

# FIELD VISIT REPORT

## Prevention & Response to Sexual Violence

### Darfur, Sudan

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Gender-based Violence Global Technical Support Project

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## Summary of Findings

Despite worldwide news headlines and well publicized discussions and proposed resolutions in the United Nations about the Darfur situation, human rights violations -including sexual violence - continue with impunity. This has been occurring since 2003, and continues to this day.

Sexual violence against civilian women and girls in Darfur is a widespread, ongoing, serious, and life threatening public health and human rights issue. Since 2003, the problem has been documented<sup>1</sup> and frequently made public by the international community, UN agencies, humanitarian NGOs, human rights organizations, and the Africa Union.

Although there are GBV Working Groups in all three states of Darfur and at the Khartoum level, there are very few services available to help survivors of sexual violence. Delivery of all types of much needed humanitarian aid in Darfur is extremely challenging due to ongoing insecurity and frequent population movements. There are low levels of humanitarian organization presence in Darfur, with a lack of qualified staff. This, again, is due largely to insecurity and most organizations also report that it has been difficult to recruit qualified staff to work in Darfur.

There is no one UN agency with the clear mandate, leadership, responsibility, and accountability for protection of internally displaced persons. Staff of organizations working in Darfur are trying to coordinate protection as best they can, but there is a lack of leadership, support, advocacy, and accountability.

“Protection” includes preventing sexual violence and ensuring the availability of confidential survivor support and assistance including health care, psychosocial support and security; and also legal advice and support in the unlikely event that a survivor wishes to pursue legal justice. In Darfur, however, the focus of protection activities for sexual violence has been on documenting cases and encouraging legal prosecution in an almost-impossible legal environment; with less emphasis and much delay in establishing minimum life saving services in health care and psychosocial support. GBV working groups in North and South Darfur began planning discussions for improved health response within the past two months. As of the time of this field visit, appropriate medical management of sexual violence was available only in health clinics run by MSF and MDM<sup>2</sup>.

It is widely believed among humanitarian and human rights groups that sexual violence is being used on a widespread basis as a weapon of war in Darfur. While this may be true, it is irrelevant in terms of helping survivors by establishing minimum health and psychosocial support services. As is the case anywhere in the world, it is nearly impossible to know the extent of sexual violence in Darfur until appropriate, confidential, and trustworthy services for health care and psychosocial support are available. Only then will survivors come forward to seek help. Then incidents can be confidentially documented, anonymously counted, and carried forward for advocacy.

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<sup>1</sup> Publications and news releases from Physicians for Human Rights, Amnesty International, the U.S. Dept of State, the United Nations Secretary General, and UN agencies. Unpublished In-country assessments conducted by UN agencies and various international and national NGOs.

<sup>2</sup> This is based on information obtained from the GBV working groups and discussions with some health NGOs. There was insufficient time during this field visit to contact all health NGOs, so there may be a few exceptions to this statement. Also, it should be noted that West Darfur was not visited; details about availability (or lack) of services in the west are not included in this report.

Directly related to issues of sexual violence, sexual exploitation and abuse are well known problems in humanitarian settings. In Darfur, there are no systems in place for receiving reports of sexual exploitation or abuse, or for protecting survivors and investigating allegations. Staff training about sexual exploitation, codes of conduct, and reporting has occurred in only a small number of organizations. Given the anticipated arrival of peacekeeping troops and increased humanitarian staff in Sudan, there is an urgent need to address these gaps.

## **Recommendations**

There are two sets of recommended actions. The first four recommendations are immediate, basic, and life saving actions that have been too long delayed and must be urgently implemented. The remaining recommendations are items that need action in order to meet the recommended minimum standards for prevention and response to sexual violence (per UNHCR's 2003 SGBV Guidelines and other relevant publications specific to conflict affected populations).

