, said that vocational training allowed her to earn a living and feed her family: *“Your support made a real change in my life.”* A pregnant woman recounted how the support of a midwife at the safe space ensured she could carry her pregnancy safely despite the risks of moving through checkpoints and sporadic gunfire: *“Thanks to their support, I was able to have my baby girl safely at home... They truly supported us when we needed it most.”*



Challenges inevitably marked implementation, from seasonal flooding that cut off access to Azum locality for weeks, to interference by local authorities seeking to use rehabilitated facilities for political purposes, and bureaucratic barriers created by armed actors. Yet through negotiation, third-party monitoring and creative adaptation, partners were able to maintain services and

reach the most vulnerable.

Ultimately, the project reached tens of thousands of people directly, restored critical services, and built the foundations for lasting community protection. Its sustainability rests on the community ownership embedded in CBPNs, safe space committees and trained service providers who will continue to provide support long after project funding ends. Above all, the initiative demonstrated that even in the midst of war, investments in protection structures, survivor-centred services and women’s livelihoods can yield tangible results. It fostered resilience, dignity and hope, while laying the groundwork for expanded support to South and East Darfur and for ensuring that women’s voices are heard in Sudan’s peace and recovery processes.

**2. Project Context**

In Central Darfur, although no direct clashes between conflict parties occurred during the project period, the situation remained volatile. Zalingei city experienced intermittent aerial bombardments amid a broader surge in such attacks across the Darfur region, particularly in the



third and fourth quarters of 2024. Reports of criminality and banditry persisted throughout Central Darfur, reflecting the deterioration in the rule of law and a perceived climate of impunity disproportionately affecting specific communities.

In West Darfur, incidents of tribal tension, looting, and criminal activity continued across various areas, including Beida, Geneina, and Habila localities. Escalating tensions between the Maharia Arab and Bani Haliba tribes, driven by the destruction of farmland, have heightened fears of potential confrontations. Additionally, the entry of the Rapid Support Forces (RSF) troops into Bardani village in Kulbus locality, accompanied by threats against Juba Peace Agreement (JPA) forces in the area, further exacerbated tensions in the state.

### **3. Progress Summary**

#### **a. Project Goal**

*The goal of the project is to mitigate GBV risks and enhance the response to GBV including CRSV in conflict-affected settings. Implementation of this project will contribute to preventing and responding to GBV and creating a safe environment for women and girls. It will also contribute to increased access to quality life-saving healthcare services. Additionally, the project will support building local capacity to address GBV over the long term.*

Project activities have contributed towards the provision of a robust emergency response, restoring facilities (ie. confidential corners, multi-purpose community centers and women’s and girls’ safe spaces), livelihoods and living conditions of survivors of conflict-related sexual violence (CRSV) and more broadly gender-based violence (GBV) in crisis-affected communities. Particular focus has been on risk mitigation using large-scale community-level awareness-raising campaigns, and capacity building of service providers and frontline responders. The latter element of the project goal is of key importance, given the displacement of previously trained service providers as a result of the conflict and the increased pressure on frontline responders to provide safe, dignified and adequate services and assistance. The activities and related outputs described below are linked back to these overarching goals.

#### **b. Project Outcomes, Outputs, and Activities**

In West Darfur, UNFPA in partnership with Child Development Fund (CDF) the project partners conducted comprehensive GBV prevention and response interventions with the establishment and running of women and girls’ safe space (WGSS) and the confidential corner within a maternity hospital to provide comprehensive health and protection services for survivors of GBV and CRSV. A series of capacity building training was conducted for frontline service providers to enhance their technical knowledge and skills on different topics and improve the quality of services provided to survivors of GBV and CRSV. State-level GBV coordination mechanisms were strengthened, and safety assessments were conducted to inform program interventions in addressing safety concerns of women and girls. GBV actors were also trained on GBV in emergencies, referral pathways. Women were offered vocational and skills training opportunities aimed at promoting economic empowerment and alleviating the financial hardship that increases their vulnerability to GBV, including CRSV.



In Central Darfur, UNHCR maintained the operations of the Multi-Purpose Community Center (MPCC) in Zalingei, rolled out GBV risk mitigation through large-scale community-level awareness campaigns, supported the capacity building of humanitarian service providers to respond appropriately and comprehensively to survivors, and provided training and material support to enable GBV survivors to access livelihood opportunities. During the last quarter of project implementation, awareness raising activities in Um Shalaya refugee camp and Zalingei town was a key area of focus, as well as the implementation of a comprehensive training on clinical management of rape (CMR) for service providers in Zalingei.

Results achieved are outlined below.

