



INITIAL RAPID GENDER ASSESSMENT

SUDAN

Geographical coverage: White Nile, Blue Nile,
Darfur, Red Sea, Khartoum States



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Abbreviations

CBOs	Community-Based Organisations
GBV	Gender-Based Violence
NGOs	Non-Governmental Organisations
IDPs	Internally Displaced Persons
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plan
PSEA	Prevention of Sexual Exploitation and Abuse
RSF	Rapid Support Forces
SAF	Sudanese Armed Forces
SEA	Sexual Exploitation and Abuse
SGBV	Sexual & Gender-Based Violence
UNFPA	United Nations Population Fund Agency
UNICEF	United Nations Children's Fund
UNHCR	United Nations High Commissioner for Refugees
WHRDs	Women Human Rights Defenders
WLOs	Women-Led Organisations
WROs	Women's Rights Organisations

Executive Summary

Since the fighting between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) broke out on 15th April 2023, humanitarian needs have increased from 16 million to 24.7 million people in need. The United Nations has placed Sudan at Programme Criticality Level I. As such, international staff have been evacuated. To meet this critical humanitarian response gap, local women-led and youth organisations, and neighborhood committees have stepped in to support the communities. Since the onset of the crisis, local populations and the humanitarian response have struggled with intermittent telephone and internet connectivity and continue to operate in a highly insecure situation with minimum resources.

To support these organisations, UN Women has developed terms of reference for a two-phase rapid gender assessment (RGA). Phase One (I) was initiated between May 10 and 20, 2023 - a period when most families were fleeing from conflict areas to safer localities, while others were still living in conflict areas, undecided whether to move or not. Those with elderly parents struggled to convince them to relocate from conflict areas. Most of the data collectors, research assistants, and data analysts were forced to continually relocate due to heavy shelling within their locations.

Phase One (I) had two key objectives: (a) to map the local organisations, with a special focus on women-led and youth-led organisations, providing lifesaving humanitarian needs to women, girls, boys, and men. This cohort was either fleeing conflict areas or arriving in the receiving areas, requiring resources; and (b) to fully comprehend access to lifesaving goods and services from a gender perspective, including access to water, food, shelter, and sources of income; participation of women in decision-making processes at household and community levels; and gender division of labor and any shift in gender roles and responsibilities; the prevalence of sexual and gender-based violence; and coping strategies applied by households to cope. The Phase covered five states: Khartoum, Blue Nile, Darfur, Red Sea State, and the White Nile State. Using snowballing and purposeful research techniques, key informants were selected to identify respondents, including women, men and youth leaders, community leaders, and civil society activists.

This Initial Rapid Gender Assessment provides information on the different needs, capacities, and coping strategies of women, girls, boys, and men in Sudan. These needs are presented as follows: (a) Needs requiring immediate attention and, (b) Needs requiring mid-term interventions.

Key findings

The assessment found that different organisations and community-based groups had various capacities being leveraged to respond to different humanitarian needs. For example, the youth initiatives/networks were able to form and organise themselves quickly, and voluntarily distributed food, water, medicines, and fuel. They assisted people fleeing the violence by linking them with transport to facilitate their escape. They also set up emergency rooms in public spaces such as schools and clubs to support those injured. In addition, the tech-savvy youth created a website and applications enabling people to connect quickly via cell phone and to support each other in meeting urgent needs. Women-led organisations had the expertise and experience to work on sensitive issues, including a range of GBV-related concerns, and to provide services to women, girls, the elderly, and those abled differently. Organisations led by men, such as the neighborhood Committees Coordination (also referred to as Resistance Committees Coordination), were responsible for mobilising resources from within and outside their communities, including from local business owners, pastoralists, and relatives living abroad and locally. Most frontline organisations identified funds, food, water, and shelter as most needed. The assessment established that women and young women-led organisations were the most dominant in the response, mainly based in Khartoum, Blue Nile, and Zliengie in Central Darfur.

The assessment revealed a shift in gender roles. In de-facto female-headed households, women assumed the responsibility of household financial maintenance - a role previously undertaken by their husbands - resulting in increased workload for women. It was observed that women's participation in decision-making at household and community levels in male-headed households remained unchanged. In these households, women

continued performing their reproductive roles and responsibilities without extended family support, which would typically allow them to engage in productive work. The consequence was increased time spent by women in unpaid care work, with little room for productive community activities.

In addition, it found that women and girls who relocated to Red Sea State were impacted negatively by water shortage and were forced to queue for many hours at water points, with less time for other domestic roles. The assessment also found that, among other issues, the loss of income, cost of water, food, shelter, and electricity resulted in decreased ability for households to meet their daily needs. This affected every household, but disproportionately impacted the de-facto female-headed households.

Sexual and Gender-Based Violence (SGBV) has increased significantly since the onset of armed conflict, more so in specific regions such as Southern and central Darfur, White Nile, and Khartoum. Women were attacked while fleeing conflict areas and while sourcing food and water. The breakdown of families due to separation, and lack of kinship support, forced women to spend long hours outside their homes, increasing their vulnerability to opportunistic attacks and assaults.

Opportunities for white-collar jobs have dwindled due to intense fighting in Khartoum, which is the centre of the conflict. Most areas in Khartoum are currently deserted, including other urban centres across Sudan, making it difficult for those in the formal sector to access employment or engage in petty trade. In contrast, key informants reported that women in the informal sector could regain their occupations and livelihoods if provided financial support.

The rich traditional Sudan culture of reciprocity and community cohesiveness helped to provide safe shelter and/or rented houses, especially for women and girls, to protect them from sexual and other forms of gender-based violence. Male traders, cattle breeders, and women and youth sought donations from the public (in cash or kind) to feed the host communities.

The findings of Phase One (I) seek to inform decisions of UN agencies and partners on how to support the frontline organisations/initiatives currently providing humanitarian response. The ongoing Phase Two (II), In-depth Rapid Gender Assessment, will provide a more informed and detailed gender analysis.



Key recommendations

(a) Recommendations on strengthening women and youth-led organisations and community-based initiatives.

For immediate attention

- i. Undertake a protection risk assessment of all newly emerged NGOs, CSOs, and community initiatives and strengthen their capacity to prevent and respond to SEA, GBV, and respect for the rights of IDPs, refugees, and vulnerable members of the host communities.
- ii. Strengthen women leadership in humanitarian action by offering face-to-face or online training on gender in humanitarian action and how to access resources and actively engage in the humanitarian response process.
- iii. Consider establishing a multi-donor fund to regularly disburse small grants to women and youth-led organisations and community-based initiatives working on the frontline of humanitarian response.
- iv. Consider funding the establishment of an online platform with a database of women-led organisations offering humanitarian response in Sudan. The platform would provide information on funds and grants available for sharing by different organisations. This would be a valuable tool to help identify the least resourced women-led organisations/women initiatives. Any platform must be able to disaggregate women-led and women-rights organisations.
- v. Consider establishing a budget for continuous rapid gender assessments, including regular production of Gender Alerts.

(b) Recommendations for enhancing access to goods and services for IDPs, refugees, and the host communities.

WASH Cluster

- i. Increase access to safe water through water trucking, water treatment, digging and repair of boreholes, sanitation facilities, hygiene kits, and waste disposal and management tools while raising awareness on the distinct gender needs of women, girls, boys, and men for safe water and hygiene management.
- ii. Provide safe spaces for women and girls to wash and dry reusable sanitary pads for the dignity and well-being of women and girls.
- iii. Include women leadership in water, sanitation, and hygiene management committees, including in the design and placement of water points, toilet facilities, and garbage collection points.

Health Cluster

- i. Increase access to food and nutrition services in the camps through mobile clinics, especially for pregnant and breastfeeding women, the under-fives, and pregnant mothers suffering from severe acute malnutrition, and provide nutrition supplements.
- ii. Provide health screening referrals, vaccinations, essential drugs, sexual and reproductive health services, and medical kits to ensure access to health care and services benefiting both host and refugee populations.

(a) Recommendations on strengthening women and youth-led organisations and community-based initiatives.

For mid-term interventions

- i. Undertake a protection risk assessment of all newly emerged NGOs, CSOs, and community initiatives and strengthen their capacity to prevent and respond to SEA, GBV, and respect for the rights of IDPs, refugees, and vulnerable members of the host communities.
- ii. Strengthen women leadership in humanitarian action by offering face-to-face or online training on gender in humanitarian action and how to access resources and actively engage in the humanitarian response process.
- iii. Consider establishing a multi-donor fund to regularly disburse small grants to women and youth-led organisations and community-based initiatives working on the frontline of humanitarian response.
- iv. Consider funding the establishment of an online platform with a database of women-led organisations offering humanitarian response in Sudan. The platform would provide information on funds and grants available for sharing by different organisations. This would be a valuable tool to help identify the least resourced women-led organisations/women initiatives. Any platform must be able to disaggregate women-led and women-rights organisations.
- v. Consider establishing a budget for continuous rapid gender assessments, including regular production of Gender Alerts.