- 1. KEY RECOMMENDED ACTION: Public Advocacy** Advocate with the government, the UN system, the international community, and donors to create conditions that will stop the continuing and large scale sexual violence perpetrated with impunity
  - a. Compile information about sexual violence that has already been collected by UN agencies and NGOs into a qualitative and quantitative report that contains no identifying information about individuals or organizations, and that gives a clear picture of the types, extent, issues, and consequences of sexual violence in Darfur
  - b. Disseminate that report widely, including to the government of Sudan
  - c. Ensure that the topic of sexual violence is on the agenda for all meetings, all sectors, all agencies involved in Darfur

Responsible: UN Resident Coordinator and SRSG

Timeline: Every day

- 2. KEY RECOMMENDED ACTION: Health Care** Immediately and urgently, require and ensure comprehensive, confidential, accessible clinical management for post-rape care among all health providers
  - a. Resolve ambiguity and concerns about Form 8
  - b. If health NGOs remain concerned about Form 8, they should recruit additional expatriate doctors to perform clinical management of rape (to protect national staff).
  - c. Agree on standard protocols, including use of PEP
  - d. If using PEP for post-rape care, make it also accessible to others in the population

Responsible: WHO, UNFPA in collaboration with health NGOs

Timeline: Begin training in March 2005. All organizations should have at least 2-3 trained staff and proper equipment, supplies, medicines in place by end of April 2005

- 3. KEY RECOMMENDED ACTION: Psychosocial Support** Establish minimum psychosocial support for survivors of sexual violence in all IDP camps
  - a. Emotional support provided by community-based workers already in place, such as peer support persons, TBAs, midwives, animators, etc.

- b. Skills training and income generation projects provided through community centres/women's centres

Responsible: UNICEF (training for item a) and implementing NGOs (item b)  
Timeline: March 2005

- 4. KEY RECOMMENDED ACTION: Sexual Exploitation and Abuse** All agencies should establish systems now to prevent sexual exploitation and abuse, to ensure Codes of Conduct are in place and staff are trained; and to receive reports, investigate, and follow through with action, including protecting victims (in accordance with guidelines and mandates from the U.N. Secretary General)

Responsible: The UN Resident Coordinator and SRSG  
Timeline: Immediately

- 5. Shared Leadership** Leadership in prevention and response to GBV in Darfur should be a shared responsibility with UNFPA and at least one other UN agency (possibly UNICEF or OCHA) and should supersede any personality issues or territory disputes.
  - a. UNFPA must urgently find a qualified person to lead its GBV efforts and responsibilities (see Recommendation 5)
  - b. The co-leader organization(s) must also ensure staffing by an appropriately qualified person. Some examples might be: If UNICEF, a child protection officer with relevant experience. If OCHA, a protection officer with experience working in gender-based violence, or a gender officer with solid expertise in issues of protection.
  - c. The co-leading organization(s) must clearly delineate areas of focus, responsibility, and accountability and work with the Khartoum GBV Working Group to ensure all aspects of GBV prevention and response are covered.

Responsible: UN Resident Coordinator and SRSG  
Timeline: Immediately

- 6. Human Resources** All organizations should establish systems for expedited recruitment and hiring of qualified staff
  - a. Discuss issues and needs with donors and seek additional funds as needed.
  - b. Consider implementing strategies such as:
    - Salary adjustment for Darfur staff
    - Improved R&R and other benefits
    - Deploy experienced staff from other locations
    - Hire a short-term recruiter specifically for Darfur human resources
    - NGOs should combine efforts and advocate with the government of Sudan and the SRSG to ease the problems and delays in obtaining visas and work permits

Responsible: All heads of organizations  
Timeline: Immediately

- 7. IEC with Women/Girls** Working with female community members, design and implement an information and education campaign to inform women/girls about the potential consequences of sexual violence and where to go for confidential help

Responsible: GBV Working Groups

Timeline: As soon as minimum health care is established in health NGOs (see Recommendation #2)

