



IN BRIEF

LANDSCAPE OF CARE WORK IN SUDAN



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Introduction

Care work encompasses a diverse range of paid and unpaid activities dedicated to providing care, support, and assistance to individuals, households and communities. Care work is an essential public good that benefits the society. It is critical for realising all human rights and strengthening human capabilities. Whether within households or in formal employment, care work is disproportionately carried out by women and girls in Sudan just like it is the case globally. Within the 2030 Agenda for Sustainable Development adopted by world leaders in 2015, Sustainable Development Goal (SDG) 5 aims to achieve Gender Equality. SDG 5.4 specifically pertains to the care agenda and underlines the importance of recognising and valuing unpaid care and domestic work, with the target 'through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate'.

Definitions

Care work consists of activities and relations to meet the physical, psychological, and emotional needs of adults and children, old and young, frail and able-bodied.¹ It includes direct caregiving activities related to caring for children, the elderly, people with illnesses, and people with disabilities, as well as indirect or domestic work such as cooking, cleaning and collecting water, food and firewood.² It should be noted that feminist analysts have argued that direct and indirect care are fundamentally interconnected because both direct and indirect care work are often performed simultaneously in the global south.³

Unpaid care work refers to the services provided by individuals within a household or community without receiving any monetary compensation for the benefits of its members. Most unpaid care work takes place within families. Unpaid care work also occurs at the community level for people outside the home (friends, neighbours, and community members).⁴

Paid care work provides direct care for individuals in a household or institutional setting in exchange for monetary compensation. Paid care is provided in various public and private settings, in both formal and informal economies, including paid domestic work, social care work, healthcare, education and childcare.⁵

Establishing **comprehensive care systems** that consider the varied needs of individuals with disabilities, the elderly, people with illnesses, and children while adopting an intersectional approach is crucial. A **comprehensive care system** is defined as “a set of policies aimed at implementing a new social organisation of care with the purpose of caring for, assisting and supporting people who require it, as well as recognising, reducing, and redistributing care work – which today is performed mainly by women – from a human rights, gender, intersectional, and intercultural perspective, these policies must be implemented based on inter-institutional coordination from a people-centered approach.”⁶

Due to its protracted history of conflict, the World Bank Group classified Sudan as a fragile state. It faces several gender issues, some of which are common across sub-Saharan Africa, such as high rates of poverty and food insecurity amongst women and others that are exacerbated in Sudan as a fragile state.⁷ Women in the country face disrupted access to basic social services and infrastructure, displacement, higher rates of gender-based violence (GBV) and low access to productive assets.⁸ This significantly impacts the social organisation of care work in the country. Women during wartime fulfill care duties that require not only physical activities but also psychological and emotional support that are time-consuming and arduous. Conflict situations also lead to a higher incidence of women-headed households, which are often among the most vulnerable. Women in these households are often not only income-poor but also time-poor due to large responsibilities for unpaid care work as well as employment.

Achieving SDG 5.4 calls for appropriate investments in care infrastructure, social protection systems and public services shared responsibility for this essential work amongst the government, private sector, households, and communities. Policy emphasis on care work is crucial for addressing gender disparities, promoting women's empowerment, and preventing the feminisation of poverty. Further, investments in the care economy can contribute to inclusive growth and human development by addressing the interlinked issues of poverty, health, education, decent work and gender equality.

The overall purpose of this brief is to present an overview of the existing care services, systems and infrastructure in Sudan. Using this analysis, the study aims to identify areas to strengthen data and healthcare policy in Sudan. A mixed methods research approach was used, which consisted of a desk-review of existing publications and academic records, combining both quantitative and qualitative data sources. It is also worth noting that literature on Sudan is scarce and sometimes even conflicting.⁹ The light-touch review did not allow an in-depth exploration of all legislation and policies, especially humanitarian and social assistance.

To this end, section 2 discusses the historic and contextual backdrop. Section 3 briefly outlines the purpose of the report and the methodology used to conduct the study. Section 4 explores the extent of care work and care needs in the country. Section 5 dives into the relevant legislative, institutional

and policy environment and gaps. Finally, Section 6 concludes and provides policy recommendations.