(b) Recommendations for enhancing access to goods and services for IDPs, refugees, and the host communities.

WASH Cluster

Protection Cluster

- i. Collaborate with the GBV sub-sector to increase access to psychosocial support, women's safe spaces, case management, and referral to specialized services.
- ii. Provide GBV training on underlying causes and risk factors contributing to GBV; understand the different forms of GBV, how to prevent and respond to GBV, and the range of interventions. This would target camp managers, community leaders, and women and youth-led organisations working at the forefront of humanitarian response.
- iii. Collaborate with GBV sub-sector to train GBV focal points at the cluster level, including women-led and youth-led organisations.
- iv. Provide cash transfers and vouchers to displaced female heads of households residing in the camps and hosting families in non-camp settings. Empower them with options concerning essential needs in local markets and restore their dignity.
- v. Establish child-friendly spaces where children can access support networks, psychosocial counseling, life-saving information, life skills training and be referred for other services.

Shelter Cluster

- i. Enhance the safety of women and girls in the IDP camps by prioritizing them in the allocation of shelter, ensuring privacy, and that the routes to bathrooms/latrines remain well-lit 24 hours a day.
- ii. Involve women in decision-making and the design of new camps, **especially in the location and design of bathrooms and showers.**

Education Cluster

- i. Initiate emergency education services, and undertake campaigns for the enrolment of children, with special attention to girls in refugees, IDP camps, and host communities, ensuring the quality of education is of a high standard. Ensure that learning takes place in safe and protective environments.

Camp management

- i. Train camp managers on leadership and gender and intersectionality skills to promote an inclusive environment for the least visible and marginalized groups, including women and girls with disabilities, encouraging active participation in governance structures.
- ii. Support clusters to implement a safety plan for women and girls in the camps and host communities who are unsafe in their homes.

Background

Since Saturday, April 15, there has been intense fighting in Sudan between the Sudan Army Forces (SAF) and the paramilitary Rapid Support Forces (RSF). After a disagreement between the two on the integration of the RSF into the regular army, heavy fighting and street clashes broke out in Sudan's capital, Khartoum, Marawi in the Northern State, North, South and East Central Darfur, Blue Nile Region and Blue Kordofan. Some, such as Red Sea State, Gezira and Gedarif states remained calm. According to UNHCR,¹ White Nile experienced an influx of approximately 33,000 South Sudanese, Eritrean and Ethiopian refugees as armed conflict continued in Khartoum, Marawi, and Darfur Region. The White Nile camp was an initial reception point for refugees entering Sudan from South Sudan, Ethiopia and Eritrea and was, therefore, ill-prepared for the high influx of new arrivals and rapidly became over-crowded. This led to increased protection risks for women and girls, as validated by a multisectoral needs assessment conducted by the Norwegian Refugee Council (2022), which revealed that refugee women and girls living in the overcrowded camps in White Nile faced harassment and abuse while collecting water and firewood.²

According to the Federal Ministry of Health (FMOH),³ at least 676 people have been killed and 5,576 injured as of May 14, 2023. Additionally, hundreds of women, girls, boys, and men could not be traced. Furthermore, around 1.3 million people have been displaced inside and outside the country, with millions more confined to their homes, unable to

access vital services with civilian infrastructure and markets severely destroyed or damaged.⁴ The armed conflict has significantly affected public infrastructure, including hospitals, health centers, water, telecommunications, the transport system, and banking systems. Sudan's health system is currently on the verge of collapse, as medical personnel have been unable to travel to work. Many hospitals and health facilities have been destroyed, and only 16 percent of the health facilities operate regularly in Khartoum.⁵ Unconfirmed reports from women leaders indicate that maternal mortality is increasing alarmingly due to a lack of access to skilled health personnel to assist in delivery, with most deliveries being undertaken by inexperienced women or traditional birth attendants. In the absence of international organisations to provide lifesaving services, women organisations, community committees, and volunteer community-based protection networks continue to operate and increase their mobilization efforts to support Sudanese women and girls.⁶

Fighting in West Darfur involved heavy artillery and indiscriminate shooting in residential areas and the targeting of healthcare facilities. In the capital, Ag Geneina, 86 sites which provided safety, shelter, and services to the displaced were burnt to the ground, forcing over 85,000 people to shelter with relatives and friends, in public buildings or on the streets. Markets, electricity and other utilities are similarly destroyed or non-functional, which increases humanitarian needs while limiting humanitarian access.

1 <https://news.un.org/en/story/2023/04/1136172>

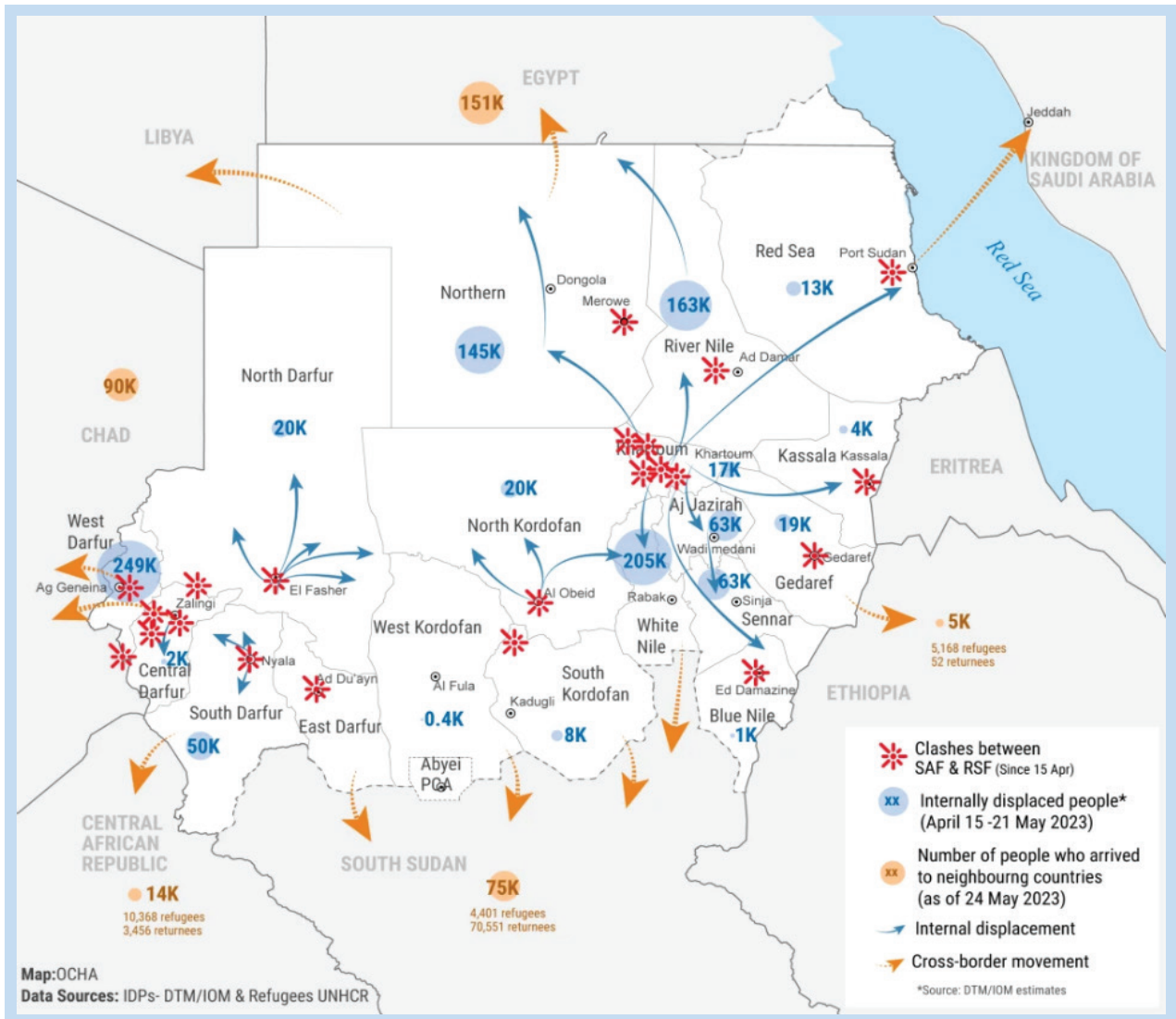
2 Norwegian Refugee Council, 2022. White Nile Camps - Multi-sectoral Needs Assessment. Available at <https://www.nrc.no/resources/reports/white-nile-camps-msna/>

