SUDAN CRISIS

IN-DEPTH GENDER ASSESSMENT REPORT

UN
WOMEN

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ACRONYMS AND ABBREVIATIONS

CFW	Cash for Work
FAO	Food and Agricultural Organisations
IDP	Internally Displaced People
IOM	International Organisation for Migration
RGA	Rapid Gender Assessment
SAF	Sudan Army Forces
SRF	Sudan Rapid Forces
UNFPA	United Nations Population Fund
UNHCR	United Nations Higher Commission for Refugees
UNICEF	United Nations Children's Fund
WFP	World Food Programme

EXECUTIVE SUMMARY

Introduction

As the conflict between the Sudanese Armed Forces (SAF) and the Rapid Support Forces (RSF) continues, civilian displacement and humanitarian needs steadily increase. About 4.8 million people have been displaced inside and outside the country due to the conflict that erupted on 15 April. More than 3.8 million people have been displaced internally.[1] People have been displaced across all 18 states. Most are in River Nile, East Darfur, Northern, South Darfur, Sennar and White Nile states. 72.3 per cent of internally displaced people (IDPs) are originally from Khartoum. In addition, about 963,000 people have crossed the border into neighbouring countries, the Central African Republic (18,545), Chad (418,126), Egypt (317,230), Ethiopia (35,623), and South Sudan (260,653).[2]

At least 2 million children have been forced to flee their homes since the conflict in Sudan erupted, and an average of more than 700 children are newly displaced every hour.[3] More than 470,000 have crossed into neighbouring countries. Fourteen million children are urgently in need of humanitarian support, with many facing multiple threats. Apart from conflict hotspots like Darfur and Khartoum, the fighting has now spread to other populated areas, including in South and West Kordofan, limiting the delivery of and access to life-saving services for those in urgent need. The risk of disease outbreaks – such as cholera, dengue, Rift Valley Fever, and chikungunya – is now significantly higher due to pools of floodwaters. More than 9.4 million children lack access to safe drinking water in Sudan, and 3.4 million children under five years of age are at high risk of diarrhoeal diseases and cholera.[4] Conflict-related disease outbreaks and the deterioration of the health system, among other factors indirectly linked to the war, have led to about 6,200 deaths across Sudan.

In May, the Rapid Gender Assessment Phase 1 was carried out to provide information on key impacts brought by conflict on women and men and map the organisations and initiatives working on humanitarian response. The assessment established that: a) there are women-led, men-led, and youth-led organisations providing a variety of services, including the emergency provision of food, medical services, psychosocial support services, networking, coordination, and information sharing; b) Women in Khartoum were in danger of sexual exploitation, and forced disappearance and young women with disabilities were at risk of sexual abuse; c) there were unreported cases of self- inflicted harm and suicide due to fear of sexual, and physical violence and suicide; d) In hosting communities in the White Nile and the Red Sea states, the majority of IDP women and children are insecure and vulnerable to sexual abuse and harassment.

Objectives

This Gender Assessment is the second in a series and aims to provide an in-depth gender analysis. It provides data that is sex and age disaggregated to understand the gender-differentiated needs, priorities, coping strategies, risks, insecurities, and vulnerabilities of the conflict, considering different gender roles and responsibilities as well as the intersectionality factors to inform an equitable and effective humanitarian response and give recommendations for gender-sensitive humanitarian programmes, that promote justice and equality to women, men, girls, and boys of all, ages, statuses and vulnerabilities.

Framework

The assessment utilised the gender inequality framework used in humanitarian settings. The framework considered how the gender inequalities prevalent in pre-conflict contexts are exacerbated by conflict dynamics and how the impact differs with different gender roles. The framework indicates that the humanitarian responses should consider the basic livelihood needs and investigate and address some strategic issues that promote gender equality and transformative change. The framework emphasises that gender inequality analysis should consider the intersectionality of gender roles. As such, the key factors in the framework (pre-conflict gender inequality, its exacerbation by conflict), the conflict differential impacts on women, men, boys, and girls, and the intersectionality as a key element were considered.

Methodology

The assessment was conducted in nine states, including Khartoum, North Darfur, and South Darfur, which are the current conflict zones that include many IDPs and refugees who moved to safer spaces within their states. The White Nile, Algadaref, Algazira, Blue Nile, the Red Sea, and Northern states are 'receiving' areas of IDP and refugees.

Structured interviews were developed, and two closed-ended questionnaires (including a few open-ended questions) were used for data collection. One questionnaire was for Key Informants managing the IDP shelters, while the other one was for the IDP women, girls, and boys living in shelters and with the host families. Unstructured interviews were used with the heads of host families. A guide was used for observation of the shelters' environment and facilities.

In-depth Rapid Gender Assessment Findings

The results showed that IDPs are received in different places, including - schools, clubs, students' hostels, and mosques organised by community leaders and young women and men groups as public shelters for IDPs. From observation, in these shelters, few families share a class, or few women live in one room, while the men usually live together in verandas or rooms in the shelters. They all sleep on mats as there are no beds. Some families live under the trees in some shelters. From observations, some of the classes in schools were made of local material and looked dilapidated.

In Khartoum and Blue Nile states, there were no shelters during data collection, and IDPs were hosted by their families, in-laws, and friends. In all other 'receiving' states, there are IDPs hosted by their families. According to the interviews with heads of host families, their houses are divided into men's and women's sections, and there is one larine and one bathroom in each section. Some of them sleep on beds while others on the floor. If the men's section is small, some men sleep in the space outside the house or with neighbours.

The Key Informants were identified from committees managing the shelters. These committees include women and men representatives from the community leaders, resistance committees, and change and service committees. The management committee coordinates with the localities' authorities and the Humanitarian Affairs Commission (HAC) at the state level.

The main findings of Key Informants' interviews are:

- IDP women's participation in the shelter committees is limited because they are busy with family care, have not volunteered, and have

not been approached by the management committees for participation. The limited participation of IDP women is expected, considering the prevalence of the patriarchal norms in all of Sudan.

- IDP women participate in the preparation of food, and some IDP men may be involved in carrying water, cleaning, and guarding the shelter with the community youth groups.

- Local women-men and youth-led groups in most shelters provide water and food with support from the neighborhood communities. In addition, they provide emergency health services, psychosocial support services, small markets and boots for essentials, waste disposal, information, and networking services.

- The elderly men and women and those with disabilities face problems such as inaccessibility to special needs and health care, including access to renal care. Also, pregnant women have no access to MCH services.

IDP demographic characteristics

The assessment results established that:

a) Women constitute 69 per cent of the IDPs in war zones and IDP receiving areas, as well as those in shelters and host families. Their family men stayed back home in war zones to guard houses.

b) About 30 per cent of all women are young, and about 3 per cent are girls. Both are targets for sexual violence.

c) About 33.2 per cent of women are married, and this indicates women's burden of care for children in an unfriendly environment.

Survival strategies

The IDPs in shelters and those living with the host families have adopted different strategies to survive as their resources were depleted during

- Young men and women find difficulty accessing income-generating activities to contribute to the maintenance of their families.

- In some shelters, there are problems among IDP men.

- The measures for protection from GBV inside the shelters include raising awareness, establishing separate spaces for young unmarried men, separating them from girls, and reducing the number of families by moving them to new shelters. This is besides fencing the shelters and giving responsibilities to community youth to guard shelters.

- There are incidents where aid workers who distribute aid demand sexual favors from IDP men and women, but unfortunately, only a few of these incidents were reported.

d) One-quarter of the women are housewives with no source of income. But among the women, there are 12.4 per cent students, 4.2 per cent workers, 3.4 per cent professionals, and 6.4 per cent petty traders. Among the men are 4.2 workers, 5.3 per cent students, and a few retirees and unemployed. Most of the IDP women and men are with limited sources of income or no income.

e) About 26 per cent of women and 10 per cent of men stated that they moved from their homes a month earlier than the time of data collection (June 2023). The majority stayed over a month in the war zones and have used their savings. Employees have had no salaries, and many markets in war zones are destroyed.

the first months of the conflict, and the prospects of alternative sources of income in the 'receiving' states are limited. The strategies include utilising

remaining savings, sharing expenses with host families, and income-generating activities by young men, women, and girls in the markets and neighbourhoods. Since women and girls insist on contributing to family survival in a new context, women must think, plan, and address market challenges. This is an economic empowerment process that needs consolidation.

There are insecurity and risks on the way to and in the markets where women and girls go to generate income. Thus, some consider protection measures such as going in groups or using transportation. But when such measures are impossible or unaffordable, some women and girls undertake risks alone. They do that

culturally; they are brought up to care for the survival of their families. They risk themselves as many of them go out, although they may not be informed about how to protect themselves if attacked or how to report sexual violence.

Other strategies related to food intake include eating cheap and limited quantities of foods, while 30 per cent of IDP women and 12.6 per cent of men noted eating fewer meals. Reducing food intake is done by women more than men because women learned from childhood to give privilege and priority to men and boys and eat fewer and fewer foods. However, such a strategy is likely to affect their health, especially if they are pregnant negatively.

Protection

Many IDP men and women are concerned with the increasing insecurity and mentioned a range of insecurity concerns, some related to conflicts such as the forced eviction of houses and unsafe roads, and others specific to the shelter, such as an open well in one of the shelters, and latrines unsafety in the rainy season. One concern of young women is restricting young women's movement from host families' houses and the shelter. This is a backlash to the young women who led the 2018 revolution.

The IDP men and women noted that the risks for women are rape, harassment, forced disappearance and killing, and for men and boys, kidnapping and forced recruitment in the armed forces. The protection measures taken are similar for women and girls, such as raising awareness, restricting the movement of young women, and securing shelters. Lack of protection has also contributed to women and girls conforming to social norms such as Female Genital Mutilation and early marriage.

Access to water

About 55 per cent of women and 25 per cent of men confirmed having access to filtered water for drinking. Water is unavailable according to shelter needs, as noted by 36 per cent of women and 20 per cent of men. In shelters, IDPs fetch water in small jerry cans to be accessible to families' living spaces. Though men rarely carry

water, in shelters, they play the important role of protecting women and girls from risks near the water points, and protecting women is among their traditional roles. The host families, such as in the Red Sea State, buy water; hence, they cannot access the quantities for their guests' needs.

Latrines

The latrines in the host families' homes and some shelters are situated less than 20 meters, while in some shelters, the distance to latrines is more than 50 meters, posing a protection risk for women and girls, especially in dark places. The latrines

in the shelters are not friendly to children, the elderly, and those with disabilities. Also, pregnant women and those who have menstruation are unlikely to find latrines in time of need. In some shelters, there are no latrines, and thus, people

use open defecation, which poses some risks to women and girls.

In many shelters, more than 20 women and children use one latrine. Most are full or malfunctioning and on the verge of collapse, especially during the rainy season. The latrines are intentionally less for men, as they have an alternative of using public ones in the markets. Young men, from the resistance committees, guard the spaces in front of the latrines with no lights.

Access to Health Services

More IDP women than men have problems accessing health services, as the functioning health services are far away from the shelters, and they cannot afford transportation costs as most women are dependent on their husbands or family members, widowed, or disabled with limited incomes even those who have savings or incomes may give preference to their children and family members' needs as their patriarchal upbringing entailed.

Some of the accessible health institutions do not cover the needs of the elderly, cancer, and renal dialysis patients. The inaccessibility to health services is more critical in the conflict areas. Even before the conflict in most states, health services were limited. The situation has worsened due to the increased population of IDPs, and they are unable to meet the demands of IDPs despite some organisations stepping in to provide free health services.[5]

Few pregnant women have access to trained midwives, while traditional birth attendants assist others. Those without access to skilled medical personnel and with complications have lost their lives. Due to the distance to health facilities, pregnant women, children, and those with disabilities are disproportionately affected.

Humanitarian aid

Few IDP shelters have access to relief lifesaving goods and services. Those with host families are not considered for food relief. It is the mothers and daughters who receive relief for their families. This ensures that it is utilised within the family, and none is sold in the markets. Women in some shelters in the Red Sea State confirmed receiving sanitary pads and hygiene items.

Some IDP women and men stated that they receive relief when they know the time of distribution. Others miss it if they are out of shelters. This is because the time of distribution is not specified and not announced by the distributing organisation/s. Some IDP men and women complained that there is discrimination against certain groups (not identified by respondents) and women in the distribution of relief. IDP women and men are recommended to be aware of their rights. The discrimination against certain groups needs further investigation.

There are problems with access to information at the time of distribution and accountability of aid workers to respect the rights of IDPs rights, including fair aid distribution. The responses indicate the aid management and shelter committees need to reconsider their distribution mechanisms to ensure commitment to humanitarian principles.

Sexual Abuse by Aid Workers

While the key informants confirmed by aid workers the IDP and some IDP recommendations noted that the humanitarian staff distributing relief must be aware not to touch young IDP women's bodies during the distribution of relief, some IDP men and women respondents mentioned

that they do not know about incidents of sexual abuse by the aid workers. The message is that there are GBV incidences, but not in all shelters.

Access of IDP to Information

The IDP men and women need information on safety, psychosocial support, and health services available to them and on their rights to know food aid content, and fairness in distribution is observed. Many prefer to get information face-to-face and through community groups. In case of the need to ask questions, they prefer to directly ask the aid supervisors and during community meetings.

The IDPs trust the women and youth-led groups who have been serving people in the shelters since the onset of armed conflict. They have implemented various initiatives providing various services, including food provision, information, medical care, and psychosocial support, as came in mapping conducted for the RGA Phase 1.

Changing gender roles in post-conflict context

The conflict generated changes in the family relationships and roles as in some families, women decided to move out of the conflict zones, fearing the spread of sexual violence targeting young women and the family men accepted. Women move with families, relatives, and friends; adult women are in leadership positions. They have to manage the group, make decisions over the resources, and protect the group. Participation of women in community work before displacement was limited, but in the shelters, most women are engaged in cooking for the IDP communities and serving food. This provides an opportunity for women to participate in the public domain, sharpen skills, access information, gain experience in teamwork, and sharpen some leadership skills. Men participate in cleaning shelters and sometimes in the host families' homes - a shift in traditional gender roles. Men gave women the right to decide to move out of the conflict zones because of the risk associated with staying in the conflict zone. Women also make decisions over access to and control over resources.

Recommendations

In brief, the following recommendations are emphasised to the humanitarian stakeholders, including UN Women:

The Humanitarian Stakeholders, including UN Women, should engage with women-led organisations to raise awareness of the risks of GBV, the accessible means of reporting, and the importance of considering the protection measures. Specific efforts are needed for raising GBV awareness of adolescent boys and girls in collaboration with active young men and women in the shelters and host families' neighbourhoods.

- Consider undertaking rehabilitation for water sources and latrines and arrange needed safety measures.

- Provide emergency health services in crowded shelters, assess and improve the capacities of the health institutions accessible to IDPs in shelters and those with host families arranging for access to medicines, and address all constraints to IDP's accessibility. Specific considerations should be given to MCH services for women and psychosocial support services for IDP men and women of all ages.

- Address the problems in the provision of and accessibility to services needed by the IDP women and men, taking into consideration their diverse ages, educations, work experience, and activism.

- Consider taking the necessary actions for providing humanitarian aid and the specific lifesaving needs of women, girls, boys and men, and vulnerabilities, ensuring equality in the distribution of aid to all IDP and host families.

- Identify UN Women partners in the conflict zones and the receiving states and link them to the women and youth-led groups in shelters and host families' neighborhoods and support them to identify the needs of IDP women and men of all ages and organize for their discussion and learning sessions to improve their knowledge and awareness on gender equality and human rights. UN Women need to consider building IDP women's capacity to enable them to engage in livelihood activities and improve their households and community.

1. INTRODUCTION

1.1 Background

Sudan has a history of instability due to the re-current conflicts in various parts of the country. The latest 2018 revolution marked a new history for Sudan as it ended a long military rule. However, the civil democratic government formed in 2019 was disrupted by a military coup in 2021. Though the transitional government put efforts into improving the economic situation and initiated some reforms for state-building, it failed to achieve tangible changes as the military and deep state resistance continued. Although the Peace Agreement with some armed forces was signed, it was not implemented, and re-current conflicts in Darfur and Blue Nile continued. The armed groups who resisted the peace agreement remained a challenge and out of control of the government. In addition, recurrent clashes on the eastern borders and in Blue Nile State among ethnic groups emerged. Thus, the humanitarian settings continued to increase.

The transition government inherited a fragile economy, and due to the 2021 coup, no progress happened, and the economic difficulties escalated after the coup. Thus, the current crisis is in a critical economic situation characterised by poverty, deteriorating service sectors, and no reform vision.

The current conflict started on the 15th of April 2023 with clashes between the Rapid Support Forces (RSF) and the Sudanese Armed Forces (SAF) in Merawi and Khartoum and spread to Darfur and Kordofan regions. The fighting continued for weeks in the neighbourhoods. It resulted in the killings of people, destruction of houses, and fleeing of people to other safe areas, inside and outside of fighting areas. Thus, thousands of IDPs are hosted by their extended families or in temporary shelters in central, western, eastern, and northern regions. Others crossed the borders to Chad, Central Africa Republic, Ethiopia, South Sudan, and Egypt. The fighting crisis has destroyed the state institutions, infrastructure, and services. Those who have not relocated lack access to water, experience electricity cuts and have no access to livelihood opportunities due to the destruction of markets and industries. Health services are inaccessible in most areas as health institutions are destroyed or closed for lack of medical supplies.

The conflict situation exacerbated the gender inequalities, which are rooted and promoted by cultural and social structures and have been consolidated by the political policies that have characterised Sudan's context since ex-regime rule. However, the feminist movement that started before the national independence succeeded in reducing gender inequalities with variations between rural and urban areas, ethnic groups, and classes. The feminist activists' resistance to military rule was recognised and continued, as indicated in the leadership of the 2018 revolution. The feminist activists' voices and initiatives are apparent in the current crisis, as they empower women with the capabilities to influence decisions and raise their voices for stopping war and undertaking initiatives to address needs in different humanitarian settings.

This In-depth Rapid Gender Assessment intends to provide in-depth analysis to understand the differentiated needs, coping strategies, risks, insecurities, and vulnerabilities of the conflict, to identify the changes in gender roles, relationships, as well as gender differences in access and challenges related to humanitarian aid, considering the intersectionality factors to inform an equitable and effective humanitarian response and give recommendations for gender-sensitive humanitarian programmes, that promote justice and equality to women, men, girls, and boys of all, ages, statuses, and vulnerabilities.

Specific objectives are:

- To understand gender inequality dynamics in the humanitarian settings in conflict zones and the IDP receiving areas.

- To formulate recommendations to ensure that humanitarian response provides gender-responsive, inclusive services and addresses gender and intersectionality.

Four sets of *questions* were raised:

- What changes did women, girls, boys and men of all ages experience since becoming IDPs? Specifically, how have the fighting, displacement, and survival strategies impacted gender relations and gender roles and relationships at home and in public spaces?

- How do women, girls, and boys from distinct categories and socio-economic backgrounds differ in their survival strategies and resilience during the ongoing fighting? What are their different needs, and how differently are they addressing them? What is the support given by the various local community groups/initiatives?

- What are the different risks experienced by men, women, girls, and boys? Where? What protection measures were adopted?

- Do IDP men, women, girls, and boys access humanitarian aid equally? Who is excluded? Why? Do IDP men and women have the opportunity to participate in distribution?

In this report, following this introduction, section two introduces the conceptual framework, section three contains the methodology, and section four provides the conflict context and impact. Section five includes the assessment results and analysis. The last section gives the recommendations.

2. GENDER EQUALITY FRAMEWORK

Community social norms, relationships, and practices shape the distribution of humanitarian aid. The framework presented below emphasises how gender inequalities, prevalent in pre-conflict contexts, are exacerbated by conflict dynamics and how the impact differs with different gender roles. The framework entails gender mainstreaming of gender equality and women empowerment for effective and efficient outcomes of humanitarian responses. Thus, the framework indicates that the humanitarian responses should not only consider the basic livelihood needs but should investigate and address strategic issues that promote gender equality and transformative change. Gender inequalities, as presented in the framework, miss the intersectionality perspective and disregard the long years of the feminist movement. Since the start of the current conflict in Sudan, some women activists in different states have participated actively in public spaces, leading the provision of services for IDP and in households hosting IDP. However, men and women participate in hosting IDPs. Women and girls carry the heavy burden of cooking and serving food to a large number of IDPs in their homes.

Gender inequality exist before this crisis

Crisis impact women men girls and boys differently due to their differing status and roles in society. This can be exacerbated in times of conflict and limited access to resources and services. They need to be resilient to recover.

Integrating gender equally into humanitarian action ensue inclusive, effective efficient and empowering responses.

Source: OCHA, (2017).

Mainstreaming gender differences into all humanitarian programmes is essential to ensure that the response outcomes promote gender equality and women empowerment and help protect human rights and freedoms. This is evident in the increasing participation of women, girls, boys, and men in project activities, understanding gender-specific risks, providing protection, and increasing access to assistance. It is important to note that promoting transformative change is a process that may need women's empowerment to challenge the patriarchal structures/norms and mobilise women for change. This may not be possible in the current situation in Sudan, as the conflict is still ongoing in some areas. However, this in-depth rapid gender assessment should provide some information on changes in gender power relations to consider some disempowerment issues that ensure the participation of women in the decision-making of humanitarian programmes and initiatives.

3. METHODOLOGY

3.1. Approach

The Assessment was done in phases as follows:

1. Review of secondary data to assess its gender sensitivity and Phase I report to ensure the link to and needed elaboration in the In-depth Rapid Gender Assessment (RGA). Some literature on humanitarian assessment frameworks were reviewed, and a gender equality framework was used.

2. Developing gender-sensitive methods and tools of data collection. The tools were also sensitive to displacement dynamics and humanitarian situations; thus, several tools were used for data collection.

3. The data collection process considered preparing messages in coordination with a data analyst (DA) to guide data collectors.

4. Shared responsibilities for monitoring the data collection process with research assistants, co-researchers, and data analysts.

5. Collaborated with DA for sampling discussion, considering the limitations of the displacement situation, and discussed with the data analyst the tabulation plan for needed tables.

3.2. Data Collection Methods

3.2.1. Desk Review

Reports, including updated humanitarian secondary data from UN Agencies and other relevant agencies, were reviewed to present the conflict gender differences impact. In addition, a summary of the Phase I report was given.

