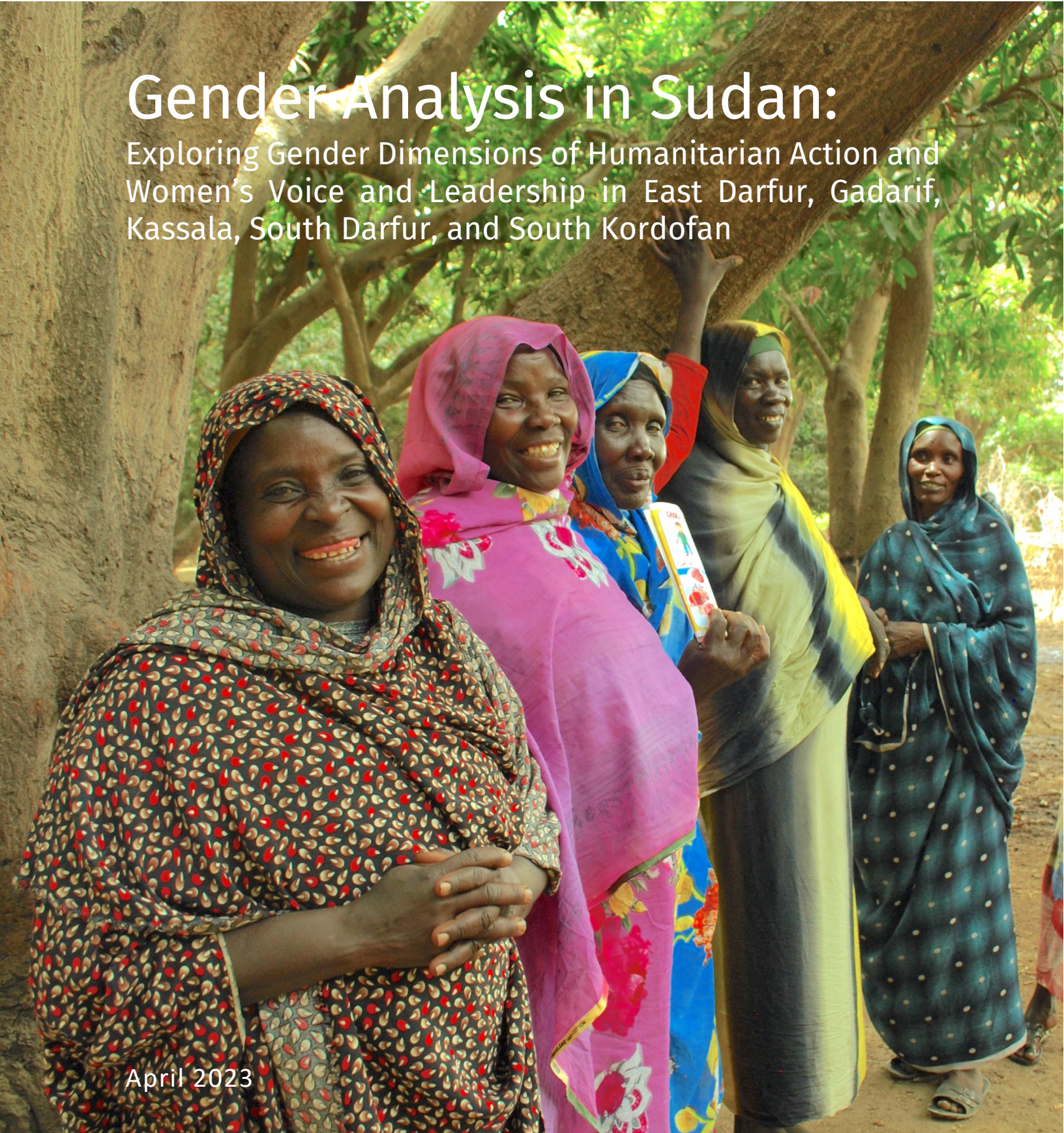


Gender Analysis in Sudan:

Exploring Gender Dimensions of Humanitarian Action and Women's Voice and Leadership in East Darfur, Gadarif, Kassala, South Darfur, and South Kordofan

April 2023



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Preamble

This study was conducted between January-March 2023, with analysis and final writing in April 2023. Finalization of the report occurred at the start of May, after the latest conflict in Sudan erupted on April 15, 2023. Thus, the findings from this analysis pre-date the conflict. Undoubtedly, the current conflict will have a significant impact on women in Sudan, only deepening the gender divide and putting women in more dire circumstances. All findings must be interpreted through this lens, and the recommendations related to any government action / advocacy will need to be held until the future of governance in the country is known.

CARE is calling for a peaceful resolution to the conflict that spares the people of Sudan further suffering and trauma, and that allows for the unfettered delivery of humanitarian aid within Sudan at the earliest opportunity. Further, we are also calling on the global community to step up support for the wider humanitarian response efforts taking place in neighboring countries to ensure access to food, water, and health services to those fleeing Sudan.

Our hearts are with the people of Sudan.

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Acronym List

| | |
|--------|--|
| BBSAWS | Babiker Badri Scientific Association for Women Studies |
| CBCRM | Community Based Conflict Resolution Mechanisms |
| CEDAW | Convention on the Elimination of All Forms of Discrimination Against Women |
| CFW | cash-for-work |
| CSO | civil society organization |
| DCPSF | Darfur Community Peace and Stability Fund |
| ENDF | Ethiopian National Defense Forces |
| FGD | focus group discussion |
| FGM | female genital mutilation/cutting |
| FY | fiscal year |
| GaPI | Gender and Peacebuilding Initiative |
| GBV | gender-based violence |
| GDP | gross domestic product |
| GEF | Gender Equality Framework |
| GII | Gender Equality Index |
| HAC | Humanitarian Aid Commission |
| HNO | Humanitarian Needs Overview |
| IDP | internally displaced people |
| IGA | income generating activity |
| (I)NGO | international non-governmental organization |
| IPV | intimate partner violence |
| KII | key informant interview |
| OCHA | United Nations Office for the Coordination of Humanitarian Affairs |
| OECD | Organisation for Economic Co-operation and Development |
| PBF | Peacebuilding Fund |
| PWSN | people with special needs |
| RGA-P | Rapid Gender Analysis on Power and Participation |
| RSF | Rapid Support Forces |
| SAA | Social Analysis and Action |
| SDG | Sudanese pound |
| SEEV | Step-Up to Empower Women & End Violence |
| SNAP | Social Norms Analysis Plot |
| SPLM-N | Sudan People's Liberation Movement-North |
| SRHR | sexual and reproductive health and rights |
| SWC | State Water Corporation |
| TPLF | Tigray People's Liberation Front |
| UNDP | United Nations Development Programme |
| UNFPA | United Nations Population Fund |
| UNHCR | United Nations High Commissioner for Refugees |
| UNICEF | United Nations Children's Fund |
| USAID | United States Agency for International Development |
| VSLA | village savings and loans associations |
| WASH | water, sanitation, and hygiene |
| WFP | World Food Program |
| WPP | women's public (and political) participation |

Executive Summary

Introduction

CARE Sudan is working to ensure that gender dynamics in Sudan are well understood, and that gender is fully integrated into all programmes and operations. This gender analysis covers each of the sectors to which CARE Sudan responds, highlighting key similarities and differences within the five operational states in which CARE Sudan operates. In all sectors, the analysis assesses differences in barriers and opportunities for different populations, especially women and girls.

Study Findings

Livelihoods. Unlike most of the other sectors of focus in this analysis, livelihoods present the most diverse experiences of women across states, localities, and villages. Generally, however, women in the Darfur states experience similar challenges and opportunities, whereas the women in the other three states each have different types of experiences based on the context and norms in these regions. Core challenges experienced by women include the lack of available job opportunities, women's responsibility over the household which doubles their burdens, lack of ownership and control over productive assets, and exposure to gender-based violence. These issues are driven by some harmful and unequal official and customary laws, paternalistic gender norms, insecurity and conflict, illiteracy and poor education, and limited education.

Governance and Peacebuilding. Governance systems have been in turmoil since the 2019 Revolution. Despite this period of well-documented crisis at the national level, few issues were described by study respondents at the local level. This indicates a severe separation between national and local issues on the ground. However, women are consistently excluded in all governance and peacebuilding spaces across all states. The most common issues raised included hierarchical traditional mechanisms and powerholders, domination of men over decision-making, deliberate exclusionary practices, and the artificial fulfilment of women's quota. These issues persist due to women's illiteracy and poor education, social norms and traditional practices, harmful beliefs about women, low access to information for women, withdrawal of civil society, heavily centralized governance systems, and gaps in gender equality laws.

Gender-Based Violence. The types of GBV identified in Sudan include domestic / family violence (e.g., hard beating, psychological abuse), community social violence (e.g., exclusion, humiliation), harmful traditions and customs (e.g., early marriage, FGM/C), and violence during war (e.g., rape, killing). Women experience several challenges related to GBV – beyond the act of violence itself – such as stigmatization of reporting and the normalization of domestic violence. GBV is so prevalent due to unequal laws that enable it, patriarchal gender norms, economic hardship, insecurity and conflict, and the absence of law enforcement. It is driven internally by the family by the deep need to protect family honor.