3 OCHA, 2023. Situation Report, 28 May 2023. Available at <https://reports.unocha.org/en/country/sudan/>

4 OCHA, 2023. Situation Report. Available at <https://reports.unocha.org/en/country/sudan/>

5 IFRC, 2023, Sudan Complex Emergency Complex Appeal. Available at <https://reliefweb.int/report/sudan/sudan-africa-complex-emergency-emergency-appeal-mdrsd033-enar>

6 UNFPA, 2023. Crisis in Sudan - GBV Sub-Sector Sudan Situation Brief. Available at <https://reliefweb.int/report/sudan/crisis-sudan-gbv-aor-sub-sector-sudan-situation-brief-23-may-2023>



Map 1: Illustrating internal displacement and cross-border movement⁷

Gender dimension conflict and forced displacement

Sudan’s conflict and displacement has disproportionately affected women and children. The UNFPA documents that of the approximately 80,160 recently displaced people, an estimated 7,982 women were pregnant and in need of essential sexual and reproductive health (SRH) services, including basic and comprehensive emergency obstetric and neonatal care (B/CEmONC) services.⁸ The GBV sub-sector in Sudan documents that since April 15, 2023, the

number of those in need of GBV services has increased from 3.1 million (before the crisis⁹) to 4.2 million. This is especially true in states that were heavily impacted by the violence but were still accessible,¹⁰ with many more cases going unreported, especially in inaccessible areas. Most cases occurred while women were fleeing, while others occurred in homes during armed attacks. Data disaggregated by sex, age, and type of GBV was unavailable. However, it is well

7 OCHA, 2023. Sudan Situation Report updated on 28 May 2023. Available at <https://reports.unocha.org/en/country/sudan/>

8 UNFPA, 2023. Sudan Emergency Situation Report 1. Available at <https://reliefweb.int/report/sudan/sudan-emergency-situation-report-no1-9-may-2023>

9 OCHA, 2023. Humanitarian Response Plan 2023

10 UNFPA, 2023. GBV Sub-Sector Sudan: Situation Brief of 23 May 2023

documented that GBV disproportionately affects women and girls, and in displacement situations, their risk of exposure to SGBV usually increases.¹¹ To address the situation, GBV response measures, including the provision of psychosocial support and referrals to the existing pathways is being provided by local organisations, especially women-led organisations, with the support of UNFPA, both in conflict areas and in the IDP camps.

Sudan has one of the highest maternal mortality rates in the world (295 out of 100,000 live births). Since the conflict, healthcare providers have been unable to provide the SRH Minimum Initial Service Package (MISP) as facilities have closed, with the remaining few inaccessible.¹² Before the clashes, women living in rebel-held areas had limited or no access to contraception, antenatal care, or emergency contraception and used traditional methods with unpredictable outcomes.¹³ An estimated 219,000 pregnant women in Khartoum alone were struggling to access life-saving reproductive health services, including maternal and newborn care and protection services.¹⁴ Critical medicines, including for managing obstetric emergencies, are in low supply. Protection risks, including sexual violence and gender-based violence against women and girls seeking safety or in temporary settlement sites, increased when access to services along the referral pathways were severely compromised.¹⁵

Women, girls, and at-risk groups - the elderly, people living with disabilities, and those from extremely poor households - were disproportionately affected by the ongoing conflict due to their limited means to flee from war. The effects of food shortages and the temporary suspension of humanitarian aid disproportionately affected women and girls, as primary caregivers entrusted with the responsibility of providing food within the household. Research has shown the correlation between caregiving and increased risk of malnutrition among women and girls as they prioritize others' needs before their own. Additionally, food shortage directly impacts pregnant and breastfeeding women as they are undernourished, contributing to an increase in malnutrition rates among children.

In collaboration with the Cross-Cutting Issues Working Group, UN Women initiated an initial Rapid Gender Assessment (RGA) to investigate how the changing situation has affected women, girls, boys, and men's ability to access life-saving goods and services and to understand how sources of livelihood have been affected. The rapid assessment involved mapping existing organisations/initiatives working to provide humanitarian support, their location, types of services they were offering, and what support they needed to increase/or improve the level and quality of the interventions they were providing. The findings will provide humanitarian actors with an informed understanding of the current situation in Sudan and how they can provide support effectively.

11 <https://www.unhcr.org/what-we-do/protect-human-rights/protection/gender-based-violence>

12 Care, 2023. Rapid Gender Analysis Policy Brief: Sudan Conflict Response. Available at https://www.care-international.org/sites/default/files/2023-05/Sudan%20RGA%20Brief_May%202023_CARE.pdf

13 Ibid

14 UNFPA, 2023. UNFPA delivers support to expectant mothers caught up in Sudan crisis. Available at <https://news.un.org/en/audio/2023/04/1135882>

15 UNFPA, 2023. Sudan: Armed clashes are putting women and girls at risk. Available at <https://www.unfpa.org/sudan-armed-clashes-are-putting-women-and-girls-risk>

Initial Rapid Gender Assessment objectives

The aim of this initial rapid gender assessment was to:

- Identify the local organisations/initiatives providing humanitarian response, the types of services being provided, challenges being faced, and existing gaps, to resource the identified frontline humanitarian workers.
- Understand the gender dimensions of the conflict and its effect on women, girls, boys, and men, and to understand their experiences more fully.
- Be more cognizant of the coping strategies women, girls, boys, and men utilized during the conflict.
- Identify key priorities and needs and provide lifesaving support to the most at-risk groups in the current humanitarian crisis.

Scope

The initial Rapid Gender Assessment took place from May 10 to May 20, 2023, and covered the following geographical areas: Khartoum, Blue Nile, Red Sea, White Nile, and Darfur states.

(a) IDPs originating areas (hotspots): The assessment focused on high-conflict mobility areas such as Khartoum, North, South, and Central Darfur. Preliminary observations demonstrated that those who managed to flee the hotspot areas were high middle-income groups, while the poor and vulnerable groups such as IDPs, ex-IDPs, refugees, older persons, persons with disabilities, pregnant women and low-income informal sector workers remained in the hotspots without the possibility of safe evacuation.

The following were the IDPs originating states/localities:

- **Khartoum:** The capital of Sudan - the city took the lion's share of the violent conflict that targeted the city center, the residential areas close to the military headquarters, and strategic locations such as the airport and presidential palace.
- The conflict later extended to other locations, with the massive destruction of water supply stations and electricity-generating stations, in addition to the random burning of public markets, wide robbery of bank ATMs and industrial areas.
- **Blue Nile:** The region had already hosted IDPs since the 2022 ethnic-based conflict. A massive number of affected groups fled to the neighboring state of Sinnar. At the time of assessment, the area was experiencing conflict between the SAF and the RSF. Most of those who fled Khartoum were women and children who settled in the Blue Nile as IDPs, with new IDP camps established in Damazine and Rosieres.
- **North, South, and Western Darfur:** This region experienced the highest number of IDPs. In Northern Darfur (*El-Fashir* city), the local civil society and native administration succeeded in holding a ceasefire between SAF and RSF following intense and violent attacks from the two parties. The conflict moved from the center of Western Darfur to Geneina and Nyala City in Southern Darfur. Accessing data from Geneina proved difficult due to poor internet connectivity.

(b) IDPs' hosting locations: These areas were either destinations for displaced groups or transit areas for those who intended to cross into neighboring countries.

These include:

- **Gezira state:** Although it was impossible to access data in Gezira State, it was estimated that the state received the largest share of displaced women, girls, boys, and men from Khartoum because it was the closest urban location. The host community played a significant role in providing shelter for increasing IDPs. The mass exodus increased demand on the limited services and utilities in Gezira leading to the scarcity of food, considering the area has been predominantly agricultural but is currently facing farming constraints due to conflict. Households struggled to access food, with those most affected being female-headed households.
- **Darfur region:** The region includes Nyala outskirts and the remote areas from the military headquarters, the middle of Darfur (Zaliengi area), and Eastern Darfur (Di'en area), which were the main destinations for those who left the urban center due to the ongoing conflict.
- **Transition points:** The transition routes to cross the Sudan borders include: Halfa (Argeen port) - used for crossing to Egypt; Gedarif city in Eastern Sudan - used by Ethiopians to travel to the Red Sea state, then to Egypt, the Gulf countries and other international destinations; and the Kosti route in White Nile state used to cross into the South Sudan borders.