3.2.2. Proposed Research Areas: States

State	No of IDP	State	No of IDP
South Darfur	1,52,785	Algezira	1,69,269
North Darfur	1,70414	Red Sea State	41,580
Khartoum	36,070	Algadaref	96,665
White Nile	2,61131	Northern State	3,55,095
Blue Nile	35975		

Source: IOM. (2023, May)

According to UNCHR, on 15 May 2023, registered refugees are among those displaced.

Based on this information, the assessment was conducted in ten states, including Khartoum, *North* Darfur, and South Darfur, *which* are current conflict zones that include many IDPs and refugees who moved to safer spaces within their states. The White Nile, Gadarif, Algazira, Blue Nile, the Red Sea, and Northern states are 'receiving' areas of IDP and refugees. Some states, such as the Red Sea, the Northern State, and the Darfur states, are also *transition areas* to other countries such as Egypt, South Sudan, Central Africa, Chad, Ethiopia, and other international destinations. Within each state, several IDP settings, including old IDP camps such as in Darfur, as well as the recently organised shelters in schools and hostels (See Annex 1). In addition, IDPs are living with host families. Some of the IDP settings were reached in Phase I.

3.2.3. Assessment's Population

The units of analysis are key informants, internally displaced and refugee women, and men as available in different displacement shelters. Besides gender differences, consideration is given to diversity of age and marital statuses of young men and women between 18-35 years, married women and men between 18-49 years (reproductive age), married and unmarried women and men between 50-70+ years as well as divorced men and women between 18-70+ years. Specific consideration is given to women and men with disabilities or chronic illnesses.

3.2.4. Sampling

Due to the lack of updated information and the continuously changing number of men and women in shelters, a minimum sample of 40 key informants and 400 men and women from all states was considered.

A random sample was considered the most suitable. In settings where IDP and refugees are registered, a systematic random sample was used. Where there was no register, a random sample was chosen from men and women, considering the age difference. It was also important for the research team to ensure the diversity of the structure/settings, such as schools, university hostels, etc.

For the questionnaire with IDP in host families' houses and the semi-structured interviews with the heads of host families, the data collectors did a preliminary mapping of the neighbourhoods of host families. They took a random sample of IDP and heads of host families.

The interviews were done face-to-face in shelters and at host families' houses.

3.2.5. Data Collection Tools

The study used closed-ended and a few open-ended questionnaires to collect data from key informants and IDP/refugee men and women. The interviews focused on the change that the community in general and individual men, women, girls, and boys experienced as a result of the conflict: change in gender roles, control over resources and decision-making, and adopting new coping mechanisms. Also considered are the safety and security, availability of basic services to women, girls, boys, and men IDPs, reasons for not accessing services, and access to alternative means of generating income to meet their needs. The protection component of the study investigates safety and security concerns, protection needs and risks of women, girls, boys, and men, safe areas, the prevalence of GBV incidences, the prevalence of sexual exploitation and abuse by aid workers, and the different means of information sharing on conflict, where to access services. Observation of shelters' living spaces, water points, and latrines was done based on a guide, considering the type of shelter, schools, clubs, mosques, or students' hostels; spaces for women, men, water points distance from living space; latrines, conditions, suitability to women and children needs, hygiene, and safety and waste disposal.

Semi-structured interviews were used with heads of the hosting families to understand how they manage to accommodate their guests and the survival strategies adopted (See Annex 2).

3.2.6. Data Analysis

The questionnaires' data were analysed using STATA, producing needed tables cross-tabulated by gender and state. The semi-structured interviews were analysed using a thematic approach to identify patterns. The data tables were analysed and interpreted systematically considering the gender equality framework. Consistency of analysis and objectivity of interpretation were also taken into consideration.

Complete lists of locations reached by data collectors and documents consulted are included in the report to the extent that this does not conflict with the privacy and confidentiality of some participants.

3.2.7 Scope of the assessment

This detailed gender analysis is limited to the interrogation of changes in gender dynamics of women, girls, boys and men before and after displacement who live in shelters and with host families. The GBV survivors are not included among informants due to the lack of expertise and clear methodology to conduct the interviews without potentially causing further harm to such individuals.

3.2.8. Challenges

Challenges	Mitigation
Long hours of electricity cuts and weak connections delayed sending filled questionnaires for data entry.	Data collectors try to make use of limited hours of accessibility of electricity (mostly late at night) and good connections to send the maximum number of filled questionnaires.
Some IDPs settled in old IDP shelters, specifically in Darfur.	The camp leaders assisted the data collectors in identifying areas of settlement of new IDP.
In a few states, IDP settled with host families who live in different areas.	Data collectors conducted mapping of host families using snowballing.

3.2.9. Ethical Considerations

Quality control is ensured by the independence of the assessment team, committed to the basic research principles, including respect for people, integrity/honesty, systematic inquiry, competence, respect for the right of institutions and individuals to provide information in confidence, and ensuring that the source of sensitive data is not identifiable. The data collectors respected the diversity in beliefs, systems, and cultures of IDP and host communities.

The data collection teams in each state introduced their association with UN Women and partner agencies conducting the gender assessment, its objectives, and the interview procedures. Data collectors were overly cautious in ensuring they obtained the **consent of informants to give information**. Only people who consented were interviewed. The issues of gender-based violence (GBV) were not discussed with non-family members. The interviewers used indirect interviewing techniques whereby informants were asked if they knew of any GBV incidences.

3.2.10. Quality Assurance

In the report writing process, consideration was given to covering the issues highlighted and answering most of the questions and information considered in the scope of the assessment, ensuring a gender perspective approach. Where coverage was not possible, reasons and explanations are provided. The quality control was carried out internally through continuous and critical review of gender sensitivity of the data collection tools and analysis and communication with data collectors and analysts.

4. CONFLICT CONTEXT AND IMPACT

4.1. Gender inequality before the conflict

Gender inequality is shaped by patriarchal cultural norms that promote male dominance and women subordination in the private and public domains in all aspects of the lives of Sudanese women. In many regions, since independence, women and girls led by the Sudanese Women Union have been trying to overcome the disempowerment challenges and infringement of their rights by attending literacy classes, accessing schools/universities, and undertaking economic opportunities. The change had been evident in urban areas while rural women continued to be deprived of

education and denied land ownership. However, they continued to shoulder the heavy burden of farming and securing household food, mostly working as family labourers.

The 1989 regime consolidated the gender inequality structures by restrictive policies and laws for women's public engagement, privileging women related to the regime and discriminating against other women. However, the educated women activists formed groups and networks to challenge the restrictive laws. The tea and food sellers in the informal sector formed cooperatives to address challenges from the local authorities. Despite that, the patriarchal norms continued to shape the daily life practices of women inside their homes and in public. In contrast, men continued to dominate women regardless of age, social or economic status, or education level. Many of the elder women approved of male dominance, encouraging young women to adhere to patriarchal norms. Girls and women were denied fundamental rights to decisions over their bodies, freedoms, and participation in decision-making processes. Most working women were not empowered to make independent economic choices, and the economic resources and engagement had limited effect in transforming the patriarchal systems, thus impacting various aspects of women's lives.[6]

The protracted conflicts in Darfur, Kordofan, and Blue Nile regions continued to cause threats and destruction and force people out of their homes/states. Women were negatively affected as rape was used as a weapon in the conflicts. That triggered gender inequality and added GBV to women activists' agenda. The conflicts caused economic difficulties that continued to reduce households' purchasing power and constrain women's and men's strategies to meet their basic needs. Those most affected in their

livelihoods were women and youth among the most vulnerable IDP, refugees, and their host communities. Women in the conflict areas benefited from the capacity building provided by the international actors. They formed groups mobilising women to improve their situation and reduce the impact of conflict and gender inequality.

Women's activism in all states was apparent during the 2018 revolution, as women led the revolution. However, the transition civil government did not recognise that; instead, women experienced backlashes[7] in their participation in decision-making processes at different governance levels and in Juba Peace Talks 2020[8]. Moreover, sexual violence against young women remained explicitly prominent in the recurrent conflicts in Darfur and during demonstrations in Khartoum[9].

Thus, 2022 continued to witness a protracted macro-economic crisis currency depreciation, which contributed further to an increase in food prices, diminishing households' purchasing power, making a sizable percentage of the population unable to meet their basic needs and thus experiencing severe poverty at the same time the dry spells, reduced grain production eroded livelihoods and increased food insecurity. The burden of securing a household usually falls on women more than men in many areas of Sudan. In addition, the government cuts of budgets and increase of taxes reduced the production capacity and increased prices of services. Thus, the majority of the poor, specifically the elderly, disabled, and economically dependent women and children, would not be able to afford and access educational and health services.[10] Despite that, the social support system embedded in communities' cultures maintained by women remained the safety net for men and women in times of need.

4.2. Situational Analysis:

Reports in the first week of July 2023 show that renewed clashes in South Darfur, North Darfur, and West Darfur from 18 to 24 June have contributed to the increase in levels of displacement. More than 2.2 million people are now internally displaced, while 700,000 million people have sought refuge

outside Sudan to neighbouring countries.[11] According to the recent UNHCR report in June 2023, half of the population (24.7 million people) inside Sudan, most of whom are children, need humanitarian aid and protection.[12] Disruption of social services and school closure have put

more children at risk of child recruitment or association with armed groups. Many of these children need psychosocial support due to the violence and the trauma they suffered[13]. Now, the regions of Darfur and Khartoum are the most affected, as well as other areas of the country where the population was already grappling with serious levels of food insecurity, violence, and deprivation. Targeted and indiscriminate attacks, destruction of civilian infrastructure, and violence are making conflict-affected population lives difficult. Women, children, persons with disabilities, refugees, and internally displaced persons are all experiencing pronounced food insecurity, lack of safety, and poor access to all basic services. Moreover, in Khartoum, Darfur, and Kordofan states, many people remain excluded from essential humanitarian assistance. These people face life-threatening challenges while attempting to seek safety within the country and across borders.[14]

4.2.1. Food security

Before the eruption of fighting in April, the situation in Sudan was already precarious; 11.7 million of the population needed food. Food insecurity was highest in Kassala, Blue Nile, Central, West, and North Darfur states.[15] Precedents in the region, and Sudan in particular, have shown that women and girls are invariably more vulnerable to food insecurity; gender norms governing practices dictate that men and boys have access to meals before girls and women and are thus granted a preferential advantage in terms of quantity and quality of diets. This is further exacerbated by scarcity, common during conflict, and decreased mobility for women. In addition, although women are responsible for securing household food, they have no land access and primarily work as unpaid family labourers. According to tradition, they have no control over the produce.

As of June, the situation in Sudan has worsened; the prices of basic commodities, including water, food, and fuel, have increased by 40-60 per cent in some areas, far exceeding household incomes.[16] The conflict has exceedingly affected the national banking system, and cash scarcity has worsened. People employed by the public sector and most formal sectors have not been able to receive salaries since the war began, which impedes their access to food. In addition, prices in local markets are rapidly rising in response to the dwindling supplies. Infrastructural damage to the industrial sector has severely diminished food supplies. Thus, the impact is rapidly growing to involve the areas affected by the conflict and other states as they continue to receive more people from the conflict areas. Normal distribution routes have been hampered so that many areas, particularly in Darfur, remained inaccessible to aid and relief efforts.[17]

It is expected that the conflict impact on women would be greater than on men as "women are much more at risk of being in vulnerable employment compared to their male peers (66.2 per cent and 47.7 per cent, respectively), even though men represent the largest share of the almost 4 million workers in vulnerable employment (around 70 per cent). About 86 per cent of female employment in rural areas and over 75 per cent in agriculture are considered vulnerable. As could be expected, the agriculture sector also presents the highest incidence of unpaid family work (estimated at 26.3 per cent in 2011).[18] Thus, without the protection that is usually provided by formal employment, female-headed households are at increased risk of food insecurity. In Khartoum, Darfur, and Blue Nile, women working as petty traders have lost their sources of income with the destruction of markets in Khartoum, Nyala, and Al Geneina.[19] Thus, they experience risks of food insecurity and increasing vulnerability to loss of protection as they seek alternative sources of income to address their vulnerability. Furthermore, men and women with disabilities and the elderly are at heightened risk and vulnerable as they are unlikely to secure safe places during fighting nor to find the support needed to access food.

In addition to clashes, the long series of dry spells and floodings caused crop failure, risking food sources for 65 per cent of those who work in agriculture, and thus the nation's food security is at risk.

Malnutrition and infant mortality in Sudan had already been on the rise, with variations among the states before the conflict, with the highest affected regions being Darfur and the eastern parts of the country, which have also been affected by political violence. In South Kordofan, children under five have barriers to accessing nutritional services. With the increased displacement, their situation has grown more precarious and will escalate tensions with the host communities. The last two months have seen an exponential increase in cases of malnutrition despite the disruption in reporting mechanisms. This was particularly evident in the conflict areas, with West Darfur being the most critically affected. It is estimated that as of June, over 13 million children are dangerously lacking access to basic life-sustaining services, including water, food, protection, and health, and are at increasing risk of morbidities and mortality.[20]

Furthermore, the high number (905,000) of pregnant and lactating mothers who are acutely malnourished[21] contributes to the undernutrition of children. Thirty-five per cent of children aged 6-18 years are not in school, which removes them from the social safety net of school feeding programmes and increases household stressors. Though no concrete data has yet been gathered, it has been reported that child marriage among girls and

female genital mutilation are already rising in response to physical and financial insecurity.

Prices of food commodities, when available, continue to soar. According to the World Food Programme (WFP) market monitor in May 2023, the cost of the local food basket increased by about 18 per cent to 527 Sudanese Pounds, at the official exchange rate from 447 SDG before the war. The basket cost increased by 24.5 per cent overall compared to May 2022. The highest cost of the WFP local food basket was recorded in North Darfur, followed by Kassala.

It is worth noting that few reports recognised gender differences in the prevalence of food insecurity. However, there are gaps as the data given is gender blind and refers to children without consideration that boys are culturally more privileged in Sudan in accessing food. Thus, we expect higher percentages of malnutrition among girls compared to boys. Also, differences between men, women, and pregnant women have not considered intersectionality of age and class. The differences in risks among disabled and elderly women and men need to be highlighted. There is a need to know the risks of malnutrition in Khartoum before the crisis to assess the impacts of the crisis.

4.2.2. Health

Sudan's health system has been underfunded for many years; health parameters are insufficient, particularly in rural and conflict areas, before 2023. The added strains of the Covid-19 pandemic and the 2021 coup further weakened the health system. Since the coup, health facilities have been targets of systematic attacks by the armed forces. The current clashes have also targeted health facilities; in Khartoum, 61 per cent of health facilities have been out of service at an early stage of fighting, and thus, most of the population is left desperate without adequate access to health services.[22] Before the breakout of fighting in April, 70 per cent of health facilities in Sudan were already lacking essential lifesaving drugs.[23] Furthermore, across the country, especially in rural areas, the health system has already been burdened with a significant shortage of health

personnel.[24]

Access to health services continues to be hampered by the ongoing conflict. Every day, health facilities are closed, leaving very few that are barely functional in some areas, with insufficient staff and supplies. The violence makes it difficult for people to access health care, with many getting treatment late as it is too dangerous to travel to health facilities. Attacks and looting on facilities and health assets continue and are escalating, as does the violence against health workers. The attacks on healthcare facilities, equipment, and workers are further depriving women and girls of life-saving health care, with pregnant women hardest hit, according to the World Health Organisation and UNFPA.

An alarming number of health professionals have been either killed, injured, or detained. Infrastructurally sound health delivery points have been found difficult to reach for patients and health personnel due to the mobility risks in conflict areas.[25]

The overwhelming number of casualties and injuries within the first few days of war caused a rapid depletion of available supplies. The occupation of the Federal Ministry of Health's National Medical Supply Funds Warehouse in Khartoum and the disruption of the distribution routes resulted in widespread scarcity of medical resources. Hence, even structurally sound hospitals and care points in conflict areas could not function, and more than 70 per cent of hospitals affected by conflict were no longer operational. It is predicted that the unreliability of the electricity and water supplies, and lack of medical supplies and personnel will render the remainder of the functioning health delivery points out of service imminently in conflict-affected areas.

Unfortunately, the effect on health services is not limited to conflict areas. Due to the forced occupation of the central medicine warehouses in Khartoum, where life-sustaining and saving medicines are stored, medical supplies and medicine have been low nationally. As a result, people with chronic illnesses, the elderly, have been particularly affected by a lack of specialised care and consistent supplies of medication to sustain their needs. Areas receiving increasing numbers of fleeing civilians have reported overcrowding in hospitals and an inability to provide lifesaving interventions due to overwhelming numbers and severe supply shortages. One Wadi Halfa doctor stated, "The dialysis complex is threatened with closure because its supplies are running out."[26] One-third of the population of Sudan requires urgent care to address their various potentially life-threatening physical and mental conditions.

There are risks of outbreaks of diseases such as malaria and dengue fever as people are fleeing, living in overcrowded conditions, and drinking from unsafe water sources.[27] In South Kordofan State, all health facilities are working with limited capacity in terms of staff for a few hours and are at risk of closing due to inadequate financial resources. A lack of vaccination due to disrupted supply routes will also facilitate a potential increase in outbreaks. Further, the ability to diagnose and effectively manage cases will be hampered by a lack of access to proper laboratory testing, overcrowding, and competing public health priorities.

Additionally, according to the data submitted by UNFPA, an estimated 260,000 pregnant women are likely to be affected by these severe disruptions in health services.[28] Before the 2023 conflict, accessibility to health facilities was characterised by difficulties, and many had to travel for hours to health centres and hospitals, which are mostly poorly equipped and face a shortage of needed skilled staff.[29] Thus, there are growing concerns, particularly for pregnant women who may suffer from complications as they will likely have to give birth at home without specialised care and resources.[30]

These conditions of insecurity and scarcity have catastrophically limited Sexual and Reproductive Health Services. Providers are unable to access areas where interventions are most needed. It has been estimated that only 25 per cent of GBV services are operational and mostly outside conflict areas.

There is no updated information on disabilities among men, women, girls, and boys. The ongoing conflict is expected to increase the number of men and women, boys and girls with disabilities resulting from trauma, injuries, delayed access to healthcare, and other humanitarian needs. The disruption to healthcare services will also likely affect people with disabilities dependent on regular healthcare.

The health information is limited, gender insensitive, and does not cover the regional diversity in the states affected by conflict or those hosting the IDP.

4.2.3. Sexual and Reproductive Health and Rights

The health sector had already been struggling to put together a comprehensive package on reproductive healthcare. Sudan has been experiencing one of the highest maternal mortality rates in the world (295 out of 100,000 live births) and deteriorating services, especially in Darfur.

[31] The SRH Minimum Initial Service Package (MISP) is not accessible in many areas as facilities close while other areas are inaccessible. Most women in rural areas give birth at home, assisted by traditional birth attendants.[32]

With the advent of war, access has become even more challenging. Many maternity hospitals in Khartoum, as well as all of those in Geneina and Nyala, Darfur, have been attacked and rendered out of service. In May 2023, it was estimated that over 80,100 of the 736000 displaced people[33] were women and girls of reproductive age (15-49), and 8,000 of those were pregnant women in need of essential sexual and reproductive health (SRH) services (UNFPA). As it stands, in Khartoum alone, an estimated 219,000 pregnant women are unable to access maternal services. Overall, an estimated 260,000 women affected by the conflict are currently pregnant, with more than half of them being expected to deliver in the coming months and thus are at risk of complications. This is especially true considering that according to the UNFPA, around "15 per cent of pregnant women experience pregnancy and birth-related complications." Therefore, they will need urgent obstetric and neonatal care, which the fragile health services will fail to meet. Critical supplies necessary for life-saving obstetric and neonatal interventions are dangerously low if available. Reports from a hospital in East Darfur indicate that six new-borns died in one week due to a lack of supplies, including gasoline to power generators and oxygen.

Although accurate data stratified by gender on the newly displaced populations is lacking, the assumption is that the vast majority are women and children. Data from Chad indicates that 90 per cent of the refugees who crossed the border are women and girls.[34] Similarly, in Egypt, UNHCR has recorded that most registered upon crossing the border were female-headed households (76 per cent). It is estimated that there are around 4 million girls and women presently affected by the conflict and susceptible to sexual exploitation and gender-based violence. Almost two-thirds of those are of reproductive age.[35]

Accessible sources of information have reported some key data information on the reproductive health situation, noting that those in IDP settings are most at risk. However, information on variations among current post-conflict IDP settings and host communities is needed.

GBV in Darfur and Khartoum was a recurring problem during the 2018 revolution. At the beginning of 2023, according to the Sudan Humanitarian Response Plan (HRP) 2023, an estimated 3.1 million women, girls, and other at-risk populations were exposed to the risks of GBV before this crisis.[36]

The recent official reports by the Unit of Combating Violence have tallied 36 reported cases of rape in Khartoum alone. Cases continue to be reported both in areas of conflict and by girls and women who are on the move in the pursuit of safety. Most of the cases reported were among girls below the age of seventeen. There are also reports from across the borders. International Rescue Committee (IRC) staff operating at the border with Chad have reported an increase in women being affected by sexual violence in Darfur or on the road. These numbers are not representative but an extreme underestimation of the number of incidences. Rape is often unreported for fear of shame and stigma in health and justice institutions. Persons on the move, particularly women and girls, are at heightened risk during their movement to safe places as they may travel through insecure areas controlled by armed actors and, in some cases, be stopped and exposed to abuse.

The need for GBV and SRH services is critically high and rising. In contrast, access to the services is inversely affected, becoming more difficult to reach due to insecurity and closure of service points. Only 25 per cent of GBV service providers can work, most of which are operational outside of

conflict areas and, therefore, inaccessible to those most in need. Thus, women and girls are less able to access contraception, abortion medication, and post-exposure anti-viral medication. All of which contributes to further risk to the health of girls and women and their children.

The conflict is having a dramatic impact on children as some have been killed and injured, and many have been exposed to potential grave violations, including recruitment and use by armed groups, as well as sexual violence. School closures have forced millions of children out of their classrooms by school closures. In addition, due to lack of security, closure of schools, and financial hardship, girls are increasingly more vulnerable to child marriage, which is already being resorted to, according to some reports. Finally, children and adolescents are at risk of becoming victims of smuggling and human trafficking due to risky behaviours resorted to escape the conflict.

Girls and women are invariably vulnerable to GBV, and because it is one of the main drivers for movement and seeking shelter elsewhere, travelling itself is considered one of the major risk factors for GBV and SEA (Sexual Exploitation and Abuse). Arriving at secondary sites presents a new host of complications. Poor privacy, lack of protection, and overcrowding have also contributed to women and girls' insecurity. Conversely, remaining at home under conditions of increasing food and financial deprivation renders them susceptible to intimate partner violence (IPV) and domestic violence. Women and girls living with disabilities are likely to be at additional risk, as well as some groups of vulnerable men and boys.