### **Output 1.1 Strengthening protection mechanisms for women and girls**

Activity 1.1.1: Strengthening GBV prevention and access to GBV information and services by community initiatives

This activity relates to the training provided through the project to staff and community-based protection network (CBPN) members on GBV/CRSV prevention and response strategies. UNHCR provided trainings on a comprehensive range of CRSV and GBV prevention and response topics to implementing partner staff, in order to build their capacity to cascade those trainings to members of CBPNs and humanitarian service providers who are at the frontline of the response. The comprehensive training took place over five days, and results were captured in pre- and post-tests, which demonstrated the extent to which partner staff knowledge and skills were effectively strengthened as a result of the training. Due to limited physical access for UNHCR staff in Central Darfur at the time of the training, it was provided remotely; however, partner staff cascaded the training to CBPNs by undertaking in-person training. Those cascaded training took place in the fourth quarter of 2024 and reached a total of 35 members of CBPNs in Zalingei and Um Shalaya refugee camp.

In West Darfur, UNFPA established CBPNs composed of diverse community members, including teachers, midwives, housewives, and adolescent girls and boys. These networks aim to disseminate key GBV messages, facilitate access to services for survivors, including those affected by CRSV, and support the implementation of community-based risk mitigation interventions. UNFPA oriented members on their terms of reference, community mobilization strategies, and effective awareness-raising approaches. In 2025, three trainings were conducted for **45 CBPN members (40 women, 5 men), covering GBV core concepts, guiding principles, safe referral pathways, and approaches for conducting community-level outreach and protection activities.**

Activity 1.1.2: Assess the GBV situation to understand women and girls' risks and vulnerability to abuse, CRSV and identify entry points for care

UNHCR and its partner conducted regular protection monitoring throughout Central Darfur, including in the locations targeted by the project. Protection monitoring utilized a variety of modalities but the bulk of the quantitative information is drawn from key informant interviews (KIIs). During the project period, **729 KIIs were undertaken in Central Darfur (163 in the last quarter of implementation)**, predominantly in Zalingei and Azum localities. The KIIs include

queries on the women and girls’ perception of their safety, the perceived prevalence of early marriage, and the access of GBV survivors to relevant services. Data gathered through protection monitoring is utilized in the drafting of Protection of Civilians’ advocacy notes and flash updates, which are issued by the Protection Cluster, as well as other related advocacy initiatives.



In West Darfur, **UNFPA and its partner conducted five safety audits in Geneina (4) and Jabal Moon (1) as well as two focus group discussions within the WGSS with 42 women and girls.** The main objective of the safety audit and focus group discussion were to better understand the risk factors of GBV/CRSV and safety concerns of women and girls in accessing humanitarian services, including the WGSS and confidential corner where comprehensive health and protection services are provided. The key issues raised include security risks affecting access to services, the need for case management with a focus on psychosocial support, and the demand for cash and voucher assistance.

Activity 1.1.3: Develop/strengthen information channels for affected communities to increase understanding of GBV including CRSV and gender equality and to mitigate risks, prevent new incidents, and promote CRSV survivors’ access to GBV services

UNHCR’s partner in Central Darfur **conducted awareness-raising activities reaching 3,582 people during the implementation period,** with a particular focus on Um Shalaya refugee camp, as well as Zalingei town, Nertiti and Golo in Jebel Marra. In Um Shalaya refugee camp, male and female camp leaders at the block level were mobilized to support the dissemination of key messages and to lead discussions at community level about the root causes of GBV and the harmful impacts of GBV including practices like early marriage and female genital mutilation. In Zalingei, awareness raising and community mobilization activities were undertaken at the MPCC; however, the



security situation created obstacles to the gathering of large groups of people. Activities were expanded to include Nertiti and Golo in the Jebel Marra area, in light of the large numbers of newly displaced IDPs arriving there from El Fasher and other conflict affected locations in North Darfur.

**In West Darfur, UNFPA’s partner conducted awareness-raising sessions and mass campaigns, reaching 17,389 women, girls, boys and men** on GBV/CRSV key messages, existing referral pathways, and the importance of understanding the various forms of GBV, including physical, sexual, emotional, and economic violence and the benefits for the timely reporting of Sexual violence within 72 hours. **3,453 women, 1,011 girls, 471 men and 200 boys participated in targeted awareness raising sessions, while mass campaigns held during the 16 Days of Activism Against GBV in 2024 and International Women’s Day in 2025 reached 12,254 women, girls, men, and boys from the IDP and host community.** The regular awareness raising and mass campaigns have significantly increased the number of women and girls visiting the women and girls’ safe spaces for services, recreational and skill building activities.

### **Output 1.2. Strengthening GBV coordination mechanisms to maximize the effectiveness of multi-sectoral action to address GBV and CRSV**

Activity 1.2.1: Strengthen inter-agency coordination mechanisms that support multi-agency, multi-sector action to address GBV including CRSV

To strengthen inter-agency coordination mechanisms supporting multi-agency, multi-sector actions against GBV, including CRSV, the GBV Area of Responsibility (AoR) continued coordinating efforts with partners. **A total of 14 coordination meetings were conducted with GBV partners in West and Central Darfur to assess progress, analyze the current situation, and address critical gaps with proposed solutions.**

In addition, **UNFPA conducted a training session with 15 participants (11 women and 4 men)** on GBV coordination functions, aimed at enhancing the effectiveness of response efforts. Another session focused on GBV Minimum Standards, emphasizing Standard 1, the survivor-centered approach, and the GBV guiding principles. Training resources were provided in both English and Arabic, enabling partners to continuously strengthen their capacities. A learning brief on addressing the unique needs and risks faced by young girls in GBV programming was also shared, underscoring the importance of focused support.