- 8. GBV Working Groups** GBV working group in Khartoum should support the GBV working groups in the field. Each should ensure their membership includes representatives from – at least - health, psychosocial, security, and legal justice sectors. Seek also representatives from other relevant sectors and organizations; i.e., Africa Union, watsan, food
- a. Maintain interdisciplinary and multisectoral participation by ensuring that meetings are well managed:
    - Review frequency and time to ensure agreement and usefulness of the group
    - Agenda in advance with key discussion points identified
    - Action points clearly noted in minutes and followed up at subsequent meetings
    - Meetings time limited and carefully facilitated to remain task oriented and on track
  - b. Maximize communication and coordination among groups
    - Distribute minutes to all members and to other GBV working groups
    - Field-based groups: Clearly denote issues/questions for Khartoum action
    - Khartoum group: Clearly denote action taken/discussion on points from field groups
  - c. Carry through with action planning begun prior to and during this field visit

Responsible: Chair(s) of each working group

Timeline: Immediately

## **Purpose, Scope of Work, Outputs**

The primary purpose of the GBV Technical Advisor field visit to Darfur was to support the efforts of humanitarian organizations to establish urgent and life saving, confidential, effective, accessible inter-agency and multi-sectoral services to meet the needs of survivors of sexual violence in the internally displaced populations. Initially, the field visit was aimed to provide technical support to ARC International and its health programs in South Darfur. The visit was expanded, upon request by the GBV working groups, to include consultation and technical support to those interagency working groups. Using a collaborative and participatory approach, technical support included training workshops, meeting facilitation, consultations and advising with UN agencies and NGOs on the interagency GBV teams in Khartoum and in North, South and West Darfur.

During this 10 day visit, the GBV TA provided a combination of training and technical support with the international organizations seeking to assist survivors of sexual violence. Assessment and situation analysis occurred throughout the visit via interviews with staff, observations, short tours of a few IDP camps/villages, and review of reports and other documents. Training and technical support included the following specific activities:

1. Training and technical support with ARC in South Darfur, related to the startup of its new initiative to focus on GBV and broaden RH programming.  
OUTPUT: A separate report has been submitted to ARC International with specific findings and recommendations.
2. Technical support with the GBV interagency working groups in South and North Darfur to support their efforts to establish a strategy for building local capacity to address sexual violence  
OUTPUTS:
  - Facilitated planning meeting with the group working on training for health staff in South Darfur, to review progress on curriculum development and plans for implementation
  - Conducted workshop in South Darfur, an overview of psychosocial support services for survivors of sexual violence. There were approximately 50 participants from national and international NGOs and UN agencies.
  - Facilitated meeting with key actors from the GBV working group in North Darfur to review and strengthen strategies. The group of approximately 15 people from UN agencies and NGOs developed a detailed work plan for the next two months, with specific intended outcomes related to establishing services for survivors and/or strengthening existing services.
3. Discussion with UNHCR community services staff focusing on sexual violence in West Darfur.  
OUTPUT: This was an informal meeting discussing development of prevention and response to GBV by UNHCR and its partners, including successes, issues, and challenges.
4. Consultation and technical support with GBV working group in Khartoum and with UN and NGOs in Khartoum  
OUTPUT: The working group concurred with the GBV TA's four key recommendations for immediate action, and developed a plan to carry these recommendations forward and

ensure follow through. The working group also developed a set of additional action points for further discussion and planning in future meetings.

5. Conducted GBV overview workshop hosted by UNICEF in Khartoum.  
OUTPUT: The workshop was attended by program managers and staff from approximately 40 national and international NGOs, UNICEF, UNFPA, other UN agencies, and Africa Union. Most participants are working in areas of Sudan outside of Darfur, and plan to implement prevention and response to gender-based violence in their settings.

### **Nature and Extent of Sexual Violence in Darfur**

Sexual violence is an immediate and widespread problem in the current conflict in Darfur. Other forms of gender-based violence occur frequently, including domestic violence, early marriage, and female genital mutilation, and are long standing cultural practices in the population of Darfur. Survivors of all forms of GBV need access to appropriate and confidential health care and psychosocial support, but the obvious priority at present is sexual violence.