Recently, the heads of the UN Office for the Coordination of Humanitarian Affairs (OCHA), the UN Human Rights Office, the UN Refugee Agency (UNHCR), the UN Children's Fund (UNICEF), the UN Population Fund (UNFPA), UN Women and the World Health Organisation (WHO) all stressed the need to swiftly scale up gender-based violence prevention and response services in Sudan as well as in neighbouring countries, where those fleeing violence have sought safety as refugees, to meet the soaring needs. Levels of

GBV in Sudan before the war were high, at more than 3 million. This number has since climbed to an estimated 4.2 million people.

Given the significant underreporting of gender-based violence, the real number of cases is undoubtedly far higher. Many survivors find it challenging to report sexual violence due to shame, stigma, and fear of reprisal. Reporting violations and getting support is also made difficult, if not impossible, by the lack of electricity connectivity and humanitarian access due to the volatile security situation. Attacks on and occupation of health facilities also prevent survivors from seeking and accessing emergency health care. Yet healthcare providers, social workers, counsellors, and community-based protection networks inside Sudan have all warned of a marked increase in reports of gender-based violence as hostilities continue across the country. Women, including refugees living in Sudan before the conflict, have reported incidents of gender-based violence when fleeing Khartoum to other areas. Women fleeing across Sudan's borders have told UNHCR and UN Human Rights teams in neighbouring countries of the horrific violence they faced.

UN agencies are working to reach survivors. UNFPA, WHO, and UNICEF are providing gender-based violence case management and sexual and reproductive critical care, including clinical management of rape, safe spaces for women and girls, distributing dignity kits, training service providers, and expanding remote services where physical access has been disrupted. UNHCR is providing services to survivors, including medical and psychosocial support, while UNICEF is working on procurement of post-rape kits, risk mitigation, participation of women and girls, as well as prevention and response interventions. For survivors of sexual violence, timely access to health services is lifesaving, medical supplies, dignity kits, and Post-Exposure Prophylaxis kits to prevent HIV transmission for the clinical management of rape. These items are needed to be available at local clinics, community-based organisations, and key front-line responders when survivors cannot access health facilities.

Updated information is needed on women and girls – but also boys - with mental and/or physical

disabilities who are at heightened risk of exploitation and sexual abuse.[37] In this connection, there is a need for updated information on GBV, such as forced marriages and other types of violations experienced by adolescent girls while being out of school and the different psychosocial impacts on girls and boys and their access to needed support.

4.2.4. Women Participation

Sudanese women's activism for equality, freedom, and human rights dates back to the 1940s during the movement for independence. In 2018, women of all ages led the revolution and were reported to make up 70 per cent of the protestors. Women have also been actively calling for peace during conflicts in the western parts of Sudan and in raising awareness and sensitising the community on gender-based violence. Women-led organisations, women's rights organisations, and women human rights defenders contributed to the establishment of GBV services and support to survivors for reporting and accessing services.

Women's contribution to the revolution was immense and at considerable risk, as women participating in protests and campaigns continued to face threats of sexual and physical abuse.[38] However, women were again side-lined after the 2018 revolution from formal participation in the transitional government and during peace talks. Only two women were appointed to the eleven-person Supreme Council during the transitional government.[39] Later, only a limited number of women were involved in the Juba peace talks, all of whom were politically allied and were viewed not to have adequately persevered on behalf of women's issues.

Women have become so accustomed to being excluded from any impactful degree of formal political contribution that they have been operating on two levels. Although there has recently been more willingness and opportunity for women to become part of political parties, they have also striven to create a collateral system that allows them to vocalise and address gender equity, women empowerment, and combatting gender-based discrimination and violence. This has become necessary because although political intentions of more inclusiveness may have been stated, they are ineffectively translated into practice. Although women have been integral to mobilising at the community level and have been able to push for the achievement of historic and essential policy changes like FGM laws, their input through official channels remains limited. This is due to the systematic immersion of patriarchy even within political organisation and parties. A recent study revealed that political parties' internal policies and structures adversely impacted women's access to decision-making positions and that little had been done to alter this inequitable reality.[40]

The precedent of using sexual violence and exploitation against girls and women during the war has long been thoroughly documented during the war in Darfur and in several incidences mentioned above.[41] It has become abundantly clear that the April conflict is not different and reports of both parties being involved in weaponising SGBV have been documented.

The Sudanese feminist movement started initiatives during the crisis, as evidenced by the formation of new coalitions of activist groups. The coalition 'No to War' is mobilising to document the impact of conflict and raise women's voices from different states for the stoppage of war.[42] A newly formed network called the 'Peace for Sudan Platform,' which includes more than 49 women-led peace initiatives, humanitarian initiatives, and civil society organisations supported by the UN Women Sudan office, is facilitating communication and catalysing collective women-led advocacy efforts.[43]

Emergency rooms are formed in different states by women activists providing medical care and psychosocial support and raising high voices calling for holding warring parties accountable for all the consequences of their actions/inaction. 'In rural areas such as Kassala, women are working to meaningfully participate in the humanitarian response via formal structures, networks, and associations.[44]

In Kordofan states, though just started to be directly affected by conflict, women have not been spared from security threats and violence; they have been abducted in front of their helpless families due to the overwhelming power of the armed forces and the absence of any impartial authority. These security and economic tensions have limited the work of women's groups, which have resorted to limited coordination through WhatsApp groups despite the weak mobile communication networks. In Nuba Mountains, Women of the Nuba Mountains Initiative/South Kordofan is collaborating with displaced and affected families to aid in shelter, food, medical and healthcare supplies, and psychological support, as well as collect vital information for assistance to women in displacement areas.

Despite the efforts of women across the country, they are absent in decision-making processes even amidst this crisis. One glaring example of this is the lack of representation of women and girls in camp coordination, resulting in inadequate attention being given to sexual health services, including menstrual health and mitigation measures against GBV. Women are also absent from political participation, such as the recent Jedda peace and ceasefire negotiations, despite

being at the forefront of the crisis, both as the most vulnerable to risk and insecurity and as the humanitarian experts who have come together, organised and mobilised themselves to provide urgent interventions to affected populations.

Women's organisations play a vital role in providing shelter, food, water, healthcare, and psychological support, monitoring violations and raising awareness to stop the war. They can contribute to peacebuilding by participating in negotiations and encouraging dialogue among the warring parties, promoting peaceful solutions to conflicts in Sudan. The "Peace for Sudan" platform focused on women's initiatives in various states to address the current situation. The network's priorities include promoting dialogue between warring parties, encouraging peaceful solutions, and providing essential support such as shelter, food, water, sanitation, healthcare, and education for women and girls affected by the war. The network also empowers women to raise their voices and work with their communities to halt the war and stop violations against women. In addition, the network aims to enhance collaboration among different women's organisations and knowledge sharing.

4.3. Phase 1. Initial Gender Assessment Findings

The assessment was undertaken in conflict regions referred to as sending areas, including Khartoum, north, south, and western Darfur; the receiving areas of IDP considered are Al Gezira State and Nyala outskirts, Zalingei, and eastern areas of Darfur; in addition to some transition areas including Halfa to Egypt, Red Sea to Gulf states and other countries, Algadaref State to Ethiopia, Kosti to South Sudan. The main findings are:

1. Many organisations and groups active in providing services for people impacted by war have been formed after the crisis and others before that. Some active groups and oganisations are led by women, others by youth and women, and some by men only, with variations among the states. The participation of women in local humanitarian response is influenced by the prominence of women's

activism in the last decades, as indicated in their leadership to the 2018 revolution, and in general, it indicates that patriarchal barriers to women's public participation have been challenged. Thus, the humanitarian actors need to program for collaboration with active groups, specifically women-led groups in different areas. But in the east, some efforts to raise awareness may be needed to ensure that women are engaged, and their needs are addressed.

2. The active groups provide various services, including food distribution, medical care, and psychosocial support, as well as information. The report noted that, except in the White Nile State, the protection of girls and women is considered a priority. The services provided by groups include networking,

coordination, and information sharing, and these are important for humanitarian workers, provided that the capacities of such groups are strengthened to be gender sensitive to reach various categories of men and women. The list of services noted seems to neglect women-specific needs, such as sanitary pads, the needs of men and women with disabilities, and the elderly with special needs. No group specified facilitation of the provision of reproductive health services, although humanitarian reports alerted that thousands of pregnant women need services.

3. Phase 1 findings confirmed men's control of resources and decisions in male-headed households. During the conflict, men control the decision to relocate as it depends on the affordability of alternative places. This is expected considering the stronghold of patriarchal culture. But women take over decisions in case the heads of the family stay back home, as reported in many areas. The question is about the differences in the decision- making process and the impact on the female-headed households, especially widows.

4. In consideration of protection, the findings confirmed that a) women were vulnerable to domestic violence, especially in Darfur, While Nile and the Red Sea; b) increasing incidences of rape of women in Al Geniena; c) women in Khartoum are in danger of sexual exploitation and forced disappearance and there are increased symptoms of traumatic

stress among women.; young women with disability are at risk of sexual abuse; d) there are unreported cases of self-inflicted harm and suicide due to fear of sexual and physical violence and suicide; e) in hosting communities in White Nile and Red Sea, the majority of women and children among IDP are insecure and vulnerable to sexual abuse and harassment. This raises questions on the vulnerability of young men to sexual abuse and on the accessibility to psychosocial support and protection services in different areas and to different groups.

5. The coping strategies are faced with challenges of loss of income generating activities for men and women in the formal and informal sector and risk of depletion of resources for inflationary prices since the start of the fighting. Coping strategies to access basic water and health care services are challenged by scarcity and soaring water prices in some receiving areas. The health services suffered limitations before the conflict, and now, in receiving areas, the hospitals, specifically maternal services, are overburdened and unaffordable to displaced women who lost their sources of income and savings. Despite that, several coping strategies were used, including social networks, as in the case of those who moved to their extended families and friends outside conflicting areas, and they shared with them food and all essentials. In addition, some received remittances from family members abroad.

5. KEY FINDINGS

5.1. IDP Shelters[45]

In most of the receiving states, shelters are established mostly in schools, students' hostels, clubs, and mosques. In Darfur, the IDP moved to existing camps and to new ones established after the April conflict. During the data collection, there were no IDP shelters/camps in Khartoum

and Blue Nile. Thus, the IDPs in these states are hosted by their extended families and friends.

*Ma*nagement: There is a management committee in each shelter that registers the IDPs as they come. The management committee includes adult and

young men and women working in various services such as water and emergency health services and psychosocial support. In one shelter in North Darfur, young men and women volunteers were trying to engage children with games.

Safety: The management committee in most shelters keeps the doors guarded, and permission from the management committee is needed to enter the shelter. However, some non-resident IDPs are allowed to come for food during the day. In the shelters, women and children have separate spaces from males and youth. In cases where the shelter is full, some families sit under the trees.

 However, in all states, the observation noted that the classes, rooms, and latrines in schools and hostels used as shelters are built from local material, liable to crumble during the rainy season, risking the IDP's lives.

Water: In most shelters, water is kept in water tanks, filled by young men from trucks that bring water. IDP men and women fill small jerry cans from tanks. In one shelter, IDPs access water from an open well

Latrines: Latrines are situated 20-30 meters from classes/rooms and have doors but are very dirty. In most shelters, there are separate latrines for men and women, but in a few shelters, both use the same latrines. In some shelters, there are no latrines.

Hygiene and waste disposal: Most shelters have no bathrooms, except in hostels used as shelters. |Thus, the latrines in most shelters are used as showers. The observations' reports showed that shelters were clean except for latrines and some spaces used by the children to defecate. In all shelters, there were no latrines for men and women with disabilities. Waste is burnt, and no sanitary pads were observed in the waste.

5.2. Host Families

Some of the IDPs who fled outside Khartoum had the option of residing with their families and friends in other states. This is because many extended families, relatives, and friends keep their close ties and mutual support across the states and because the shelters are crowded or not available in some IDP-receiving states.

 According to the interviews, the heads of host families include women and men, mostly between 35-55 years, and work in informal sectors. Women interviewed as heads of host families work as tea sellers, petty traders, and teachers. At the same time, the males include government and informal sector workers, medical doctors and

government employees, and unemployed ones. They host between 5 and 30 persons who are close families of brothers, sisters, uncles and in-laws but, in a few cases, friends or neighbours of in-laws.

The houses of most interviewed heads are composed of one or two rooms and a small yard, and these are divided into two sections: one for women, girls, and children and the other for young and old men. For limited spaces in the host families' houses, men and boys and, in rare cases, girls may sleep with the neighbours with larger spaces.

Key Informants in Shelters

5.2.1 IDP Shelter Community Management and Problems

This section presents the groups managing the shelters from whom *key informants* were identified and interviewed. In addition, the section discusses the participation of IDP women in the shelters' activities, the services provided to the IDP men and women, and the problems they

face in the shelter. Further, the section explains the views of the key informants on the risks, GBV prevalence, and protection measures. Lastly, the discussion considered some issues related to humanitarian aid.

Table 1: Social and Cultural Structures Used Shelters to Make Collective Decisions.

Source: Field Data

Response	State*							Total
	N	ND	SD	G	WN	RS	AG[46]	
Native administration, Sheikhs & community and elders.	0	0	0	0	1	0	2	**3**
Community elders	0	0	0	0	4	0	0	**4**
Resistance committees	1	1	1	0	2	0	1	**6**
Service and change committees	1	0	2	0	8	0	0	**11**
Others	2	5	2	2	11	6	0	**28**
Total	4	6	5	2	26	6	3	**52**

Table 1. above shows the shelters' management committees included representatives of diverse groups such as native leaders, community elders, and young men and women in resistance committees and change and service groups formed after the 2018 revolution. In addition, there were staff from the localities and members of governmental institutions such as the Ministry of Social Welfare.

In Sudanese society, social and cultural structures have instrumental roles in shaping people's lives and providing support and decision-making where needed. In these shelters, the key informants said that the service, change and resistance committees had a greater role, in contrast to the traditionally active, native administration, sheikhs, community leaders, and elders. This could be attributed to the decisions that needed to be made to ensure that the displaced people were safe, and their needs were addressed. Some management committees include IDP young men and women in making collective decisions.

Table 2: Participation of the IDP Women and Men in these Decision-Making Structures

Field Data

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Women do not participate in elderly groups and family committees.	0	0	0	0	4	0	2	**6**
Few women are members of service and change committees.	3	0	2	0	2	0	1	**8**
Few young women are members of resistance committees.	0	0	2	0	4	0	0	**6**
Others	1	7	0	2	16	6	0	**32**
Total	4	7	4	2	26	6	3	**52**

Concerning the participation of IDP women in the existing decision-making structures in the shelters, the key informants mentioned that women had low participation in decision-making structures before the movement as they did not participate in the community elderly groups. Few of them are in service and resistance committees, though, in the 'other' category in Table 2 above, our key informants mentioned that most women participate in preparing food. This is an important change in patriarchal norms to recognise the traditional reproductive role as a community role.

* N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif

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Table 3: Reasons Why Women Do Not Participate in these Decision-Making Structures.

Source: Field Data

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Women are busy attending to their families in difficult situations.	1	0	5	0	5	0	2	**13**
No woman volunteered to participate	1	0	0	0	0	0	1	**2**
Others	0	7	0	2	11	2	0	**22**
Total	**2**	**7**	**5**	**2**	**16**	**2**	**3**	**37**

The key informants noted the low participation of women in management committees. The top reason is that women are busy attending to the needs of their families (Table 3 above). Some mentioned that those who formed the committee had not thought of women; therefore, they did not invite any women to participate. Some men see leadership as their sole responsibility and fail to include women.

Regarding the decision-making processes in these shelters, it was clear that the service and change committees and the resistance committees had a pivotal role, which is usually assumed by the local leadership, both traditional and official. But since the revolution, these young groups have been providing major services in most areas of the states. Thus, they accumulated information and experiences and, more significantly, the trust of local leaders and communities. It was also noted that in some states, joint committees with members from internally displaced persons and host communities were established to make collective decisions, a practice that should be encouraged in all states hosting IDP. Unfortunately, the results show low participation of women in these decision-making structures inside the shelters. Our key informants attributed this to the neglect of committees to invite women and to women's many chores that are assumed to make them too busy to join. Women need to be consulted before being left out of the process that influences them more than any other person in the community.

5.2.2. Services Provided as Reported by Key Informants

Table 4: Services that are safely available to women, girls, boys, and men in the shelter community.

Source: Field data

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Water	4	4	5	1	23	6	3	**46**
Food distribution,	2	4	2	1	17	6	3	**35**
Emergency health services	1	1	1	1	16	6	3	**29**
Psychosocial support	0	2	1	0	18	4	1	**26**
Small market and boots for essentials	2	0	0	0	5	4	0	**11**
Information and networking.	1	0	0	0	10	0	1	**12**
Waste disposal	1	1	0	0	10	5	1	**18**
Classes for children and students.	1	1	0	0	10	4	2	**18**
Keeping the safety of shelters & others	0	3	0	1	2	0	0	**6**

* N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif

Regarding the services that are safely available in shelters to women, girls, boys and men, key informants indicated that water, food, emergency health services, and psychosocial support were the most common across most of the states. However, psychosocial support is not provided in the Northern state and Algezira. (Table 4 above). Information and networking services, waste disposal and classes for children in the shelters were mostly mentioned by key informants from White Nile State and Red Sea State. The small markets and boots are found in the White Nile, Red Sea, and the Northern states. The services in Algezira seemed limited, though it is among the states with a high number of IDP men and women. From RGA Phase 1. these services are provided mostly by women-led groups and men-and youth-led groups.

Table 5: Some of the Major Problems the Shelter Community is Facing

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Shortage of water & electricity	3	4	4	2	19	1	2	**35**
Difficulty in accessing food & basic needs	3	7	4	0	23	1	2	**40**
No access to basic health services	1	0	4	1	20	0	0	**26**
Difficulty in finding sources of incomes	2	5	3	1	23	1	2	**37**
High prices of sanitary pads for women	2	0	2	0	19	0	0	**23**
Difficulty accessing maternal health services.	1	0	2	2	16	0	0	**21**
No special care for elderly & disabled men and women	1	2	2	0	15	0	2	**22**
Limited spaces for children	0	1	2	2	6	0	0	**11**
Care of women with new-born babies	0	0	1	0	20	0	1	**22**
Malnourished children	1	1	0	0	13	0	2	**17**
Others	0	0	0	0	0	4	1	**5**

Regarding the major problems people living in shelters face, Table 5 above shows that shortage of water and electricity, difficulty in accessing food and basic needs, and lack of access to basic health services are the most common problems stated by the key informants across the seven states. Also, the difficulty of finding income sources among these people, the high prices of sanitary pads for women, and the poor care of women with new-born babies were among the problems mentioned mostly by key informants in White Nile state. Although, in other states, fewer problems were mentioned, this cannot conclude the absence of such problems.

N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif

Table 6: Specific Groups in the Shelter Community Who Experience Problems.

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Disabled men & women are inaccessibility to special needs & support.	2	6	0	1	12	0	3	24
Elderly sick women & men inaccessibility to special needs & support	0	0	1	0	5	1	0	7
Disabled children lack special needs and care.	0	0	0	0	2	1	0	3
Young men & women's inaccessibility to income-generation sources	1	1	2	1	7	0	0	12
Expiry of identity documents	0	0	0	0	0	3	0	3
Others	1	0	0	0	1	1	0	3
Total	4	7	3	2	27	6	3	52

In Table 6 above, our key informants' perspective indicated that elderly men and women are facing problems such as inaccessibility to elderly-specific humanitarian support and health care. Young men and women, who are expected to shoulder the burden of supporting their families, lack means of generating income.

Local leaders, youth, women, and members of the resistance committees contribute to the management of the shelters, including solving problems that face people arriving in these shelters. Part of the key problems are related to accessibility to adequate water and food supply and health care services. Heads of households resort to buying their food and paying for water from outside sources. Seeking health care in facilities far from the shelters not only adds to the economic burden but also poses security risks to the IDPs. The capacity of IDPs to personally pay for services is hampered by the lack of income, in addition to high prices for food, water, health care, and women's menstrual health and hygiene needs. Most of these were mentioned by key informants in White Nile state, but this does not necessarily indicate the absence of these problems in the other states.

* N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif

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5.2.3. Survival Strategies by IDP

Table 7: Action Taken by IDP for the Services That Are Not Accessible.

Response	State							Total
	N	ND	SD	G	WN	RS	AG	
Some buy food and water and share it with others.	3	5	4	0	5	2	0	**19**
Some go to distant health institutions for critical health issues.	1	0	2	0	7	0	0	**10**
Some use traditional medicines for health problems.	1	0	2	0	8	2	3	**16**
Many try to tolerate, remain hungry, thirsty, & sick.	0	4	0	0	0	1	3	**8**
Cash transfers by relatives	2	0	1	0	1	0	0	**4**
Neighbours & resistance committee youth groups provide	0	1	0	0	10	1	3	**15**
Local groups provide water with nominal costs	0	1	1	0	0	0	0	**2**
Other (Specify)	0	0	0	2	8	4	0	**14**

The Key Informants confirmed above that some basic services are provided with variations among the different states. Despite that, some IDP men and women in all shelters suffer shortages in their basic needs. Thus, they must strategise to survive. Table 7. above demonstrates some of their strategies, which include buying food and even water from markets, and they may also resort to health care in far facilities or treat themselves by using traditional medicine. Some IDPs ask their relatives for cash transfers to survive. Those who cannot afford it, most of whom are elderly men and women with disabilities, and orphan girls and boys persevere hunger. From Table 7 above, the role of neighbours' and resistance committees' men and men, specifically in the White Nile and Algezira, should be highlighted as it indicates how traditional support systems are functioning in critical situations.

5.2.4. Insecurity, GBV and Protection Measures

Safety within the shelter is a concern for Key Informants in South Darfur, where the fighting has continued and securing safety in the shelter is a challenge.