Water, Sanitation, and Hygiene (WASH). Issues around water are well-understood and agreed upon by community members, with little differences in opinions by gender. The core issues relate to water include unreliable water accessibility, unequal responsibilities for water fetching and management that fall almost exclusively to women and girls and cause harmful health impacts, and the contamination of water sources. Similarly, related to sanitation, there is inadequate availability of latrines and poor cleanliness and waste accumulation in available latrines. Women specifically face the core hygiene issue of unavailability of dignity kits and no soap for washing. Such issues

are primarily caused by poor governance and insufficient budgets alongside decentralized and male dominated water decision-making that does not account for women's needs and discriminatory social norms and practices.

Health. The main health challenges identified in the states related to pregnancy and reproductive health, with little attention given to infectious or chronic diseases. Core to all health issues is the deficit of available and/or adequate reproductive and general health care centres. Health care may be the only sector in which men and women feel there is more equitable treatment between the genders; in fact, pregnant women tend to get preferential treatment in health centers when they are seen. However, significant issues remain for women including a lack of trained (female) medical staff and unaffordable medications and services. Like other sectors, poor governance and insufficient budget are primary drivers of weak health systems despite the INGO community playing a major role in building and delivering care at health centers. A significant emerging issue in the sector is the increasing mental health needs for women, particularly refugees.

Food Security and Nutrition. Families in all states report insufficient food availability driven by the rapidly collapsing economic situation and price hikes due to inflation. Food scarcity challenges are compounded by the deterioration of the agricultural season as a result of climate change in as most families are constrained to eat just what they can grow or procure very easily and cheaply locally. Even when food is available, it is very limited in variety causing low nutritional intake. Women experience malnutrition because social norms dictate that they eat last and least even though overcoming food shortages is primarily the burden of women.

Analysis and Discussion

While the study presents its findings the sector, the reality of how these sectors operate is not compartmentalized. Each sector has strong links to and influences over others and the success in one is highly dependent upon the effectiveness of others.

Formal policies and laws in Sudan act as both enablers and disablers of gender equity. The beneficial laws in place that promote equality are often not implemented, especially at local levels. Without any practical systems, processes, or budgets in place for implementation nor any type of enforcement mechanisms, these laws become obsolete in practice. Oftentimes the laws that are detrimental to women's equality are more widely enforced because these are grounded in existing traditions and cultural customs. Thus, the most influential structural barriers that must be transformed to improve gender equality are within the non-formal sphere.

Women are disempowered across all states and localities to engage in opportunities that will build their confidence, knowledge, and skills. As a result, they remain relegated to performing only rudimentary tasks related to services. The root cause of disempowerment is the social and cultural norms regarding women that restrict their roles to the home, in service of men and their families. Women are not given equal opportunity for schooling or access to information, they do not have the necessary knowledge or skills to engage in sector-based committees (e.g., WASH committee) where decisions about their services are being made. Without knowledge and skills, women do not have the confidence to assert themselves into positions where they can demand change in these sectors even though they are the ones who are most responsible for ensuring these basic needs are met for their families. However, women are most successful in building their confidence related to livelihoods, where they have more latitude to be independent and earn an income – even if that income is still controlled by men in their household.

When women engage in social networks outside of their household, they experience improvements

in their personal agency – both in the formal and non-formal spheres. Across all states, though, VSLAs were the most popular type of group membership. This is promising because VSLA members can leverage their new connections, increased financial capacity, and improved confidence to gain access and potentially even influence in decision-making spaces. Also, the establishment and support of female livelihood groups strengthen women’s networks, grow their collective bargaining capacities, and improve their abilities to negotiate. Despite some livelihood advancements in some states (primarily Darfur states and South Kordofan), women’s relations are very limited by non-formal structures. Even the advancements in gender equality experienced by women who work remain limited to realms that are still considered women’s issues such as sanitation (e.g., access to the community sanitation committee) and issues related to children.

Most sectors share many of the same key drivers and root causes of gender inequality and discrimination in access to basic services and spaces for women’s voice and leadership in Sudan. The core root causes identified include the following:

- discriminatory social norms and cultural practices
- poor governance and insufficient budgets
- male dominated decision-making
- economic crisis
- conflict and instability
- unequal official and customary laws

Also, many sectors are experiencing similar emergent issues and stressors. Most notably, the impact of climate change. Climate change is causing greater food scarcity, negative impacts on agriculture which is the primary source of income for most, changes in water availability, and triggering increases in conflict and violence. These issues all affect women as they are responsible for caring for their families, which becomes harder with less food, water, and money. Also, women experience increased GBV during times of conflict.

Programming Recommendations

- **Continue support to basic services.** Sudan is facing a humanitarian crisis. CARE’s support to basic services such as water, sanitation, health, food security, and nutrition remain vital. Carefully monitor service provision with gender disaggregated data to ensure services are being met equally. Consider partnering with local women-led civil society organizations (CSO) to lead in the delivery of basic services. Critically, all support to basic services must be accompanied with ongoing awareness raising about the differentiated needs of women and girls related to the service.
- **Form and support inclusive community groups.** Ensure the groups are inclusive of diverse groups of women will strengthen women’s capacities, grow their access to information, and demonstrate to men that women have good ideas and can contribute meaningfully toward decision-making. Couple committee support with awareness raising in the community about the benefits of including female voices in all dimensions of society. Consider also identifying and supporting female role models (e.g., leaders of women-led CSOs, teachers, local authorities, successful entrepreneurs, etc.) to match with up-and-coming female leaders to provide them with guidance, mentorship, and shadowing opportunities.
- **Ensure programming is inclusive and adaptable.** Different sub-groups have different needs based on their age, disability status, migration status, and ethnicity. Programs and projects must identify, understand, and meaningfully address those differentiated needs accordingly.

- **Support livelihood opportunities.** Overwhelmingly, the respondents emphasized the need for more and differentiated livelihood opportunities. Interventions could include direct support in the form of establishing income-generating activities, setting up VSLAs, and opening and/or supporting women's and youth development centers. Invest in an in-depth needs analysis of both the community members and the private and public sectors in each operation locality.
- **Integrate social norm transformation into all programming,** being mindful of potential negative externalities. Social norm interventions must be undertaken carefully because they are founded upon complex and oftentimes deeply rooted beliefs. A one-size-fits-all solution to shifting harmful social norms does not exist, so investing the required time and resources to first identifying and understanding the norms then coming up with solutions to address and disable is necessary.
- **Strengthen the individual and structural capacities on gender.** Capacity strengthening interventions occur most programming, so ensuring that all capacity strengthening includes gendered dimensions is essential. Standalone gender training is useful, but integrating gendered issues into training on all topics will make it more pervasive and more likely to be actionable.
- **Engage in meaningful, strategic lobby and advocacy with decision-makers and powerholders from village to national level.** Lobby and advocacy efforts are necessary to ensure that changes are embedded in national structures and can influence actions at local levels. However, the extent to which the changes will be sustainable during periods of fragile governance are unknown. Before undertaking any advocacy efforts, assess the political context and potential viability not only for the success of the advocacy, but also its potential sustainability in a changing context.



Women farmers in Tur with CARE staff. Photo by Katie Whipkey.

PART I: SETTING THE SCENE

1. Introduction

The goal of the gender analysis is to develop a deeper understanding of the different needs, priorities, capacities and coping strategies of women, men, girls, and boys in Sudan. The report is divided into three parts, beginning with an introduction to the study and its methodology and an overview of the context in Sudan. The findings from the primary data collection follow, triangulated with the secondary data sources. It concludes with suggestions for future strategies and programming actions.

a. About this study

CARE Sudan is working to ensure that gender dynamics in Sudan are well understood, and that gender is fully integrated into all programs and operations. A key priority is to build deep understanding of gender dynamics in the Sudanese context, which is the impetus for this gender analysis. The gender analysis covers each of the sectors to which CARE Sudan responds, highlighting key similarities and differences within the five operational states in which CARE Sudan operates. In all sectors, the analysis assesses differences in barriers and opportunities for different populations, especially women and girls, but also for youth (girls and boys), refugees, internally displaced people, small-scale farmers, (agro)-pastoralists, and people with special needs due to their vulnerability to shocks and stresses.

The analysis provides practical programming and operational recommendations to ensure CARE Sudan meets and responds to these differentiated needs. It also ensures that the organization can strengthen the relationship between gender and each of the thematic focus sectors.

Table 1: Focus sectors by program principle

| Humanitarian Action | Women, Peace, and Governance |
|----------------------|------------------------------|
| WASH | Livelihoods |
| Health and Nutrition | Peacebuilding |
| Food Security | Governance |
| | Gender-Based Violence |

2. Methodology

A team of local, national, and international researchers and enumerators collaborated to conduct the study using both primary data (through key informant interviews, storytelling interviews, and focus group discussions) and secondary data sources. Primary data was collected from 922 people representing civil society actors, sector-affiliated individuals, community leaders, government leaders, people with special needs, women’s groups, men’s groups, youth groups, refugees, internally displaced persons, and farmers. In total, 99 FGDs, 91 KIIs, and 8 storytelling interviews were conducted across 46 villages and five states.