Survivors of war-related sexual violence have sought help from national and international NGOs, the UN Office of the High Commissioner of Human Rights, UNICEF, and the Africa Union, among others. These survivors are requesting health care, support for social reintegration, and material support to reduce their vulnerability and therefore their risk of repeated sexual abuse.

Exact numbers of reported incidents are unknown at this time, but surveys, interviews, and assessments have been conducted by UN agencies, national and international NGOs, and human rights organizations. To date, the UN has not published a report about the nature and extent of sexual violence, although UNHCHR, UNICEF, UNHCR, UNOCHA, UNDP, and others have conducted thousands of interviews with survivors.

Many incidents occur when women and girls leave the relative safety of a village, settlement, or camp to flee fighting, seek fire wood, food, day labor, farming, or other basic needs. Some survivors describe incidents of sexual assault by combatants that occurred months in the past. For others, the incident occurred more recently.

Survivors of sexual violence range in age from 7 to over 60 years old. Most of the sexual violence is characterized by brutal physical violence, beatings, rape with weapons, and often gang rape. Often, abduction for a day or longer is part of the abuse.

It should be assumed that few survivors of sexual violence ever report the abuse. In Sudan's traditional and patriarchal society, survivors of sexual violence are blamed for the abuse and face severe and debilitating consequences through social/family rejection and, often, legal prosecution for infidelity or illegal pregnancy. For infibulated females (an estimated 89% of the female population), the health consequences of rape can be especially severe. Many women and girls are pregnant as a result of rape. In some cases, the babies are abandoned after birth. There are also stories of infanticide. Some mothers keep the babies and may or may not be accepted by their families. Others are charged with the criminal offense of "illegal pregnancy" and go to jail where they are further victimized by sexual violence and other abuses.

The vast majority of survivors describe the perpetrators as “janjaweed”, or “wearing khaki”. This implies that the alleged perpetrators are the janjaweed militia forces in Darfur as well as Sudanese police and military forces patrolling the area and responsible for security and protection of IDPs and local populations. In a very small number of cases, survivors report the perpetrator was a civilian male living in their community.

Given the continuing insecurity and access issues as well as frequent population movements, humanitarian services and basic food/non-food distributions have been inconsistent, and there are huge unmet material as well as security needs among the IDPs. Women do not have their own ration cards, and many households do not receive food rations or other basic materials distributions. The high levels of unmet basic needs only exacerbate the vulnerability of women and children to sexual violence, including sexual exploitation and abuse.

Sexual abuse and exploitation is already occurring. There are many stories about police and military sexually exploiting young women, and a few anecdotal reports about humanitarian workers. Peacekeepers are expected to arrive in the near future for South Sudan, and there is hope that the Africa Union will expand its forces in Darfur. It is well documented that the arrival of peacekeepers is associated with a rapid rise in child prostitution. Prevention of sexual violence perpetrated by humanitarians, peacekeepers, and other helpers/protection forces includes strict enforcement of Codes of Conduct, confidential and accessible reporting and investigation procedures, as well as preventive measures with the population of interest to reduce their dependence and vulnerability to abuse and exploitation.

### **Addressing Sexual Violence in Darfur**

There are many published materials, including UNHCR’s *Guidelines for Prevention and Response to SGBV* (2003), that detail concrete actions that must be taken to address sexual violence in conflict and displaced settings. Efforts to prevent sexual violence and provide services to survivors require integrated and coordinated action by multi-sectoral actors from the displaced community, international humanitarian organizations (NGOs and UN), national organizations, and government ministries. A minimum set of services must be available for health care, psycho-social support, security and protection, and legal justice (both formal and traditional). All actors must agree to adhere to a set of guiding principles that include, at least: 1) focus on survivor safety, 2) protect confidentiality, and 3) respect the dignity and choices of the survivor. To achieve integrated and coordinated action, there must be collaboration, skill, knowledge, training, coordination, and high level support and commitment within all organizations.