Activity 1.2.2: Develop the capacity of GBV Working Group members on GBV in Emergencies

In Central Darfur, in the fourth quarter of 2024, **UNHCR supported its partner staff to conduct capacity building trainings on CRSV and GBV to 60 frontline humanitarian service providers** in the Jebel Marra region at two training workshops, one conducted in Golo and the other in Nertiti. Humanitarian service providers participating in the training included medical staff who are often among the first to interact with survivors of violence. The inclusion of frontline humanitarian service responders operating in the Jebel Marra region in these trainings was particularly important in light of the ongoing influx of IDPs from conflict affected localities of North Darfur into this area.



The GBV AoR assessed capacity-building needs and identified key intervention areas, leading to the implementation of **four training sessions for 105 GBV service providers on GBV coordination, GBV in Emergencies and the IASC Minimum Standards**. Due to access constraints, the first three sessions were conducted online for 85 participants (36 women, 49 men), while the second session took place in person in Geneina, with 20 participants (16 women, 4 men).

### **Output 2.1 Strengthen specialized life-saving services for GBV/CRSV**

Activity 2.1.1: Develop the capacities of service providers (health, psychosocial, legal, police) to deliver quality services to GBV survivors and ensure safe service delivery environments for care - including specialist services for CRSV survivors such as clinical management of rape (CMR) and sexual and reproductive health (SRH) services

In March, UNHCR in collaboration with its implementing partner, HOPE, conducted a comprehensive multi-day training on clinical management of rape with certified trainers and specialists in related fields. **The training was conducted over four days and reached 35 participants from among the GBV-related service providers based in Zalingei.** Comparison of the pre- and post-tests completed by participants indicates a significant rate of new knowledge acquisition as a result of the training, **with the average score rising from 19.4% in the pre-test to 83.3% in the post-test.** Participants also provided positive feedback on the organization and delivery of the training. Trainers' recommendations included prioritization of delivery of further trainings on specific topics, including prevention of sexual exploitation and abuse (PSEA).

**In West Darfur, UNFPA through its implementing partner, conducted three clinical management of rape trainings, targeting 90 healthcare providers (55 women, 35 men),** in Al Geneina particularly in localities with high numbers of IDPs. These trainings were conducted in coordination with the State Ministry of Health (SMOH) Reproductive Health (RH) Program. The training aimed at enhancing the capacity of health care providers in responding to the multiple needs of women and girls including survivors of CRSV.

UNFPA also coordinated with UNHCR in Central Darfur and provided support for participants and the trained facilitators.

Activity 2.1.2: Ensure a functional system for referring survivors to care is in place, including through investments in effective case management, and supporting transportation for referral.

To connect survivors with essential services such as health care, psychosocial support, protection, legal assistance, and socio-economic resources safely and efficiently, an emergency referral pathway was developed to cover the entire state of West Darfur. In addition, a locality-based referral system facilitates timely access to these services and links them to a well-established confidential corner at Geneina Maternity Hospital. Members of the CBPN played a critical role in facilitating timely access to health and protection services. In addition, using other funding sources, cash and voucher assistance was provided to facilitate access to services and mitigate potential risk of GBV, complementing project activities.



Activity 2.1.3: Refurbish GBV confidential service center for providing health services to GBV/CRSV survivors in a safe and confidential manner.

**UNFPA rehabilitated the GBV confidential corner in Geneina Hospital (Al Salam area)** and used it to provide comprehensive services, including psychosocial support and CMR, for GBV survivors referred from all localities in West Darfur. The center serves as the referral point for multiple services as well as facilitates the connection of the survivors with other services including Legal, security, and social services.

**Output 2.2. Provision of quality comprehensive and life-saving support for GBV/CRSV survivors among the most vulnerable people**

Activity 2.2.1: Develop and support safe spaces for conflict affected women and girls

**The MPCC in Zalingei was successfully refurbished, equipped and opened by UNHCR during the project period.** The MPCC building was refurbished and equipped with chairs, tables and other items necessary for its use. A Center Management Committee (CMC) comprising protracted IDPs, newly displaced IDPs and host community members was established to manage the center, and the committee received training on their role and functions. Extensive outreach has been undertaken by UNHCR's partner, in collaboration with the CBPNs functioning in Zalingei, to ensure that all communities are aware of the MPCC and feel safe and welcome to access it. Regular awareness sessions are held at the MPCC, sports activities engaging youth and capacity building for CBPN members also take place. During the project period, there were intermittent challenges related to utilization of the MPCC as local authorities attempted to use it for non-humanitarian purposes. UNHCR and its partner negotiated with local authorities to minimize disruption and cease the use of the facility for non-humanitarian purposes. While this negotiation was successful, there remains potential for such pressures to re-emerge in the future and alternative approaches to safeguard the humanitarian nature of the activities currently implemented at the MPCC were being actively explored by the end of the implementation period.