Data is analyzed using CARE’s Gender Equality Framework (GEF)¹, as the GEF is the foundation for CARE Sudan’s key programming principles. The GEF recognizes that there are three dimensions affecting women’s equity and representation: **agency, structure, and relations**. Change must occur at multiple levels, in both private and public spaces, and be sustained in all three domains to achieve this impact.

- **Agency** refers to women’s individual and collective capacities. It encompasses ‘soft skills’ like self-efficacy and self-esteem, alongside technical skills. This also includes the individual beliefs, expectations, and capacities, as well as the collective capacity of women and youth to drive their own pathways towards more equity and opportunity.
- **Structure** relates to both the formal and informal institutions that can limit women’s leadership and participation in public life. This includes both formal public institutions, policies, and processes as well as informal beliefs, attitudes, and social norms that determine women’s ability to engage in and influence practices and processes.
- **Relations** refers to the kinds of relations that women and youth have with support structures and systems, which could be both local and global in scale. It explores both the positive and negative impacts of how excluded groups are positioned in relation to – or supported and represented by – others (e.g., formal NGOs like CARE). It uncovers the effects of unequal power relations on women’s inclusion. In terms of women and youth-led groups, there is crossover between ‘agency’ and ‘relations’ because agency is also reflected in the collective capacity of women youth to secure their own opportunities and/or participation.

Several **limitations** exist within the data collection and analysis that must be considered when reviewing the findings. First, participants were identified and selected by CARE staff in CARE intervention areas; thus, they are more likely to be informed about and/or interested in the elements of focus in this study. Also, others outside of the target respondent groups were sometimes present during data collection that may have altered some of the answers. In many villages and data collection events, men sat in or near the FGDs and KIIs with women and in Kassala, a representative from Humanitarian Aid Commission (HAC) accompanied the data collectors. These influences shape both responses and questions asked. Additionally, as there is no official quantitative data available from official government institutions, quantitative data shown is a result of surveys done through other studies (biases and limitations of these data sources are outside of the scope of this analysis). Finally, internal challenges to the study team including capacity gaps in qualitative data gathering and delays in submitting data influenced the depth of analysis possible.

3. Context in Sudan

The following table presents a high-level overview of the country-level data available in Sudan:

Table 1: Proportion of women represented in key national statistics

| Indicator | Proportion of women |
|----------------|---------------------|
| Population | 50% |
| People in Need | 57% |

¹ CARE Gender Justice. (2018). “Gender Equality and Women’s Voice.” CARE. Available at: http://gender.careinternationalwikis.org/gewv_approach

| | |
|---|----------------------------|
| People in Need of Health Services | 65% |
| People in Need of Life-saving Nutrition Support | 23% pregnant and lactating |
| People in Need of GBV Services | 93% |
| Labor Force Participation | 30% |
| Unemployment (for female labor force) | 30.5% |
| Risk of Maternal Death | 1% |

Sources: Humanitarian Needs Overview 2022 and World Bank World Development Indicators database (2021 data)

a. Geography and Demographics

The country has a complex and turbulent history, marked by civil wars, internal conflicts, rights abuses, the secession of South Sudan, and protracted economic crises. Sudan is situated at the crossroads of Sub-Saharan Africa and the Middle East, sharing borders with seven countries as well as the Red Sea. Of Sudan’s approximately 44 million people (with a 50/50 gender balance as of 2021 (The World Bank, 2021)), there are more than 500 ethnic groups and the vast majority (approximately 70%) identify as Sudanese Arabs. The remaining population are of African groups including Fur, Beja, Nuba, and Fallata. Nearly everyone adheres to Sunni Islam (97%) (Minority Rights Group International, 2019). Sudan’s population is young: the median age in Sudan is just 18.9 years old and with 61% of its total population is under the age of 24 (World Population Review, 2022).

b. Political Settlement

Years of conflict, economic strife and rising prices, and longstanding political grievances led to the toppling of El-Bashir from power after nearly 30 years in April 2019 following continuous mass demonstrations from December 2018. Women, especially young women, were vital in the revolution, representing an estimated 70% of protesters (George, Saeed, & Abdelgalil, 2019). A Transitional Government and a constitutional charter followed the revolution, which held the promise for economic and social reform. Despite their pivotal role played in the revolution and a 40% quota instituted during the transition, less than 25% of the cabinet seats were filled with women (Abbas, 2020). One year after the Juba Peace Agreement, in October 2021, the military took over the Transitional Government and dissolved the newly set-up government structures and the constitutional charter. The Prime Minister was forced to step down in January 2022 (The World Bank, 2022). From March 2022, General Abdel Fattah Abdelrahman al-Burhan was the acting as the Chair of Sudan’s Sovereign Council and Commander-in-Chief of the Sudanese Armed Forces, making him the de facto head of state (CIA, 2022). At the time of data collection for this report, internationally brokered negotiations were ongoing to break the political impasse. However, as the report was being finalized, war erupted between the Sudanese Army and the Rapid Support Forces (RSF), upending the current political settlement and throwing Sudan into a deeper state of uncertainty.

c. Economy

Sudan suffers from a weak economy that has been contracting for several years. The pandemic, conflict, and political instability dropped Sudan’s gross domestic product (GDP) by 3.6% in 2020 (African Development Bank Group, 2022). A state of economic emergency was declared in September 2020 when, at that time, more than nine million people were in acute need of humanitarian assistance and more than 16 million were moderately food insecure. However, 2021

saw a marginal GDP increase of 0.5%, but it was not felt by the people as inflation rose by 359% (up from 163% in 2020) as a result of depreciation of the Sudanese pound (SDG) and fuel subsidies being removed. Poverty also increased by half a percentage point (now 55.9%), unemployment remained high at 18% (African Development Bank Group, 2022), and shortages in vital supplies such as fuel and grain grew (Ahmed E. A., 2022).

d. Impact of Climate Change

Due to the climate crisis, Sudan has fluctuated between excessive floods and droughts, causing desertification in many areas. The dramatic reshaping of the environment has also restructured communities, demographics, and economic systems. Desertification and flooding have been major contributors to the food insecurity. For instance, the record-setting 2020 floods devastated the crops and damaged infrastructure (The World Bank, 2022). Four in ten farmers reported a disproportionately low crop yield because of the flooding, sending people already vulnerable further spiralling into a humanitarian crisis. Average rainfall nationwide is decreasing by 0.5% annually, but its variability is becoming more dramatic. In South and East Darfur, this unpredictable rainfall in a region where 77% of households depend upon rain-fed agriculture as a primary source of income only deepens conflicts over prized natural resources of water and land (Ahmed E. A., 2022).

e. Displacement and Migration

Ongoing conflict for decades has triggered mass displacement within Sudan: more than three million IDPs live in the country (IDMC, 2021), most of whom reside in camps East and South Darfur (USAID, 2022) (Ahmed E. A., 2022). People have been forced to leave their homes because of conflict, natural disasters decimating land and livelihoods, and loss of assets (Ritchie, 2018). Overall, IDPs struggle to support themselves: the World Food Program (WFP) Strategic Plan for Sudan (2019-23) found that more than half are food insecure and less than 2% can fully provide for their own food needs (Ahmed E. A., 2022). Even though conditions are dire for IDPs, many still prefer life in the camps to returning to their villages under the current conditions. Today, typically only men return during the rainy season to farm, leaving women and children behind in the camps (Ritchie, 2018).

Also, Sudan hosts more than one million refugees (USAID, 2022), which is one of the largest refugee populations in Africa (UNHCR, n.d.). Sudan's position bordering seven other countries makes it a hotspot for migration; it is both a destination for refugees and a country for transit on the route to Europe (The World Bank, 2022). The refugee population consists of primarily South Sudanese people (70%), followed by Eritrean (11%) and Syrian (8%), and most recently those fleeing the eruption of violence in Ethiopia's Tigray region (5%) (UNHCR, n.d.). Unlike IDPs which are more commonly women, men are the majority of refugees (54.3%) (UNHCR, 2022).

f. Women's Rights

As a result of these formal and informal structures that discriminate against women, Sudan sits at the bottom of many indicators of women's rights and is falling. On the Women, Peace, and Security Index, for example, Sudan is ranked 162 out of 170 countries. This is due to factors including (but not limited to): very high rates of organized violence and Intimate Partner Violence (IPV); poor women's financial inclusion, education, employment, and cell phone use; and notably, Sudan has the worst rate of laws and regulations that limit women's ability to participate in society and the economy (Georgetown Institute for Women, Peace and Security, 2021). On the Gender Equality Index (GII) by UNDP that assesses reproductive health, empowerment, and the labor market, Sudan's value is 0.553 – indicating very high inequality between women and men (UNDP, 2022).

Brief history of the women’s rights movement in Sudan

The women’s rights movement emerged most notably in the 1950s with the establishment of the Sudanese Women’s Union in 1952. Over the decades to follow, women’s social, legal, and political rights grew and were codified. However, the most conservative interpretations of Sharia law were enacted in 1989 and the tone was set for unprecedented discrimination against women. The Interim National Constitution in 2005 indicated a potential shift with its strong language about gender equality but eventually the debate stalled (Ritchie, 2018). The most noteworthy change in recent history for women’s rights came with the 2019 revolution led by women. For example, many laws that strictly punished women for acts that were considered indecent, such as participation in public life, were abolished. Women’s organizations, alliances, associations, and groups newly emerged and existing ones grew stronger (Whipkey, 2021).