At the Khartoum level, there is interest among UN agencies and NGOs to provide appropriate help for conflict-related sexual violence and other forms of GBV. The heads of these organizations are not consistently and fully aware of the recommended basic services that should be in place, and how to implement such services in the midst of this crisis. And, there is no one organization with the clear mandate, responsibility, and accountability for protecting civilians in Darfur – including protection from sexual violence.

UNFPA has been designated as the “lead” agency for addressing gender-based violence and the current emergency related to sexual violence against IDP women and children. Unfortunately, UNFPA lacks capacity to fully assume this role, in terms of both staffing levels and expertise. There was recently a short-term consultant filling in to coordinate efforts among the GBV working groups

and take action, but that person is soon to leave with no replacement yet identified. As a reproductive health organization, UNFPA's strengths lie in its expertise in health care and some parts of psychosocial support for survivors of sexual violence. UNFPA, however, should not be expected to lead all aspects of an integrated, interagency, and multisectoral prevention and response strategy. To their credit, UNFPA staff in the field acknowledged their limitations and sought co-chairing arrangements with other organizations for the GBV working groups. In the north, UNDP has been co-chairing and UNICEF is also assisting. In the south, IRC is co-chairing the working group. In Khartoum, there is a need for stronger support and action in the GBV working group from other UN agencies.

UNICEF, with its child protection focus, is also involved in programming to address sexual violence and is working to build its capacity in many sites around Darfur. UNHCR is the lead protection organization in West Darfur, and recently brought in a GBV specialist to build capacity and establish services. WHO has not been present in the GBV working groups.

There is an interagency GBV working group at the Khartoum level, a subcommittee of the protection coordination group. There are GBV working groups in West, South, and North Darfur. Recent training and planning sessions in each of these working groups are building knowledge and capacity among members. These groups are discussing possible interagency strategies for providing multisectoral services to reduce the harmful consequences of sexual violence, including physical injury, emotional trauma, and social stigma.

Until very recently, the GBV working groups were comprised primarily of protection staff and focused their attention on getting survivors to "report cases", with emphasis on security, legal protection and prosecution. Since January, however, these groups have begun to broaden their focus to include other and more essential forms of protection for survivors, including health care and psychosocial support. At a minimum, women/children who have been raped or experienced any other form of gender-based violence need to know:

- a) What kinds of harmful consequences can occur to them
- b) Where to go to get help to minimize those consequences, prevent further trauma, and reduce vulnerability and risk of repeated incidents
- c) What kind of help is available
- d) That they will receive confidential and appropriate help, with referrals for other services only if they agree to such referrals

Much has already been done in South Darfur, around the Nyala area, in terms of staff training and developing procedures and coordination mechanisms for interagency assistance for survivors of sexual violence. There are a few health services in place, and psycho-social programs are starting up now. In West and North Darfur, there are fewer services in place to help survivors. And, in each of those locations, interagency GBV coordination structures exist, but there are few services to coordinate. This is changing as more organizations and services are established – especially in the West where UNHCR is developing community-based action for prevention and response to sexual violence. In the north, there are much fewer organizations present, and few staff in NGOs and UN agencies with technical knowledge about GBV prevention and response. Therefore, there are fewer services available, and less targeted planning has occurred in the north as compared to the south.

### Humanitarian Presence

In general, there are few humanitarian organizations operating outside the relatively safe and accessible environs of Nyala in South Darfur. In North Darfur, the lack of humanitarian presence was striking, even around the town of El Fasher. NGOs manage to move around, are apparently more flexible and closely monitoring security changes daily (and sometimes hourly). UN staff move less and are therefore less present in the field, which seems to be related to a lower ratio of security personnel to field staff.