Table 8: The Most Significant Safety and Security Concerns Among Shelter Community

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
No safe place in the neighbourhoods	0	0	4	0	0	0	0	4
Risk of attack when going to latrines	0	0	0	0	2	0	0	2
Risk of attack when travelling outside the shelter community	0	0	0	0	4	0	0	4
Order to evacuate the place.	0	0	0	0	0	0	2	2
Do not know	0	2	0	0	0	0	0	2
No risks	3	1	1	2	18	4	1	30
Others	1	4	0	0	4	2	0	11
Total	**4**	**7**	**5**	**2**	**28**	**6**	**3**	**55**

Safety within the shelters is a concern, particularly when going to latrines (see Table 8 above). Other issues mentioned mostly in 4 states by the key informants were the fear that the conflict would move to the receiving states/ communities, the existence of tribal conflicts in the area may escalate, and its impact on the shortage of water, food, and humanitarian aid. Verbal and physical violence against mothers and children was stated as well, being part of the significant risks faced by the shelters' communities. Hence, the shelters' managers are concerned with a wide range of insecurities outside the shelters, in the surrounding neighbourhood, and related to the escalation of conflict. In Table 8. the Key Informants in North Darfur noted that they do not know about safety and security concerns, and this is a response that questions their capacities and accountability for the safety of the IDP men and women.

5.2.7. Complaints of gender-based violence

Exposure to gender-based violence (GBV) is one of the risks that women, girls, and boys face during conflict. Our key informants, men and women, when asked about the existence of any complaints of GBV in the shelters, all of them across the seven states, indicated that there are no *reported* complaints, according to their knowledge. But this does not necessarily mean that no GBV exists in these shelters because GBV is a taboo issue, and if it happened to women and children, it would be kept as a family secret to avoid stigma, and it is unlikely to be reported.

They, however, explained that the community is implementing safety measures and initiatives to minimise the risk of GBV. These include (as illustrated in Table 9 below) activating community safety groups and educating women, girls, and boys on how to report incidences to enable them to receive care and protection. Other measures mentioned included installing higher fences around the shelters, using army and security forces to guard the shelter, separating unmarried young men from families and girls, and reducing the number of families by moving some to new shelters.

Table 9: Safety Measures Put in Place by Community Initiatives to Minimise the Risk of Gender-Based Violence.

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Activation of community safety groups	0	4	1	1	11	0	0	18
Resistance committee guards for latrines/ firewood and water collection.	0	0	0	0	0	0	0	0
Educating girls/boys/women on how to report incidents	0	0	2	0	4	0	1	7
I do not know	0	0	1	0	4	0	1	6
Other (Specify)	2	3	0	0	6	6	1	18
Total	2	7	7	1	25	6	3	48

N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif

They recommend the activation of community-based complaints and reporting mechanisms and educating women, girls, and boys on how to report incidences of GBV, installation of higher fences around the shelters, use of army and security forces to guard the shelter, separating unmarried young men from families and girls and reducing the number of families by moving some to new shelters.

5.2.5. Humanitarian aid distribution

Regarding the distribution of humanitarian aid and relief in the shelters, half of our key informants indicated that aid and relief are distributed to people in shelters, and women, men, disabled, and elderly people receive equal amounts of relief. However, in the Northern State, no relief was distributed as the State remained a transition to other countries, but those who failed to leave the country settled in the State.

Our key informants indicated that there are no complaints about not receiving aid from the community. Still, in White Nile and South Darfur, some complaints were received from women, men, disabled, and elderly people for not receiving aid (see Table 12 below). These complaints were mostly reported to the shelters' supervisors, who conveyed the information during the distribution time to community leaders and engaged them in the distribution to ensure these people received the aid.

Table 10: Complaints from Men or Women, Disabled or Elderly for Not Receiving Aid.

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	Total
Yes	0	0	1	0	8	0	0	9
No	2	1	1	2	7	2	1	16
No aid received	1	6	3	0	12	0	0	22
Total	3	7	5	2	27	2	1	47

* N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif

Alarmingly, our key informant indicated that there are incidents where aid workers who distribute aid demanded sexual Favors from community members (see table 13 below). But unfortunately, only a few of these incidents get reported.

Table 11: Existence of Any Incidents Where Aid Workers Distributing Assistance Demanded Sexual Favors from Communities.

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Yes	1	3	2	2	16	2	1	27
No	0	0	0	0	0	0	0	0
No distribution of assistance	1	4	3	0	12	0	0	20
Total	2	7	5	2	28	2	1	47

On the positive side, our key informants mentioned that internally displaced women and men receive information on the available shelter services (see Table 14 below).

Table 12: Receipt of Information on Services Available in the Shelter by IDP Women and Men.

Response	State*							Total
	N	ND	SD	G	WN	RS	AG	
Yes	4	5	1	2	28	3	6	44
No	0	0	3	0	0	0	0	3
I do not know	0	0	1	0	0	0	0	1
Others	0	1	0	0	0	0	0	1
Total	4	6	5	2	28	3	6	49

Aid and relief are distributed equally to most people in shelters, though some shelters still have not received relief. The community usually reports to the shelters' supervisors to provide necessary information on relief and aid distribution.

Our key informants indicated that there are cases where aid workers who distribute aid demanded sexual favours from community members, which usually victimises women and girls and makes them reluctant to seek aid. Moreover, only a few of these were reported according to our key informants, which requires expansion of awareness raising to include how women, girls, and boys can report such incidences in the information they receive about the shelters, safety, and security, and available services in the shelters, including protection.

5.3. Internally Displaced Women, Men, and Girls and Boys

5.3.1. IDP Socioeconomic Characteristics

The section presents the socio-economic characteristics of the IDP, their survival strategies, the risks for women, men, girls, and boys, and measures of protection adopted. Other issues discussed are the humanitarian services, its distribution, and information needed on humanitarian.

* N:Northern State; ND: Northern Darfur State; SD: South Darfur; G: Gezira State; WN: White Nile State; RS: Red Sea State; AG: Al-Gadarif
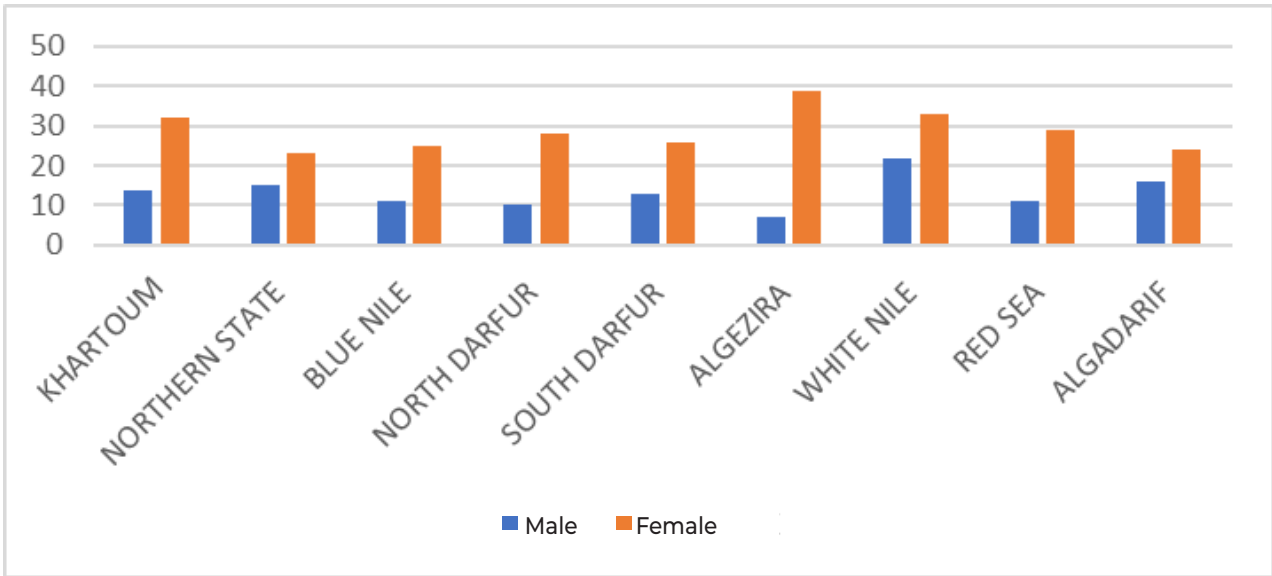
Figure 1: Number of Women and Men by State

As Figure 1 shows, the total number of IDP informants is 379, including women and men. Women were a majority of IDPs, as men stayed in war zones to guard the houses. Their number shows variations among the states, being slightly higher for Algezira and White Nile states. Those in Khartoum and Blue Nile are all hosted by families, as there were no shelters during the data collection period. There are few host families in other states.

Figure 2: Age of IDP by Gender.

As indicated in Figure 2, the percentage of young women is high, and there are boys and girls less than 18 years old. That would be a problem for the IDP families as they have been the target of sexual violen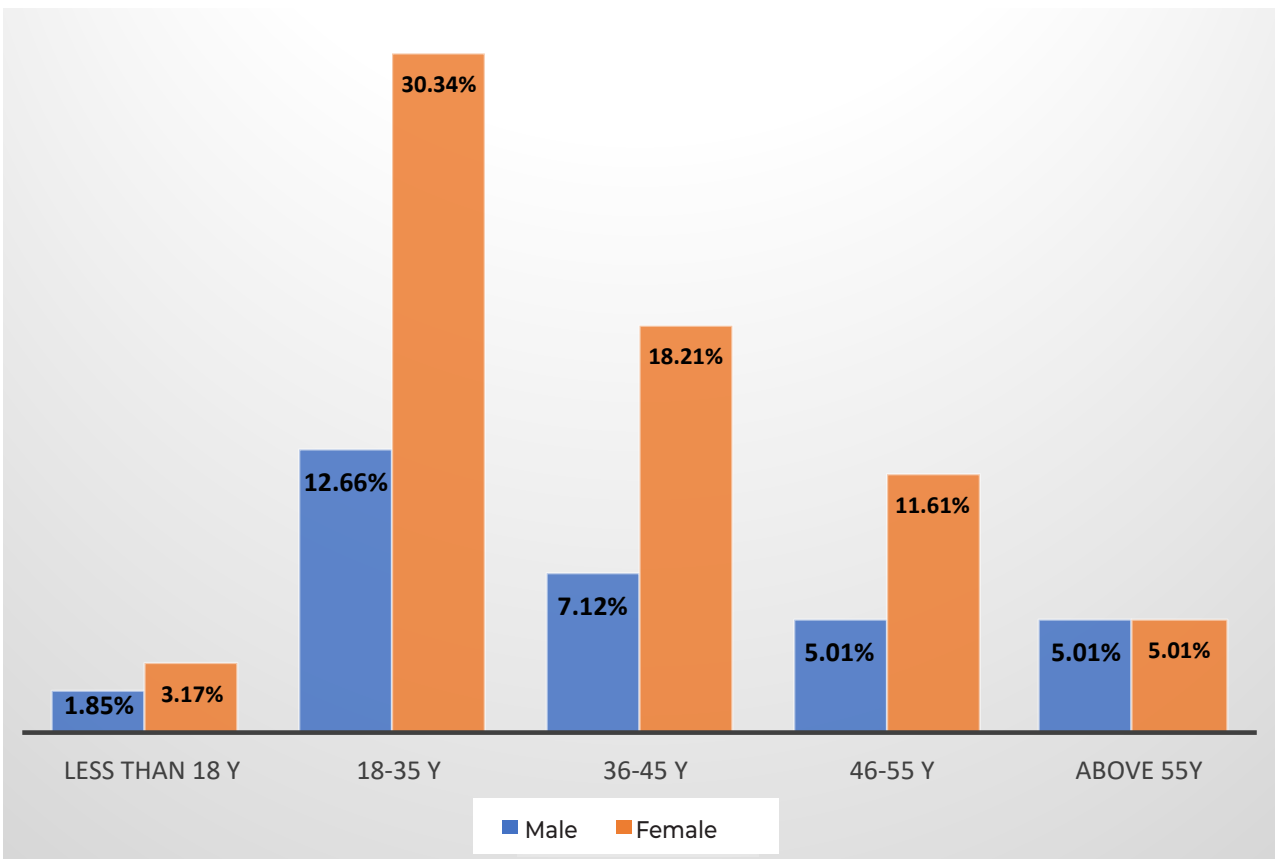ce since the start of the conflict. The presence of youth is encouraging as, culturally, young men and women are expected to support older men and women and provide them with the needed services.

Table 13: Marital Status of IDP Women and Men

Marital Status	Male	Female	Total
	per cent	per cent	per cent
Single	13.79	22.55	36.34
Married	14.32	33.16	47.48
Divorced	1.86	5.04	6.90
Widow	1.06	6.37	7.43
Separated	0.27	1.59	1.86
Total	**31.30**	**68.70**	**100.00**

In Table 13. above the married women are more than double married men, and considering the fertility rate in Sudan, this means that women in unfriendly settings, in the shelters, or with host families would be burdened by the care responsibilities of large numbers of children and other family members. In addition, the presence of women widows and divorcees indicates that there are more women than men who have economic responsibilities in addition to caring for families.
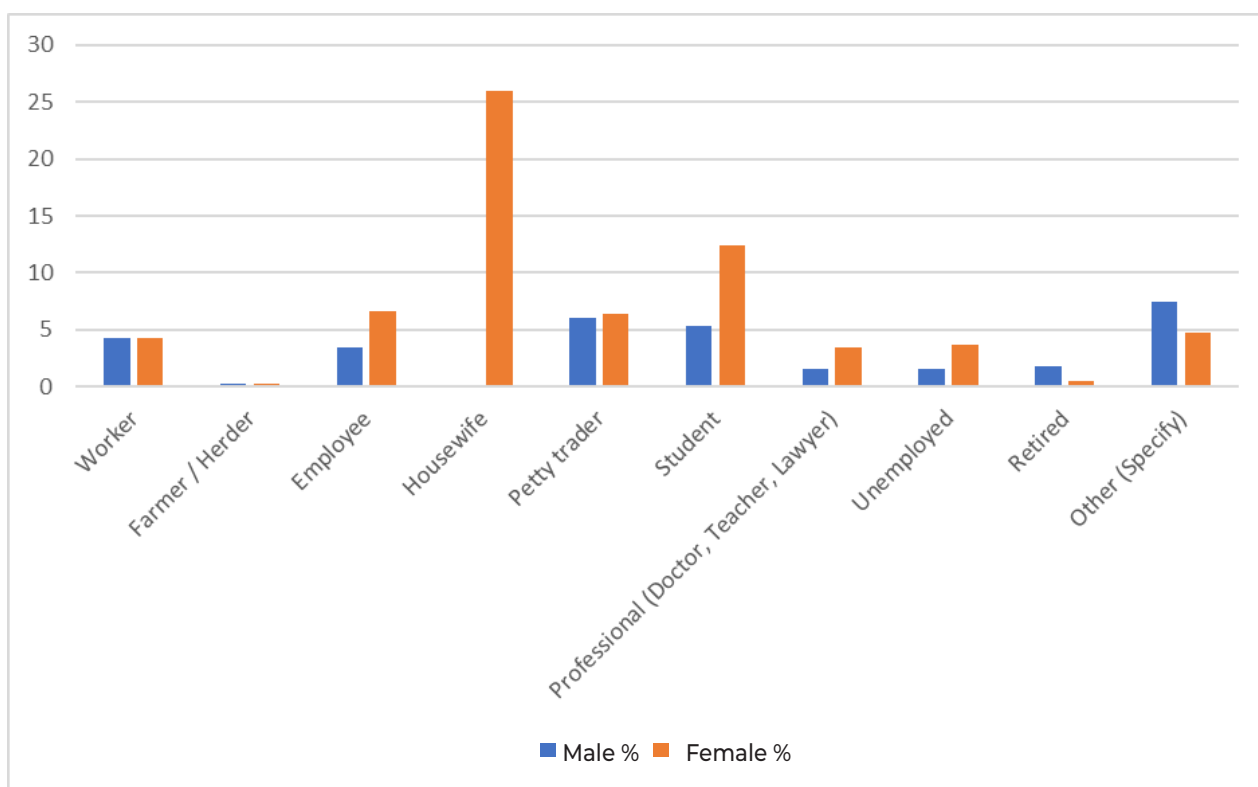

Figure 3: Occupation of IDP Women and Men

As Figure 3 demonstrates, more than one-quarter of the sample are stay-at-home spouses, and 12.4 per cent of them are female students who are mostly economically dependent. The workers, petty traders, and professional women are income earners. Among men IDP, there are the unemployed and retirees. Thus, employees, professionals, and workers in salaried jobs are in shelters seeking not only safety but also food security, as since the conflict, they have received no salaries. Many working in the informal sector in conflict zones lost their investments as the markets were destroyed.

Most of the men and women, heads of host families in Khartoum and the Blue Nile states, were working in the informal sector with low and secure incomes, and few were professionals, as confirmed in interviews with heads of host families. Thus, whatever the occupation the heads of the host families were undertaking, they would soon be in a critical situation for their basic needs as livelihoods prices had been increasing.
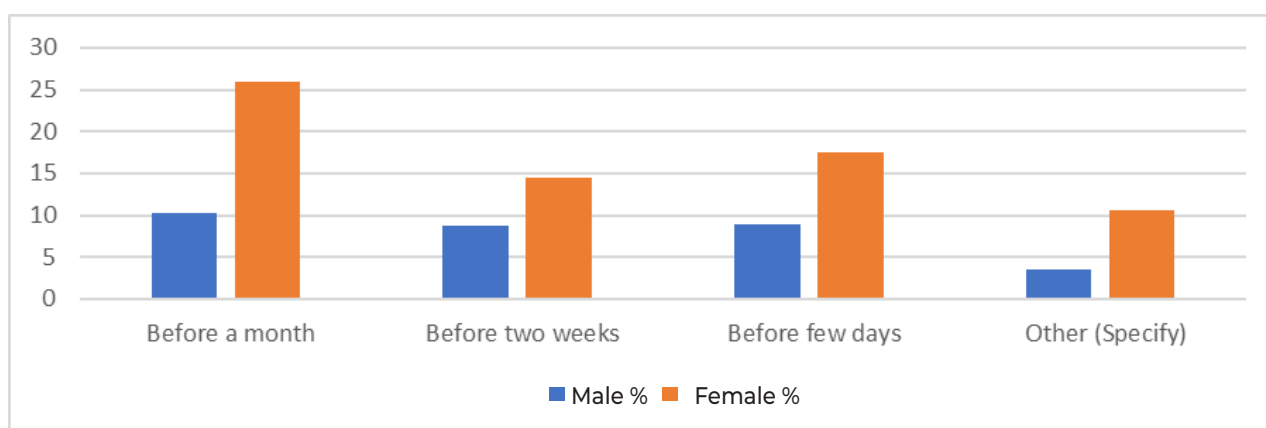

Figure 4: Time of Movement of IDP Women and Men from their Homes.

As the assessment was undertaken in the third month of the conflict, the results in Figure 4. above indicate that the IDP managed to hold on in the first months in the conflict zones before moving out. That means they may have already exhausted their savings as most sources of income were inaccessible since the start of the war.

Fifty-one per cent of women and 25.4 per cent of men noted that they moved with families, 9.9 per cent of women and 2.67 per cent of men have been accompanied by families and relatives. As women are a majority among IDPs, it means they are facing new responsibilities in unfriendly contexts. This is a burden and an opportunity to experience taking tough decisions for resources and protection.

The IDP moved as families with other relatives. Sudanese kin relations are still strong even across the states. That is why in two states, there are no shelters, but families are hoisting their extended families and in-laws, distant relatives, and even neighbours of relatives in war zones. Accompanying families and relatives is a social obligation and a duty according to the principles of the socio-economic support system maintained in all areas of Sudan and among different age and ethnic groups. The socio-economic support system behind the phenomena of 'host families' who have been accommodating in their homes, sometimes up to twenty men and women, in Khartoum and the Blue Nile since the conflict started.

5.3.2. Survival Strategies

As most of the IDP shelters are not supported by humanitarian aid, the IDPs resort to different survival strategies. As demonstrated in Figure 5 below, 21.7 per cent of women and 14 per cent of male respondents used their savings to provide their livelihood needs, and about 19.2 per cent of women and 7.1 per cent depended on aid. In Blue Nile and Algadrif States, 0.53 per cent of women and 1.1 per cent of men noted that young men started petty trade to generate income.
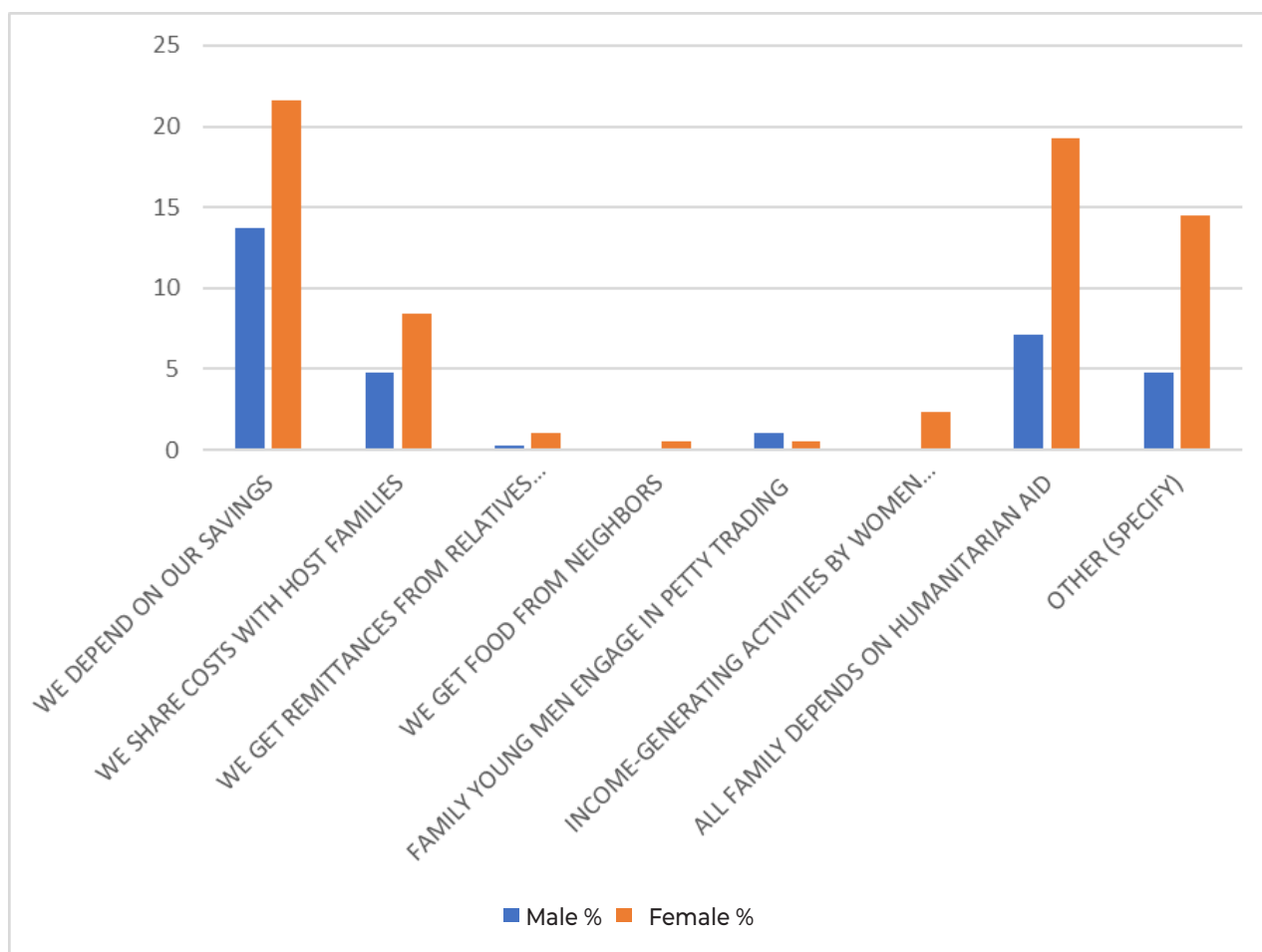
Figure 5: Survival Strategies by IDP Women and Men

In the Blue Nile, North Darfur, Algezira, Red Sea, and Algadrif, women and girls seek income in nearby homes as domestic helpers and start petty trading in markets. The rest used strategies enhanced by the Sudanese traditional economic social support system: getting food from neighbours, sharing costs with host families, and receiving remittances from cousins, uncles, and friends working abroad. A head of a host family in Khartoum explained:

'I am working as a medical doctor and have been hosting my maternal aunt and her family

(9 persons) for more than a month. My brother, working abroad, supported me to continue hosting them.'