Country background

Sudan is a low-income country in North-Eastern Africa with a population of approximately 47 million in 2022¹⁰ that is growing. Gross Domestic Product (GDP) grew by 0.7 per cent in 2022 after a 1.9 per cent contraction in 2021 due to political instability and spillover effects of Russia's invasion of Ukraine.¹¹ The eruption of the conflict on 15 April 2023 has created a severe downward slope in GDP by -20 compared to -5 real GDP in 2020.¹² Although agriculture only contributed to 5 per cent of the country's GDP in 2023, it employs 41 per cent of the labour force.¹³ As a fragile state with a history of conflict, the country's economy is challenged by soaring inflation (139 per cent in 2022),¹⁴ poverty (66.1 per cent in 2022),¹⁵ and recurrent climate shocks. Moreover, the increase in food prices and job losses due to the impact of the COVID-19 pandemic devastated Sudanese families. In 2020, more than 50 per cent of the population suffered from food insecurity.¹⁶

Sudan has faced three domestic wars since its independence in 1959. Most recently, there was notable political and economic upheaval following widespread protests against the Al-Bashir regime starting towards the end of 2018. This period of unrest reached a critical point with a military coup in October 2021, and tensions escalated further with hostilities erupting between the Sudanese armed forces and the Rapid Support Forces militia on 15 April 2023. As of September 2023, 7.1 million people were internally displaced in Sudan, of which 3.8 million were newly displaced due to the conflict since April 2023.¹⁷ Displaced women account for 56 per cent compared to 46 per cent of displaced men.¹⁸ A majority of the newly displaced population moved to neighbouring countries of Chad, Egypt, Ethiopia, Central African Republic and South Sudan.¹⁹ The conflict has led to a severe humanitarian crisis with widespread food, water, medicine, and fuel shortages.

Traditional and cultural practices of Sudan restrict women's economic, political and social activities. Restrictive legal systems in the country reinforce this. For instance, the Muslim Family Law of 1991 requires married women to obtain permission from their husbands to undertake any paid employment. The absence of a legal discrimination indicator of the Women, Peace and Security Index 2023/24 measures legal barriers to women's

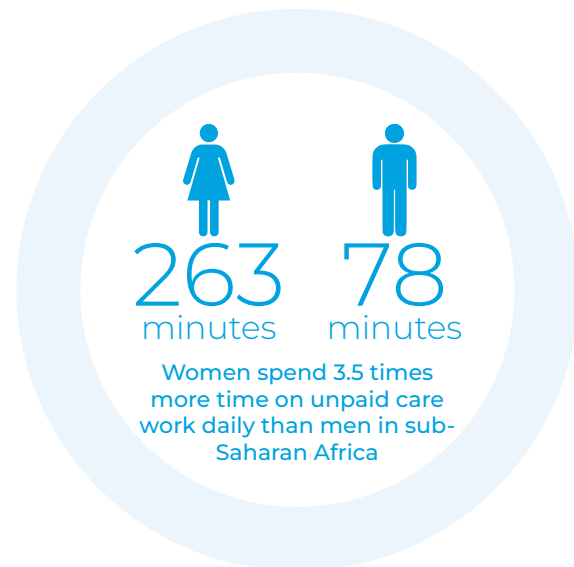
justice. Sudan's score (29.4) is much lower than the global average (75.7) and the lowest in sub-Saharan Africa.²⁰ Moreover, Sudan has not ratified the United Nations Convention on the Elimination of All Forms of Discrimination against Women (CEDAW). This Convention establishes legal protection for women's rights and calls for equal opportunities for women in social, economic, and cultural aspects of life. Overall, the social and legal system heavily reinforces "men as sole breadwinner" and "women as caregiver" roles in the country.

Understanding the extent of care work and care needs

Up-to-date information and data are scarce on indicators that reflect gender issues in Sudan, largely due to weak and inadequate statistical capacity at the federal and state levels.²¹ For instance, the country's last nationally representative household survey, the National Household Budget and Poverty Survey (NHBPS), was conducted in 2014-15. Conflict-prone countries such as Sudan are characterised by ongoing violence and insecurity, making it challenging for data collection teams to operate safely. Specifically, data on unpaid care work through time use surveys, gender-based violence and key labour market indicators like the gender pay gap are systematically missing. Although indicators like the gender pay gap and data on gender-based violence are not direct measures of care work, they indirectly showcase the impact of unpaid care work responsibilities on women. For instance, women's responsibilities for unpaid care work contribute to the gender pay gap.²² Similarly, the unequal distribution of unpaid care work leads to economic dependence and lack of autonomy for women, which can exacerbate gender-based violence. With this caveat in mind, this section presents data from the latest nationally representative surveys, international data sources, and smaller studies to present an overview of the extent of care work and care needs in the country.