UNFPA has rehabilitated and operationalized the WGSS in Al Salam area to provide spaces for women and girls to socialize, reconnect, rebuild social networks, and access critical services, including psychological first aid, psychosocial support, GBV case management, and referrals. **A total of 9,860 women and girls visited the safe space for different activities conducted and services provided within the center.** The services and activities conducted in the center include psychosocial support, GBV case management including referrals, group psychosocial support and reactional activities, vocational and skill building activities, information dissemination and awareness raising activities.

Activity 2.2.2: Support women for small-scale skill-building activities and vocational trainings

During the project period, UNHCR's implementing partner in Central Darfur engaged in substantial consultations with communities to understand which types of income generating activities would be preferred by women, and the potential for those activities to lead to consistent income in the



future. In parallel, efforts were initiated to identify trainers on relevant topics and compile lists of the equipment and materials that would be needed by women participating in these programmes. In the fourth quarter of 2024, UNHCR's partner conducted two capacity building workshops designed to equip women with vocational and business skills necessary to generate an ongoing and sustainable income. **The 8-day workshops were conducted in Zalingei town and Um Shalaya refugee camp, targeting 20 women.** The women identified for participation in the trainings were 10 IDP women from five different IDP sites in Zalingei, and 10 refugee women in Um Shalaya refugee camp. Each was identified on the basis of past exposure to GBV, and their role as primary income earners for their household. In alignment with identified market opportunities and the interests and preferences of participating women, **the vocational training was focused on production of perfumes, and was accompanied by training in business skills relevant to marketing and selling products.**

As a part of the economic empowerment efforts in West Darfur, the newly rehabilitated WGSS in Al Salam provided recreational activities and **vocational training on marketing and small-scale business management for 24 women and girls, including GBV survivors and 10 women with disabilities.** Women who completed the training received support to set up small businesses of their own. Selection criteria for the training and initial grants prioritized individuals who had completed the full training program, GBV survivors, and vulnerable women and girls, with economic status also considered.

Activity 2.2.3: Provide quality non-discriminatory gender-responsive psychosocial support (PSS) services for conflict-affected women, girls and the vulnerable population, including survivors of GBV and CRSV

Training of community members on Psychological First Aid (PFA) and service providers on psychosocial support were conducted. UNHCR provided psychosocial support training to partner staff to enable those staff to provide PFA training to CBPN members. **Training of CBPN members took place in the fourth quarter of 2024, reaching 35 CBPN members.**



In West Darfur UNFPA trained 45 community-based protection network members (40 women, 5 men), on key concepts of Psychological First Aid and how to provide PFA during emergencies. The trained CBPNs conducted 10 PFA group sessions for the community members. In addition, 15 social workers (10 women, 5 men) were trained in psychosocial support, safe reporting, GBV data management, and timely referrals to multi-sectoral services. Pre- and post-training assessments indicated that over 80% of training participants demonstrated improved knowledge.

#### 4. Project Beneficiaries

In Central Darfur, UNHCR and its partner have reached conflict affected people by operationalizing the MPCC in Zalingei, implementation of awareness raising activities and providing vocational training and entrepreneurship capacity building. UNHCR additionally provided comprehensive training to its partner that enabled the roll out of capacity building activities to frontline responders and other humanitarian service providers. The MPCC in Zalingei is designed to be accessible to all communities in its catchment area (defined as an easy walking distance from the center), including IDPs in protracted displacement, newly displaced people and host community members. This area-based approach has been adopted to mitigate conflict sensitivity risks linked to the provision of humanitarian assistance using a status-based approach (i.e. on the basis of displacement status) and to provide a platform for strengthening intercommunal relationships and mutual understanding.

While the MPCC is accessible to women, men, girls and boys, there is a private protection counselling room for sensitive discussions. The widely accessible nature of the center means that there is no stigma attached to participating in activities there. Awareness raising sessions also take an inclusive approach and are designed to engage men and boys, as well as women and girls. This strategy allows awareness raising about GBV risks and gender equality to reach the broader community to foster support for gender equality and combat stigma that often inhibits survivors

from seeking access to care. The approach also acknowledges that men and boys may be survivors of CRSV, particularly those who have been subject to detention and abuse, and seeks to open the door for all survivors to be able to access relevant services and support.