A divorced woman from the Blue Nile State noted:

'My three daughters and their families (12 persons) who came from Khartoum stayed in my house, and I moved to my son's house. I encouraged my daughters to work in the market to help support their families.'

Most of the host families interviewed stated that they try to cover all extra expenses without contributions from their guests.

A male head of the host family from the Blue Nile confirmed:

'We are using our savings, and we do not know how long we will be able to do that.'

A female widow from the Red Sea State noted:

'I live on monthly retirement benefits of my husband's, and I sell ice cream to cover my family expenses, but now, since the guests came, I am indebted to the canteen because people have no cash to buy ice cream for their children.'

A female household head from the Blue Nile noted:

'My guests are my nieces, and they cannot find work to support themselves. But we try to eat fewer meals and cheap food.'

A woman head of household from the Blue Nile: 'I have 20 guests with me, and they share expenses, but the neighbours also support by sending food and providing space for men to sleep'.

The women, girls, and young men IDP in Blue Nile State were engaged in different market activities to generate incomes, buy food and non-food items, and share expenses with host families.

5.3.2.1 IDP income generation strategies

The savings of the IDP men and women were depleted as they used some of it during their stay in war zones, and they also paid high transport prices to get to safe areas. Thus, to survive in their new settings, they had to think of generating income. This was a challenging process for women and girls as the settings were unfriendly, and the competition was high in the markets of the receiving states. Thus, women and girls had to negotiate to enter the male-dominated markets.

For survival, women and girls go to the nearby markets to generate income, as stated by 11.6 per cent of men and 26 per cent of women, while others, from all states except the Red Sea, go to nearby communities to seek work, as stated by

4.8 per cent of women, and 1.9 per cent of men. Women and girls in the Red Sea do not seek employment in nearby communities because after the conflict, the IDPs from conflict areas have crowded the State, and families try to protect their women and girls by restricting their movement. In South Darfur State, the Northern State, Blue Nile State, and the Algezira State, women and girls go to nearby urban centres to generate income, as stated by 3.3 per cent of women and 0.56 per cent of men as domestic workers. But it also shows that IDP families' survival puts women and girls at risk, and this is an issue to be considered in programming to reduce the impact of conflict on women.

Table 14: Income generating activities

Income-generating activities of women and girls	Male	Female	Total
	per cent	per cent	per cent
Begging mostly by girls, boys, and women		1.42	1.42
Women, girls, and boys work as domestic helpers	1.99	4.83	6.82
Providing services in the market by women, girls, boys, and men	5.97	10.51	16.48
Petty trading by women, girls, and young women and young men	5.68	15.34	21.02
Other (Specify)	18.18	36.08	54.26
Total	**31.82**	**68.18**	**100.00**

The income generation activities undertaken by the IDP men, women, girls, and boys include market activities, petty trading, and services for shopkeepers and customers. Some work as domestic helpers. (Table 14). While others resort to begging, all these activities, explicitly begging, are risky to women, girls, and boys as most of them are new newcomers to the 'receiving states,' and their work involves bargaining and interactions that may risk their security.
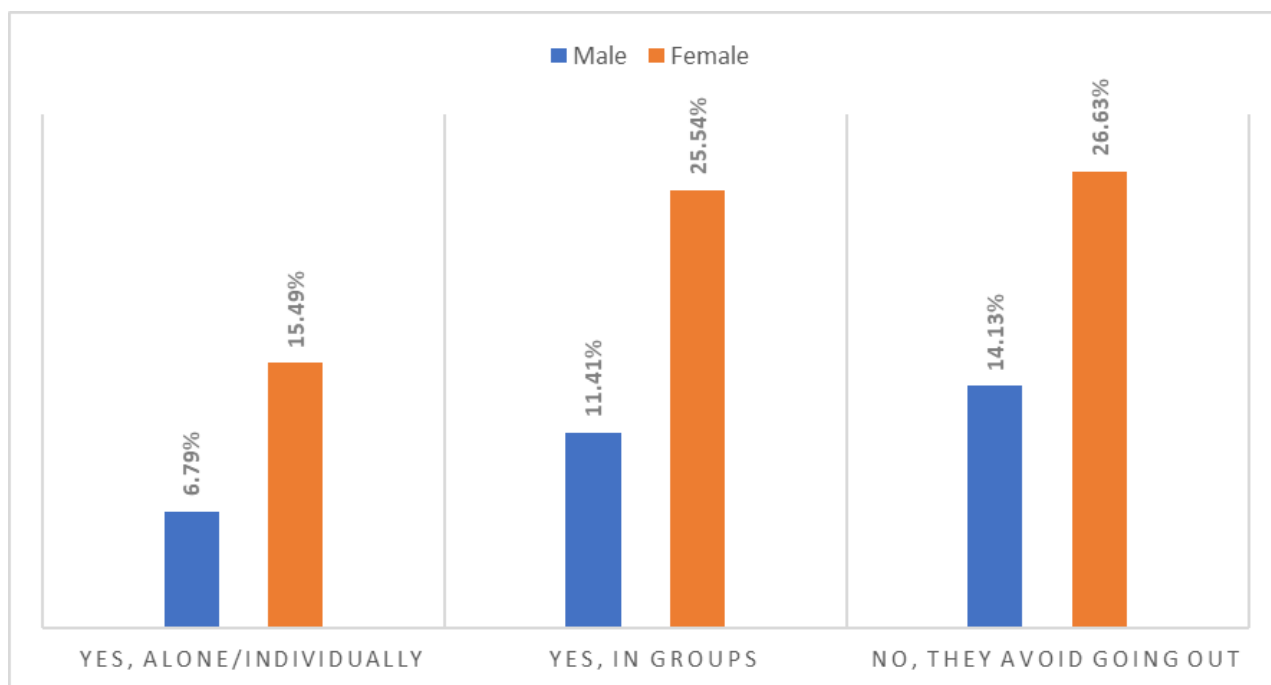

Figure 6: Women and Girls Move Outside the Shelter Area or Host Family Homes

To avoid risks of widespread sexual violence since the conflict, some women and girls avoid going out of shelters to generate income, as stated by 26.6 per cent of women and 14.1 per cent of men. While some in all states go in groups, as noted by 25.5 per cent of women and 11.4 per cent of male respondents, as demonstrated in Figure 6. However, all areas in all states have not been secure since the start of the conflict. Thus, some women and girls try to protect themselves by using transport means. Those who work in distant places use buses, as explained by 26.4 per cent of women and 12.1 per cent of men, and others use local transport, karo, as voiced by 1.4 per cent of men and 1.7 per cent of women.

These are important for avoiding risky places and perpetrators.

But still, few go out as individuals or unaccompanied, as stated by 15.5 per cent of women and 6.8 per cent of men in all states except South Darfur, where most of the residential areas are deserted. This latter group includes those who work as domestic helpers in the vicinities of shelters or nearby markets of host families' houses. Women and girls go out to work whatever the risk because they are brought up to give preference to their families' survival. They go out mostly with no knowledge of how to protect themselves and how to report.

5.3.3.2 Strategies Related to Food:

Table 15: IDP Men and Women Food Survival Strategies.

Survival Strategies	Male	Female	Total
	per cent	per cent	per cent
We are eating cheap and limited quantities of food	13.17	22.04	35.22
We are eating fewer meals	12.63	29.84	42.47
We stopped taking soft and hot drinks	0.27	1.08	1.34
We are eating only relief foods	1.61	7.80	9.41
Other (Specify)	3.23	8.33	11.56
Total	**30.91**	**69.09**	**100.00**

Table 15 demonstrates that all respondents were impacted negatively in their food intake, reducing the quality and quantity of the food as noted by 22 per cent of women, 13.1 per cent of men, and about 29.9 per cent of women, 12.6 per cent of men stated that they eat fewer meals than before. These include IDP with host families in Khartoum and the Blue Nile States. In contrast, 1.1 per cent of women and 0.27 per cent of men stopped taking cold and hot drinks in North Darfur, Gezira, and Algadarif. About 7.8 per cent of women and 1.6 per cent of men depend on relief food. The change in food intake is due to a lack of needed resources for livelihood, and the changes mentioned would risk the health of these people, specifically pregnant women and children. This is happening in deteriorating health institutions and inaccessibility to health services.

5.4. Protection

This section discusses the security concerns of the IDP women and men, risks, location of risks, and protection measures considered. The security concerns are stated in the open-ended question. Some concerns in fighting include the risk of harassment, kidnapping, and rape of young girls, theft, and forced evacuation of citizens from their houses. Other concerns are the rising prices of items, no or limited sources of income, limited access to food, scarcity of food, fear of food insecurity and malnutrition, limited health services, and accessibility of medicines for the elderly and men and women with chronic diseases. The scarcity and inaccessibility to electricity and water are serious worries.

The specific issue related to gender inequality is the restricted movement of young women.

One primary concern noted is that:

Latrines in most residential areas of IDP are built from local materials and are likely to crumble in the rainy season.

The specific concerns related to shelters are that the water well in the shelter is left open and thus risky to children during the day and to all at night, in addition to tensions among IDPs in the shelters, creating an unfriendly environment in the shelter.

These concerns reflect the current lived experiences of IDP women and men, girls and boys, and this is likely to worsen because fighting is continuing. Insecurity is increasing, as confirmed by 48.1 per cent of women and 21.1 per cent of male respondents. However, 17.8 per cent of women and 10.5 per cent of men noted no increase, while 1.6 per cent of women and 0.54 per cent of men stated that they do not know about security concerns. The latter groups, those who deny and those who do not know about the increase in insecurity, have problems as they would not take care of or see the need to protect themselves or comply with protection measures taken in shelters or by communities of host families' communities. Most of both groups are women, who are at greater risk of being the target of sexual violence.

5.4.1. Risks' Locations and Protection Measures

Table 16: Risks for Women and Girls

Risks	Male	Female	Total
	per cent	per cent	per cent
Rape	6.59	15.76	22.35
Harassment	6.30	13.75	20.06
Other (Specify)	19.77	37.82	57.59
Total	**32.66**	**67.34**	**100.00**

The IDP in the shelter and with host families confirmed that there are risks for women and girls, as presented in Table 16. The common risks are rape, as confirmed by 15.7 per cent of women and 6.6 per cent of men respondents, and harassment, as mentioned by 13.75 per cent of women and 6.3 per cent of men from all states. Rape was noted in all states except Algadarif and White Nile states. At the same time, harassment is mentioned by respondents from all states. Kidnapping or forced disappearance of young and old women is added in 'other' as it is a widespread practice specifically in Khartoum since the start of the conflict, and young people groups are helping in finding those kidnapped.

About 7.6 per cent of women and 2.3 per cent of men stated that these risks happen every month; 7.1 per cent of women and 4.8 per cent of men reported that risks happen very rarely; while 35.3 per cent of women and 16.9 per cent of men confirmed that no risk has occurred. The message here is that there are women GBV survivors, and it is not known if they accessed needed services.

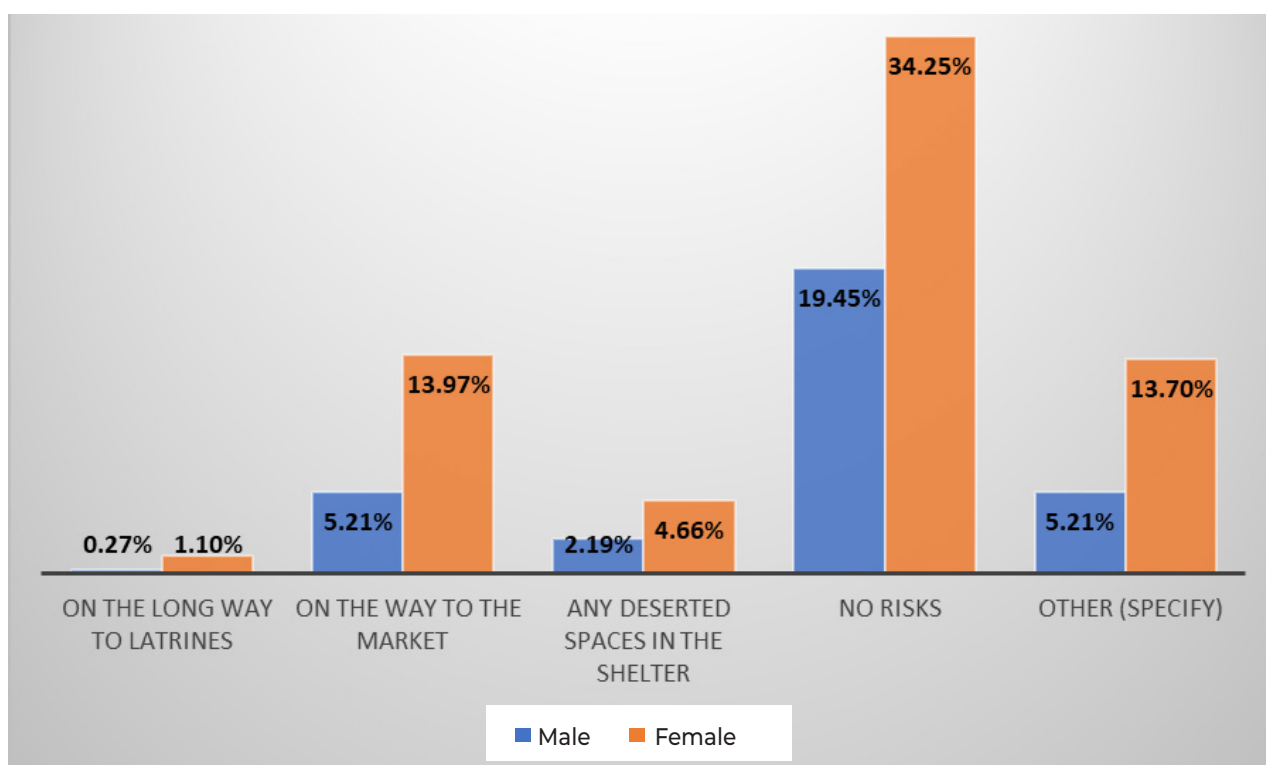### 5.4.1 Locations of Risks for Women and Girls

Figure 7: Locations of Risks to Women and Girls

Figure 7 above demonstrates that about 1.1 per cent of women and 0.27 per cent of male respondents noted that the risks for women and girls are on the way to the latrines, and about 4.7 per cent of women and 2.2 per cent of men mentioned deserted places as locations of risk to women, girls, and boys. At the same time, 13.9 per cent of women and .5.2 per cent of men noted that the risks to women and girls are on the way to the market. These responses indicate that more IDP women than men are concerned with the risk inside and outside the shelters.

However, 34.2 per cent of women and 19.5 per cent of men from all states except Khartoum mentioned no risks. In Khartoum, all places are at risk as the fighting is widespread and brutal. The response 'no risk' may indicate that men and women feel secure in their settings and unaware of risks inside or outside their neighbourhoods, and this is a problem as they may not care about protection measures.

Table 17: Protection Measures for Women and Girls

Protection measures for women and girls	Male	Female	Total
	per cent	per cent	per cent
Raising awareness by different means	10.30	26.56	36.86
Youth resistance groups to monitor risky spaces	2.98	10.03	13.01
No risks	16.80	28.73	45.53
Other (Specify)	1.63	2.98	4.61
Total	**31.71**	**68.29**	**100.00**

Table 17. shows that 26.6 per cent of women and 10.3 per cent of men mentioned raising awareness by different means as a protection measure, while 10.3 per cent and 2.9 per cent of men noted youth resistance groups monitoring the risky places. Raising awareness is done by different means to consider the diversity of men's and women's capacities and needs. However, the issue is in the gender sensitivity of raising awareness messages and the extent to which they empower women to protect themselves or scare and disempower them. Another challenge is the inclusion of teenage girls in communicating messages and its relevance to the

Table 18: Risks for Men and Boys

Risks for men and boys	Male	Female	Total
	per cent	per cent	per cent
Theft	12.67	29.11	41.78
Kidnapping	0.81	1.08	1.89
Forced recruitment into armed forces	1.08	2.43	3.50
No risks	16.17	31.81	47.98
Other (Specify)	1.35	3.50	4.85
Total	**32.08**	**67.92**	**100.00**

The risk for men and boys is theft, as noted by 29 per cent of women and 12.7 per cent of men. Kidnapping and recruitment into the armed forces were mentioned by 3.5 per cent of women and 0.9 per cent of men. All risks mentioned are post-conflict risks widespread in all states of Sudan. (Table 19).
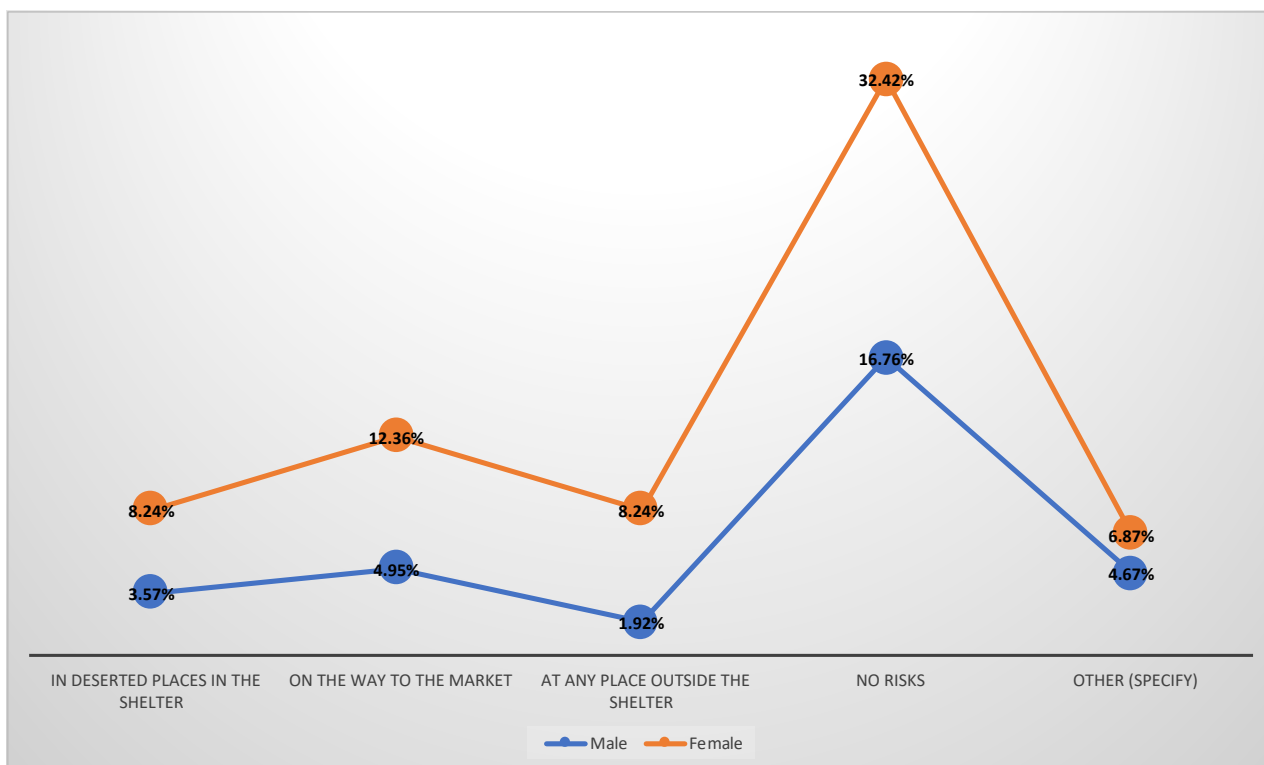
Figure 8: Locations of risks for men and boys

According to the respondents, the locations experiencing these risks include while on the way to the markets, which was mentioned by 12.4 per cent of women and 4.9 per cent of men, risks in all places outside the shelter by 8.2 per cent of women and 1.9 per cent of men or risk in any place outside the shelter by 8.2 per cent of women and 1.9 per cent of men. (Figure 8. above)

Table 19. Protection Measures for Men and Boys.

Protection measures for men and boys	Male	Female	Total
	per cent	per cent	per cent
Raising awareness by different means	9.84	22.95	32.79
Youth resistance groups formed to monitor risky spaces	4.64	12.84	17.49
No risks	15.85	27.32	43.17
Other (Specify)	1.91	4.64	6.56
Total	**32.24**	**67.76**	**100.00**

Raising awareness was mentioned by 23 per cent of women and 10 per cent of men as protection measures. In comparison, 12.8 per cent of women and 4.6 of men consider the work of monitoring by the Resistance Committee of the risky areas as a protection measure. (Table 19).