4. Brief Overview of Study States

The study represents 46 villages across 15 localities and five states. Understanding basic contextual commonalities and differences between each state helps to put into perspective some of the findings.

Table 2: Demographic profile of CARE’s operational states

| | Area | Population | IDPs in population | Refugees in population |
|-----------------------|------------------------------|------------------------|---------------------------|-------------------------------|
| <i>Sudan</i> | 1.86 million km ² | 44 million (50% women) | 7.2% (57% women) | 2.5% (45.7% women) |
| <i>East Darfur</i> | 53,600 km ² | 1.7 million | 5.9% | 6.7% |
| <i>Gadarif</i> | 75,263 km ² | 1.4 million | Data unavailable | 3.5% |
| <i>Kassala</i> | 36,710 km ² | 2.8 million | Data unavailable | 4.4% |
| <i>South Darfur</i> | 81,000 km ² | 3.6 million | 20% | 2% |
| <i>South Kordofan</i> | 158,355 km ² | 2.5 million | 10.9% | 1.6% |

a. East Darfur

East Darfur was cut out of South Darfur in January 2012 by Presidential Decree during ongoing peace process in the wider Darfur region. It is bordered in the south by South Sudan. The main ethnic groups in the state are the Rezeigat, Ma'aliya, Birgid, and Zaghawa.

Livelihoods in East Darfur are highly dependent upon natural resources, with an estimated 84% of the population working in agriculture (the primary livelihood activity), followed by livestock rearing and trading. The state is plagued by poor service delivery and limited access to labor markets.



The state has a long history of tensions and conflict amongst different groups, even before the Darfur conflict in 2003. Tribal conflict between the Ma'aliya and Rezeigat has been ongoing since as far back as the 1960s. Conflicts between nomadic herders and sedentary farming communities is also ever-present. More recently, when war broke out in South Sudan in December 2013, South Sudanese fled to East Darfur and have taken refuge in the state. Today, communities often remain segregated from each other and discrimination against IDPs and refugees by host communities is problematic.

Of the 610,000 people in need, 48% are female and 57% are children (UN OCHA, 2022).

b. Gadarif

Gadarif is an eastern state in Sudan, situated along the Ethiopian border, on the slopes of the Ethiopian plateau. Many tribes and ethnic groups call the state home, primarily Arabs, Beja, and Nubian tribes.

The state has fertile clay soil and a robust rain-fed agriculture economy. As such, agriculture is one of the main sources of income and livelihoods along with Arabic Gum production. The most important crops are sesame and sorghum, and secondary crops include maize, millet, sunflower, lemon, watermelon, tomatoes, okra, squash, and other vegetables.



Localized conflict, border tensions, floods and refugee influxes are the main drivers of humanitarian needs. Specifically, when conflict broke out in the Tigray region of Northern Ethiopia between the Tigray People's Liberation Front (TPLF) and the Ethiopian National Defense Forces (ENDF) in November 2020, a serious humanitarian situation was triggered. It has had a severe impact on civilians leading to mass displacement and an influx of approximately 60,000 Ethiopian refugees into Gadarif.

Of the 770,000 people in need, nearly all are categorized as vulnerable residents, half of whom are female and 56% are children (UN OCHA, 2022).

c. Kassala

Kassala's dominant ethnic groups include the Bani Amer, Handandawa, Nuba, Rashaida, Shawigaa, Jaleen, Husa, and Halfaween. Because it shares two international borders with Eritrea and Ethiopia, it is also host to more than 108,000 refugees from these countries. Also, it harbors a route for illegal human trafficking and migrant movements into Europe (UN OCHA, 2022).



Like other states of Sudan, Kassala's economy is dominated by agriculture. Rain-fed agriculture constitutes 38% of arable land. The population primarily grows cash crops like sesame, wheat, beans, and cotton, and citrus fruits. Kassala is one of the richest states when it comes to livestock, with approximately 8.7 million heads of cattle, 2,000 tons of fish, and one million heads of poultry annually. Unlike many other states, the gross public revenue increased 200% from 2019 to 2020 while also attracting 240% more foreign aid (UNICEF, 2022).

Kassala state has some of the country's worst social indicators, with very high rates of malnutrition, open defecation, female genital mutilation/cutting (FGM/C), and low girls' enrolment in education (UNICEF, 2022). The needs of 920,000 people declared in need are disturbed fairly evenly: 45% female, 50% children, 45% adults (UN OCHA, 2022).

d. South Darfur

Situated in the west of Sudan, bordering Central African Republic from the southwest, South Darfur was much larger before the Darfuran conflict. But a 2012 Presidential Decree cut two states from its overall territory. It is the most populous Darfur state. Livelihoods in the state are highly dependent on rain-fed agriculture: for 77% of households in South and East Darfur, rained agriculture is their main source of income.



Outside of Khartoum, South Darfur is the state with the highest number of people in need – 1.6 million people need humanitarian assistance according to the 2023 Humanitarian needs overview (HNO), and 48% of which are women (UN OCHA, 2022). It is also the most food insecure and amongst the poorest with a poverty rate of 67% (UN OCHA, 2022). Due to the Darfur conflict from 2003, approximately 4 million IDPs live in the state, which is the largest concentration of IDPs in the country. According to the WFP Strategic Plan for Sudan (2019-23), less than 2% of IDPs and refugees can adequately support themselves with food. Most IDPs have returned home since the start of the 2003 conflict due to continued clashes and insecurity in their home areas, but also due to the occupation of their personal land and property while they were displaced in other areas.

e. South Kordofan

South Kordofan is situated around the Nuba Mountains, sharing its southern border with South Sudan. Of all states, it is home to some of the most pro-South Sudan communities in the country particularly within the Nuba Mountains. Some of these communities even fought alongside the South Sudanese rebels during the civil war (UN OCHA, 2022).



At present, South Kordofan is the state with the highest presence of ongoing conflict. Conflicts between rival nomadic tribes were rampant in 2009-2010, causing displacement. Then, in June 2011, fighting between the Government forces and the Sudan People's Liberation Movement-North (SPLM-N) broke out and continued sporadically until 2016. This fighting displaced people within the state and sent some South Kordofan residents to seek asylum in South Sudan. However, since the 25 October 2021 military coup, there have been reports of heightened tensions.

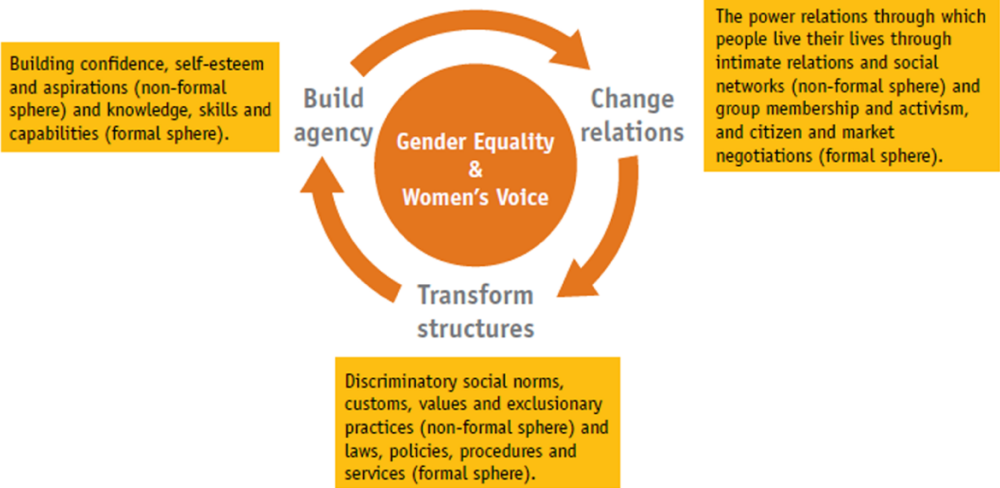
South Kordofan is one of two oil-producing states in Sudan. But, economic growth in the state is stalled by ongoing conflict. This has led to high levels of food insecurity and scarce availability of basic services such as clean water, healthcare, and education. As such, there are nearly one million people in need according to the HNO, 51% of whom are women and 58% are children (UN OCHA, 2022).



Focus group discussion with women in the Albattery camp, East Darfur

PART II: STUDY FINDINGS

Gender Equality Framework



Agency

Women are disempowered across all states and localities to engage in opportunities that will build their confidence, knowledge, and skills. As a result, they remain relegated to performing only rudimentary tasks related to services. The root cause of disempowerment is the social and cultural norms regarding women that restrict their roles to the home, in service of men and their families (more details available in the 'structures' section below). Women are not given equal opportunity for schooling or access to information, they do not have the necessary knowledge or skills to engage in sector-based committees (e.g., WASH committee) where decisions about their services are being made. Without knowledge and skills, women do not have the confidence to assert themselves into positions where they can demand change in these sectors even though they are the ones who are most responsible for ensuring these basic needs are met for their families.