In West Darfur, UNFPA and its partner designed the project to reach the most vulnerable people using multiple approaches. The establishment of CBPNs played a critical role in mobilizing the community about the existing services, GBV awareness and safe referrals while the women and girls' safe space was used as the main entry point for all women and girls to get access to information, services and capacity building training. In addition, the confidential corner was strategically located within the maternity hospital to facilitate safe and timely access to comprehensive health and protection services. The center is also used as the main service point for all localities without compromising the privacy and confidentiality of the survivors reporting to the facility.



The capacity building training was also designed to enhance the quality of health and protection services by improving the knowledge and skills of front-line service providers including medical doctors and social workers handling GBV cases. The GBV AoR role was instrumental in coordinating the efforts in addressing the needs and gaps of women and girls through the working group platform, interagency referral pathways and capacity building effort to GBV actors in GBV in Emergencies.

Throughout project implementation, UNFPA ensured its partners followed the GBV guiding principles, survivor-centered approach and the guiding principles in working with survivors of GBV including the Do No Harm principle.

Essential service provided through this project	Type of Essential Service	# of beneficiaries (Please disaggregate by gender, and include other vulnerable / underserved groups)
X	Mental Health and Psycho-social Support services	Central Darfur (UNHCR): 2,563 people reached with PSS

		<p>activities through the MPCC (1,405 female, 1,274 male).</p> <p>West Darfur: (UNFPA) 9,860 women and girls reached with PSS activities through the supported WGSS (7,240 women, 2,620 girls)</p>
X	Livelihoods services, including socio-economic and reintegration support	<p>Central Darfur (UNHCR): 20 women supported with IGA.</p> <p>West Darfur (UNFPA): 24 women supported with vocational training</p>
X	Education services, including awareness raising	<p>Central Darfur (UNHCR): 3,582 people reached with GBV-related information (2,327 female, 1,255 male).</p> <p>West Darfur (UNFPA): 17,389 people were reached with GBV-related information through targeted awareness-raising sessions and mass campaigns (11,308 women, 3,661 girls, 1,050 boys, 1,370 men, including 78 PWD)</p>
X	Medical and Health services, including on sexual and reproductive health	West Darfur (UNFPA): 48 survivors of sexual violence were referred to the GBV confidential corner at the health facility and were provided with clinical management of rape as well as other sexual and reproductive health services.
	Legal services, including justice and reparations	
	Security services, including safe spaces and police services	No cases were referred to security services, in line with survivors' preferences, nor to safe spaces, as such services are unavailable in Darfur.

#### 5. Implementing partner coordination and stakeholder engagement

UNFPA worked closely with its implementing partner, CDF, to ensure the timely implementation of project activities in line with the Inter-Agency Minimum Standards for GBV Programming in



Emergencies. UNFPA also maintained active participation in the GBV AoR coordination forum to promote harmonized service delivery among partners and ensure referral pathways were regularly updated to facilitate timely and effective support for survivors.

In parallel, UNFPA and UNHCR held regular discussions to track project progress, document challenges and lessons learned, and use these insights to advocate with donors for the scale-up of interventions in South and East Darfur. Coordination was also sustained with the Ministry of Health to support the rollout of CMR training for healthcare providers, secure a confidential space within the maternity hospital for survivor support, and exchange critical information on service gaps and emerging needs.

UNFPA and UNHCR also believe that the capacity building training conducted in West Darfur and Central Darfur positively impacted the capacity of service providers and quality of services for survivors of GBV.

## 6. Challenges

The local authorities in Central Darfur further consolidated their role and functions during the reporting period. Representatives of the local authorities also pressed for greater direct access and utilization of the facility currently in use as an MPCC. UNHCR supported its implementing partner to engage in ongoing negotiations with representatives of the administration in Central Darfur concerning their utilization of the facility, promoting adherence to the Memorandum of Understanding previously agreed in writing with the representatives of the Department of Youth and Sports. These negotiations were challenging because the rehabilitation of the facility made it attractive for use for a variety of purposes, and the local administration sought to use it for political purposes clearly at odds with the Memorandum of Understanding that had been agreed. The negotiations were also tense because the local authorities had demonstrated willingness to use power in a coercive fashion to obtain benefits not intended for them from humanitarian assets and supplies (for example, a staff member from another humanitarian organization was reportedly arrested during the reporting period after refusing to provide a share of humanitarian supplies).

Positively, despite the lengthy and sometimes tense nature of the negotiations with the local administration, the challenges around acceptable use of the MPCC facility appeared to be resolved with agreement that it must be primarily for the use of community groups and that no political activities could take place within it. To further mitigate future risks, UNHCR's partner conducted a mapping of alternative MPCC sites in the first quarter of 2025. When the period covered by the current Memorandum of Understanding governing use of the facility expires in May 2025, alternative sites may be preferred for future activities.

Seasonal rains inhibited access to Um Shalaya refugee camp in Azum locality for part of the reporting period (roughly covering August and September). This inhibited the capacity of the partner to roll out some activities initially planned for that location; however, access was regained by the end of the third quarter and planned activities were successfully done.