Methodology

The needs assessment applied a participatory research approach using snowball and purposeful sampling techniques to identify and select key informants. All data was collected using key informants' interviews, guided by structured questions. The Gender and Statistics Pool of Experts based in Sudan identified five (5) data collectors (all female), three (3) research assistants (all female), and two (2) data analysts (all male) from their database, along with a consultant to lead the assessment. Key informants were identified through snowball methods using UN Women partners as entry points. The research team collected data in Arabic and translated it into English.

Due to the high insecurity levels in the country, data collectors contacted key informants through WhatsApp application voice calls and messaging, mobile telephone calls, and short telephone messaging. Where possible, face-to-face interviews were conducted.

The first component of the assessment included mapping the frontline 'organisations

and community initiatives in targeted areas, who were providing a humanitarian response, whether they were registered or unregistered. Most data was collected virtually except for receiving areas where face-to-face interviews were possible. A checklist was used to gather key information related to the initiatives/organisations in five (5) states.

- The collected data contained: (a) the name of the organization, state, locality, and sub-locality; (b) the nature and scope of humanitarian intervention; (c) sectors; (d) organization/initiative capacity to deliver specific goods/and or services; (e) existing networking and collaboration arrangements; (f) identification of the unmet needs necessary to save lives.
- A key informant interview questionnaire was used to capture the myriad of experiences of women, girls, boys, and men, and at-risk groups in homes, in transit, and in the camps, particularly on their access to lifesaving goods and services, including water, food, shelter, and health care.

Approach to data collection

- The targeted informants included teachers, midwives, local administration, and the management of CBOs working in health sectors, social workers, and community leaders (*"Errifeen"*), religious leaders, neighborhood local committees, and emergency room coordinators.
- Of the eleven key informants interviewed, two-thirds were women.
- Data collection took place from May 10 to May 21 2023.

The research limitations

The assessment faced the following limitations:

- Delayed transmission of data due to poor internet connectivity.
- Lack of coordination between the data collectors, research assistants, data analysts, consultant, and the UN Women GiHA Specialist.
- Due to the absence of a professional translator, a degree of information was lost, mistranslated or distorted, leading to grammatical errors and, in certain instances, loss of meaning.

Findings and Analysis

This Rapid Gender Assessment provides quick and useful information on the different needs, capacities, and coping strategies of women, girls, boys, and men in Sudan. Their needs are presented in two categories – the operational and programmatic needs of women and youth-led organisations/networks, community initiatives, and the needs of the affected women, girls, boys, and men. The findings can inform proposed humanitarian interventions quickly and effectively.

The assessment established that different groups had a range of various capacities. For example, the youth initiatives/networks could quickly form and organize themselves and voluntarily distribute food, water, medicines, and fuel. They were also able to assist people fleeing the violence to connect with transport to escape. They were able to improvise rapidly emergency rooms in public spaces such as schools and clubs to help those injured.

In addition, the tech-savvy youth quickly created a website and applications that assisted people in connecting via cellphone to support each other to meet urgent needs amid the crisis. The women-led organisations had the expertise and experience to work on sensitive issues such as GBV and provide services to vulnerable groups. Organisations led by men, such as the Neighborhood Committees Coordination also referred to as Resistance Committees Coordination, had the community-delegated responsibility to source funds and goods from within and outside of their communities.

Table 1 below summarizes some of the local organisations providing humanitarian response by the organization, the support offered, mode of providing services and the existing gaps. Additional details about the organisations are available on request.

Table 1: Organisations, States/localities where organisations were based, type of service offered, and gaps

Type of organization	Who leads	States & localities of the humanitarian operation	Types of humanitarian assistance offered to IDPs, Refugees, or Host Community (indicate)	Mode of offering humanitarian interventions (Face to face or physical)	What are the unmet needs of the community?					
Non-governmental Organisations and Community Based Organisations	Women-led	(1) Blue Nile-Damazine and Rosaries	Networking and coordination, Information gathering Awareness raising	Physical	Limited number of humanitarian responders					
		(2) Khartoum-Khartoum and Omdurman Korari	Service provision of medical treatment, food, medications and shelter	Physical Virtual	Inadequate access to health Services					
		(3) Khartoum-Omdurman and Korari	Medications, Food	Physical Virtual	Insecurity, making it difficult to move to the targeted intervention areas.; Funding					
	Women-led. & Youth-led (male and female)	(4) Red Sea-Sawakin Red Sea Toker Red Sea Ageeg	Support with means to move to safe areas. Food, networking and coordination	Physical Virtual	Training for volunteers on humanitarian principles. Provide volunteers with communications (network, internet). Currently experiencing challenges of the network. Financial support for the organisations					
						Youth (male and female) and men led	(5) Red Sea-Sawakin Red Sea Toker Red Sea Aqaiq	Education, Water management	Physical Virtual	Inadequate skills among youth (women and men) in different water management fields of desalination. Provide financial support.

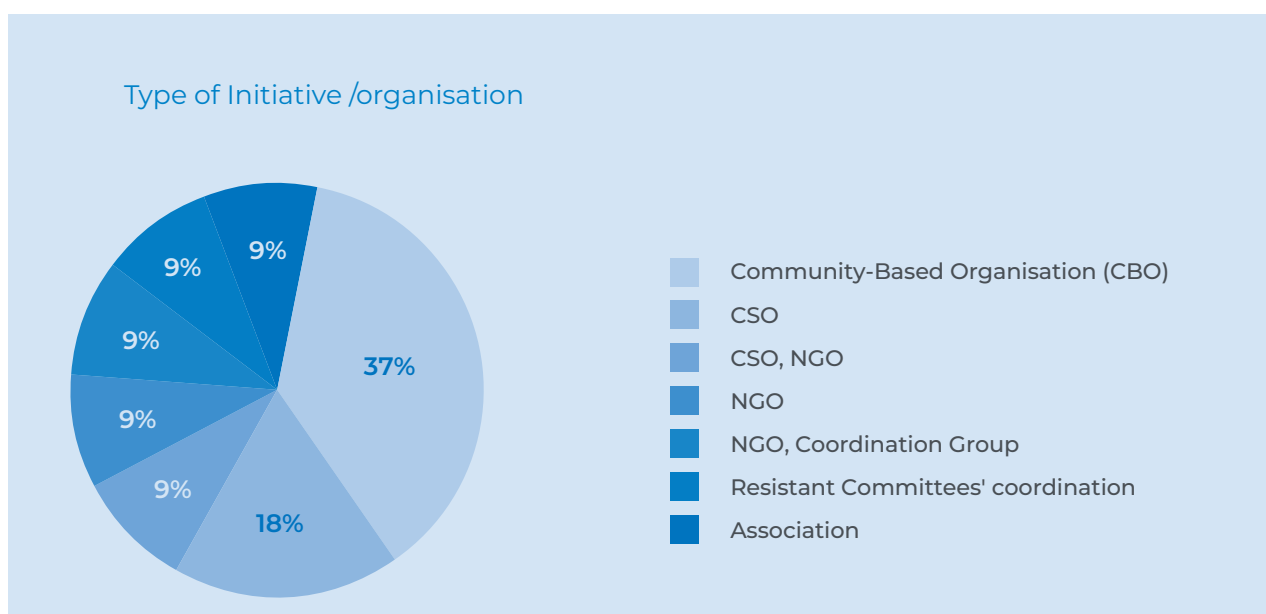
Type of organization	Who leads	States & localities of the humanitarian operation	Types of humanitarian assistance offered to IDPs, Refugees, or Host Community (indicate)	Mode of offering humanitarian interventions (Face to face or physical)	What are the unmet needs of the community?
Non-governmental organisations & Community, based organisations	Women-led.	(6) White Nile Kosti, Raba-Aljabaleen, Aldawiam-Umrmta, Aslam – Tandalty, Galy, Khartoum, Gezira, North Kordofan, North Darfur, Kassala, Gadarif, South Kordofan	Service provision (medical treatment), psychological support / counseling, protection, networking and coordination, and advocacy	Physical Virtual	Inadequate means to distribute health care products/ services. Support in strengthening protection; Training on protection; Financial support
		(7) Blue Nile -Damazine/ Rosarie	Networking and coordination, Information gathering Raising awareness	Physical	Lack of service provision for food, water, medicines; Financial support
NGOs, Coordination Group	Men and youth-led (male and female)	(8) Red Sea	Research on the needs of rights holders and the community.	Physical Virtual	Protection from sexual exploitation
Neighbourhood/ Resistance Committees' coordination	Men led	(9) Khartoum -Omdurman Khartoum - Althora Hara17	Provide health care	Physical Virtual	Developing partnerships Financial support
	Youth-led (male and female)	(10) West Darfur Central Darfur – Zalingei	Psychological support / counselling, Food	Virtual	
	Youth (male and female)/ men led	(11) Red Sea-Sawakin, Port Sudan, Tokar, Agig, Alganab Olieb, Halaib, Sinkat, Jabiat Almadin, Arbat, Durdiab	Service provision (medical treatment) Networking and coordination	Physical	

Most organisations, especially youth-led initiatives were new and were established during the outbreak of conflict to respond to humanitarian needs in their neighborhoods. Most women-led organisations and CBOs in Port Sudan and Nyala were older and already working in humanitarian aid even before the conflict. Women and young women-led organisations were the most dominant, mainly based in Khartoum, Blue Nile, and Zliengie in Central Darfur. Most of the women-led organisations were already partnering with UN agencies, working on GBV prevention and response services, strengthening the voice of women in political space, and undertaking

economic empowerment services and food distribution during the humanitarian response.