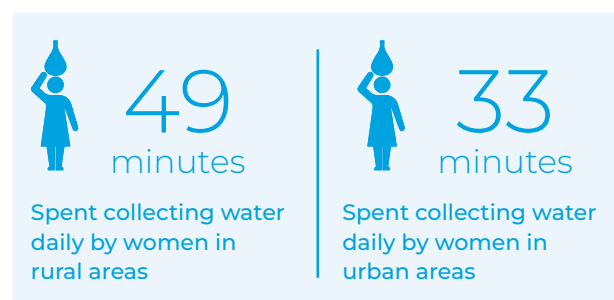
Care work and contextual factors

Women in sub-Saharan Africa spend 3.5 times more time on unpaid care work daily than men (263 minutes vs 78 minutes). Instead of direct care for dependents, domestic services make up much time spent on unpaid care work.²³ Unfortunately, no nationally representative data on time use is available nationwide. Using the Multiple Indicator Cluster Survey (MICS) 2014, the World Bank calculates



that both adult women (47 minutes a day) and men (49 minutes a day) spend about an equal amount of time fetching water every day, which is equal to approximately 1.5 months of full-time employment over a year.

Women in rural areas spend 49 minutes collecting water daily, compared to women in urban areas, who spend 33 minutes on this activity per day.²⁴



Using Gallup World Poll microdata, ILO finds that women spend 236 minutes per day on childcare while men spend 86 minutes on the same activities.²⁵ Overall, this showcases the large amount of care work undertaken by households, particularly women in Sudan.



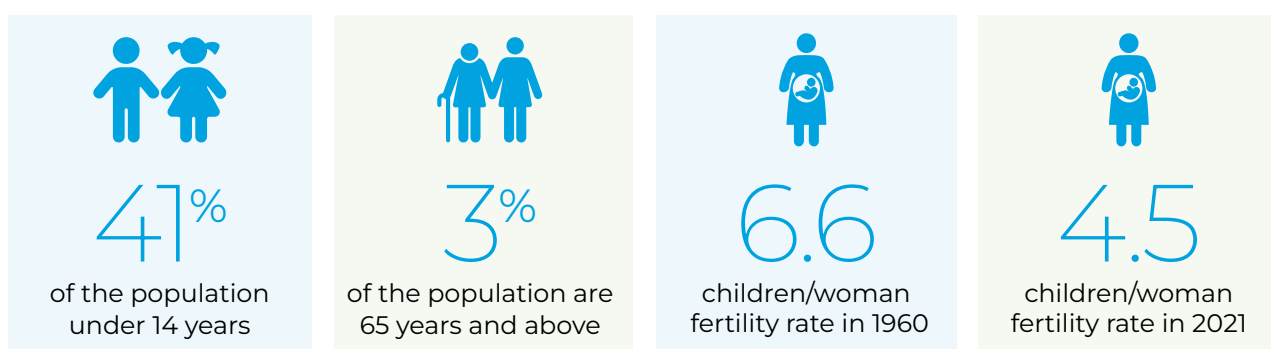
Unpaid family work in agriculture represents a major concern for women in rural areas. The contribution of women to unpaid family work, mainly in agriculture, is relatively high compared to their male counterparts. However, compared to the Sudan Labor Force Survey (SLFS) of 2011, there is a sharp reduction in women's contribution to unpaid family work in the SLFS, 2022. Migration from rural to urban settings, the frequent outbreak of conflict, and climate change have all contributed to the downward slope of women's contribution to unpaid family work. This radical change has not contributed to reducing the burden of unpaid care work as women continue to suffer the consequences of poverty-induced by the war and political fragility.²⁶