5.4.2. Safer Places

Table 20. Safe spaces in shelters

Safer Spaces	Male	Female	Total
	per cent	per cent	per cent
Near the mosque	1.39	2.22	3.60
Near the church		0.28	0.28
Near the spaces guarded by resistance committees	0.83	1.94	2.77
Near the spaces guarded by community persons	5.26	9.70	14.96
Near the spaces guarded by military forces	1.11	2.49	3.60
No safe areas	9.42	20.50	29.92
Other (Specify)	13.02	31.86	44.88
Total	**31.02**	**68.98**	**100.00**

Table 20 shows the safer areas in the shelters are the spaces near the mosques and churches mentioned by 2.5 per cent of women and 1.4 per cent of men. The spaces guarded by Resistance Committees were identified by 1.9 per cent of women and 0.8 per cent of men in Algezira, White Nile, and Red Sea states as safer spaces. These are the states with large numbers of IDP and where the Resistance Committees had been putting significant efforts to provide services and protect the shelters. Thus, they are trusted for protection. Also, the community leaders' role in protecting and keeping spaces safe was considered by 9.7 per cent of women and 5.3 per cent of men.

About 2.5 per cent of women and 1.1 per cent of men think spaces guarded by military forces are safer. The importance of these responses is that some IDP women and men know that they have alternative, safer areas that they can resort to in times of threats and emerging insecurity. However, some of the respondents, 32 per cent of women and 13 per cent of men think there are no safer places than their current shelter spaces. These are primarily women and men living with insecurity and need help to think of alternative ways to deal with their insecurities and empower themselves to survive.

5.4.3. Vision for IDP men and Women on Potential Helpers in Case of GBV

Table 21: Persons and Groups from Whom Violence Survivors Seek Help.

Response	Male	Female	Total
	per cent	per cent	per cent
Family member	24.37	25.6	25.2
Community leaders	3.36	6.8	5.69
Women-led organisations	4.2	4	4.07
Youth/men-led organisations	2.52	6.4	5.15
Any female aid worker	0	1.6	1.08
Keep it to themselves	1.68	4.8	3.79
Do not know	41.18	33.6	36.04
Other (Specify)	22.69	17.2	18.97

Table 21. shows that violence survivors seek help from family members, as mentioned by 25.6 per cent of women and 24.4 per cent of men. Those who noted that know that they would not be allowed or helped to seek legal or medical assistance for their violence and thus must keep it a secret and bear any drastic consequences as the family fears stigma and keeps the issue to themselves.

Some respondents considered the community leaders as helpers to violence survivors. Organisations led by women, men, and youth help in cases of violence. This is important as it indicates that the IDP men and women have rust in the local groups. In contrast, 1.6 per cent of women consider female aid workers as helpers in case of risks. Female aid workers provide women with specific needs, so women think they should be trusted as supporters.

Some of the protection measures mentioned by IDP in the open-ended questions are common to settings of IDP, shelters, and host families and are informed by the IDP experiences. Few are influenced by gender inequality culture, such as

'Women's movement should be restricted' and 'Women should never go out of the house.' Also, 'Women should go in groups.'

Gender inequality norms inform these suggestions. Women are at risk because they go out and are accessible to perpetrators. Those who said it are unaware that there may be perpetrators inside homes and shelters. Restricting women is not an effective protection measure.

Other measures mentioned highlight the masculinity role in protection:

'Patrols by young men in the neighbourhoods, and 'Closing of doors of shelters and men are to guard,'

5.4. Access to Services

5.4.1 Access to Water

Filtered water is accessible to 55.2 per cent of women and 24.7 per cent of men, the rest drink unfiltered water. Thus, many IDPs are at significant health risk as they drink unfiltered water. The drinking water shortage and inaccessibility are issues in all states with some variations.
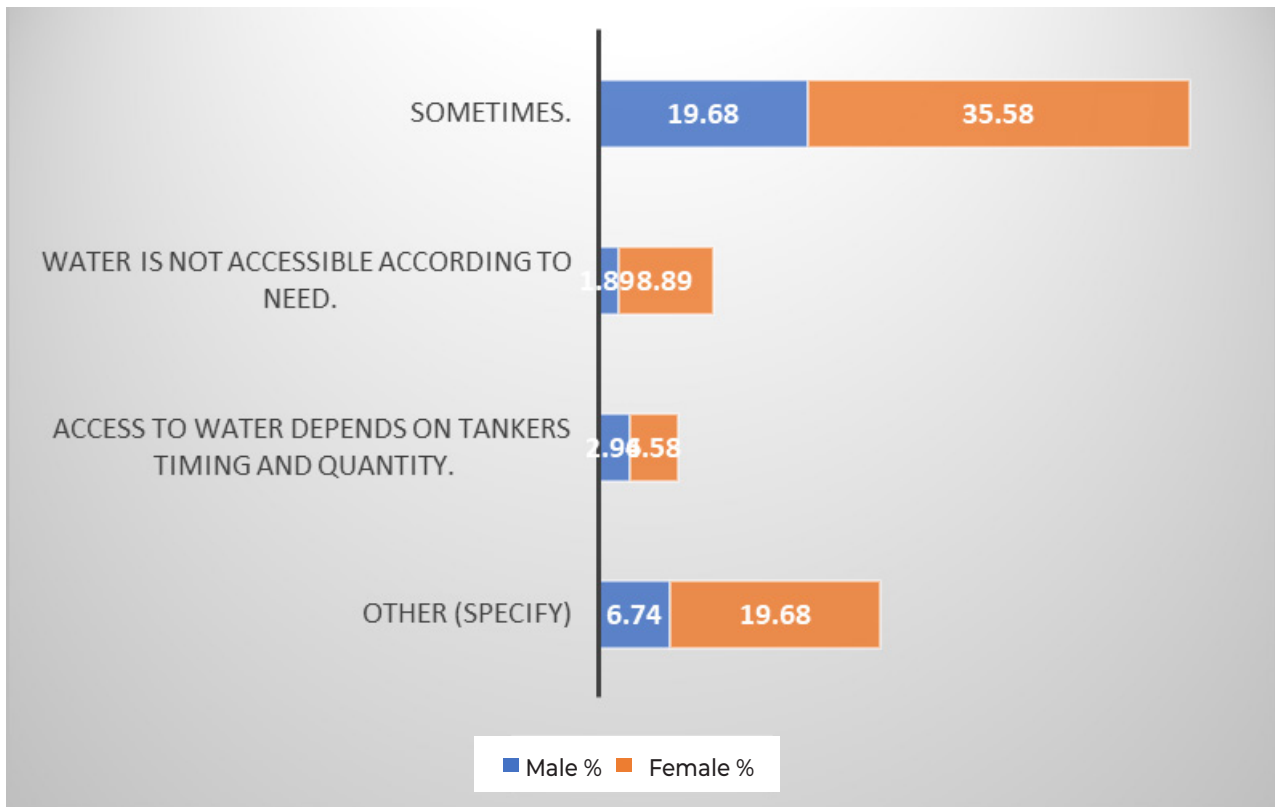
Figure 9: IDP Women and Men Access to Water

In most shelters, access to water depends on supply from water trucks, which may be delayed sometimes. (Figure 9.) In case the water truck is late, the water sometimes may not be accessible, as stated by more than 36.6 per cent of women and 19.7 per cent of men. Despite that, 30.1 per cent of women and 14.1 per cent of women stated that Resistance and the Change and the Service committees secure water in most shelters and they arrange for securing costs of water and ensuring the filling of the tankers inside shelters, water is not accessible according to need in shelters. Small jerry cans are filled and carried from the tankers to be accessible near the rooms/classes where families live. As the photo below shows, there is a well in one shelter; thus, the IDP gets access to water unsuitable for drinking and may be for personal use as the well is left open.

Similarly, the IDP with host families in the Red Sea State does not access water that satisfies their needs, as most host families cannot afford to buy the needed water. A widow head of family in the Red Sea State explained: '*The pension of my husband is 12,000, and I had to use more than half of it to secure water for my IDP guests daily'.*

8.7 per cent of women and 2.9 per cent of men noted that women and girls are responsible for securing water, while 9.7 per cent of men and 14.6 per cent of women mentioned that men and boys are responsible for bringing water. Higher percentages of women and men confirmed men and boys' engagement in the provision of water. This differs from traditional roles in most communities as women and girls must carry water from its sources. The change in gender roles in the shelters is an adaptation to the dynamics of the new settings and new communities for the IDP men and women. More significantly, there are widespread risks targeting women and girls; thus, IDP men are more involved in protecting women and girls from interaction with strange men and women.

Table 22. Risks Faced by Women While Accessing Water.

Risks to women accessing water	Male	Female	Total
	per cent	per cent	per cent
Risk of rape	2.48	6.81	9.29
Risk of kidnapping	0.31	0.62	0.93
Risk of being killed	0.62		0.62
Other (specify)	28.79	60.37	89.16
Total	**32.20**	**67.80**	**100.00**

The risks noted by the respondents are indicated in Table 22. above, are profound, including rape, kidnapping, and killing. These risks are mentioned by IDP men and women from the fighting areas of Khartoum, North, and South Darfur states. However, the risk of kidnapping or forced disappearance has started since the beginning of the conflict, and there are reports that these kidnapped young women are taken to faraway places and are sexually abused. In the last few weeks, activists' men and women groups started announcing the disappearance of many women and a few men to help families find them, as the police are not functioning. Some of those who disappeared by force are in detention by fighting parties.

5.4.2 Latrines

22.9 per cent of women and 10.7 per cent of male respondents confirmed that latrine distance is less than 50 meters from living rooms or classes, with the highest percentage in Khartoum compared to other states. These are primarily in host families' homes. Small percentages, 2.4 per cent of women and 0.8 per cent of men stated that the latrines are more than 50 meters from the living rooms in the host families' houses.

Table 23. Distance of Latrines in Shelters from The Sitting Spaces in Shelters/Host Families' Houses.

Response	Male	Female	Total
	per cent	per cent	per cent
Latrines are less than 50 meters from living rooms in the host family house.	10.78	22.91	33.69
Latrines are more than 50 meters from living rooms in host family house	0.81	2.43	3.23
Latrines are located less than 50 meters away from living spaces in public shelters	15.90	31.00	46.90
Latrines are located more than 50 meters away from living spaces in a public shelter	2.96	8.63	11.59
No latrines in public shelter space		1.35	1.35
Other (specify)	1.08	2.16	3.23
Total	**31.54**	**68.46**	**100.00**

While 31 per cent of women and 15.9 per cent of male respondents confirmed that latrine distance is less than 50 meters from living spaces (classes or rooms) in shelters (mostly hostels). 8.6 per cent of women and 2.9 per cent of men stated that the latrines are more than 50 meters from living spaces in shelters, and this is an issue if there is no light electricity (Table 23).

The problem is for women in shelters where there are no latrines. In such a situation, men may seek alternatives outside the shelters, but women's options are risky or not accessible in times of need. Women can go during the day to the neighbours, but this depends on the neighbours' availability and acceptance, but they have no alternatives during the night. Using shelters' yards for defecation generates risks to the health of shelters' residents.

Figure 10 below shows that 0.27 per cent of men and 0.27 per cent of women noted that more than 20 women, girls, and boys use one latrine in some shelters. This is a grave issue for all, but for men and girls, it is more severe because, culturally, many women may not queue with men for latrines, and menstruating women are likely to suffer in such a situation.
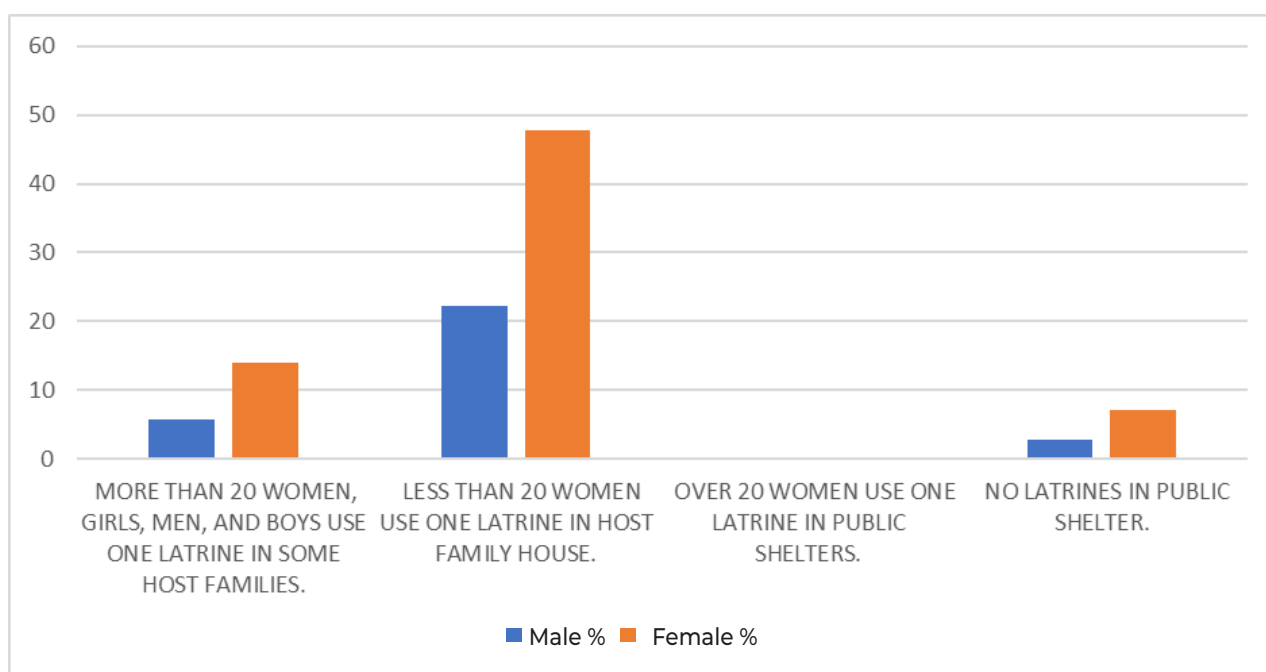

Figure 10: Number of Women and Girls Using One Latrine

In the host families' houses, 14.1 per cent of women and 5.7 per cent of men noted that more than 20 women, girls, and boys use one latrine, and 22.2 per cent of men and 47.9 per cent of women noted that less than 20 women, boys, and girls use the same latrine. In both cases, it is a problem. In Khartoum and Blue Nile, the host families' houses usually have one bathroom in the women's section, so hosting eight or 20 women with their children is a critical problem for women and girls.

The risk is that the latrines in most shelters and host families' houses are holes made from local material and used for bathing, which means they are likely to be filled with water and may collapse at any time, risking the users' lives. The rainy season has already started in some states and adds to the risk of the collapse of latrines.

From observations in shelters, the latrines are dirty and unfriendly to children, disabled and sick women, girls, and boys. 64.9 per cent of women and 29.7 per cent of men confirmed no specific latrines for elderly, disabled, and children. This is an incredible burden for women caring for these categories in unfriendly settings.

Table 24. Measures Taken to Protect Women and Girls Using Latrines in Public Shelters.

Protection Measures	Male	Female	Total
	per cent	per cent	per cent
They are instructed to go in groups.	12.86	30.57	43.43
Young men organise patrols to watch the women's latrines area.	0.29	63.71	4.00
A fence was built, and guards allowed only women to get into latrine areas.		0.86	0.86
New, safely accessible latrines are constructed/under construction by young groups.		0.57	0.57
Other (Specify)	18.57	32.57	51.14
Total	**31.71**	**68.29**	**100.00**

Considering the widespread practices of violence against women, girls, and boys and the lack of and long distances of latrines in the shelters, women and girls are at risk of visiting the latrines at night. The camp management is aware and cautious in protecting the women, girls, and boys. Thus, they have considered some protection measures, as evidenced in Table 26. Girls and women are instructed to go in groups, as noted by 30.6 per cent of women and 12.9 per cent of men, but some women and girls may feel shy to wake other women to accompany them during the night. In some shelters, fences are constructed; in others, young and adult men organise night patrols, as indicated by 0.3 per cent of men and 3.5 per cent of women, which is safer. Some young men groups built new latrines with few or no latrines. Women's and girls' safety is a priority concern of the shelters' management team. The host families in Khartoum have not taken any measures, although domestic violence, specifically rape and harassment, has been widespread even before the conflict (Table 24).

5.4.3. Access to health services

The women and men IDP who are impoverished by the conflict find it challenging to pay transportation costs to access health institutions, and the percentage of women facing this constraint is higher than men, as noted in Figure 11 below. This is because most women in the shelters have no source of income, and those with some savings and income prioritise children and the elderly as culturally expected of them.

The destruction of health services reduced the number of functional health institutions and the services provided by accessible ones. Thus, 9.7 per cent of women and 4 per cent of men noted that health institutions near them are not functional, while some of those in adjacent vicinities reduced their services to emergency care, as stated by 17.5 per cent of women and 9.7 per cent of men.
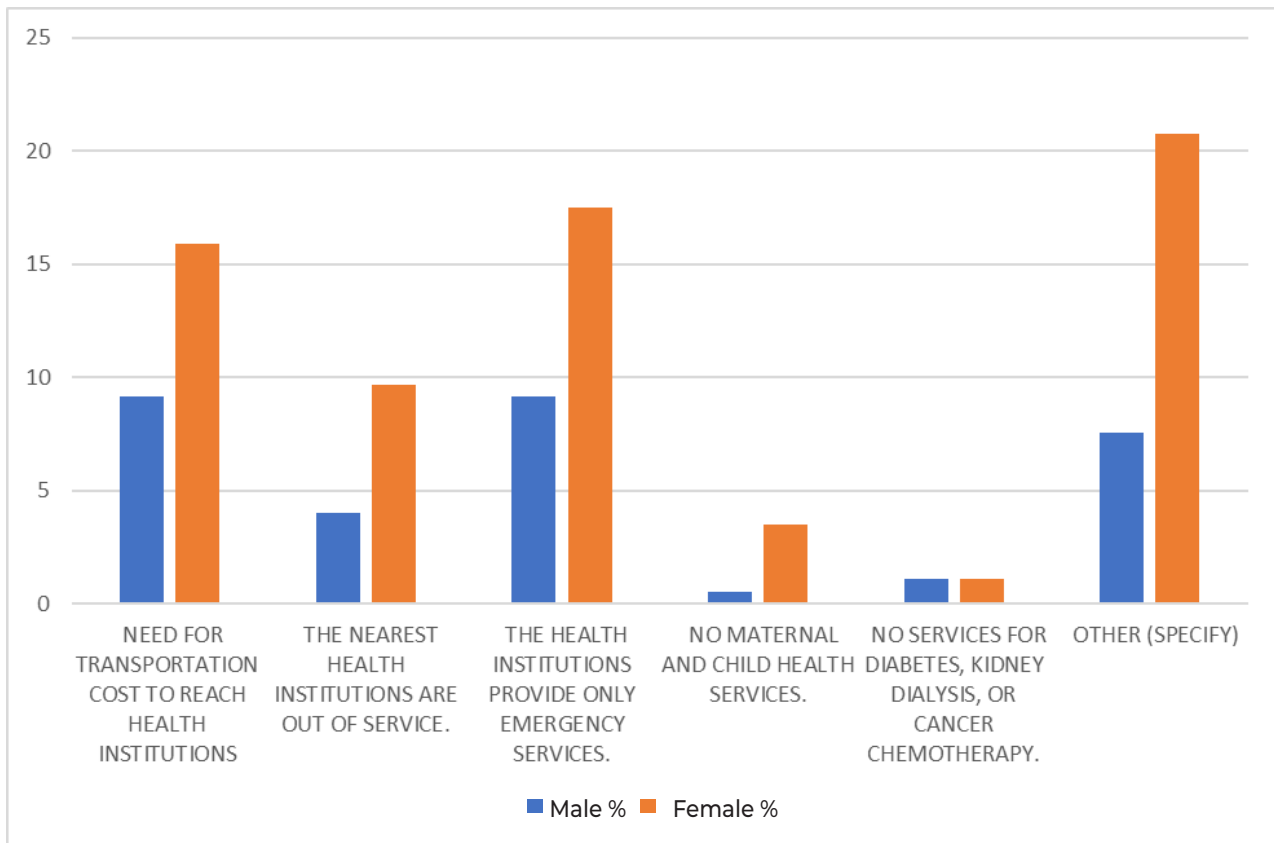
Figure 11: Barriers to IDP Women and Men for Accessing the Nearest Health Institutions.

The inaccessibility to maternal and child health services is also a challenge, as confirmed by 3.5 per cent of women and 0.5 per cent of men. In contrast, an equal percentage of 1.1 | per cent of men and women demonstrated that there are no services for the elderly, disabled, kidney dialysis, and cancer patients. Such barriers are more severe in conflict areas in Khartoum and North and South Darfur, as most health institutions were destroyed during the conflict. In other states, health services suffer limitations, and during the conflict, many run out of supplies and staff and stop or limit their services. This made it difficult for the large influx of IDPs to access health services. The main complaints of heads of hosting families are limited and inaccessible services and medicines for sick people. There are no health services for elderly men and women, those with disabilities, kidney dialysis, diabetes, and cancer patients.