The establishment of SARHO in 2024, the RSF’s newly formed humanitarian wing, led to delays in program implementation in West Darfur. In addition, UNFPA partners faced challenges accessing cash in the field due to limited banking services. To address these challenges, UNFPA leverages the expertise of an Access Specialist, actively engaged at the inter-agency level to coordinate mitigation efforts and ensure a coherent approach aligned with the agreed-upon strategy. While UNFPA does not register with SARHO, it encouraged its implementing partners to engage with the entity as needed to secure the necessary documentation for operational continuity.

**7. Lessons Learned**

The rainy season, roughly encompassing July-September, was much heavier in 2024 compared to previous years, with floods significantly affecting areas in the targeted states. While the flooding had relatively limited impact on the implementation of most planned activities, it did restrict access to Azum locality in Central Darfur for approximately 4-6 weeks. The flooding also required humanitarian service providers to implement emergency response activities, which limited the potential for them to engage in capacity building activities on other important topics such as GBV and CRSV. In the future, it is recommended to avoid scheduling the implementation of key activities (particularly those outside the state capital) during the rainy season.

Another key lesson learned is the importance of having cash and voucher assistance to facilitate access of GBV services, mitigate risk of GBV through the provision of emergency cash assistance to women and girls at risk of GBV as well as vouchers for sanitary items to enhance mobility and restore dignity.

**8. Sustainability Plan and Innovation**

The project’s focus on capacity building at the community level and among specialized service providers makes it inherently sustainable, as the skills acquired through the training the project delivers will continue to be utilized beyond the project implementation timeframe. It is anticipated that the building of capacity at the community level will be particularly important in this respect since, even if humanitarian service providers experience turnover or discontinue services for other reasons, frontline responders in CBPNs and other community-based structures are situated within the communities that they serve and will continue to provide support and initial responses to survivors.

The establishment of the WGSSs is decided in collaboration with women and girls to ensure that leadership remains in their hands. Capacity development training for community-based protection networks, social workers, and community outreach workers—who are selected from within the community—are designed to foster community ownership and ensure the sustainability of the centers' operations beyond the project period.

**9. Communicate Strategy, Products, Tools and Media**



Due to the sensitive nature of the topic and the context in which these activities are taking place, UNFPA opted to produce animated videos addressing sexual violence and promoting awareness of the support services available to survivors. Below are a few examples:

<https://x.com/UnfpaSudan/status/1898418381797347556>

<https://x.com/UnfpaSudan/status/1866450924652404875>

<https://x.com/UnfpaSudan/status/1863628052623716548>

## 10. Voices and Stories

After the completion of the project activities, a UNFPA staff field monitoring mission was carried out in West Darfur state, Geneina, to evaluate the impact and success of the women and girls' safe space established and supported. Despite the ongoing conflict, limited access, and high security risks, the safe spaces have played a vital role creating a space for women and girls and being an entry point for essential GBV and SRH services. A focus group discussion was carried out with 15 women and girls who have been accessing the facility and benefited from the services to gauge their satisfaction with the services, and collect feedback. Women and girls expressed their positive reaction to the support provided through the safe space and confidential corner. The below are some quotations from the women who have attended the focus group discussion and benefited from UNFPA services.

*"Alsalam WGSS is the only place I used to go to meet with other women in a safe place to get connected, share information and do some group activities. During the hardest time of the war in Geneina, the psychosocial support really helped me to cope with the hardship and pain. It's like a second home where I can share my worries and find strength to carry on."*

*"Before attending this WGSS, I didn't have anything to do for a living, and I felt so lost, especially being the head of my family with four children. I lost my husband during the first fighting in 2023 and since then I have to look for food to feed my family. After a woman from the neighbourhood brought me to the women and girls' safe spaces, I got the chance to be part of the vocational training on marketing at the WGSS, and I was able to start my own coffee shop. Now, I feel much stronger and more hopeful, even during these tough days. I don't have to worry so much about how to feed my children though life in Geneina is still challenging. I want to thank you for supporting women and girls like me during these hard times of war. Your support made a real change in my life."*

*"As pregnant women, we were so worried about where to go for our check-ups and to give birth. The health centers weren't regularly working, and the only place nearby was Geneina Hospital, but going to the hospital was risky because of sporadic shooting and many check points. A friend of mine told me about a midwife at Alsalam WGSS who could help me. I started going there regularly for my antenatal visits, and thanks to her support, I was able to have my baby girl safely at home. I'm still attending the activities in the safe space. I'm very thankful for this support during such a hard time. They truly supported us when we needed it most"*



## 11. Monitoring and Evaluation

In Central Darfur, UNHCR maintained close contact with the partner to ensure that there was detailed oversight on all activities conducted. Positively, UNHCR was also able to conduct in person monitoring of some project activities through participation in interagency cross-border missions to Zalingei and other locations. This enabled in-person visits by UNHCR staff to MPCC facilities and engagement with CBPNs receiving support through this action. The partner supporting direct implementation of project activities provided weekly reports as well as activity reports for key activities including trainings and awareness raising campaigns. These reports included qualitative and, in some cases, quantitative measurement of the outcomes of activities, as well as photos of the activities being conducted. Throughout the project period, UNHCR has provided coaching and mentoring to its partner in Central Darfur, and included partner staff in capacity building activities directly related to the planned activities. UNHCR has also supported the partner to troubleshoot and address challenges in implementation as they arose.