Men-led organisations were mainly found in the Red Sea state, while organisations led jointly by women and men were located in White Nile, and Khartoum. Organisations established before the onset of the current crisis were initially based in urban Khartoum and the Red Sea but relocated temporarily from Khartoum to relatively secure states such as the Red Sea, White Nile, and Blue Nile.

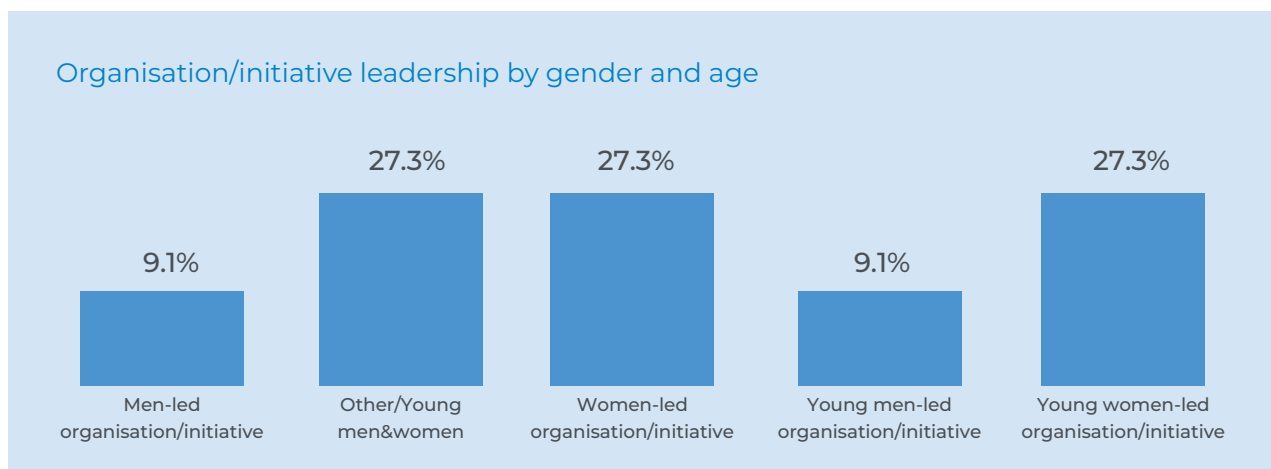
Chart 1: Type of organisation/initiative



The most dominant organisations were local NGOs, which were both women-led and youth-led networks/initiatives. The Resistance Committees Coordination and associations - mainly led by men - were not as dominant, and were responsible for raising funds from

traders, businessmen, and herders. This demonstrated that despite the current circumstances, men continued to undertake their traditionally prescribed gender roles of financially supporting their families and communities.

Chart 2: Organisational leadership



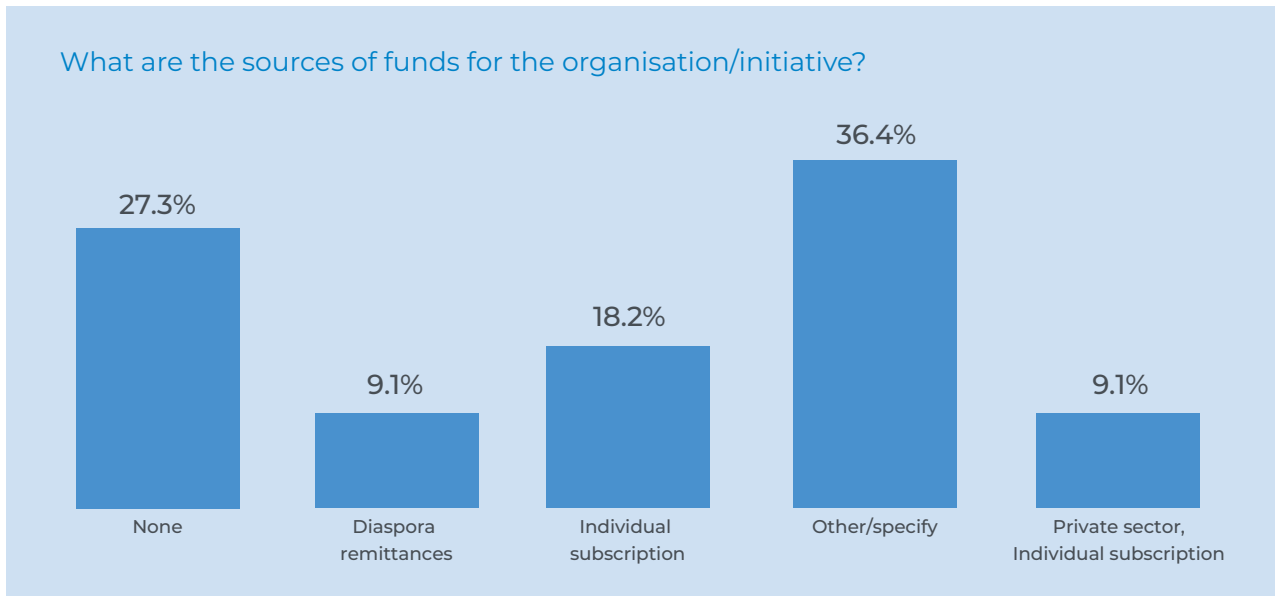
The table below lists the identified humanitarian needs by state. It illustrates that the majority of the organisations provided IDPs with food, shelter, and health care. None of the organisations/initiatives indicated they provided safe drinking water, yet it is of utmost necessity. For women, safe water is personal to them, as they are responsible for

sourcing it for drinking, cooking, sanitation, and hygiene. It has been reported that the crisis affected Khartoum and other urban areas, as water infrastructure was destroyed during the bombing. The situation will most likely lead to poor hygiene practices and outbreaks of waterborne diseases in this city.

Table 2: Areas of intervention by the states assessed

State	Areas of intervention
Khartoum	Service provision (medical treatment) Medications Food Shelter
Red Sea	Support of transportation/travel to safe areas Food Shelter Safe evacuation Networking and coordination Psychosocial support/counseling Health care services (medical treatment)
White Nile	Service provision (medical treatment) Psychological support/counseling Financial support Protection Networking and coordination
West Darfur	Food Psychological support/counseling
Blue Nile	Networking and coordination Information gathering/awareness raising

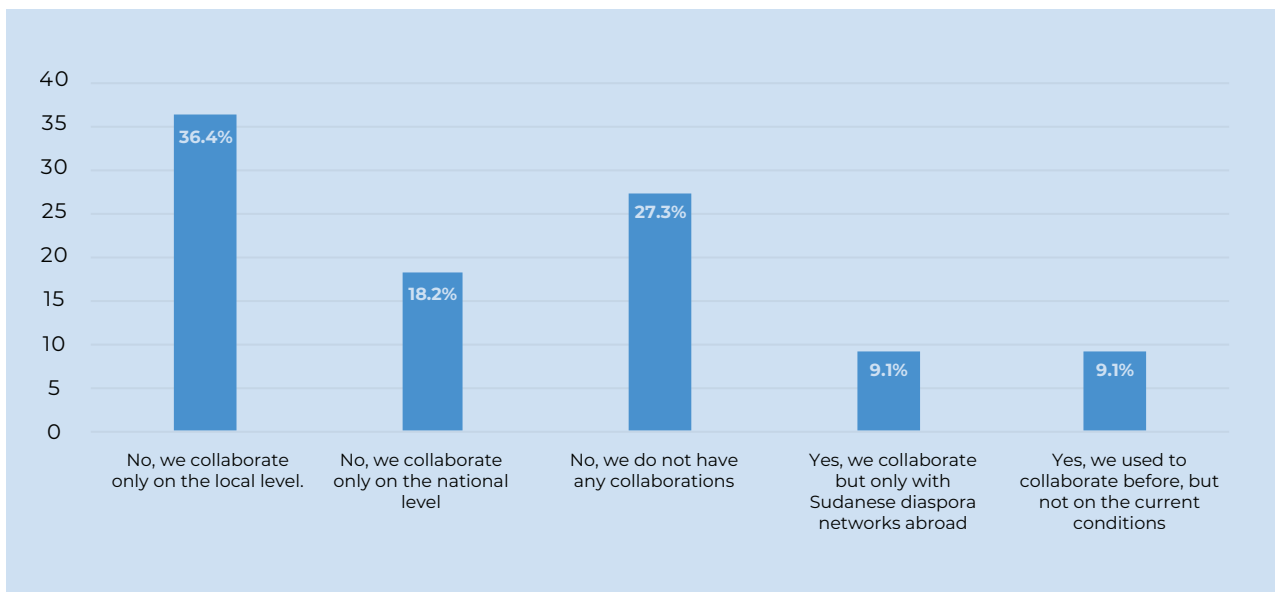
Chart 3: Sources of Funds for humanitarian response