Organizations report there are funds available to implement services, but it is extremely difficult to recruit and keep sufficient numbers of qualified staff. There are many staff in UN agencies and NGOs who are working on very short contracts, usually 3 or 6 months. In most NGOs, salary levels, R&R policies, and other compensation packages have not been adjusted or “sweetened” to attract appropriate levels of qualified staff to work in the extremely challenging conditions in Darfur.

Another significant staffing challenge is that the government of Sudan has been increasingly slow to issue visas and work permits for expatriates. For example, this GBV TA field visit was postponed four months due to lengthy delays in obtaining a Sudan visa. Other organizations report similar delays.

Staff security issues must also be seriously considered and plans made accordingly. There is the obvious problem of general insecurity due to armed conflict. There are, however, more subtle and difficult to identify security issues. During this field visit, there were many stories of intimidation and retaliation against community members, community leaders, and staff of UN agencies and NGOs who were known to be helping survivors of sexual violence. Incidents included detainment and/or harassment by police, attacks on national staff, and carjacking by “bandits”.

### Raising awareness and finding survivors

Addressing sexual violence in Darfur is extremely challenging, given the general insecurity, sensitivity of this particular problem and the current political situation in Sudan. Many organizations seeking to help survivors of sexual violence fear harassment, retaliation, and possible expulsion from the country by the government. Therefore, most services for survivors are provided “under the radar screen”, with minimal advertisement to avoid direct confrontation with government authorities. A few NGOs are making efforts, discreetly and carefully, in communities to reach out to survivors through existing networks of community-based helpers, such as TBAs, trusted leaders, and community animators and other workers.

Active screening in health clinics of all female patients for sexual violence is another method for reaching out to survivors. During this mission, only MSF-Spain was identified as conducting active screening for sexual violence. Implementing this active screening process resulted in dramatic increases in the numbers of self-reported sexual violence survivors. It is important to note that active screening is not appropriate for all organizations, all settings. There are many staff training and site planning issues that must first be resolved before active screening should even be considered.

Information campaigns at the community level are one way to increase awareness among survivors about the possible consequences of sexual violence and how to access help. A few of the health NGOs (most notably MSF and MDM) have instituted awareness-raising through community-based

health workers. The information campaigns are discreet and careful, targeting individual women and girls.

Wider community-based awareness raising and discussions aimed at all members of the community - including leaders, men and women, youth, boys and girls – could make a difference in community attitudes toward survivors and begin to promote acceptance rather than stigma, shame, and rejection of survivors. As of the time of this visit, there were no such community-wide efforts identified. In part, this is due to security concerns and the very real threat of retaliation against individuals and organizations who seek to actively address sexual violence. Also, however, there is a general lack of staff and organizational capacity to design and conduct effective awareness-raising activities.

### Services for Survivors

#### *Health care*

A handful of NGOs provide specific post-rape clinical management. During this visit, only MSF, MDM, and one local NGO were identified as providing this service. Staff in these organizations have received specific training in how to work with survivors of sexual violence, and the organizations maintain an inventory of medicines and supplies to treat injuries, prevent unwanted pregnancy, provide prophylaxis for STIs including HIV/AIDS, and provide emotional support. Several of these organizations are implementing the MISP<sup>3</sup>, specifically the rape kit, although they supplement that kit with PEP<sup>4</sup> medicines obtained separately.

Neither WHO nor UNFPA have recommended a standard protocol for clinical management of rape in Darfur. There are inconsistencies among organizations in provision of PEP, use of emergency contraception, prophylaxis vs. syndromic treatment of STIs, and other details of clinical management.

In most health NGOs, staff are not trained to treat sexual violence, and materials, medicines, and supplies are not consistently in place. According to interviews, post-rape care is available in varying degrees in government hospitals, but most women find the services inaccessible geographically and also because they believe that government doctors report those cases to police, privacy and confidentiality is not guaranteed, good quality care is not consistently available, and there is general fear and mistrust of government among IDPs.