Domestic workers are an important source of care services for households in Sudan. It emerged as an increasingly important source of employment, especially for women, in the wake of the country's economic crisis of the 21st century. The increasing number of women joining formal sectors and the emerging market of SMEs owned by women have stimulated the demand for domestic workers. Informal contracts, long working hours and high incidences of harassment are common. Migrant workers, often from countries such as Ethiopia and the Philippines, especially migrant women, are one of the most vulnerable categories of domestic workers.²⁷ They are often refugees or displaced persons without identification documents, uneducated, and unaware of their rights.²⁸ However, many have returned to their home countries due to the ongoing conflict. The Domestic Servants Act of 1955 has not undergone reform to protect domestic workers' rights. The law remained inactive, and domestic workers are not entitled to maternity leave, compensation in case of injuries, specific regulations, and legislation to tackle harassment regarding practice.²⁹

With 41 per cent of the total population below the age of 14 years and 3 per cent above the age of 65 years, the number of dependents with high care needs in Sudan is substantial.³⁰ Sudan has a declining fertility rate, from about 6.6 children/woman in 1960 to 4.5 children/woman in 2021.³¹ On the other hand, the estimated life expectancy has increased from 47 years to 65 years in the same period. The number of dependents will decrease in the coming years if the ongoing conflict doesn't substantially impact life expectancy. This does not mean that care needs in the country are set to decrease with time. Conflict, environmental change, changing social structures and urbanisation are throwing up new care challenges. For instance, urbanisation and changes in family structure have been exacerbated in recent years due to the political and economic situation in the country. This has led to difficulties in meeting the care needs of the elderly, especially in rural areas.

Protracted conflict in the country has led to the breakdown of social support structures and social protection systems.³² Combined with high incidences of trauma, injuries and mental health issues that are common in conflict and post-conflict states, individual women and households bear increased responsibilities for unpaid care work.³³ Amongst displaced populations, women usually strive to meet the needs of children, the elderly, and other vulnerable family members in unfamiliar and challenging environments.³⁴ Due to unpaid care work responsibilities and unequal power relations in decision-making in the household, women are also less likely to regain means of livelihood after loss of income source due to the crisis.³⁵

Various communities nationwide have set up systems to provide caregiving services without institutional support. Neighbourhood committees in Sudan, in which women play a crucial role, are



comprised of voluntary participants who provide humanitarian assistance such as providing water, hosting displaced people, caring for pregnant and lactating women, and delivering children despite limited knowledge of skilled delivery.³⁶

Sudan also grapples with land degradation, rising temperatures, recurring droughts and floods, unpredictable rainfall patterns, and infestations of locusts. These environmental challenges have led to a decline in agricultural productivity, hindered GDP growth, and adversely impacted livelihoods. This increases the burden of unpaid care work, such as coping with water stress. Global research shows that this disproportionately increases women's and girls' responsibilities for providing care work.³⁷

Labour force participation and gendered segregation

Collating data from labour force and household surveys from 27 African countries³⁸ shows that the most important reason cited by women for being out of the labour force was unpaid care work (34.4 per cent of women cited this).³⁹ Thus, understanding labour force participation trends indicates women's care work responsibilities. Women's labour force participation rate in Sudan is much lower than men's in 2022.⁴⁰



Women in the labour force will likely be from rural areas and the Kordofan and Darfur regions.⁴¹ Both women's and men's labour force participation rates have been declining in Sudan since 2014. However, the drop in women's labour force participation has been more dramatic and recent.⁴² While there is a myriad of reasons for this reduced labour force participation, women's increased responsibilities for unpaid care work in conflict and post-conflict situations is a significant contributor.⁴³

There is significant horizontal segregation in the Sudanese labour force, i.e., women and men are concentrated in different job sectors across the labour market. Using NHBPS 2014/15 data, the World Bank estimates that women are overrepresented as employers in the care sectors - education, human health and social work, and household

activities (predominantly domestic workers). On the other hand, men dominate traditionally masculine sectors such as construction and transportation.⁴⁴ These findings are corroborated by evidence for similar trends across eastern and southern African countries using more recent data.⁴⁵ Thus, such horizontal segregation likely remains the same to this date. Workers in paid care sectors are generally underpaid and face higher chances of exploitation and abuse. Such sectoral segregation and undervaluation of care sectors are some of the factors that contributed to the raw gender pay gap of 55 per cent in the country in 2014/15.⁴⁶

Legislative, institutional and policy environment and gaps

Public policies play a crucial role in shaping the dynamics of care work. They can reinforce or alleviate the care responsibilities of individuals, particularly women and households. The structural adjustment policies in Sudan, adopted in the eighties, have negatively affected care work. The huge cut in spending on education, health, and other social sectors due to adopting the SAP negatively affected the care work and added additional burden on women as exclusive unpaid care givers.⁴⁷ In the periphery of urban settings and rural areas, women accompany their children to schools and travel long distances to seek medication. The lack of tailored and inclusive care facilities that cater to families' distances and economic situations has burdened women.