Women are more successful in building their confidence related to livelihoods, though, where they have more latitude to be independent and earn an income – even if that income is still controlled by men in their household. The growth of women in the workforce across Sudan has had a tremendous impact on women's agency with some spill over effects in other domains, but only to a limited extent and mostly for women with high levels of natural confidence and/or family support. Therefore, capacity strengthening of women remains essential and it must include both the technical elements of sector-specific issues (e.g., how to hygienically breastfeed) as well as the soft skills and leadership capacities needed to be influential (e.g., public speaking).

Relations

When women engage in social networks outside of their household, they experience improvements in their personal agency – both in the formal and non-formal spheres. Of study participants, many women were not engaged in any type of community group. In fact, most women in Gadarif explicitly said they were not allowed to be in a group. South and East Darfurian women were the most active, with some in VSLAs, water committees, health committees, volunteer groups, and even resistance committees. Women in South Kordofan and Kassala were almost exclusively in groups that

supported their livelihoods such as VSLAs and mango groups (South Kordofan only). Across all states, though, VSLAs were the most popular type of group membership. This is promising because VSLA members can leverage their new connections, increased financial capacity, and improved confidence to gain access and potentially even influence in decision-making spaces. Also, the establishment and support of female livelihood groups (such as mango cooperatives in South Kordofan) strengthen women's networks, grow their collective bargaining capacities, and improve their abilities to negotiate. This ultimately improves their financial wellbeing offers some stability in their livelihoods. Overall, in locations where women are working (namely Darfur states and to some extent in South Kordofan), there are more women stating involvement in other community structures such as some community committees. Furthermore, women feel they have some space for decision-making within their households. Therefore, livelihood-based groups are likely the most effective approach for demonstrating women's leadership into the community.

Despite some livelihood advancements in some states (primarily Darfur states and South Kordofan), women's relations are very limited by non-formal structures. Even the advancements in gender equality experienced by women who work remain limited to realms that are still considered women's issues such as sanitation (e.g., access to the community sanitation committee) and issues related to children. Still, most women experience movement restrictions that keep them within the household. In the most conservative localities (predominantly in Kassala), women's husbands or the male relatives in their lives must give them permission to engage in any public activities, even going to the clinic or the market. Women are not able to access committees or public decision-making spaces or even pass near to the space where the meetings are happening without recourse.

Structures

Formal policies and laws in Sudan act as both enablers and disablers of gender equity (see table in 'Governance' section below for a listing of such laws and policies enshrined in legislature). The beneficial laws in place that promote equality are often not implemented, especially at local levels. Without any practical systems, processes, or budgets in place for implementation nor any type of enforcement mechanisms, these laws become obsolete in practice. Oftentimes the laws that are detrimental to women's equality are more widely enforced because these are grounded in existing traditions and cultural customs. For instance, laws that require women to obey their husbands, limit their inheritance, and punish them for pregnancies outside of wedlock are those that influence women's lives at local levels.

Thus, the most influential structural barriers that must be transformed to improve gender equality are within the non-formal sphere. Non-formal structures are even more important given the current governmental transition. Non-formal structures influence both agency and relations issues as well. For instance, women's lack of knowledge and skills is often used as an excuse to exclude them from decision-making roles and hide the reality of the harmful social norms that restrict women in all aspects of their lives. Restricting women's role to the home and out of public life limits the types of relations that women can have and further curtails their access to helpful networks and information.

When asked about the types of gender norms in their communities, typically responses were that women must stay in the home and perform household tasks whereas men must be strong, generous, and make all decisions. Uniquely in South Darfur, women said that – like men – women must also be strong. This may be attributable to the active role women play in the labour force including doing farming and day labour work. Respondents explicitly said that women's access to work is the most significant and widespread change in norms in recent times. In Kassala, men said that men are expected to be pious as well as generous and strong.



Hawa Suleiman and her property document.
Photo by Abdallah Dedei.

I am **Hawa Suleiman**, and I grew up in Umm Qabu. I moved to El Daein, East Darfur in 2007 with nothing because of the war.

It was 2000 when I got married to my first husband and 2012 when my husband divorced me. I lost all my money. I gave birth to my first son from my first husband alone. At that time, I had nothing, not even one plate. We asked the neighbors for household utensils to make food, but they all refused.

After the divorce, I managed to open my own bank account. With the money I earned, I made the fixes to the house that he refused to do with my own money. In 2017, my brother sent me 10,000 SDG and I invested it in buying land for agriculture. I was able to earn 35,000 back and started building the house I live in now.



Hawa Suleiman with her utensils that she makes available for all. Photo by Abdallah Dedei.

I am now married to a man who I am happy with, and everything is perfect. I'm his third wife. I even have my own business and two houses: one to live in and one as a shop. I planted again this year, and the cultivation was successful, so I have plenty of stock for my shop.

Now I have many different types of plates and household utensils, but it still makes me sad to think about that situation. I am not able to forget it because I experienced the bitterness of deprivation, rejection from neighbors, and severe poverty. Now, I give everyone my plates and pots to use for their special occasions.

Women need to talk about our problems and solve them, such as how to preserve our homes, how to be strong, and how to create sources of income. I have my goals and I have to succeed for my children.

WOMEN, PEACE, AND GOVERNANCE

Women, Peace, and Governance is the longer-term development-focused arm of CARE Sudan's work, addressing the sectors of livelihoods, governance, peacebuilding, and gender-based violence. The work aims to build the foundations for peaceful, inclusive, and resilient communities in Sudan, specifically targeting women and youth. CARE Sudan's development interventions are promoting transformative change by addressing critical barriers to poverty reduction.

Livelihoods

KEY CHALLENGES

Sudan's economy has been contracting for several years; the GDP dropped 3.6% in 2020 and unemployment remained high at 18% in 2021. Economic issues compounded, like most countries worldwide, by the Russia-Ukraine war and COVID-19, which led to significantly higher food and oil prices (African Development Bank Group, 2022). Uniquely, though, Sudan's economy has been hindered by political instability and lack of stable governance together with record-setting flooding in 2020 and 2022 that contributed to billions in damages (World Bank, 2022). Since the succession of South Sudan and dominance of oil as the economic mainstay, agriculture has again become the most important economic strategy for most Sudanese people.

Unlike most of the other sectors of focus in this analysis, livelihoods present the most diverse experiences of women across states, localities, and villages. Generally, however, women in the Darfur states in the west experience similar challenges and opportunities, whereas the women in the other three states each have different types of experiences based on the context and norms in these regions:

Table 3: General livelihoods experiences of women across five states

Women in **East and South Darfur** are likely to work outside of the home. In many cases, they serve as the main breadwinner for the family and the men do not work. Women will work as day laborers, tea or food sellers, and as farmers.

The work environment differs in **Gadarif** primarily due to the large presence of refugees. Women have few options available to them, leading Ethiopian women refugees to turn to dangerous occupations such as sex work.

In **Kassala**, women are the most constricted to the home due to strict social norms of all the states. Few women work, and those that do will work inside the village only, primarily doing tasks such as helping with farming.

The women of **South Kordofan** face strict social norms that restrict their work outside of the home, but the majority of women are still working on small family farms² within or close to the village.

² Small family farms are "bildat"; here women grow primarily sorghum (but also groundnut, cowpea, and pumpkin) first to provide for their family, then to sell surplus for income (Gaiballa & Eldin Osman Yahia, 2020).

LACK OF AVAILABLE JOB OPPORTUNITIES

The effect of the wider economic collapse has been felt across all states by both male and female respondents who lamented about the severe lack of available job opportunities. People are suffering from limited income and resources because of not having work opportunities to build a sustainable life for themselves and their families. Thus, the need for better livelihood opportunities and more income-generating activities was overwhelmingly the most shared need across states by all genders and groups. This need is more pressing for women in East and South Darfur, as they are more likely to work – and sometimes even serve as the primary breadwinner in their home.

Poor livelihood opportunities are driven not only by a constrained economy, but also by a weak educational system that leaves people without the needed skills for today's workforce. Women are even more affected, as they are less likely to receive an education. People are driven to work in informal jobs that do not need any professional skills such as petty trade and day labouring. Further, institutions do not have the capacity or budget to provide the much-needed support to workers to improve their livelihoods. For instance, the Ministry of Agriculture is not providing support to farmers to improve their crop productivity. The (I)NGO sector is not filling this void to the extent needed either: just 13% of farmers report receiving support from NGOs through means such as the provision of seeds (8%), agriculture tools (4%), fertilizers (0.7%), or finance (0.2%) (Ahmed E. A., 2022).

WOMEN'S RESPONSIBILITY OVER THE HOUSEHOLD DOUBLES THEIR BURDENS

Across all states, social norms require women to fulfil all household responsibilities regardless of their work outside of the home. In most villages in some states, women are limited exclusively to home activities only and cannot work outside of the home (Kassala), whereas in others (East Darfur) they are fully expected to work outside the home in addition to all household responsibilities.

“We don't want women to work. She should stay at home!”