Most of the health NGOs openly admitted their reluctance to provide clinical management of rape because of concerns about the requirements related to “Form 8”. Form 8 is an official form for documenting injury related to a crime. There is a requirement under Sudan law that essentially requires doctors treating a victim of a crime to complete Form 8 and submit it to the police. In cases of rape, however, the law is not clear. The Ministry of Justice issued a “clarification” approximately six months ago that implied Form 8 (and mandatory referral to police) would not be required in serious cases, such as rape. Unfortunately, the clarification note was not very clear, and many of the health NGOs fear that if they treat survivors of rape and do not complete Form 8 and refer to police, they (the NGOs) may have some trouble, possibly even expulsion, from government authorities.

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<sup>3</sup> Minimum Initial Service Package (MISP) for reproductive health care in emergencies. The MISP is a system of care, and includes specific pre-packaged kits for different types of RH care.

<sup>4</sup> Post-exposure prophylaxis (PEP) for HIV/AIDS.

Although NGOs and UN agencies have known about the ambiguities of Form 8 and health providers' concerns -- and therefore lack of available health care for rape survivors -- for at least the past six months, action to address this specific detail has been slow. At the time of this field visit, the temporary UNFPA GBV contracted person was trying to push the issue through the Ministry of Justice and liaise with relevant UN agencies and NGOs for clarity and final resolution.

#### *Psychosocial support*

There are a small number of women's centers that have been established, or are soon to be built, in a few IDP camps. These centers have the potential to be excellent sites for psychosocial support to survivors (and potential survivors). Women gather at these centers for skills training and income generation activities. When staffed with properly trained and supervised staff, these centers can serve as a safe entry point for sexual violence survivors seeking help. At these centers, survivors can be anonymous among many women and girls, and confidential emotional support and referrals for other services can be provided by trained staff. At present, the women's centers are fairly new, and are not yet fully functioning psychosocial services for women (including young women).

In every community in Darfur, there are an array of "natural helpers" already in place. These include Traditional Birth Attendants (TBAs), midwives, community health workers, other community-based workers, and extended family members (aunts, usually). All of these people could potentially provide emotional support and reassurance to survivors of sexual violence -- if they are properly trained. Natural helpers can be extremely effective in helping survivors of sexual violence. And these kinds of community-based helpers already exist and many have had some kind of training in the past (e.g., TBAs, midwives).

#### *Security*

Security response involves ensuring the safety of the survivor and preventing further incidents. These actions require police involvement, but in Darfur most IDP women have no trust in any government authorities, especially police and military. There was some discussion during the field visit about the possibility of UN agencies and/or NGO protection staff conducting training with police and security forces. As yet, there are no such training programs underway specifically about sexual violence.

Security response should also include security for staff and community members (including family) who assist survivors. There have been many problems in this area, as described above under Raising Awareness and below in the section on Government of Sudan Response.

#### *Legal Justice*

There are well established systems for traditional legal justice in Sudan, usually with little or no representation of women on those courts. These traditional systems often hear cases of gender-based violence, and adjudications are rarely supportive of women's rights. For example, it is common practice to require a rapist to marry his victim in order for the victim and her family to "save face" in the community, despite the severe and lifelong emotional trauma this will cause for the woman or girl. It is unclear to what extent these traditional justice systems are operating in Darfur at present.

Formal Sudan law also does not provide much protection for women's/girl's rights in cases of sexual violence. For example, under Sudan law, there must be a certain number of eyewitnesses for a successful prosecution of rape. If a woman claims rape and the accused is acquitted, the woman will then likely be charged with the criminal offense of "unlawful pregnancy" and/or "adultery".

There is much interest among the international community and protection officers for criminal prosecution of sexual violence incidents under international and/or Sudanese law. Until or unless there are more accessible and appropriate services for health and psychosocial support to survivors, few are likely to be willing to go forward publicly and participate in such prosecutions.