Care-sensitive humanitarian policies that support a care society contribute to gender equality, women's safety and empowerment, and the overall well-being of communities. They are essential in addressing inequalities in unpaid care work and inequalities in the labour force, including paid care sectors. With this context, this section examines legislation, institutions, and policies on care in the country against the four pillars of a purple economy – universal social infrastructure, labour market regulations, physical infrastructure, and enabling macroeconomic environment.⁴⁸ However, one should note that with the ongoing conflict in Sudan, it is unclear if the Draft Constitution and existing legislation will be retained.

Universal Social Care Infrastructure

Collectively, socialised childcare, elderly care, and care for people living with disabilities are called social care infrastructure and are the principal source of care when unpaid care is insufficient to meet a society's care demands. Adequately financed social care infrastructure that pays living wages to its workers is important for valuing, rewarding and redistributing care work. There is a lack of socialised care infrastructure in Sudan and sparse regulation of privately provided care services. In addition, as highlighted in Section 4.3, most care workers are women. Working in the health and education sectors (primary and secondary education) is considered unrewarding for men. Low salaries and income often deter men from working in those sectors.

The ongoing conflict has severely affected basic care service provision, with critical infrastructure under attack. The pre-existing shortage of frontline care workers – nurses, doctors, teachers and social workers – has been exacerbated by displacement and migration, particularly in the Khartoum region. Moreover, frontline care workers still operating have not been paid in months.⁴⁹ Mental health support to caregivers is also an important component of social care infrastructure to help individuals cope with trauma caused by the war and displacement. No documentation of government efforts that address such care needs could be found.

Healthcare



The overall healthcare infrastructure in the country is limited, with a pronounced disparity in access between urban and rural regions.

Public healthcare services are primarily administered by the Ministry of Health, relying on government hospitals and clinics, but face significant resource constraints. About 9.8 per cent of the general government expenditure was spent on government health expenditure between 2002 and 2019.⁵⁰ This is less than the target of 15 per cent set by the 2001 Abuja Declaration on HIV/AIDS, Tuberculosis, and Other Related Infectious Diseases, agreed upon by African heads of State.

The conflict and economic crisis have challenged the healthcare system, and the health infrastructure is strained. According to reports from WHO and UNFPA, approximately 67 per cent of hospitals in conflict-affected areas are shut down, with critical

facilities like Omdurman Hospital, Sudan's largest referral hospital, also non-operational, particularly impacting maternity services.⁵¹ Approximately 60 per cent of health facilities nationwide are inoperative, facing looting or destruction of assets and supplies. Incidents of attacks on health workers and facilities have also been documented.⁵² Between July and September 2023, 20 million people⁵³ were pushed into acute food insecurity, and high numbers of pregnant and lactating women and children are suffering from acute malnutrition.⁵⁴ Humanitarian aid organisations find it challenging to provide maternal and child health, sexual and reproductive health and lifelong medical services to women and girls who have been displaced.⁵⁵

Childcare



Sudan's education system consists of public and private schools structured into three main levels: primary, secondary and tertiary. Public schools, managed and funded by the government, are more widespread, particularly in rural areas, serving a more significant portion of the population. Preschool education consists of both kindergarten (0-3 years old, and preschool preparation, which starts from 4-6 years old). 4-6 years of preschool education is compulsory and is mainly led by private schools in urban settings. Khalwa is a voluntary education system where children are admitted during school holidays. It contributes to reducing the burden of caring for children during school holidays. Due to the high poverty rate in rural settings, most families admitted their children to Khalwa to keep the holy Quran. There is no educational system for learning subjects and science. The Ministry of Education usually overlooks the measures adopted to enhance compulsory pre-education in rural areas due to the lack of facilities. This situation affects the likelihood of women accessing jobs and increases the burden of caring for children.⁵⁶

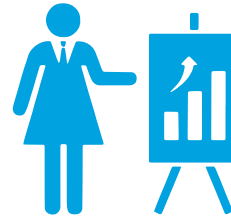
The ongoing conflict has deepened the children's crisis, with 14 million children requiring humanitarian assistance and 19 million out of school because schools remain closed as of October 2023.⁵⁷ Many schools have been repurposed to host displaced people. Overall, care workers involved in education are out of jobs, and the care responsibilities for children have shifted to the household.