A key informant observed a noticeable decrease in funding due to the withdrawal of several NGOs since the emergence of the current conflict, thus leading to the suspension of previously planned Programme activities. Cash transfer remained a challenge due to the breakdown of the banking system, rendering it difficult for NGOs and UN Agencies to access cash in Khartoum

and elsewhere to support the humanitarian response. As a result, frontline humanitarian organisations raised funds from friends, neighbors, and family members, which was the most common method used by actors for the humanitarian response. This was followed by individual savings, private-sector funding, and diaspora remittances.

Chart 4: The extent organisations collaborated/networked with each other and with larger organisations



Collaboration and Networking

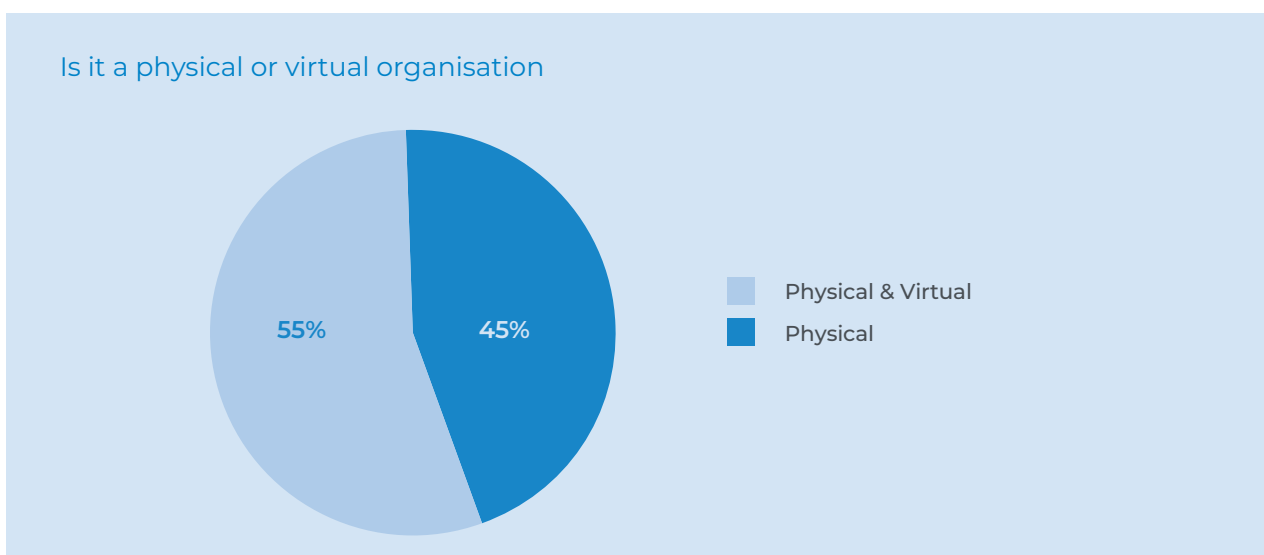
Key informants observed that of the mapped NGOs, CBOs, and community initiatives, 27.3 percent were not in any form of collaboration, while some collaborated at a local level (30.4 percent), and others collaborated with

Sudanese in the diaspora (9.1 percent). The conflict was said to have contributed to the

cessation of all forms of collaboration among 9.1 percent of the organisations. Failure to collaborate reduced the chances to access shared resources, expertise, or funding.

The chart below shows the different modes of communication organisations used to collaborate or network.

Chart 5: Modes/methods used by frontline humanitarian responders to provide goods and services



As shown in Chart 4 above, due to the high level of safety and security, frontline organisations used virtual and physical methods to provide humanitarian assistance to those in need. Some services provided virtually include mobile applications directing those fleeing to safe areas or where to find water or food. Other services offered virtually include

counselling victims of SGBV. Organisations supporting those in IDP camps and host families provided face-to-face services.

The table below lists identified humanitarian needs by state and is further disaggregated by short, mid-term, and long terms needs.

Table 3: Gaps/unmet needs disaggregated by states

Location	Short-term urgent needs	Midterm	Long-term
Blue Nile	<ul style="list-style-type: none"> a) Provide food, water, and non-food items to IDPs and host community. b) Provide health care services in ten localities. c) Strengthen protection measures for IDPs and refugees, especially women and girls, due to increased threats. 	<ul style="list-style-type: none"> a) Establishment of optic/ eye camps in the ten localities of the state. b) Establishment of a hearing camp in the ten localities of the state. c) Provide training and qualifying midwives in the ten localities 	<ul style="list-style-type: none"> a) Training of NGOs' staff on humanitarian aid
Khartoum	<ul style="list-style-type: none"> a) Provide food, water, medicine, clothes, and safe passage for families unable to locate. b) Support/facilitate safe passage to access treatment for women, girls, boys, and men. c) Provide essential emergency medicines and treatments. d) Strengthen protection measures, especially for women and girls, due to increased threats 	<ul style="list-style-type: none"> a) Establish eye camps in the ten localities of the state. b) Establish a hearing camp in the ten localities of the state. c) Equip emergency room in Karary, Omdurman locality- dealing with emergencies, especially for women and children. 	<ul style="list-style-type: none"> a) Provide health care services across the localities.
Central Darfur	<ul style="list-style-type: none"> a) Provide food, water, and non-food items to IDPs and the host community. b) Provide health care services in ten localities. c) Provide health care support in conflict-affected locations. d) Strengthen protection measures, especially for women and girls, due to increased threats. 	<ul style="list-style-type: none"> a) Provide health services, including reproductive health, to host communities, displaced women, girls, boys, and men in conflict-affected locations. 	<ul style="list-style-type: none"> a) Provide health services, including reproductive health, to host communities, displaced women, girls, boys and men in conflict-affected locations.
Red Sea	<ul style="list-style-type: none"> a) Provide food, water, and non-food items to IDPs and host communities. b) Address the imminent shortage of water and food. c) Provide sexual and reproductive health services. d) Provide emergency access to education and shelter. e) Strengthen protection measures for IDPs and refugees, especially for women and girls, due to increased threats 	<ul style="list-style-type: none"> a) Build the capacity of health institutions, schools, and services providers . 	<ul style="list-style-type: none"> a) Increase the number of healthcare providers and access to health centers/hospitals.
White Nile	<ul style="list-style-type: none"> a) Improve protection measures for IDPs and refugees, especially for women and girls due to increased threats. 	<p>Strengthen the programmatic and operation capacity of local NGOs, CSOs, neighborhood committees, and youth-led initiatives.</p>	<p>Initiate sustainable livelihood projects to serve vulnerable groups.</p>

The following section of the report analyzes the impact of the conflict on access to life-saving goods and services such as water, food, and shelter. It also examines shifts in

social norms, such as women's participation in decision-making, access to income and coping strategies, and protection issues.

Relocation experiences and challenges facing women and girls

The assessment established that those who were able to flee through Halfa (Argeen Port), Port Sudan and Gedarif to Egypt were those who could afford to meet the high transport costs, including the cost of VISAs and basic living expenses at their destination points. Those who left for the South Sudan borders were poor and most at-risk and could not survive the journey without humanitarian

support. With minimum international aid entering the country, as locals tried to fill the void, most of these families were hosted by other families in the receiving states awaiting assistance to escape. Women, adolescent girls, and vulnerable groups on the move and those crossing borders were exposed to increased risks of SGBV and exploitation.¹⁶

Access to and control over resources

The assessment established that in households where the husband/father/brother was present, they controlled resources before, during, and upon relocation, and only in situations where no adult male was present were resources controlled by women (wife or mother). Sudan is a highly patriarchal society with a male-dominated power structure within communities and individual relationships, reinforcing unequal gender

relations, characterized by women's limited participation in decision-making processes, reduced or no opportunity to access and/or control resources, and denial of or unequal access to opportunities for education, health, and nutrition.¹⁷ This unequal power relation will be a hindrance to women's ability to recover from the shocks of conflict.