– Male government leader in Wadalhlaw, Kassala

Increasingly, norms that restrict women to the home have had to shift to meet the basic needs of the household, especially in cases where conflict has taken away the men from the household due to death or migration for better work opportunities. However, the work that women are supported to do is limited by perceptions by themselves and others about their capabilities. Oftentimes women themselves believe and say they are

not capable of many times of work due in large part to a lack of education. From a young age, girls are the first in the family to be taken out of school in times of financial hardship (in all states except Gadarif³) to reduce family expenses or for early marriage. Also, men perpetuate harmful beliefs that women are incapable of pursuing career endeavours that are more academic in nature (Whipkey & Abdelghani, 2022), even those that are in high demand for women such as in the health and education sectors.

Women's emergence into the labour force has not been entirely positive. Most significantly, it has doubled women's burdens and responsibilities both inside and outside of the home as men have not contributed to housework at the same rate that women have entered the workforce (Whipkey & Abdelghani, 2022). Also, women may face backlash in more conservative communities such as in Kassala, where they could be socially excluded, accused of improper behavior, face abuse, or be

³ In Gadarif and to a lesser extent in East Darfur, boys in camp settings are leaving school due to practices of child labor to help the family earn more income.

forced into marriage so men can acquire their wealth (Ritchie, 2018).

LACK OF OWNERSHIP AND CONTROL OVER PRODUCTIVE ASSETS

As agriculture is the primary economic activity in the villages of the study, women's role in farming is of critical importance. In some contexts (predominantly East and South Darfur), women are perceived as productive workers whereas in others they are viewed as 'helping' the men of their family (primarily in South Kordofan and Kassala). The conceptualization of women as 'helpers' feeds from the institutionalized beliefs and attitudes of women's economic role being secondary to men's and hinders women's access to decision-making and ownership of assets and production (Yahya & Elkareem, 2021).

Regardless of how their productivity and ownership is perceived, though, women remain powerless over decision-making about money. Even if women earn the income themselves (such as in South and East Darfur), men remain almost exclusively in control of how money can be used in the family. As more women are working, they risk being exploited by the men in her life, as men still dominate all decision-making around the income that women earn.

EXPOSURE TO GENDER-BASED VIOLENCE

A critical issue for women's livelihoods is protecting their own safety and security. Women face disproportionate risks in their occupations due to their increased likelihood to experience gender-based violence (GBV). Certain professions experience greater risks, especially those in the informal sector and the women who work inside homes. In South Darfur, for instance, house maids reported be victims of rape. Also, there is a perception that women selling tea are 'open for everything' and therefore can be freely subjected to harassment. In South Kordofan, for example, women who are working to sell their goods often must travel long distances from their villages to the market (e.g., Tandik, Tajmala, Rashad, Abujubeiha). Along the way, and especially on the way back, they take significant personal safety risks moving with their money back home as they are subject to violence and theft (Ahmed H. E., 2021).

ROOT CAUSES AND DRIVERS

- **GAPS IN LAWS AND POLICIES** There are many gaps in Sudanese labour laws that support equal participation in the workforce and protect women from unjust treatment (see Governance below). Women are constrained due to these laws and alongside traditional practices that limit the type of work they can do. For example, under Article 19 of the Labour Act, women are prohibited from working occupations deemed hazardous, arduous, or harmful to their health.
- **PATERNALISTIC GENDER NORMS** Patriarchal ideas and values shape the roles and responsibilities of women, which minimize their role in society in every aspect. Specifically related to livelihoods, norms require women's responsibility over all household chores and, in many villages, restrict women to working only within the home.
- **INSECURITY AND CONFLICT** During times of conflict, women may be forced to work if they become heads of household due to their husband's death, departure from home (to join the military, rebel groups, or in search of other livelihood opportunities), or if more income is needed to support the household. Some men have abdicated their traditional livelihoods out in the fields or pastures because of the risks they face of violence due to conflict. As a result, these times of hardship force many women to accept lower payments for their work and/or take on occupations in more dangerous industries (e.g., sex work, selling alcohol), otherwise they risk not being able to make ends meet for their family (Whipkey &

Abdelghani, Gender-Sensitive Conflict Analysis in South and East Darfur States, Sudan, 2022).

- **ILLITERACY AND POOR EDUCATION** Women (only) in East Darfur cited illiteracy as a significant barrier to women’s work opportunities. Gaps include not only verbal literacy in terms of reading and writing, but also numerical and financial illiteracy that hinder women’s ability to make decisions related to her income.
- **LIMITED EDUCATION** More broadly, both men and women in all states said that women are not well-enough educated for many roles and women also feel a low sense of confidence in their capabilities as a result of having little education. The cycle of poor education of girls persists, as girls are the first to be taken out of school (except in Gadarif, where boys are taken out first and subjected to child labour). Therefore, education is one of the biggest needs in Sudan. Poor education persists due to insufficient infrastructure and personnel at the institutional level, societal norms and beliefs about education not leading to any greater economic gain (due to a lack of livelihood opportunities), and a lack of financial capital for educational fees at the individual level.

EMERGENT ISSUES AND STRESSORS

Climate change is posing very serious risks to agriculture in Sudan. Not only is it causing erratic rainfall (droughts and flooding), but it is also leading to declining soil fertility, overgrazing of land, and outbreaks of diseases (Ahmed E. A., 2022). The World Risk Report lists Sudan amongst the countries with the highest vulnerability to extreme natural hazards due in part to hazard exposure and climate variability and exacerbated very low levels of coping strategies and adaptive capacities (Ahmed A. S., 2022). Despite the widespread prevalence of climate change as major stressor on agricultural productivity, only a small number of respondents across all states indicated the decline in agricultural production and just respondents in South Kordofan spoke of issues related to insufficient rainfall. This is vital to women as many in East and South Darfur and South Kordofan rely solely on agriculture for their income. Even the women who are not working personally (such as in Kassala), their family’s well-being is linked to agriculture in many cases and women are the first to suffer in the event of food shortages (see chapter below on food security and nutrition).

The second crucial threat to livelihoods is **insecurity and conflict**, particularly in South Darfur and South Kordofan presently. In times of conflict, people face displacement and/or changes in what livelihood opportunities are available. Instability affects possibility to get different types of work outside of the village, including accessing markets. Men have been most impacted, with many men now unable to find work that they are accustomed to doing outside of the village (e.g., trade, agriculture), and others have been killed, joined rebel groups, or have migrated to other towns to seek better opportunities (Ahmed A. S., 2021). As such, women are left to fill the gap of household income and oftentimes take on roles that are traditionally held by men, including the role of head of household (especially in East and South Darfur) out of economic necessity. The income possible for women through small jobs such as tea selling is a significant cut compared to what households were used to making when men were harvesting and selling more crops outside of the village, though. Also, some women shared that they may make less money than men even for the same work.

“Most of women’s new roles that were imposed by economic necessity have now become a fact of life and normal.”

Persistent conflict is present in Jabal Marra South Darfur, for example, where respondents said that they must stay inside of their villages to work because of inter-communal clashes and violence, and in Gadarif where refugees from conflict in Ethiopia are finding

– Woman in South Darfur

limited options for work in and around the camps. The refugees who find work in Gadarif are oftentimes exploited as cheap labour, which increases hostilities with members of Sudanese host communities as they perceive the refugees are taking away their (limited) employment opportunities (Care International Sudan, 2021). Over the longer-term, conflict and war have affected the educational opportunities of Sudanese youth. As a result, the people of conflict-affected regions (Darfur states, South Kordofan) are trapped in a “vicious circle of poverty, illiteracy, unemployment, and social exclusion” (Ahmed E. A., 2022).

Increasingly women have been playing a bigger **role in the workforce** due to a variety of reasons outlined already. While this does have harmful consequences such as increasing their household burdens or putting them at risk of GBV outside of the home, it also has some positive influences on gender equality. In the states where women are more often employed such as the Darfur states, women are more likely to hold other roles in the community such as being part of committees and take more decisions within the household. However, women’s engagement in livelihood activities is not a panacea for gender equality. Working women are still bound by many paternalistic norms that limit their community role, influence, and decision-making power.

Finally, Sudan is at a crossroad for development for multiple reasons. First, the instability in governance has resulted in an **absence of developmental policies** designed to overcome the economic crisis (AbuBaker H. M., 2020). Second, the country has been and continues to be in a humanitarian crisis due to food insecurity and conflict. This detracts from the international community setting up interventions and funding focused on developmental issues such as livelihoods.

Policy Spotlight: Poverty Reduction Strategy

During the period of the transitional government, a poverty reduction strategy for 2021-2023 was put into place. While the policy has been stalled since the military government took power, elements of the strategy may be useful for future advocacy. For instance: Pillar II (of its five pillars) is Fostering Inclusive and Sustainable Economic Growth, which focus on growth in agriculture and livestock and supporting an enabling environment for private sector growth. Also, Pillar III – Boosting Human and Social Development – emphasizes “closing the disparities in access to opportunities for self-improvement for women and the very poor and reducing the inequality in human development outcomes between states and regions” (Ahmed H. E., 2021).