Care for the Elderly and Persons with Disability



Sudan ratified the UN Convention on the Rights of Persons with Disabilities in 2009. Moreover, the Persons with Disabilities Act of 2017, the Children's Act of 2010, and the National Council for Disabilities specifically address the rights of persons with disability. However, the definition of disability does not include psychosocial disabilities, and the legislation also doesn't cover public programmes for people living with disabilities. The National Policy for the Care of Older Persons, updated in 2017, aims to protect and care for the elderly. Some social protection programmes, such as the National Pension and Social Insurance Fund (NPSIF) and Zakat Fund, provide limited assistance to the elderly and persons with disability. However, overall, implementation of the rights of persons with disability is severely limited.⁵⁸ Elders are considered an essential and pivotal component of the family structure at the family and community level. The role of elderly women in caring for the children is key to supporting women's work and their engagement in agriculture in rural settings. The role of elder women extends to include some household responsibilities. Public sector retirees are entitled to a pension according to the national pension policy. At the same time, social insurance and Zakat are usually designed to cater to vulnerable families, widowers, divorced, and poor households headed by women and men. Elderly women and men are key to the family's psychological and spiritual support. Caring and support for elders are usually considered and claimed as part of caring for vulnerable, poor, and disadvantaged families. Culturally, it is not acceptable to admit elderly women and men to eldercare facilities. However, due to the conflict, the death of family members, and the growing economic and political fragility, elders' homecare are growing in numbers. The care and the economic role elder women play, especially in the agricultural setting, remain underreported and undervalued. UN Women's study also noted significant challenges faced by people living with disabilities, particularly women and girls living with disabilities, due to displacement and unstable environments.⁵⁹ These include reduced accessibility and discrimination by local communities. The extent of disability inclusion in humanitarian action in the country is unclear.

Labour Market Regulation



Labour market regulations can promote work-life balance so that women and men can balance their paid employment and care work responsibilities. Furthermore, policies that discourage gender-based discrimination and encourage women's labour force participation can contribute to shifting social norms and lead to redistribution of care work. It should be noted that such labour market regulations are less effective in addressing women's unpaid care needs in low-income countries like Sudan, where a very small percentage of the population is employed in the formal sector as wage employees. The Labour Act of 1997 of Sudan recognises the principle of equal pay for equal work. Article 48 of the 2019 Draft Constitutional Declaration provides that the State shall guarantee women equal rights to enjoy all economic rights, including professional benefits. Civil servants have rights under the Civil Service Law. However, there is no specific prohibition against dismissing women because of pregnancy in the Labour Act. The exclusion of seasonal workers from the labour law 1997 constitutes a major challenge to women's rights to work. Women account for the majority of seasonal workers in agriculture in rural settings. They are often exploited and paid less compared to men seasonal workers. The law represents the backbone of men and women enjoying their rights at work; however, the exclusion of seasonal workers is a key deterrent to women agricultural labourers benefiting from work entitlement. As such, women are not entitled to maternity leave, equal pay for equal work, and compensation in case of injury.⁶⁰

Sudan has signed ILO Convention 183 on 'Maternity Protection. National legislation guarantees women workers eight weeks of paid maternity leave with cash benefits equivalent to 100 per cent of their salaries before the leave. However, this is less than the ILO standard of 14 weeks and does not extend full benefits to women who give birth to a stillborn infant. Given the high rate of stillbirths in Sudan, 22.6 stillbirths per 1000 total births, as compared to the global average of 13.9 stillbirths

per 1000 total births in 2019,⁶¹ such maternity cover is important to consider. The conflict may worsen these rates due to disruption in critical healthcare related to pregnancy.⁶² Working women in the civil service are entitled to paid maternity leave for a maximum of 2 years once during their reproductive age with a basic salary, which accounts for 10 per cent of the total salary.⁶³ Combined with this is the lack of childcare facilities in most civil services sectors, which often discourages working women from continuing their work. The salary structure in Sudan is fragile, and most women workers in civil services occupy low-middle job ranks and receive low salaries (according to the last report of the Ministry of Labor and Administrative Reform, 2018).⁶⁴ As such, women who receive low salaries are not well-positioned to afford basic home facilities that reduce the household burden. The correlation between poverty, occupation, rural-urban settings, and unpaid care work is visible in the case of Sudan and many African countries.