Due to limited access and bureaucratic impediments, UNFPA was unable to conduct in-person monitoring of the project in West Darfur. To ensure oversight, UNFPA employed a third-party monitoring company to monitor program activities on the ground. Simultaneously, staff from the UNFPA Dongola sub-office maintained regular communication with the implementing partner, holding frequent virtual meetings and providing remote capacity-building support and technical supervision to ensure activities were implemented in accordance with national and international standards. The implementing partner was also required to submit quarterly progress reports with supporting documentation. These measures allowed UNFPA to verify the accuracy of reported results and uphold program quality despite the operational constraints.

## 12. Support and follow up requests

Expanding the project’s geographical reach is a critical next step to addressing the CRSV and broader GBV-related needs of displaced and conflict-affected populations in Sudan. Gaps are particularly severe in areas where governance structures, justice sector institutions and public sector service provision have been most degraded by the direct impacts of conflict. Acknowledging this, UNFPA and UNHCR propose continuing the interventions in West and Central Darfur while also expanding coverage to South and East Darfur. This will enable further sustained support to GBV service providers, survivors and communities to restore access to services, mitigate GBV risks and facilitate recovery. Realizing this potential will depend on the continued commitment of the donor community to drive meaningful, scalable change.

Continued support from UN Action is crucial for mobilizing the resources needed to maintain critical, life-saving services in West and Central Darfur. The goal is to sustain the comprehensive assistance provided to survivors of GBV and CRSV who have developed a sense of trust in the programme’s support. This ongoing engagement is essential to ensure that their multiple and complex needs continue to be met and gain the trust of survivors who have not benefited from such projects.

The continuity of these vital services, which include health, protection, and economic empowerment initiatives, relies on securing additional funding. This support will not only allow



for the continuation of current programs but also enable the expansion of interventions to address the evolving needs of women and girls in South and East Darfur states, ultimately strengthening their safety and well-being.

It is critically important to continue advocating for the inclusion of women and girls in the ongoing peace negotiations for Sudan. Their voices must be heard, and their contributions acknowledged, to effectively address the country's profound challenges. Meaningful participation of women in these processes is not merely a matter of gender equality but a fundamental requirement for achieving a comprehensive and lasting peace.

UNFPA and UNHCR strongly urge donors to intensify its advocacy efforts on behalf of survivors of CRSV. It is vital to ensure that the experiences and needs of these survivors are heard and addressed in various forums. This advocacy is essential to secure justice, support healing, and ensure that the peace process acknowledges and rectifies the severe human rights violations that have occurred.



**13. Project Data**

**Project Title: Mitigating risks and enhancing the response to GBV and CRSV in conflict affected states in Sudan**

**Goal:** The goal of the project is to mitigate GBV risks and enhance the response to GBV including CRSV in conflict-affected settings. Implementation of this project will contribute to preventing and responding to GBV and creating a safe environment for women and girls. It will also contribute to increased access to quality life-saving healthcare services. Additionally, the project will support building local capacity to address GBV over the long term.

**OUTCOME 1:** Identify and mitigate immediate protection risks for women and girls and build conducive environment to prevent CRSV

**Output 1.1: Strengthening protection mechanisms for women and girls**

**Activity 1.1.1:** Strengthening GBV prevention and access to GBV information and services by community initiatives

**Activity 1.1.1 Achievements:**

Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of staff/community protection mechanism members demonstrating increased knowledge of GBV/CRSV prevention and response strategies due to the training supported by the project.	1. Baseline: 0; Target: 30	1. UNHCR/Central Darfur: 21 (15 male; 6 female). 2. UNFPA/ West Darfur: 45 (5 male; 40 female)	Activity reports, post-training assessments

**Activity 1.1.2:** Assess GBV situation to understand women and girls’ risks and vulnerability to abuse, CRSV and identify entry points for care

**Activity 1.1.2 Achievements:**

Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Safety audits and safety assessments that include questions specific to women and girls’ protection conducted	1. Baseline: No; Target: Yes	1. UNHCR/Central Darfur: Yes 2. UNFPA/West Darfur: Yes	Safety audit reports, assessment reports



