YABUS · BLUE NILE STATE · SUDAN

GBV SERVICE MAPPING · VALIDATION WORKSHOP

A day of *listening*, validating & building together.

Yabus, Southern Kurmuk — Blue Nile State, Sudan. 32 stakeholders convened — in four working languages — to validate findings and co-design a referral pathway for survivors.

WHY THIS WORK MATTERS

The world's worst humanitarian emergency.

Sudan's crisis has deepened sharply since late March 2026. In Blue Nile State, intensified hostilities around Kurmuk and Qaysan have triggered fresh waves of displacement — and women and girls face the heaviest protection burden.

33.7M
PEOPLE IN NEED
Sudan, 2026 HRP

9.04M
INTERNALLY DISPLACED
100% conflict-driven

12.07M
GBV PEOPLE IN NEED
Sudan, 2026 HRP

2,633+
HOUSEHOLDS NEWLY DISPLACED
Blue Nile, March 2026

2026 HRP FUNDING COVERAGE **17.3%**

$495.3M received of $2.87B required.

Sources: Sudan 2026 HRP · Sudan Protection Cluster Alert (2 April 2026) · IDMC · ACLED.

GBV FINDINGS · YABUS, CHALI & WADAKA

A response environment under severe strain.

3 / 6
Mapped providers offer GBV-specific services

11
Dedicated GBV staff for the entire target population

0
Legal services, shelters or specialised MH support

GBV TYPOLOGY

Sexual violence as a weapon of war

Rape, sexual slavery and abduction reported along roads, water points and firewood routes — perpetrated primarily by armed groups.

SOCIAL NORMS

Early & forced marriage normalised

Girls from age 13 considered marriageable. Bride price systems incentivise families to view daughters as economic assets.

SERVICE GAP

Health response critically weak

Only one provider in Yabus offers CMR/PEP. PHCC staff untrained on GBV clinical care. No mobile outreach to Chali or Wadaka.

GEOGRAPHY

Yabus-centric coverage

Chali and Wadaka have minimal coverage. Cross-border referrals to Maban and Asosa lack formal protocols.

HIGH-RISK LOCATIONS IDENTIFIED

- Yabus River water points
- Firewood routes
- Gold-mining areas
- Border crossings
- Markets at peak hours
- Isolated latrines
- Dark pathways

Source: IC GBV service mapping, validated by 32 stakeholders, April 2026.

OUTCOMES OF THE DAY

From mapping to a working referral pathway.

32

STAKEHOLDERS CONVENED

9 women · 23 men · 4 working languages

3

LOCALITIES COVERED

Yabus · Chali · Wadaka

8

STEPS IN ONE PATHWAY

Focal persons agreed for every step

01

Validated active service providers — and the gaps.

Stakeholders confirmed the live mapping across Yabus, Chali and Wadaka — and added five newly identified community-based organisations, including women-led groups, to the evidence base.

02

Agreed an eight-step multi-sectoral referral pathway.

From community-led identification through health, psychosocial, safety, legal, economic and cross-border referral — with focal persons designated for every step.

03

Established safe information-sharing principles.

Tiered access to the pathway, confidentiality agreements, and safe-identification training as the entry bar — anchored in survivor-centred practice.

04

Drafted an action plan for stronger coordination.

Concrete follow-up commitments across partners to keep the GBV response coordinated beyond the workshop.

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Most GBV cases happen — and are first disclosed — inside the community. So the pathway begins with the people closest to the survivor.

— Agreed by participants, GBV validation workshop, Yabus · 29 April 2026

Grateful to every participant — service providers, community leaders, CBOs and local authorities — for their engagement and commitment in one of the most underserved areas of Sudan.

IMPLEMENTED BY

INTEGRITY CONSULTING

Service mapping · referral pathway · facilitation

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