Further, section 7 of the Labour Code 1997 grants mothers an hour nursing break for two years from the date of the child's birth. Sudan also has a legislated paid paternity leave of 10 days that must be undertaken after birth. This short duration suggests that redistribution of care work is not the goal of this legislation.

The Domestic Servants Act of 1955 provides some protections to domestic workers regarding employment contracts, wages, holidays, and gratuity on termination of service. However, enforcement and implementation could be strengthened since a vast majority of stakeholders, such as domestic workers, employers, and even lawyers, are ignorant of the provisions of the law. Sudan has not ratified ILO Convention 189 on 'Decent work for domestic workers', and the more recent and up-to-date Labour Act does not cover domestic workers.

Enabling Macroeconomic Environment



Although macroeconomic policies are a large area of concern when it comes to care work, this

sub-section focuses on social protection systems. Social protection measures can be a powerful tool to redress women's socio-economic disadvantage resulting from unpaid care responsibilities and related unequal employment opportunities. As of 2020, legal and policy frameworks for social protection in the country include the 1990 Social Insurance Act, 1991 National Pensions Fund Act, 1993 Civil Service Pensions Act, 1994 Social Health Insurance Act, 2001 Zakar Act, 2005 National Students Welfare Fund Act, 2008 National Council for Child Protection Act, 2008 National Population Council Act, 2009 National Act for Persons with Disabilities, 2010 Child Act, 2016 Health Insurance Act, and 2016 Social Insurance and Pension Act.

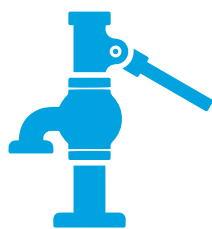
Various social assistance programmes exist across Sudan. The most prominent are the Zakat fund, the Shamel Livelihood programme, and the Cash Transfer (CT) programme. As of 2018, the Zakat Fund was Sudan's biggest social protection source, reaching about 3.7 million families. The Fund provides various forms of assistance, including unconditional cash transfers, payment of health insurance fees, micro-credit and livelihood programmes. The Shamel programme covers water projects, livelihood projects, school feeding and health interventions. Its coverage is low, and there is limited information about beneficiaries.⁶⁵ The CT programme covered 1 million poor households in 2019 and 600 thousand poor households in 2018.⁶⁶ However, implementation has been seriously challenged by the ongoing political and economic crisis. For instance, only a few Zakat institutions remain functioning.⁶⁷ In addition to the implementation challenges, most of the social assistance programs have not incorporated a deep situation and need analysis of the most disadvantaged and vulnerable groups, including women and girls. There is no evidence of the effectiveness of these programs in reducing the care burden on women. The cash transfer program adopted by the World Bank to mitigate the risk of the economic reform imposed by the government of Sudan has created negative consequences on disadvantaged families as most have no access to cash transfers. The impact of the recent economic reform in Sudan on care work needs to be considered and evaluated.⁶⁸

Social insurance in the country covers pension and work injuries for formal sector employees. The National Health Insurance Fund (NHIF), launched in 1995, intended to achieve universal coverage, but in reality, it covered 27 million people or 68 per cent of the population in 2019.⁶⁹ However, its benefits

are limited. Only 9 per cent of the nation's labour force is encompassed by the National Pension and Social Insurance Fund, which provides coverage for old age, disability, survivors, sickness and maternity, and work-related injuries.

The Ministry of Social Development launched the Mother and Child Cash Transfer (MCCT+) programme in April 2021 as a collaboration between the State Ministries of Health and Social Development, with technical support from UNICEF. It focuses on capacity building for social protection systems for infants and young children. Under the programme, Primary Healthcare Centres (PHC) provide integrated service delivery for mothers and children for children's first 1000 days. It has been rolled out in four localities of River Atbara, Aroma, North Delta and Telkok in Kassala and five localities of Port Sudan, Sinkat, Tokar, Haya, and Agig in the Red Sea. Amidst the conflict, about 53,800 women are enrolled in the programme as of October 2023.⁷⁰