Access to incomes

The assessment established that cash was scarce in most households, regardless of the gender of the household head, which was a result of loss of income and the collapse of the banking system. This further complicated the situation for the IDPs as they could not access their savings. Additionally, with the emergence of the current conflict, most families moved from urban to rural areas to join their kin in poor rural areas. This exerted additional pressure on rural families, who were already struggling to sustain themselves due to the high cost of food production and fuel scarcity resulting from the sharp increase in the price of transport.

The assessment also established that even though both women and men had lost their income sources, women had fewer opportunities to regain it due to unequal power relations in decision-making on family resources and the increased burden of unpaid care work. Even before the crisis, traditional sources of livelihood for women, such as farming and animal production, had depleted, forcing them to sell productive assets such as livestock, goats, sheep, and farm tools.¹⁸ Considering the economic damage caused by ongoing armed conflict and the increased burden of unpaid care work, women's chances to regain their incomes continue to

¹⁶ OCHA, 2023. Revised Humanitarian Response Plan, 2023

¹⁷ UNCT, (2022). Sudan PSEA Network context analysis

¹⁸ Humanitarian Needs Overview (2023)

dwindle. There is a likelihood that increased poverty will lead to girls marrying before their fifteenth birthday, considering that, before

the crisis nationally, around 38 percent of girls married before their eighteenth birthday.¹⁹

Decision-making within the household

As mentioned in this report, the patriarchal nature of Sudan provides little room for women to decide when or where to relocate. Women's voices were rarely heard at both the household and community level. A key informant observed that men repeatedly used the phrase "*decisions are taken under gun shootings*" meaning it was difficult for families to entrust women to make decisions on behalf of their families during times of war, revealing the level of suppression of women's

voices in decision-making. Men instilled fear in women to dominate and control them by forcing them to remain indoors- away from the frontline and as a way of protecting them from the risk of GBV. In contrast, men ventured outside, ostensibly "*to assess the security situation and make decisions.*" Constant confinement of women, although sometimes for good reasons, contributed to mental and psychological health issues.

Gender roles and responsibilities

Displacement usually corresponds with less rigid patriarchal norms in relation to gender roles. This was commonly manifested in situations where families were separated women and children relocated to rural areas and husbands left in the city or joined the fighting forces, resulting in the emergence of *de facto* female-headed households. In such situations, women found themselves in an unfamiliar role, performing their husband's duties and bearing the burden of managing scarce resources. This phenomenon was more

pronounced in Darfur and Blue Nile regions. The assessment also established that the socio-economic status of a family influenced gender roles and responsibilities among the IDPs. For example, in poor households and households of military fighters, women had become *de facto* heads of households to fill the gap of their absent husbands, while in middle and more affluent households, there was no observed change. Some of these families were not yet dependent on humanitarian support.

Coping strategies

The assessment found that displaced families faced challenges in accessing adequate food, safe drinking water, shelter, and income. To manage this, the following coping strategies were applied:

a) Access to food

In Southern and Central Darfur, due to the prohibitive cost of imported food and nonfood items, the community shifted to locally available products such as sugar, tea,

and wheat flour. They also changed their regular diet by reducing food portions and changing meal preparations. Families also started barter trade, where they exchanged

¹⁹ UNICEF, 2021. Gender Report. Available at [https://www.unicef.org/sudan/media/8516/file/UNICEF%20Sudan-%20Gender-%20Report%20\(2021\).pdf](https://www.unicef.org/sudan/media/8516/file/UNICEF%20Sudan-%20Gender-%20Report%20(2021).pdf)

valuable goods for food. Those holding bank accounts with the Bank of Khartoum used the

online application 'Bankak' whenever it was operational, to receive or withdraw money.

b) Access to livelihoods

Displaced families lost their livelihoods at the onset of the conflict. In Khartoum, women and youth who engaged in petty trade operating small food and tea kiosks lost their business. Opportunities for white-collar jobs had dwindled due to intense fighting in Khartoum and a few other urban centers across Sudan, thus reducing opportunities for those in the formal sector to access employment

and engage in petty trade. However, key informants observed that women in the informal sector had an increased opportunity to re-engage in their former occupations and would quickly regain their livelihoods if supported with funds. It also found that the ongoing curfew in insecure areas in White Nile made re-entry into informal trade a challenge.

“The companies are closed, shops are closed, those able to recover faster if given opportunity are those in the informal economy compared to those working in the offices.”

A key informant from Central Darfur in Zalingei local market reported that the insecure situation in those regions had pushed women to work from home. They engaged, for example, in selling food, and weaving baskets, and travelling to nearby

markets to provide for their families, revealing the need to examine how those engaged in craft could be supported to access larger markets, including outside of Sudan.

c) Loss of savings and changes in consumption patterns

The current conflict has depleted families' financial savings because of the high cost of life-saving goods and services, and transport costs. For example, family savings were spent on transport in hotspot areas to facilitate quick escape from insecure areas. In contrast, the savings of hosting households were spent on feeding the extended families who had been displaced. Reduced sources of income for farming communities resulted in reduced farming inputs, thus affecting the production of food such as wheat in Gezira state and sorghum in Central and Southern Darfur states. This resulted in reduced job opportunities, especially for women who provided most of the agricultural labour.

Families had also restricted their food and water expenditure to purchase much-needed medicine. It was also reported that spending on education had been drastically reduced. A key informant from Blue Nile reported that due to the economic impact of the conflict, even in safe areas such as the Blue Nile, students were absent from school for their final exams. This indicates an emerging trend requiring mitigation measures, especially for adolescent girls, to avoid early marriage and promote girls' grade transition.

d) Use of social networks

Households' decision to relocate was influenced by the availability of social networks, which were instrumental for families to manage the impact of conflict, including access to shelter, food, water, and other essential goods and services. Social networks were also valuable in that families

could receive remittances from family members living abroad through the Bank of Khartoum "Bankak" application whenever it was operational. Families also benefited by occupying houses of extended families living abroad, including collective sharing of available life-saving resources.

e) Reciprocity

Reciprocal practices with hosting communities - for example, in Port Sudan, a leader of a community-based initiative offered shelter to those newly arriving from conflict zones, regardless of gender.

Cost sharing was initiated amongst the neighborhood community to provide safe shelter

and/or rented houses, especially for women and girls, as protection from sexual violence. This strategy involved raising funds from male traders and cattle breeders, and women and youth engaging in begging for donations from the public (in cash or kind) to feed the hosted communities.

"People have divided the responsibility of preparing meals by residential blocks where each block is responsible for preparing the meals of the day every week."

Households shared food with neighbours by practicing what was called *Al-D'ara* - a practice commonly used where women would take

food outside their houses or under a tree for passersby to eat.

Decision-making on relocation

The decision on where to relocate was influenced by several factors, such as location affordability and social networks in the area. The male head of household made the final decision. Most marginalized households were found to have limited or no social networks to provide a buffer and prevent them from

sliding further into poverty.

The assessment further found that in rare cases, some husbands and wives jointly made decisions on when and where to relocate. For example, a key informant from Khartoum explained that.

"All the members of my family discussed the war situation and its impact on our family. We made the decision together...."

This rare occurrence calls for research to establish the demographic and socio-economic characteristics of such families in the context of the current crisis.

An observation made by an informant in Blue Nile, Damzine locality, revealed that while the young members of a family were able to make quick decisions to move, the older

generation (their parents, grandparents, and old members of their families) struggled.

This was more prevalent in urban centers, especially in Khartoum.

Access to basic services and resources

Access to safe water

Water has been a continual challenge in meeting life-saving services for the IDPs, especially in the IDPs receiving area of the Red Sea, where scarcity of drinking water was prevalent during the hot season due to population increase, thus increasing demand for the commodity. A key informant reported that the Red Sea state, capable of producing 70,000 liters of water per day, could not meet the needs of the host community and that

of the IDPs, as demand increased to 90,000 liters. The situation is anticipated to worsen in the current hot season. The lack of access to clean water increases the protection risks to women and girls and intensifies their vulnerability to GBV, especially sexual violence. Additionally, fetching water from long distances increases the workload on women and girls as caregivers.²⁰

Access to health care services

Key informants in Port Sudan reported that there was only one maternity hospital in the city, which had already overwhelmed the existing healthcare services, especially for the sexual and reproductive health of displaced women, and those from the host community in reproductive ages. In addition, a key

informant from Khartoum reported that the demand for healthcare services had depleted family savings with reduced job opportunities, increased food and housing costs, and high inflation - which was already high before the conflict.