The maternal and child health services were inaccessible, specifically in conflict zones, specifically Khartoum, as the biggest maternity hospital in Sudan, situated in Khartoum, was closed by the fighting forces. Some pregnant women in shelters and host families were assisted by trained midwives, as confirmed by 49.1 per cent of women and 23.1 per cent of men. Thanks to the related UN agencies for their efforts in training midwives in the different regions. As Figure 12 below shows, about 3.2 per cent of men and 5.1 of women mentioned that traditional midwives assisted pregnant women in Khartoum and South Darfur, and this is because during the fighting and for the urgency in child labour, the families resort to the nearest accessible midwives.
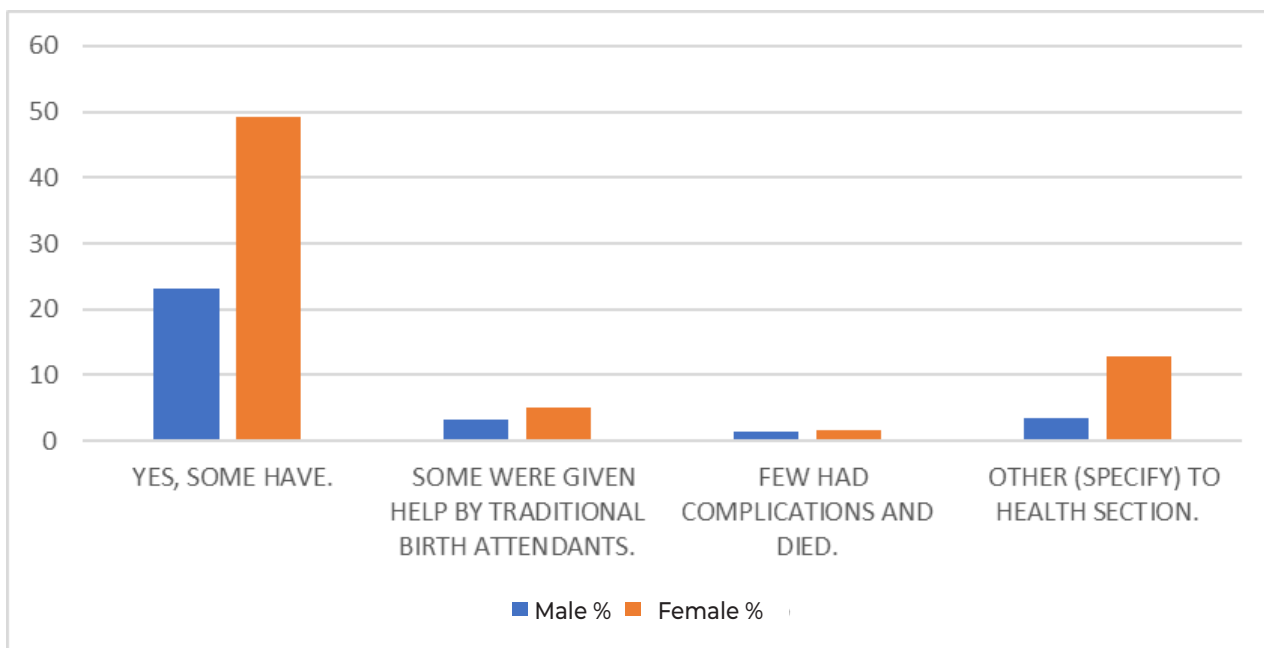
Figure 12: Pregnant Women Timely Access to Trained Birth Attendants

Still, some cases of deaths were reported by 1.6 of women and 1.3 per cent of men. The deaths are in South Darfur, Algezira and White Nile states. Maternal death is one of the severe reproductive health issues in many states, and it is likely to increase in conflict situations due to inaccessibility to health services and feelings of being uprooted from homes.

5.4.4. Humanitarian Aid

5.4.4.1 Aid Distribution

About 23.1 per cent of women and 6.8 per cent of men confirmed that relief items are distributed in the states with shelters. However, many respondents in shelters did not receive aid during the data collection. Thus, they depend on the community initiatives support specifically for food, which is not regular. Its quantity does not address the diverse needs of IDP men and women in shelters. Khartoum and Blue Nile states have no shelters and no aid distribution. The heads of host families interviewed in these two states confirmed they had not received any relief.

Table 25. Family member registered to receive aid:

Persons registered to receive Aid	Male	Female	Total
	per cent	per cent	per cent
Husband and son/s	3.50	3.50	6.99
Mother and daughter/s	3.50	11.19	14.69
Husband only	4.90	3.50	8.39
Mother only	9.09	39.86	48.95
Other family relatives	1.40	-	1.40
Other (Specify)	6.29	13.29	19.58
Total	28.67	71.33	100.00

As Table 25. shows that women are responsible for receiving aid, as 39.9 per cent of women and 9.1 per cent of men confirmed that the mother is only registered for receiving aid, and 11.2 per cent of women and 3.5 per cent of men noted that the mother and daughter are registered. This ensures that family women control decisions on relief and that the family uses it. This reduces the general practice among men selling the relief in the market. However, 3.5 per cent of women and 4.9 per cent of men noted that husbands are registered to receive, while 1.40 per cent of men stated that other relatives are registered to receive aid.

The mother decided on whom to receive aid, as noted by 42.8 per cent of women and 6.9 per cent of men, while 2.1 per cent of women mentioned that young women make the decision. 2.8 per cent of men said young men take that decision. 6.9 per cent of women and 11 per cent of men mentioned the father as responsible for decisions. Giving opportunities to young men and women to participate in decision-making, for whatever reasons, is an opportunity for them to build trust and learn to make decisions in family issues.
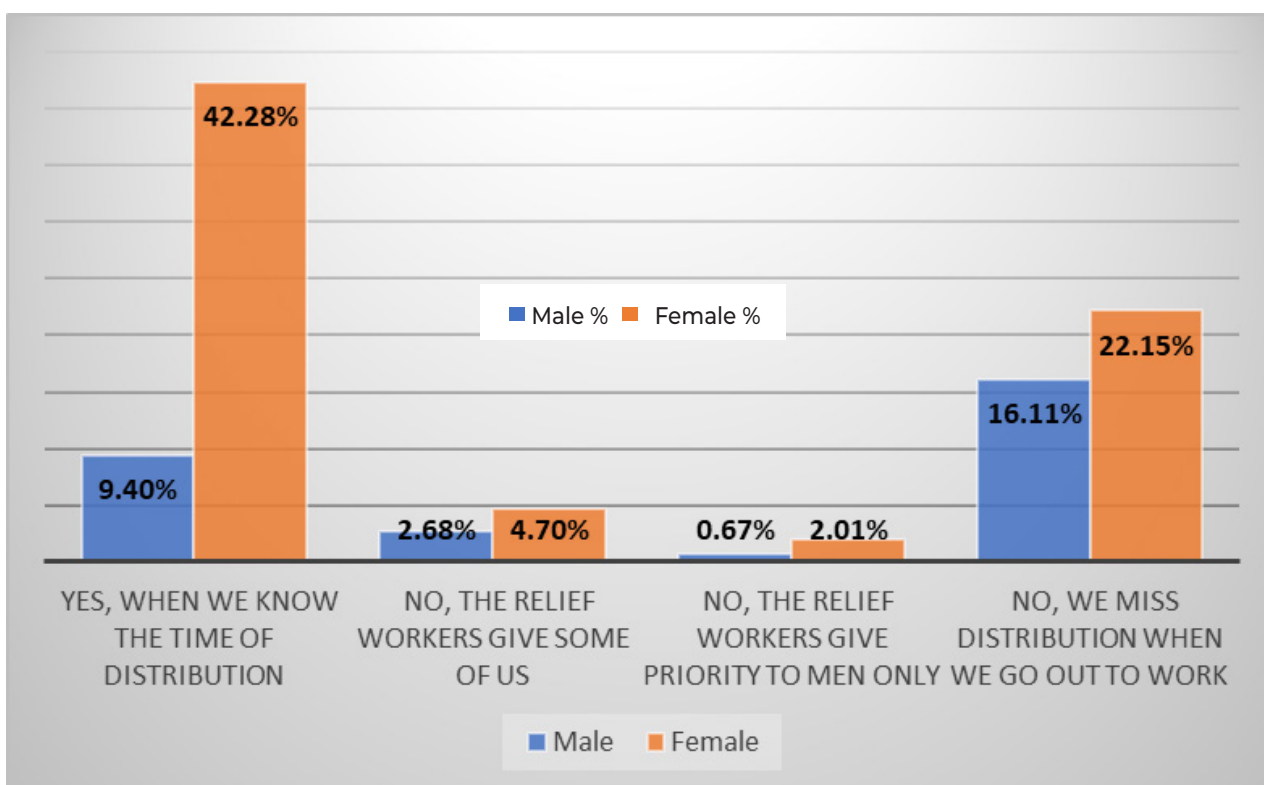
Figure 13: Women and men to access to aid

As Figure 13. indicates some IDPs receive relief regularly, as confirmed by 42.3 per cent of women and 9.4 per cent of men. But others miss receiving aid for two varied reasons. 22.1 per cent of women and 16.1 per cent of men miss it as they go out to work. That indicates a problem with IDP's access to information during distribution and poor coordination between the aid authority and shelters' committees. But the second reason showed discriminatory practices of aid workers favouring/giving some groups, which is practised in Al Gezira, White Nile, Algadarif, and Red Sea states. At the same time, favouring men over women happened in the Red Sea states. This is a problem of monitoring and challenge of accountability to humanitarian principles in aid distribution.

5.4.4.2. Sexual abuse by aid workers

All respondents confirmed that there are no incidents of aid workers asking for sexual favours from IDP. Sexual violence is a taboo, and Sudanese men and women do not talk about it specifically to women with pen and paper. Talking about sexual violence involves social and legal accountability, and many people avoid it. But, though the IDP denied the prevalence of sexual abuse by aid workers, the Key informants confirmed its existence. This is because, among key informants, there are young women and men who, before the conflict, started denouncing GBV in public, even in the media, as it has become a war and political issue.

5.5. Access to information

The IDP, women, and men demanded information on psychosocial support to face the loss of family members, safety and protection means, and health services accessible. Some men needed information on their rights to know and access the foods, such as dates and items stored in shelters' stores. Some men and women confirmed they need information on the food aid provided to them and how justice is ensured in its distribution. The information is more relevant to the IDP in shelters. The information needed reflects that IDP men and women are seeking knowledge on their rights as displacement is a new experience to many of them, specifically those coming from Khartoum. The information needed points to the prevalence of management practices for storing aid items.

However, the heads of host families interviewed emphasised the importance of their inclusion in food aid support besides their guests. Some leaders of host families, specifically in the Blue Nile State, needed information on the possibility of establishing shelters for their guests. They are concerned with the risks of the collapse of latrines in the rainy season.

Table 26. Preferred Means to Receive Information Regarding the Conflict

Response	Male	Female	Total
	per cent	per cent	per cent
From community committees	20.29	45.41	65.70
From community leaders	2.90	5.31	8.21
From religious leaders		1.45	1.45
From resistance committees' young men and women	1.93	4.35	6.28
Feminists /women community activists	0.48	3.86	4.35
I do not know	1.45	1.45	2.90

Response	Male	Female	Total
Other (Specify)	4.83	6.28	11.11
Total	**31.88**	**68.12**	**100.00**

Regarding how to receive the information, 50.7 per cent of women and 21 per cent of men noted that they prefer to receive information from community committees and leaders (Table 26). Few noted religious leaders as their means of getting information, particularly those sheltered in mosques such as the Red Sea State. About 8 per cent of women and 2.4 per cent of men prefer to receive information from resistance committees and women-led groups. The results indicate that women trust community leaders and groups as sources of their information. About 2.3 per cent of women and 1.3 per cent of men do not know how to communicate their complaints. These are men and women who are not used to being given choices and may not be aware of their rights, and these have implications for their security and accessibility to their basic needs.

The IDP men and women trust the community groups, including resistance youth and the women/men-led groups. Since the start of the conflict, these groups continued to provide the IDP with food and services, including networking and information, as confirmed in the Phase 1 RGA report.

Table 27. Ways Preferred by IDP to Raise Questions to Aid Supervisors.

Response	Male	Female	Total
	per cent	per cent	per cent
Face-to-face with the aid supervisors	21.00	47.67	68.67
In community leaders' meetings	3.67	6.67	10.33
Phone call	1.33	4.33	5.67
Suggestions box	1.00	4.67	5.67
Social media	2.00	1.00	3.00
Do not Know	1.33	2.33	3.67
Other (specify)	1.00	2.00	3.00
Total	**31.33**	**68.67**	**100.00**

As for questions and complaints to aid supervisors, 47.7 per cent of women and 21 per cent of men prefer face-to-face with representatives of aid organisations, and about 6.7 per cent of women and 3.7 per cent of men prefer to raise complaints in the community leaders' meetings. The rest prefer using suggestions box, phone, and social media, and 2.3 of women and 1.3 of men do not know. All women and all men except 0.30 per cent of them prefer to communicate in Arabic. The responses indicated interest in sharing and most preferred face-to-face interaction. (Table 27).

5.6 Change in Family roles and relationships after displacement

Table 28. Responsibilities at Home before Displacement

Response	Male	Female	Total
	per cent	per cent	per cent
I have no responsibilities at home	5.53	1.32	6.84
I help *sometimes* with domestic chores	6.58	15.00	21.58
I am responsible for going to the market	15.53	12.11	27.63

I do all domestic work	0.79	30.79	31.58
I have no responsibilities at home	5.53	1.32	6.84
I help *sometimes* with domestic chores	6.58	15.00	21.58
I am responsible for going to the market	15.53	12.11	27.63
I do all domestic work	0.79	30.79	31.58

The division of work in IDP families before the movement followed the traditional gender division of labour with slight changes. Some more women than men noted that they purchased the family needs from the market, and some men participated in domestic work. Another subtle change is that some women do not take any home responsibilities. Some can choose and thus help sometimes, but for others, giving help is their culturally expected chore. These changes are expected as the women activists have been challenging gender inequality norms and succeeded in being prominent in educational institutions and all workplaces. The men who do all domestic work or care for the elderly or sick demonstrate a change in norms, which rarely happens in families where women of the family are forced to be away from home or are deceased (Table 28).

After the movement, 2.7 per cent of women and 1.3 per cent of men confirmed no change. This may be indicated in the continuity of women in their traditional roles, and (12 per cent) continue to note that they provide all family needs. In addition, in the White Nile and Khartoum states, more than one-third of women help host families with the domestic chores while less than 2 per cent of men support host families, mostly in cleaners' sections, as confirmed by the heads of host families. In comparison, the young and some adult men carry traditional male roles by helping guard the shelter and carrying water from trucks to tankers. The displacement consolidated the practical/traditional division of functions as women were cooking and cleaning with host families and in the shelters. They do it collectively with other women and girls. However, the collective work and food and service provision decisions differ from the women's daily practices. They thus would contribute to improving their information and experiences of teamwork and decision-making experiences, and therefore, their empowerment. That means women are experiencing a change in the displacement settings.

5.6.1. Decision-Making Roles

More than one-quarter of women and 18 per cent of men confirmed that the head[47] of the family before the movement was the father, and smaller percentages of them (10. per cent of women and 4.3 per cent of men) noted shared headship. Thus, the IDP families are patriarchal. Those who confirmed mother headship[48] are 13.4 per cent women and 0.54 per cent men. These are primarily families of women widows and divorcees who generate incomes. The 'other' responses included sisters, brothers, uncles, aunts, cousins, or some of them together as heading/supporting families. Some mentioned charitable people, including relatives and non-relatives. This is the case for the poor people dependent on charity, thus reflecting that the socio-economic support system of Sudan is still functioning despite long years of economic difficulties.

Table 29: Persons Who Decided on the Movement of Family Members Outside the Home.

Response	Male	Female	Total
	per cent	per cent	per cent
Father	10.37	15.96	26.33
Brothers	1.60	4.26	5.85
Mother	3.19	20.48	23.67

Everyone was free to decide	1.06	2.39	3.46
Collective decision	11.17	20.48	31.65
Other (Specify)	4.26	4.79	9.04
Total	**31.65**	**68.35**	**100.00**

One-third of IDP interviewed took collective decisions for movement, as stated by about 21 per cent of women and 11.2 per cent of men. But the mother decided for 20.5 per cent of women and 3.2 per cent of men. About 1.1 per cent of men and 2.4 per cent of women noted that family members took individual decisions for movement. (Table 29). This freedom of choice is a recent[49] trend in the decision-making process for young women, although preference is limited to moving with extended family members. But for young men, as the cultural norms allow, they can move with their friends as some groups noted that they are all males. More women have decided to because they are more at risk by staying in their homes; thus, men did not challenge their decision. Women were encouraged to move out of conflict zones as transportation companies announced routes in central/convenient places across neighbourhoods. The change in roles in decision-making related to the sensitive movement of women of the family is shaped by the conflict impact of spreading risks of sexual violence against women.

Investigating changes in the IDP gender relationships, 10.3 per cent of women and 4.2 per cent of men reported that no changes occurred in their gender power relationships after moving to the shelters' settings. These results are for all states except the Red Sea and White Nile. As these two states were receiving IDPs from all conflict areas, the IDPs found themselves in new communities and new dynamics, which may have forced these families to adjust and experience unintended changes in their gender roles and relationships.
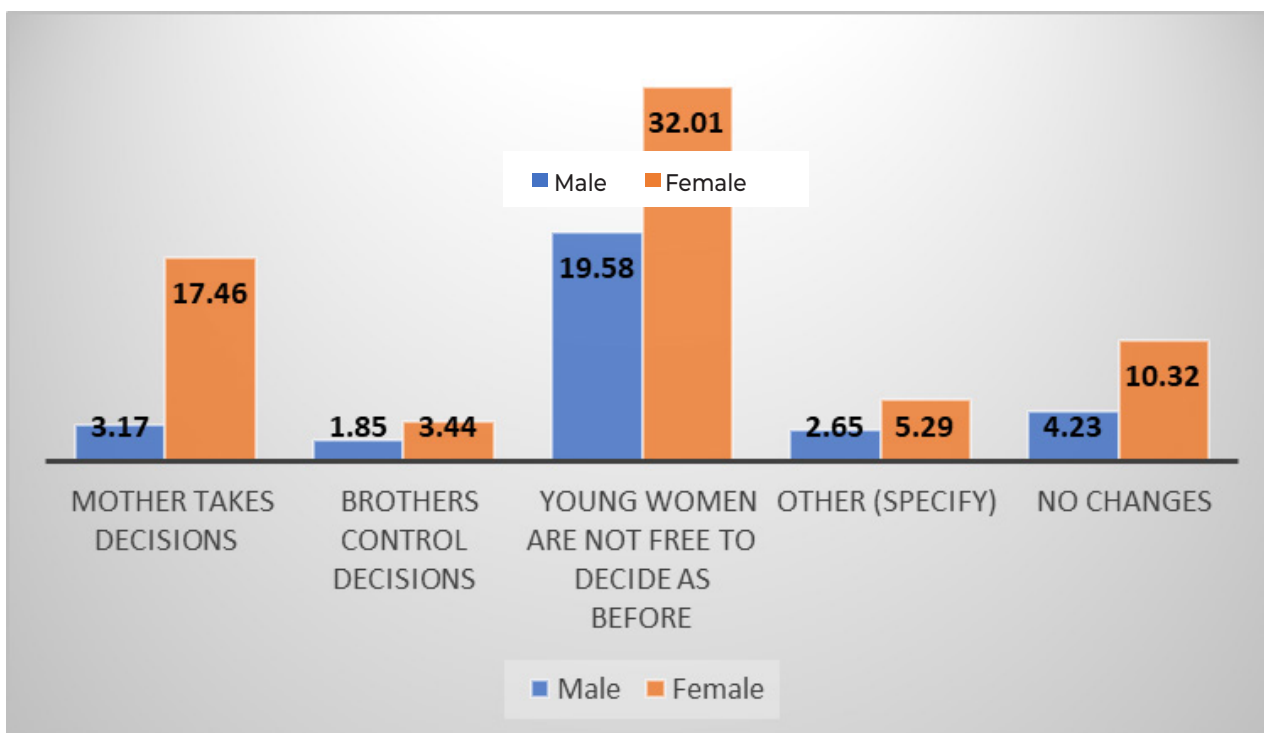

Figure 14: Changes in Family Decision-Making Roles Since The movement to Other States

There are slight changes in favour of women as 17.56 of women, and 3.2 per cent of men in all

states confirmed that mothers make decisions in new post-conflict settings. Smaller percentages (3.4 of women and 1.9 of men) noted that in the new settings, brothers are controlling decisions. This is expected as the traditional patriarchal and male dominance structures are prevalent in the new settings and are likely to promote gender inequality (Figure 14).

However, 32.1 per cent of women and about 19.6 per cent of men in all states, with a higher percentage (10.2 per cent) of men and women in the White Nile, stated the movement of young women was restricted. This is considered a protection measure to address the spreading risks of sexual violence against young women/girls, specifically in conflict areas, Khartoum, and North and South Darfur states. In the 'receiving' states, the increasing number of shelters for IDP men and women from different fighting areas increased insecurity in these states. Restricting the freedom of women is a consolidation of patriarchal control and is related to gender discrimination against young women. It is a backlash that would constrain the activism of young women who led the 2018 revolution.

5.6.2 Women Participation

Only 7.3 per cent of women and 0.6 per cent of men stated that their mothers and sisters were publicly active. Higher percentages, 12.6 per cent of women and 8.4 per cent of men, confirmed that their fathers and brothers participate in community public work. In comparison, 15.4 per cent of women and 4.8 per cent of men stated that their mothers are not engaged in community activities. Therefore, back home, the participation of women is low, and this is expected as the public domain remained culturally more open to men than women.

Table 30. Reasons for women's low participation in community public activities before displacement

Response	Male	Female	Total
	per cent	per cent	per cent
Because culture does not approve of women's public participation.	2.48	8.39	10.87
Women in the family are exhausted by domestic work.	15.53	26.71	42.24
Mothers do not approve of community work.	1.86	2.80	4.66
Sisters are busy with their studies.	2.48	6.21	8.70
Men in the family do not allow women public engagement.	3.73	4.35	8.07
Other (specify)	5.28	20.19	25.47
Total	**31.37**	**68.63**	**100.00**

Table 30. above elaborates on barriers to women's public participation in the management of shelters. 15.5 per cent of women and 7.7 per cent of men noted that social norms do not support /approve of women's public participation. Men and mothers in the family respect these norms. The other reasons are the women's b̶ domestic responsibilities at home and girls prioritising schoolwork.

For those with hosting families, even if IDP

women are activists, the displacement context is not encouraging as their survival and spread of risks targeting women give them no options for public participation.

■ Male % ■ Female %

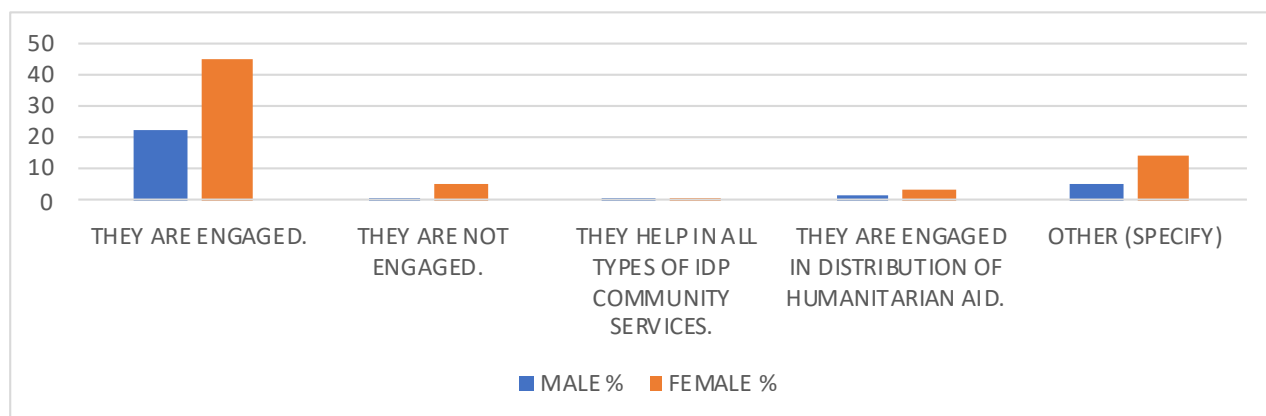### 5.6.3. IDP Women participation in humanitarian response

Figure 15: Women's Family Members' Participation in Humanitarian Response

Figure 15. The above indicates that there are different opinions on the engagement and non-engagement of women in humanitarian response. Yet, most of the women and male respondents are in favour of women's engagement. This is because women are the majority among IDPs in shelters. We must notice that this is happening in a few shelters where aid is distributed.