OPPORTUNITIES AND RECOMMENDATIONS

The support for women’s right to work is gaining across the country. In South Kordofan, for example, women were told they could not work, especially in certain fields. But as they were supported and became successful in mango selling, the community changed their perception about women’s roles and capabilities. Also, in South Darfur, as women increasingly entered the markets, perceptions shifted to view women as stronger negotiators and trading partners (CARE Sudan, 2013). Capitalizing upon these shifts through interventions that support women’s agency (skills development and confidence building), relations (e.g., establishing livelihood groups), and structures (e.g., norm change interventions) presents a ripe opportunity for advancement of women’s leadership and decision-making both within the household and community.

Evidence has been found that women gain more respect and power in their communities as they gain income and improve their financial situation, and many even support their friends, neighbours, and communities (Whipkey, 2021). Respondents in East and South Darfur said that village savings and loans associations (VSLAs) have helped to change the image of women: now people see that

women can earn and save money, improve their family's status, change their communities, and creating a rippling effect for many more women. The impact of VSLAs could be complemented with vocational training and/or agricultural support. Across multiple other studies, women overwhelmingly express that they have not received any type of vocational training or agricultural support (studies vary ranging from just 0% in South Kordofan (Gaiballa & Eldin Osman Yahia, 2020) to 13% in East Darfur (Ahmed E. A., 2022)). This presents a compelling opportunity to expand the reach and impact of women's access to diverse livelihood and livelihood opportunities.

The findings illustrate several potential livelihood interventions (see Recommendations chapter for more information), including:

- Organize/support female livelihood groups to enhance their collective reach and protection; for example, production groups for female farmers to work toward collective advocacy around women's land rights and to purchase inputs in bulk or female sex worker groups to facilitate safety networks.
- Link female producers – including agriculture, handicrafts, and other entrepreneurs – to marketing agencies and buyers to establish/strengthen relationships with consumers.
- Develop and/or promote VSLAs for women and mixed gender groups to build women's financial capital while also strengthening their individual and collective agency.
- Provide financial literacy skills building workshops/courses differentiated by existing skills to enable women to take control of their finances for the first time or to strengthen their existing knowledge and power related to financial literacy.
- Promote behavior change through social norm interventions amongst men and boys to encourage them to share in household responsibilities, freeing women's time for work outside of the home.



Woman and her child in Tur, South Darfur. Photo by Katie Whipkey.



Reem Kindeya at the Tunydbah refugee camp in Al Mafaza locality, Gadarif. Photo by Nazik Tarig.

I'm **Reem**. I'm 31 years old and a Tigrayan refugee living in Tunydbah, Gadarif. Through the support of my family who encouraged me to do a lot of things and inspiration from my mother who is a strong businesswoman, I now work with an NGO as a civil engineer in the refugee camp. As Africans and especially in our culture as Ethiopians, the negative norms that we share for women affect me. People do not believe that a woman can work on infrastructure. Men don't face any challenges, but as a female working as an engineer, I do. The opportunities I get as a woman are so narrow and hard to get. Women must work far on the side lines and in more remote areas.

I'm not alone in this. All refugee women working face challenges getting work. It's hard for women to have a business because she doesn't have the freedom to work outside the home or to have money. There are people who want to extract the money from her, sometimes forcing her to sell her body for sex.

When I was in my home in Ethiopia, I encouraged other women to work. I would often go to rural areas to do site work and I would tell them "I'm a female, look at me. If you get an education, you can be pilot or an engineer or a doctor or anything you want." I received a lot of acceptance, and it made me feel proud. I see myself as a role model and to some extent, I believe I changed something. I also hired them as daily laborers to show people that it's not only muscles needed to work, but also confidence and support. The basic need is education and through it, we can change a lot of things.

As refugees, we don't have the freedom to go anywhere. I wish people could travel into the surrounding areas to do business and to work. The living conditions in the refugee camp, especially the economic conditions, are not stable. There is not comfort here in the camp. So, I encourage my neighbors and the kids to go to school. Here in the refugee camp, access to school is less than at home, but kids can still learn something if they keep going. We need to keep kids drawing and singing, even if they must do it from home. This is the way to change the situation and make the idea of going to school a very basic thing.

I want to see a future where men and women can get an education and work any job equally. We need to raise awareness to change people's minds about what women can do, like what we're seeing in Europe and in America. Women have the freedom to do what they want to do, and I want to see this here, too.

Governance and Peacebuilding

KEY CHALLENGES

Governance systems have been in turmoil since the 2019 Revolution, when long-time dictator Omar al-Bashir was ousted. Initially a transitional government was put into place, during which time a variety of policies and frameworks were drafted. Two and a half years later in October 2021, the military seized power based on the argument that the civilian government could not manage the security threats facing Sudan. Arguably, since the military coup, Sudan is in a deeper crisis than during the reign of al-Bashir due to more severe and engrained security, economic, humanitarian,

“[Governance] decisions come from the Omda, and whether it is good or bad, we accept it.”– Female PWSN from Rashad, South Darfur

and political issues (Stigant, 2022). Issues of corruption and nepotism are rampant, and citizens (especially women) do not have a say in who their leaders will be. Rather, political parties appoint positions all the way to the locality level.

Despite this period of well-documented crisis at the national level, few issues were described by study respondents at the local level. This indicates a severe separation between national and local issues on the ground. In most cases, respondents only raised the dominance of men

over decision-making as the only governance issue. South Darfur was an exception, though, where respondents recognized a myriad of more nuanced challenges such as the weakness of civil administrations, instability in the region, and gaps between communities and decision-makers. In Kassala (Wad Alhelew locality), a unique key challenge arose: farmer and sector-affiliated group respondents felt that there was no understanding of the rule of law. In their locality, they only know informal governance and have no knowledge of formal law. Interestingly, more than half of respondents felt there were no governance challenges at all in Gadarif, which was by far the highest rate of any state.

HIERARCHICAL TRADITIONAL MECHANISMS AND POWERHOLDERS

With the constant upheaval of governance systems and the back-and-forth of power grabs from national to local levels, it is not surprising that local communities foster mistrust of the national government and feel that higher levels of government de-legitimize their local communities as the rightful owners of their resources and decision-makers about their development (Yahya & Elkareem, 2021).

Study respondents uniformly across both genders articulated that the government is too far from their issues to care, which is why they ensure power sits with local traditional leaders, mechanisms, and spaces (see Box below). The national, state, and locality governments support the traditional processes and in fact, prefer to keep this approach in place because it abdicates them from responsibility and because of their own norms and beliefs. These traditional mechanisms are dominated by male powerholders and follow a system of hierarchy that differs according to traditional practices by state, locality, and even village. In most



Source: Ahmed, E. A. (2022). *Enhancing resilience through improved food security, disaster risk reduction, and peaceful co-existence in South and East Darfur - Baseline Survey*. Khartoum: CARE International in Sudan.

regions of Sudan, the Omda or Sheikh are the most powerful decision-makers. These are inherited or selected positions, without any type of election or choice by local people. In Kassala, in contrast to the rest of Sudan, religious leaders do not have any influence or power (Mahuku & Murphy, 2022).

Outside of formal positions of power, certain groups are prioritized in decision-making over others. Most often, those with money and/or family status hold the most influence. For example, in Greater Kordofan, rural farmers are prioritized in community meetings, followed by pastoralists and nomads (Ritchie, 2018). Women are low or non-existent in this hierarchy except when very well educated or wealthy.

DOMINATION OF MEN OVER DECISION-MAKING

Nearly all respondents across all states felt that the biggest issue with both governance and peacebuilding is the domination of men over these processes. Most stringent is conflict resolution, where women are still actively prohibited from participation. For instance, in East and South Darfur, only 18.5% of women and 13.6% of girls reported participated in peace building and conflict transformation initiatives compared to 30.5% from men and 37.8% of boys (Ahmed E. A., 2022). These rates are remarkable as these states offer women the most opportunity to sit and discuss with men. Women's exclusion is most extreme in Kassala, where women can be punished for walking nearby to the spaces where conflict resolution discussions are being held.

Female respondents in all states acknowledged that such discrimination is a violation of women's rights and that women should be participating in decision-making according to the law. Yet, many still prefer to uphold their traditions and/or feel that they are not qualified to be part of decision-making because they are not well-enough educated and do not possess the necessary confidence to speak and make decisions. They felt that men are more skilled and thus, should continue to make the decisions on their behalf and for the communities.

DELIBERATE EXCLUSIONARY PRACTICES AND ARTIFICIAL FULFILLMENT OF WOMEN'S QUOTA

Those women who do wish to secure their right acutely feel that there is no way for them to access it because the men in their lives and community will not grant them the opportunity. Some described deliberate discriminatory practices such as holding meetings very late at night (past midnight) or in locations prohibited to women to ensure women cannot attend decision-making meetings.

Even when some women do gain access to decision-making spaces – usually due to a quota for their inclusion – they are expected to keep silent, and their opinions are given little-to-no weight in the decision-making process. A few women shared that sometimes women's names are added to official paperwork by men to be able to secure the registration of their committee per legal quota requirements, but these named women do not even know their names are even on the list; this practice was also found in a study in Kassala (Mahuku & Murphy, 2022). In brief: at best, women remain simply numbers and at worst, they are intentionally excluded entirely.