Gender issues in the ongoing humanitarian response

Key informants reported that gender issues were not given priority by those providing humanitarian aid, especially in organisations/initiatives led by men. This observation is echoed in IASC (2018), which highlights that

in an emergency, the focus is on primary needs and the delivery of aid as quickly and equally as possible. However, emergencies clearly impact women and men differently and often change household dynamics.²¹

a) Protection

A key informant stated that women in Western Darfur, White Nile, and Red Sea were increasingly vulnerable to Intimate Partner Violence (IPV) within their private domain. However, according to UNFPA (2023), there was a reported reduction in the number of PINs in Western Darfur but an increase in

the White Nile and Red Sea. These two states have been receiving new IDPs, which may explain these statistics. A community leader in Red Sea explained,

²⁰ UNICEF, 2023. Available at <https://www.unicef.org/press-releases/sudan-violence-forces-least-450000-children-flee-their-homes>

²¹ IASC, 2018. The Gender Handbook for Humanitarian Action. Available at <https://www.unwomen.org/en/digital-library/publications/2017/2/the-gender-handbook-for-humanitarian-action>

“a man’s inability to provide his family with basic needs in these harsh economic circumstances of war might be an emerging factor for the increase in domestic violence against their wives.”

Humanitarian Needs Assessment (2023) documents that survivors of domestic violence rarely reported SGBV due to fear of reprisal as most of them lived in the same locality with the perpetrators. In addition, women faced the risk of violence when resources ran low within the household. It was also reported that in Geneina, conflict increased the incidences of rape of women who lived on their own in conflict zones. Additionally, service providers in the GBV referral pathways reported that in Khartoum, women were in increased danger of sexual violence and forced abduction while in their houses or fleeing from conflict zones.

A key informant reported that young women, women living with disabilities, and refugee women were the main victims of sexual violence. It was stated that there were unreported cases of suicide among young women who experienced/were at risk of rape in Khartoum and reports of self-inflicted harm

due to anticipatory fear of attack in Khartoum. Traumatic stress disorder symptoms among women were also reportedly prevalent among women in Khartoum who were unable to flee.

Key informants in Southern and Central Darfur reported that women were increasingly in danger of sexual violence while searching for food, water, and firewood. Family breakdowns due to separation and lack of kinship support exacerbated the vulnerability of women and girls in these circumstances. Increased GBV reports in the area were also highlighted in the revised Humanitarian Response Plan 2023 narratives, including SEA against women and girls.

A key informant in Central Darfur reported that poor shelter in IDP camps and the positioning of amenities such as latrines also increases the risk of sexual violence for young women.

b) Access to emergency shelter

- i. Information from host communities in White Nile and Red Sea described the majority of IDPs, women, and children as living in insecure receiving areas such as schools and urban centers. These public places exposed them to an increased danger of sexual violence and harassment compared to those hosted in private homes.
- ii. A key informant in Port Sudan (community leader) reported that displaced families from Khartoum prioritized their women and girls in accessing shelter for their

safety, security, and privacy, adding that these families chose to spend extra resources on renting separate housing in secure locations for women members of their households. At the same time, men remained in public schools, clubs, and camps. This was confirmed by IFRC’s emergency appeal highlighting that families prioritized the safe evacuation of women and children to reduce their exposure to SGBV, which had increased as reported by women-led organisations in Sudan.²²

22 IFRC 2023, in WHO, 2023. Available at <https://reliefweb.int/report/sudan/sudan-africa-complex-emergency-emergency-appeal-mdrsd033-enar>

Recommendations

(a) Recommendations on strengthening women and youth-led organisations and community-based initiatives.

For immediate attention

- i. Undertake a quick institutional assessment of the registered and unregistered women-led and youth-led organisations and community-based initiatives to assess their capacity to deliver humanitarian response and advance small grants to strengthen their operational and programmatic capacity.
- ii. Provide technical support to women and youth-led organisations and established and emerging community-based initiatives through training on PSEA; and support them to develop/disseminate a Standard Code of Conduct on PSEA to ensure delivery of humanitarian response does not cause harm.
- iii. Provide training and create awareness, especially among women and youth, on the principles of humanitarian response
- to support their participation in the humanitarian programme cycle.
- iv. Organize awareness sessions with all active frontline organisations/initiatives offering humanitarian response on gender issues in the humanitarian context.
- v. Strengthen the consultation of women-led organisations and displaced women and girls in humanitarian programming and decision-making processes through coordination mechanisms and platforms such as the ISCG, HCT, and sectors.
- vi. Integrate GBV prevention and mitigation measures across all response efforts, including through cluster-coordinated initiatives.

For mid-term interventions

- i. Undertake a protection risk assessment of all newly emerged NGOs, CSOs, and community initiatives and strengthen their capacity to prevent and respond to SEA, GBV, and respect for the rights of IDPs, refugees, and vulnerable members of the host communities.
- ii. Strengthen women leadership in humanitarian action by offering face-to-face/ or online training on gender in humanitarian action to access resources and actively engage in the humanitarian response process.
- iii. Consider establishing a multi-donor fund to regularly disburse small grants to women and youth-led organisations and community-based initiatives working on the frontline of humanitarian response.
- iv. Consider funding the establishment of an online platform with a database of women-led organisations offering humanitarian response options in Sudan. The platform would provide information on funds and grants available for sharing by different organisations. This would be a valuable tool to help identify the least

resourced women-led organisations/women initiatives. Any platform must be able to disaggregate for women-led and women-rights organisations.

v. Consider establishing a budget for continuous rapid gender assessments, including regular production of Gender Alerts.

(b) Recommendations for enhancing access to goods and services for IDPs, refugees, and the hosting communities

For immediate attention

WASH Cluster

i. Increase access to safe water through water trucking, water treatment, digging and repair of boreholes, sanitation facilities, hygiene kits, and waste disposal and management tools while raising awareness on the distinct gender needs of women, girls, boys, and men for safe water and hygiene management.

ii. Provide safe spaces for women and girls

to wash and dry reusable sanitary pads for the dignity and well-being of women and girls.

iii. Include women leadership of water, sanitation, and hygiene management committees, including in the design and placement of water points, toilet facilities, and garbage collection points.

Health Cluster

i. Increase access to food and nutrition services in the camps and with mobile clinics, especially for pregnant and breastfeeding women, the under-fives, and pregnant mothers suffering from severe acute malnutrition, and provide nutrition supplements.

ii. Provide health screening referrals, vaccinations, essential drugs, sexual and reproductive health services, and medical kits to ensure access to health care and services benefiting host and refugee populations.

Protection Cluster

i. Collaborate with GBV sub-sector to increase access to psychosocial support, women's safe spaces, case management, and referral to specialized services.

ii. Provide GBV training on underlying causes and risk factors contributing to GBV; understand the different forms of GBV, how to prevent and respond to GBV, and the range of interventions. This would target camp managers, community leaders, and women and youth-led organisations working

at the forefront of humanitarian response.

iii. Collaborate with GBV sub-sector to train GBV focal points at the cluster level, including women-led and youth-led organisations.

iv. Provide cash transfers and vouchers to displaced female heads of households residing in the camps and hosting families in non-camp settings, empower them with options concerning essential needs in local markets and restore their dignity.

- v. Establish child-friendly spaces where children can access support networks, psychosocial counseling, life-saving

information, and life skills training and be referred for other services.

Shelter Cluster

- i. Enhance the safety of women and girls in the IDP camps by prioritizing them in the allocation of shelter, ensuring privacy, and that the routes to bathrooms/latrines remain well-lit 24 hours a day.
- ii. Involve women in decision-making and in the design of the new camps, especially in the location and design of bathrooms and showers.

Education Cluster

- i. Initiate emergency education services, and undertake campaigns for the enrolment of children, with special attention to girls in refugee camps, IDP camps, and
- host communities. Ensure the quality of education is of a high standard and that learning takes place in safe and protective environments.

Camp Management

- i. Train camp managers on leadership and gender and intersectionality skills to promote an inclusive environment for the least visible and marginalized groups, including women and girls with disabilities, and encourage their active participation in governance structures.
- ii. Support clusters to implement a safety plan for women and girls in the camps and host communities who are unsafe in their homes.





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