<b>Activity 1.1.3:</b> Develop/strengthen information channels for affected communities to increase understanding of GBV including CRSV and gender equality to mitigate risks, prevent new incidents, and promote CRSV survivors' access to GBV services			
<b>Activity 1.1.3 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of women/men receiving GBV-related information (by awareness raising session, sessions in safe space, IEC, mass awareness raising campaign, etc) and has access to SRH and GBV services	1. Baseline: 0; Target: 10,000	1. UNHCR/Central Darfur: 3,582 people reached with GBV-related information (2,327 women, 1,255 men). 2. UNFPA/West Darfur: A total of 17,389 people were reached with GBV-related information through targeted awareness-raising sessions and mass campaigns (11,308 women, 3,661 girls, 1,050 boys, 1,370 men, including 78 PWD).	Activity reports, FGDs
<b>Output 1.2: Strengthening GBV coordination mechanisms to maximize the effectiveness of multi-sectoral GBV/CRSV response and strengthening GBV risk mitigation</b>			
<b>Activity 1.2.1:</b> Strengthen inter-agency coordination mechanisms the support multi-agency, multi-sector action to address GBV including CRSV			
<b>Activity 1.2.1 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Functional interagency coordination mechanism in place in targeted states	1. Baseline: Yes; Target: Yes	1. UNFPA/West Darfur/Central Darfur: Yes.	GBV Working Group meeting minutes
<b>Activity 1.2.2:</b> Number of GBV Working Group members trained on GBV in Emergencies			
<b>Activity 1.2.2 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of GBV Working Group members trained on GBV in Emergencies	1. Baseline: 0; Target: 20	1. UNHCR/Central Darfur: 60 (23 women, 37 men) 2. UNFPA/West Darfur: 105 (52 women, 53 men)	Training reports



<b>OUTCOME 2:</b> Improve women and girls’ access to quality Sexual and Reproductive Health (SRH) and services for GBV/CRSV survivors			
<b>Output 2.1: Strengthen specialized life-saving services for GBV/CRSV</b>			
<b>Activity 2.1.1:</b> Develop capacities of service providers (health, psychosocial, legal, police) to deliver quality services to GBV survivors and ensure safe service delivery environments for care - including specialist services for CRSV survivors such as clinical management of rape (CMR) SRH services			
<b>Activity 2.1.1 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of staff trained on GBV demonstrating increased knowledge of GBV response based on UNFPA training. (Conduct CMR training 3 * 3 days state target 90 participants)	1. Baseline: 0; Target: 90	1. UNHCR/Central Darfur: 35 (14 women, 21 men) 2. UNFPA/West Darfur: 90 (55 women, 35 men)	Training reports, post-training assessments
<b>Activity 2.1.2:</b> Ensure a functional system for referring survivors to care is in place, including through investments in effective case management, and supporting transportation for referral. Mainstream CRSV in GBV referral mechanism.			
<b>Activity 2.1.2 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Availability of functional referral mechanism with SOP in targeted states	1. Baseline: Yes; Target: Yes (requires periodic updates)	1. UNFPA/West Darfur/Central Darfur: Yes	Referral pathways and state specific SOPs
<b>Activity 2.1.3:</b> Refurbish GBV confidential service center for providing health services to GBV/CRSV survivors in a safe and confidential manner			
<b>Activity 2.1.3 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of health facilities refurbished	1. Baseline: 0; Target: 1	1. UNFPA/West Darfur: 1 (Al Salam area in Geneina)	Activity reports
<b>Output 2.2: Provision of quality comprehensive and life-saving support for GBV/CRSV survivors among the most vulnerable people</b>			
<b>Activity 2.2.1:</b> Develop and support safe spaces for affected women and girls			

<b>Activity 2.2.1 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of WGSS / MPCC operationalized	1. Baseline: 0; Target: 2	1. UNHCR/Central Darfur: 1 MPCC operationalized (Zalingei town) 2. UNFPA/West Darfur: 1 (Al Salam area in Geneina)	Activity reports
<b>Activity 2.2.2: Support women for income generating activities and vocational skills</b>			
<b>Activity 2.2.2 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of women supported with income generation activities	1. Baseline: 0; Target: 24	1. UNHCR/Central Darfur: 20 2. UNFPA/West Darfur: 24	Activity reports
<b>Activity 2.2.3: Provide quality, non-discriminatory, gender-responsive Psycho Social Support (PSS) services for conflict-affected women, girls and the vulnerable population including survivors of GBV and CRSV</b>			
<b>Activity 2.2.3 Achievements:</b>			
Indicators	Original Baselines and Targets	Progress against Baselines and Targets	Verification Method
1. Number of community members trained on Psychological First Aid 2. Number of PSS service providers trained	1. Baseline: 0; Target: 30 2. Baseline: 0; Target: 10	1. UNHCR/Central Darfur: 35 (17 women; 18 men) 2. UNHCR/Central Darfur: 21 (15 male; 6 female). 1. UNFPA/West Darfur: 45 (40 women, 5 men) 2. UNFPA/West Darfur: 15 (10 women, 5 men)	Training reports