Although women in shelters are engaged in food preparation, they are recognised as publicly participating in the IDP community. This is a recognition of the reproductive role as a community role.

6. CONCLUDING REMARKS

The assessment results revealed that: a) there are more women among the IDP than men as men stayed at war zones to guard houses. b) The percentage of young women is high among the IDP, and this is risky to families in all settings. c) The number of married[50] women is high, which indicates women's burden of caring for children in an unfriendly environment. d)The IDP women and men are in different occupations. Still, as they hold on for weeks in war zones, their resources are unlikely to support them for long, specifically since they moved as extended families and with friends and neighbours sometimes.

IDPs in most states are in shelters organised by communities in schools and hostels, except in Khartoum and Blue Nile, where the IDPs are living in host families' homes. These are homes of kin and friends. This differs from hosting families during wars in other countries, such as Ukraine, as institutions or organisations do not pay them for hosting.

Survival strategies: The IDP in shelters and with the host families had to undertake strategies to survive as their resources were exhausted and prospects of alternative sources of income in the 'receiving' states were limited. The strategies include using savings and sharing expenses with host families and income-generating activities by young men, women, and girls in the markets and neighbourhoods. Considering that women's insistence to contribute to family survival is happening in a new context, women must think, plan, and address market challenges. This is an economic empowerment process that needs consolidation.

There are security issues in the market activities by women and girls as protection measures of going in groups and by transportation as still, some cannot afford transportation and most of them are not informed with how to protect

themselves, if attacked, and how to report sexual violence.

Other strategies related to food intake include eating cheap and limited quantities of foods, eating fewer meals, and stopping hot and cold drinks. Reducing food intake has more health implications for women than men because women usually privilege men and children and eat fewer foods. The strategies will affect their health negatively, specifically if they are pregnant.

Protection: IDP mentioned a range of insecurity concerns, some related to conflicts such as the forced evacuation of houses, unsafe roads, and others specific to the shelter, such as an open well in one of the shelters and latrines unsafety in the rainy season. One concern of young women is restricting young women's movement from house/shelter. Many confirmed that insecurity is increasing.

The risks for women are rape, harassment, forced disappearance and killing, and for men and boys, kidnapping and forced recruitment in the armed forces. The risks for both are in shelters and homes and outside it.

The measures taken are similar for women and girls and for men and women, including raising awareness by families, restricting the movement of young women, and securing shelters. Such a measure does not give choices to women who must go to the markets because family survival is a duty. If going to market involves risk, women are brought up to accept GBV practices imposed by cultural norms such as FGM and early marriage so that no risk would stop women from their survival strategies.

Access to Health Services: More IDP women than men had problems accessing health services, as the functioning health services are far away from the shelters, and they cannot afford transportation. This is because many women are dependent,

widowed, or disabled with limited incomes; even those who have savings or incomes may give preference to their children and family members' needs as their patriarchal upbringing entailed.

Some of the accessible institutions have limited services, not covering the needs of the elderly, cancer, and renal dialysis patients. The inaccessibility to health services is critical in conflict areas. In contrast, in other states before the conflict, health services were limited. They thus were unable to meet the demands of many IDPs despite the fact that some voluntary organisations are providing free medical services in some shelters, as noted in the Phase 1 RGA Report.

Although some pregnant women have had access to trained midwives, few have been helped with childbirth by traditional birth attendants, and some who had complications passed away. In addition to pregnant women, children and people with disabilities suffer most from the inaccessibility of health services.

Access to water: Water is not available to all people according to their needs in shelters. Men, some women, and girls must secure water in small jerry cans to access families' living spaces. Men are involved in the protection of women and girls from violence, as water points include men and women. Host families buy water daily, such as in the Red Sea State, so they may not be able to provide the quantities that cover their guests' needs.

The change in gender roles can be related to two factors. Firstly, the shelters are new settings and new communities for IDP. There are widespread risks of rape and harassment of women. Thus, IDP men are more involved in protecting women and girls from interaction with strange men and women and from the risks mentioned above by the IDP men and women. IDP mentions these risks from the fighting areas of Khartoum, North and South Darfur states.

Latrines: The latrines in the host families' homes and shelters are situated at a more convenient distance, less than 20 meters, but in some shelters, the distance to latrines is more than 50 meters, and this is risky for women and girls, especially, when there is no electricity near them. The shelters are not friendly to children, the elderly, and people with disabilities. Also, pregnant women and those who have menstruation are unlikely to find latrines in time of need. In some shelters, there are no latrines.

In host families and shelters, more than 20 women and children must use one latrine; in most houses, there is one latrine in the women's section. This is the case in many shelters as some latrines may be closed being full, and such latrines are likely to fall apart during the rainy season.

The difficulties with latrines are less for men than women, as men have an alternative to go to public ones while women have to be tolerant.

Humanitarian aid: Few IDP shelters can access relief packages, and those with host families are not considered in aid distribution. Few women are engaged in aid distribution. This is because many volunteer groups are helping in distribution. Some mothers and daughters receive relief for their families, ensuring that relief is used and not sold in markets as men mostly do. Women in some shelters confirmed the distribution of sanitary pads and hygiene items.

Access of IDP to Information:

The IDP men and women need information on safety, psychosocial support, and health services accessible and their rights to know food aid content and how justice in its distribution is maintained. Many prefer to get information face-to-face and through community groups. In case of the need to ask questions, they prefer to ask the aid supervisors and in community meetings directly. The IDP trust in community groups is related to the efforts of the women

Some women and men receive relief when they know the time of distribution. Others miss it if they are out of shelters. However, some complained that there had been discrimination against certain groups and women in the distribution of relief. In recommendations given by the IDP, some noted, ' The relief workers should know that the sleeping people and those outside the shelters have to get their share as they are registered.' It is good that IDP women and men are aware of their rights and raise their voices. Discrimination against certain groups needs assessment, but discrimination against women is an expected practice informed by the patriarchal culture among men and women.

There are problems with access to information at the time of distribution, accountability of aid workers to IDP rights, and equality in aid distribution. Add to that their rights not to be exposed to discrimination. The responses indicate the aid management and shelter committees need to reconsider their distribution mechanisms to ensure commitment to humanitarian principles.

Sexual Abuse by Aid Workers: Respondents do not know about incidents of sexual abuse by aid workers in shelters. But it happened, as confirmed by Key Informants. It came in the IDP's recommendations, as one of them noted: 'The humanitarian staff distributing relief should be aware not to touch young women bodies during the distribution of relief.'

youth-led groups who took full responsibility for shelters since the start of displacement, implementing initiatives providing a variety of services including food provision, information, medical care, and psychosocial support as came in mapping conducted in RGA Phase 1.

Change: The conflict generated changes in the family relationships and roles as in some families, women took the decision to move out of the

conflict zones, fearing the spread of sexual violence targeting young women and family men accepted.

Despite that, the participation of women in the community public work before displacement was limited, while in the shelters, many women are engaged in collective cooking and food provisions, as confirmed by men and women interviewed. This is an important recognition of women's reproductive roles as contributions to community roles. Also, the engagement of men in cleaning in shelters and sometimes in the host families' homes indicates a slight change from the traditional family gender division of roles.

In addition, women's decision for the movement was accepted by men, considering that they were more at risk of staying at their homes. Still, since the movement is out of the conflict zone, adult women sometimes make decisions for the family, assisted by young men. Considering that the conflict is continuing, women's decision-making role would be widely culturally accepted, challenging the gender inequality norm and indicating that conflict context, though unfriendly, may generate opportunities for change.

7. General Recommendation for Gender-sensitive Humanitarian Programming for Women's Empowerment

7.1. Protection from GBV

- Humanitarian Stakeholders, including UN Women, should arrange discussion sessions with diverse groups of IDP women and adolescent girls, considering the diversity of age, education, and work experiences, on risks and protection measures, how to identify, seek care, and report incidences of GBV.

- Humanitarian Stakeholders, including UN Women, should identify young men's friends to collaborate with them in activities related to men's and adolescent boys' risks, safety, and protection and arrange discussion sessions on risks and protection measures for men and teenage boys inside and outside the shelter and houses of host communities.

- Establishment of community safety and protection groups, including community leaders, women, men, and young people from the host community and IDP, and encourage their engagement in Humanitarian Stakeholders, including UN Women.

- From the discussion sessions, suggestions for members of IDP women and men to form monitoring groups should be considered and efforts should be put in to ensure the effectiveness of the group.

- Provision of psychosocial support services for both males and females in the shelters as part of social activities.

- Encourage those exposed to violence to report by establishing community case management teams and safe referral pathways to care, protection, and reporting.

- Humanitarian Stakeholders, including UN Women, should arrange sensitization of police, armed forces, and resistance committees around shelters on gender-based violence, how they should handle survivors of GBV, and how to establish safe spaces for women, girls, and boys' mobility.

- All protection/GBV actors consider setting up a coordination mechanism that can promote a mutual understanding of GBV issues among key humanitarian actors, enforce minimum standards for the prevention of and response to GBV, and ensure compliance and upholding of GBV guidelines and principles. The mechanism should also facilitate the sharing of information, good practices for protecting women and girls, and coordination among concerned organisations.

7.2 Services

Health Services

- In collaboration with relevant health agencies, the Humanitarian Stakeholders, including UN Women, should identify volunteer health workers, doctors, nurses, and trained midwives to assess the IDP health needs of women, girls, boys, and men and identify any IDP men or women with professional health skills to collaborate with health service providers in shelters. The local partners should orient recognised health providers on gender equality and gender-sensitive services as needed.

- The Humanitarian Stakeholders, including UN Women, should plan to provide emergency health units, including MCH services, in shelters with large numbers of IDPs. The women groups active in shelters should assist in organising lines of sick people, giving priority to the elderly, men and women, and those with disabilities, and chronic diseases.

- The Humanitarian Stakeholders, including UN Women, should assist IDP with information on the nearest health centres and advise UN Women on how many women, men, boys, and girls need economic support to reach health services.

Water and Hygiene

- Plan for constructing water points in all shelters, specifically for drinking water, provided consulting with women and girls on appropriate locations to ensure that the water distribution points are in safe and open areas.

- Rehabilitate the water tanks in the existing shelters to provide water for personal and various livelihood activities, putting measures for the safety of women, girls, and boys.

- Provide the jerry cans needed for water in convenient places for families.

- Arrange with the shelters' committee and

- Train healthcare providers to show compassion/empathy and emotional support to GBV survivors and to try to understand the consequences of GBV/ family stigma and make decisions for referral to the nearest and appropriate referral services.

- The Humanitarian Stakeholders, including UN Women active in shelters, should consider identifying the nearest trained midwives or health centers with MCH services and provide pregnant women with information in time of need.

- The Humanitarian Stakeholders, including UN Women, should assess health facilities near the host families' areas and agree on specific arrangements for accessing health services to the IDP men and women and their host families. Some orientation on IDP rights for equal access to services and the specific women's needs to the health providers may be done. The partners should, too, provide the IDP and their host families with information on the arrangements. The Partners should arrange monitoring visits to check on the effectiveness of arrangements.

young men's groups for support/monitoring the provision of a regular water supply, especially for female-headed households.

- Support women's roles in water management.

- Provide water treatment materials in the states where families host IDP men and women and ensure that women are trained on how to use household water treatment materials.

- Form in each shelter and each neighborhood of the host families, hygiene promotion teams, including women and men.

- Hygiene promotion should target men, women,

boys, and girls separately. Suggest exploring a particular focus on adolescent girls and boys.

- Arrange with volunteers to help elderly women

Latrines and Hygiene

- Conduct quantitative and qualitative assessments for the needs of latrines in shelters.

- When rehabilitating community latrines, ensure separate latrines for men and women, ensure that they are well-lit, hand-washing stations are available, and they are screened to ensure privacy and security and to be friendly to use to IDP men and women of all ages, and those with disabilities.

- Assess the needs of identified hosting families

Humanitarian Services

- Humanitarian Stakeholders, including UN Women, should implement the results of the In-depth Gender Assessment Phase 2 and consider integrating gender into their programming. And should import some of the best gender-sensitive practices from humanitarian settings to ensure that humanitarian programming for Sudan understands and meets the needs of women, men, boys, and girls and strategies for combating discrimination and GBV practices.

- Identify, in collaboration with the UN Women local partners and community leaders in the 'receiving' states, specifically Blue Nile and Khartoum, the areas/neighborhoods of IDP host families, and plan to target them with aid distribution.

- In planning the distribution, ensure that the distribution team is gender-sensitive, aware of the rights of IDP for respect, dignity, and non-discrimination. and know about monitoring, reporting, and accountability mechanisms.

- Ensure that field outreach teams include men and women trained in gender-sensitive programming.

and men and those with disabilities and chronic illnesses support for taking showers, promoting their hygiene situation.

for rehabilitating latrines and provide cash and technical support to make latrines safer, usable, and inclusive to all needs, specifically elderly, disabled, and children benefiting from experiences of similar humanitarian settings in other countries.

- Arrange for capacity building for local active youth groups to promote healthy and proper sanitation practices in the shelters and the host communities' areas.

- Ensure that the distribution point is accessible to all equally and there are separate distribution lines for women.

- Establish a community monitoring mechanism that includes men and women to ensure that all relief provided by agencies arrives in shelters and is distributed equally to all IDP, women, and men, considering those who are listed but sleeping or out of the shelter.

- Support establishing an information mechanism operated by gender-sensitive staff who would ensure women access to information through community leaders and women-led and resistance youth groups, as noted in their responses in this report. The mechanism should give information on the timing of aid distribution, the content of aid packages, safety, psychosocial support, health services accessible, and IDP men and women's rights to knowledge on food aid content and how gender justice is ensured in its distribution.

7.3 IDP Women Participation and Empowerment

Empowerment of Women for Survival

- Review the list of active civil society organisations produced in Phase 1., to identify functional groups in each shelter and link them with UN Women's active partners[51] in conflict and the 'receiving states' to form UN Women Local partners for improved engagement of IDP women in the planning and implementation of services in shelters and neighborhoods of IDP hosting families. The UN Women Local partners should assess their capacities for mobilising and building the knowledge and abilities of IDP women for practical and leading roles in shelters and host families' neighborhoods. That may entail organising discussion sessions on the impact of conflict on women and recognising women's roles in the security and safety of their families during the displacement and their current settings, in addition to gender challenges of gender inequality/ and disempowering practices and how IDP women and girls can reduce the obstacles working specifically for coordinated roles in all activities in the shelters. UN Women Local partners should monitor progress advising

Women's economic empowerment

- UN Women Local partners should educate themselves on modalities of economic support such as Cash for work and Unconditional cash grants.

- UN Women Local partners should assess women's economic needs in shelters, their capacities and alternatives for production, and the opportunities for generating incomes while ensuring their safety and adequate protection measures.

- Discuss their experiences in investments and group cash work with them and determine the most appropriate cash modality for each beneficiary group.

- UN Women Local partners should arrange for capacity building in income generation

as needed.

- Encouragement of the IDP young and adult men in all activities should be considered in messages and, if possible, raise their awareness of women's rights and gender equality.

- UN Women Local partners should utilise the learning sessions to encourage IDP women to extend their collective work to other spaces of the shelter, such as making decisions on how to participate/ organise their participation in services in shelters such as cleaning water points and latrines to ensure effectiveness and equal accessibility of services.

- In the host family neighbourhoods, the UN Women Local partners should consider identifying the activists among IDP women and their host families and then arrange capacity-building and knowledge-sharing sessions on gender inequality issues and relevant issues ss identified by IDP and women in host families in collaboration with the women groups in the neighbourhoods.

by integrating resilience building and group psychological healing.

- Discuss with IDP women and shelters' management committees how the conflict impacted the women and girls' mobility to workplaces and markets.

- For those with host families, UN Women Local partners should discuss with IDP women and host families' women and men how Cash for Work (CFW) would fit into their current workload or would be a burden and identify work opportunities for them as home-based women. Whatever the modality of cash support, CFW, and /or unconditional grants, consider the time implications for accessing aid.

o For conditional cash grants, suggest consulting men and women to understand what conditions would be appropriate and valuable, given the diverse cultural contexts of the shelters, host families, and the states.

o Where appropriate, suggest to UN Women humanitarian programmers to provide unconditional grants to the most vulnerable.

Reducing 'care' responsibilities of women

- UN Women Local partners should assess the 'care' work of IDP women considering the age of children, adolescent girls and boys, the elderly, as well as women, men and girls with disabilities.

- The UN Women Local partners should discuss the needs of each group and the capacities for providing services among IDP and then mobilise to address gaps in capabilities and provide needed services. Collaboration of young men to work with men and, if needed, adolescent boys, recruiting teachers, nurses,

o Arrange to provide inputs to support home-based work and training that IDP women can use when they return home.

- With IDP, women assess the needs of IDP adult women, young girls, and women for sanitary hygiene items and coordinate with UN Women and their partners to provide the needed quantities for each shelter in the state.

and psychosocial support specialists to build capacities of women as the interest of different IDP women and activists. The activities should involve classes for children, raising awareness sessions for boys and girls, games sessions for small girls and boys, and 'care' and psychosocial support sessions for elderly and disabled men and women.

- Arrange with UN Women to provide all needs for women's training and, if possible, include young volunteers for providing services and implementing needed activities.

Empowering Women for Post-conflict Security and Peacebuilding

- UN Women to enhance the capacities of its UN Women Local partners, including women human rights defenders, to work closely with

IDP women in shelters and those with host families on UN SCR 1325 so they can educate and mobilise IDP women for an active post-conflict

role, advocating for peace in shelters and in the host families' communities.

- Specific sessions will be organised to discuss UN WPS resolutions on combating GBV for peacebuilding.

- UN Women Local partners should consider assessing the IDP capacities for advocacy and mobilisation, and if possible, engage them in learning sessions and discuss the challenges they expect in their communities and help them plan to address them.

- UN Women Local partners should encourage them to start their advocacy for peaceful co-existence at the shelter for addressing problems among IDP men, as noted by some women and men and Key Informants.

- UN Women Local partners should consider working with adolescent boys and girls on hate speech, manipulation, and pulleying, and for building and strengthening principles and values of human rights.

ANNEXES

Annex 1

Shelters and Neighbourhoods reached for IDP by State:

State	Localities	Camp/Shelter	Hosted Family Neighbourhoods (N)
South Darfur	South Nyala	(6 Shelters) Alzahra, Alsalam, Alamal, Alfania, Karrari, Al Tigiraia	None
North Darfur	Alfasher	(5 Shelters) Al Andlus, Hay al Wihda, Algadi, Alsalam, Alamal,	
Khartoum	Khartoum, Khartoum North, Omdurman, Karari, UmBadda	No camp	26Ns*: Khartoum 10 Ns; Khartoum North 5 Ns, Omdurman 11 Ns.
Gezira	Wad Medani	("shelters) Said Al School Mohamed Abdallah School.	One N.: Alhila algadida

State	Localities	Camp/Shelter	Hosted Family Neighbourhoods (N)
Blue Nile	Roseries, Aldamzin, Bau	No camp	12 Ns:. Hay alchemy Alradeef Alshroug Banat al tharwa Madinet al Shaheed Hay al zoohour Hay al soug al Kabeer Hay al rabai. Al gism Hay al shaty Muthals al gism Arkweey Bau: Alshaheed Afandy
White Nile	Kosti	(10 Shelters) Alawia ibn Oof, Albir, Al Shaheed, Arkaweet, Tabita Butros, Alzahraa, Safia Escoda, Dr Izzealdeen Suhaib Alroumi, Kadiga bint khwailid**.**	2 Ns: Square 49 Square 29
Northern State (Dongola)	Dongola	(7 Shelters) Alsaleem, Alikhlas, Alsalam, Almutafwegeen baneen, Alzahraa, Sunaseel, Musab abuaemair,	2Ns: Al Marwa Imtidat Al Daraga Al Talta
Red Sea	Port Sudan	(3 Shelters) Midwives school, Rabbitat Abna Alshamal, Hadigat Albaladia Mosque	2Ns:. Daim Alur Squares 2 and 4.
Gadarif	Gadarif, Alrahad, Alfashaga, alfaw	(11 Shelters) Bait al Shabab Alsalmabi school Medicine college dormitory, Old secondary hostel Alrasheed hostel Omer Hostel, Daim Alnur Quaranic School, Algeniena, Aldanagla , Salamat Albaih	7 Ns: Hay salat al bai Hay alwihda Hay almosasat Hay algeniena Hay alshuhada Hay al maidan Fao- Hay alsalam

*26Ns: *Omdurman*: (karaari, alhitana, al iskan, al abasia, almuhandiseen, al mulazmin, wad nubai. Althawra, al murbaat, imdiat bait al maal, umbadda); *Khartoum North*: (al shabia, shambat, kober, alhaj yousif, al safia).

Khartoum: (al kalakal, abu adam, Jabra, al sahafa, alimtodat, al azhari, arkaweet, almaamoura, al taaaif, al giraif).

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45   See Annex 2 for state variations.

46   N: Northern State; ND: Northern Darfur State; SD: South Darfur; G: Algezira State; WN: White Nile State; RS: Red Sea State; AG: Algadaref

47   The head of the family in Sudan is responsible for the family's economic needs and he/she takes decisions for the family's economic needs, movement outside the home, and education.

48   Women-headed households have been recognised since the Sudan 2009-Census, constituting 25 per cent of heads of households and with the spread of poverty and the increasing number of women in the market.

49   Since the revolution many young women have been challenging the patriarchal norms to participate in demonstrations but here the risks of conflict constrain them.

50   Considering high fertility in Sudan.

51   The UN women partners should include those active before the conflict and others formed during the conflict.