In North Darfur, UNDP has just begun a project to train a network of IDP women in the camps to act as a sort of paralegal. These women would assist survivors who are considering pursuing legal justice through the Sudanese courts by providing information and support through the process. These community-based paralegals could also be trained in other skills to help survivors, such as emotional support and case management.

### Prevention

Despite the extreme challenges in Darfur, there are some activities underway to prevent sexual violence. Sexual violence reportedly occurs frequently when women leave the relative safety of a village or camp. To reduce the amount of fuel needed (and therefore the number of trips needed), there is a small scale project for fuel efficient stoves. And in North Darfur, the Africa Union mission recently agreed to start patrolling along firewood routes.

Firewood, however, is neither the primary problem nor the primary solution. Reducing dependence and vulnerability by empowering women/girls through education, skills training, and income generation activities is a key prevention activity. As described above in the Psychosocial support section, these kinds of activities are just starting up now in a few locations.

The most important prevention activity is public advocacy about the issue of sexual violence in Darfur – to promote creating conditions that will stop it. There have been several reports by human rights organizations describing the nature, severity, and extent of the problem. There have not, however, been any U.N. reports to date.

### Government of Sudan Response to the Issue

The government has repeatedly denied that there is a problem of widespread sexual violence in Darfur, and demanded proof from humanitarian organizations in the form of names, dates, locations, and other statistics. As described above, there have also reportedly been incidents of humanitarian staff detained and/or threatened seemingly due to their involvement in assisting survivors of sexual violence. And some internationals have been expelled from the country seemingly directly related to outspoken advocacy on issues of human rights.

The government's "Wali Decree Number 17", dated 6 March 2005, established State committees on combating gender violence. These committees are to be comprised of health, social services, security, and justice staff. At the time of this field visit, these committees were apparently not functioning and there was concern among the GBV working groups about the idea. The primary concern is that the government is seeking to find survivors and punish them (for adultery, presumably) and/or retaliate against them rather than help them. This is a reasonable concern,

given the lack of legal protections under Sudan law for survivors of sexual violence, and the extreme social stigma and rejection to survivors and their children.

Several members of the GBV working groups indicated the need to work with the government of Sudan to address sexual violence. Others believe increased government involvement would impede progress in establishing urgent and life saving services. There is no consensus in the working groups about how to proceed in engaging with the government about the problem of sexual violence.

### **Opportunities**

Although sexual violence is a serious and widespread problem, and there are insufficient services available to save lives and help survivors recover from their experiences, there are opportunities available to address these problems -- and to do so urgently and immediately.

- Donor interest and support for creative ways to address sexual violence in this challenging setting.
- Presence of multiple UN agencies and NGOs that have organization experience and expertise in addressing sexual violence in other settings. There are qualified staff available around the world who can be brought to Darfur with the right incentives.
- Natural helpers already in place in all communities (TBAs, midwives, community health workers, etc.).
- GBV working groups already in place in all Darfur states and in Khartoum
- The African Union (AU) troop presence in Darfur which is expected to increase; the AU is present, interested, and there are new staff to focus on gender and gender-based violence

## Acronyms

ARC	American Refugee Committee
AU	Africa Union
GBV	Gender-based violence
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
IDP	Internally displaced person
IEC	Information education communication/campaign
INGO	International non-government organization
IRC	International Rescue Committee
MDM	Médecins du Monde
MISP	Minimum Initial Service Package
MSF	Médecins sans Frontières
NGO	Non-government organization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
OHCHR	Office of the United Nations High Commissioner for Human Rights
PEP	Post-exposure prophylaxis
RH	Reproductive health
SGBV	Sexual and gender-based violence
SRSG	Special Representative to the Secretary General
STI	Sexually transmitted infection (also known as STD, sexually transmitted disease)
TA	Technical assistance/advice
TBA	Traditional birth attendant
UN	United Nations
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
UNOCHA	United Nations Office for the Coordination of Humanitarian Affairs
WHO	World Health Organization