Physical Infrastructure



Large segments of the Sudanese population cannot access basic infrastructure, and all segments of existing infrastructure could be modernised and expanded. Care givers, particularly women, would

Conclusion and recommendations

In conclusion, this snapshot of care systems in Sudan reveals a complex landscape shaped by various factors, including conflict, economic challenges, political instability, and climate change. In crises such as those in Sudan, where care demands rise and public and private systems lack adequate funding and support, women and girls in households shoulder

have to do much less domestic work if essential care-supportive infrastructure were available. For instance, traditional cooking methods often have negative health and environmental impacts and are time-consuming and physically demanding. Similarly, collecting water from distant points involves significant time, physical labour, and hardship. However, only 47.2 per cent of rural Sudan and 67.9 per cent of urban Sudan had access to clean fuel and technology for cooking in 2020, and only 53.2 per cent of rural Sudan and 73.8 per cent of urban Sudan had access to basic drinking water services in 2020.⁷¹ The ongoing conflict has further challenged access to basic water, sanitation and hygiene (WASH) services. For instance, the Red Sea state could not meet the water demands of the host community and IDPs due to a shortfall of 20,000 litres daily.⁷²

Information and communications technology can also reduce domestic care work responsibilities, offering various communication, information and organisational benefits that can help caregivers and care receivers. For example, they allow access to information on topics such as first aid. However, only 28.4 per cent of the population had access to the internet in 2020, and about 36.6 per cent of the population had a mobile phone subscription in 2021.⁷³ This has probably been further reduced since the onset of the recent conflict, but more recent data is not available. Caregivers, especially women, could save time and energy spent on care work if basic physical infrastructure such as clean energy, clean water, sanitation facilities and time and labour-saving technologies such as washing-related equipment, roads and transportation, digital technology and the internet were available.

the majority of care work. As Sudan undergoes political changes, opportunities for comprehensive reforms and advancements in care provision may emerge.

A few policy recommendations that emerge from this analysis are as follows:

Overall, data production in the country has been inconsistent and irregular. Thus, there are significant gaps in reliable data. Post-conflict, the government should consider conducting regular household surveys with modules on gender issues and time use surveys to measure and monitor the social organisation of care work and the impacts of care work on individuals and the economy. During the ongoing crisis, humanitarian programmes should consider improving the collection of gender-disaggregated data and including data collection modules on unpaid care work in their situational updates, needs assessment and evaluation surveys.

In the long term, legislation may be instituted to support the participation of caregivers in the labour force. This includes harmonising maternity, paternity and parental leave provisions with international standards. Care-friendly leave policies and working arrangements could also be encouraged in public and private employment.

In the process of mainstreaming gender in the strategies and policies of the federal, state, and local government, the intersectional nature of care policies should be considered at the strategy and implementation level.

Government support to Sudanese women-led and women-focused organisations can support caregivers, give voice to women's needs and support their participation in peace and security processes, particularly in conflict zones. Such organisations have taken up frontline roles in providing humanitarian assistance but face substantial funding gaps.

A comprehensive national social protection policy that is resilient to conflict and considers the needs of caregivers and care receivers would benefit the country's welfare. This includes addressing the needs of vulnerable groups, especially children, pregnant and lactating mothers, the elderly and persons with disability. In the short-term, emergency response should consider the unique needs of vulnerable groups, especially the elderly and persons with disability

References

- 1 Feminist scholars have argued that care for the environment, including women's care for animals, plants and shared spaces, should also be considered care work. For further reading, refer to Oxfam Policy & Practice. 'Caring in a Changing Climate: Centering Care Work in Climate Action'. Accessed: 27 March 2024. <https://policy-practice.oxfam.org/resources/caring-in-a-changing-climate-centering-care-work-in-climate-action-621353/> .

This paper recognises that the boundaries between paid labour contributing to household income and unpaid caregiving tasks within households are porous. For instance, caring for animals and selling animal products from these animals in the marketplace could be called subsistence work as well as care work. In the interest of harmony with international standards, this paper does not include such activities in its definition of care work.
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East and Southern Africa Regional Office
UN Gigiri Complex, UN Avenue;
Block M, Ground Floor
P.O. Box 30218- 00100 Nairobi, Kenya
Tel: +254 20 762 4778

africa.unwomen.org
Email: esaro.publications@unwomen.org

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