ROOT CAUSES AND DRIVERS

- **ILLITERACY AND POOR EDUCATION** Due to forced school drop-outs of girls at a young age, women do not possess the necessary education to have the confidence needed to assert themselves or the respect of the more educated men to be influential. In East Darfur and South Kordofan, for example, 32% of women aged 15-49 have no education (Care International Sudan, 2021). Furthermore, the literacy rate amongst women 15 years and

older in Sudan is 56% as of 2018, with much lower in rural regions (Whipkey, 2021). However, when women are educated, respondents agreed that they are more likely to be successful in convincing men of their opinions.

- **SOCIAL NORMS AND TRADITIONAL PRACTICES** Sudan remains a male-first society where women are prohibited from participating in public processes by traditional laws but also simply through social pressures. Conservative elders and a persistent culture of male dominance continue to act as “resistors to change” (Ritchie, 2018). Even if a man wants his wife to participate, he will face pressure from other men discouraging this behavior. Social norms dictate that women should remain silent, especially in public. Their silence is attributed not only to this social norm, but also their own self-exclusion due to a lack of confidence. The norm that women should stay in the home restricts their access to engaging in public decision-making spaces and limits their ability to influence decisions that affect their lives.
- **HARMFUL BELIEFS** Most men and women alike believe that women are not as smart or capable as men, as exemplified by the widely used proverb in Darfur “alnswan shawrhin wa khalifhin”, which means women always have unwise and illogical ideas so a man should consult a woman and immediately do the opposite if wants to avoid the wrong and illogical path (Whipkey & Abdelghani, Gender-Sensitive Conflict Analysis in South and East Darfur States, Sudan, 2022)
- **LOW ACCESS TO INFORMATION** Women have limited access to information because of illiteracy, lack of ownership or control over the household radio or television (Care International Sudan, 2021), and no access to public discussion spaces. Without access to information, women cannot meaningfully engage in decision-making processes.
- **WITHDRAWAL OF CIVIL SOCIETY** Most of the progress made toward women’s inclusion in decision-making spaces has been due to the influence of civil society. (I)NGOs often enter communities and help to form inclusive water management, nutrition, health, protection, and environmental conservation groups. However, civil society’s engagement is dictated by the project period which is typically very short. It does not give sufficient time for the structures to become sustainable. Once the project ends, so too does the progress made on the intervention (Ahmed E. A., 2022).
- **HEAVILY CENTRALIZED SYSTEMS** Because of the decentralized processes and leadership, there are no shared systems across the country. For example, there are no processes or systems for officially keeping record of reports of violence or disputes in any villages studied in East or South Darfur when tracked by a separate study (Ahmed E. A., 2022).
- **GAPS IN GENDER EQUALITY LAWS** Meaningful change is restricted by policies that discriminate against and hinder women’s participation. Half of respondents in all states (except East Darfur) recognized that women are prohibited from participation in decision-making roles. That see that both traditional and formal policies are unequal and unfair to women and even when supportive policies exist, they are often not implemented at the local level due to traditional beliefs and practices. Gaps include the following:

Table 4: Laws and policies in Sudan that hinder gender equality

| International | Personal Status | Criminal & Labor |
|---|---|---|
| <p>CEDAW: Ratified only in 2021, but with exceptions:</p> <ul style="list-style-type: none"> ▪ Article 2: equality of men and women | <ul style="list-style-type: none"> ▪ The Personal Status Law requires obedience of the wife to the husband. ▪ A wife may only divorce her husband on specific grounds, or without | <p>Criminal</p> <ul style="list-style-type: none"> ▪ No domestic violence legislation. ▪ Marital rape is not criminalized. |

to be embodied in national constitution or other appropriate legislation.

- Article 16: equality of men and women in all matters relating to marriage and family relations.
- Article 29/1: any dispute between two or more parties concerning the convention to be submitted to arbitration, if not settled by negotiation.

(Sawy, 2021)

grounds if she forgoes any financial rights.

- Following Sharia, women receive less inheritance than men and daughters receive half that of sons.
- Polygamy is legal.
- The father is the legal guardian of children.
- Underage marriage (<18) is allowed in some cases if given “favorable interest” by a guardian.
- A woman requires permission of a guardian to marry.
- A mother only retains custody of children if they are under age seven for boys or nine for girls following divorce, and she may lose custody of young children if she remarries.
- Abortion is legal only to save the mother’s life, if the unborn child has died in the womb, or if the pregnancy is a result of rape that occurred not more than 90 days prior to the abortion.

(UNDP, 2018)

- Adultery (Zina) is a criminal offense.
- Prostitution and sex work are criminalized.

Labor

- No protection under the Labor Act from dismissal due to pregnancy.
- Prohibition of women from working occupations deemed hazardous, arduous, or harmful to their health under Article 19 of the Labor Act.
- No protection for domestic workers under the Labor Act, but they do have limited protections under the Domestic Servants Act.
- Maternity leave with pay is granted for just eight weeks, less than the 14-week ILO standard.

(UNDP, 2018)

Key Enabling Laws and Policies Supporting Women’s Participation

- **Sudan Interim Constitution:** Article 31 as amended in 2017 states that all persons are equal before the law and are entitled to equal protection of law without discrimination as to sex (and other listed categories); Article 32 on Rights of Women and Children guarantees equal enjoyment of all civil, political, social, cultural, and economic rights including equal pay for equal work as well as the requirement of positive discrimination to promote women’s rights and combat harmful traditions and customs.
- **National Women Empowerment Policy (2007):** Under the Ministry of Gender, Child, and Social Welfare, with a strategic objective to empower, integrate, and deepen women’s participation in all aspects of sustainable development.
- **National Action Plan for the Implementation of 1325 (Women, Peace & Security):** aims to ensure women proportional and meaningful participation at all levels of conflict transformation and peace-building processes.
- **Law on National Elections (2008):** stipulates that women have equal rights to men. This includes a quota system of a minimum of 30% of places for women in political decision-making.
- **Child Act of 2021:** Article 141 passed in 2020, the law criminalizes FGM/C.

Defining Governance and Justice Structures

- **Ajaweed:** A mediation council which consists of the Native administration and community leaders.
- **Native Administration:** A tribe-based system subject to the Law of Local Administration System (LOLAS), which specifies its structure and roles. Seats (male only) are appointed and endorsed by the government at local and state level. They resolve conflicts related to inter-tribal conflicts or between communities.
- **Judiya:** An arbitration and mediation process led by the Ajaweed, who are male elders or notables (not necessarily community leaders, but often include religious leaders) from diverse tribes and livelihood groups. They handle intra-community issues within households, within families, and between neighbors.
- **Village Development Committees (VDCs):** VDCs are created by (I)NGOs or multilaterals to carry out tasks in the village related to development broadly or to address specific issues.
- **Natural Resource Management Committees (NRMs):** Farmers and pastoralists that jointly manage the use of shared assets such as grazing pastures, water, forests, and migratory routes.
- **Community Based Reconciliation Mechanisms (CBCRMs):** Groups of diverse community members (including women and youth) usually initiated and formed by INGOs who mediate inclusive and neutral platforms where all community members can come together to discuss and resolve disputes and conflicts between families and neighbours.
- **Popular Committee/ People's Committee:** Established by the al-Bashir regime and overturned following the 2019 revolution, these traditional forums still exist in many villages and are typically political bodies largely dominated by men.
- **Resistance Committee:** Founded in 2010 and mobilized in 2013 during the protests in Khartoum, these committees mobilize and organize protests and lobby for transitional justice.
- **Services and Change Committee:** Renamed by the Resistance Committees from the al-Bashir era "Popular Committees", these formalized neighbourhood groups provide services such as the maintenance of schools and health centers and monitoring of food distribution.

EMERGENT ISSUES AND STRESSORS

Most people are not seeing any changes in governance and peacebuilding at the local level despite the extreme changes occurring at the national level. Villages have little-to-no contact with the localities to which they are accountable because of the breakdown in governance structures.

Of the study respondents that did describe recent changes, most were positive due to **civil society interventions** and the improvement of spaces and resources for women (e.g., increase in judicial referrals in Kassala and South Darfur, presence of women and child protection centers in South Darfur, and more women's initiatives in East Darfur). In Aroma, Kassala, civil society respondents felt that the new presence of Resistance Committees since the 2019 revolution has triggered some change locally. In South Darfur and Gadarif, respondents felt that small changes in women's participation in governance are occurring in their villages. They are seeing minor participation of a limited number of women in some committees namely the Service and Change committee. This sentiment is echoed by civil society staff especially in the Darfur states who express that even though change is slow and gradual, and women are still not influential in most decision-making spaces, women's engagement and influence has changed significantly from 10-20 years ago. Then, speaking about human rights in Darfur would have been unheard of, especially by women (Ritchie,

2018). Also, since the revolution, they can speak more openly about women's public participation whereas pre-revolution such work had to be labelled discreetly as "capacity building".

However, some negative changes were also mentioned: most notably, rampant **insecurity and increased tribal conflicts** over land and resources in South Kordofan. Kassala respondents shared the opposite, with more than half feeling that there were no issues related to conflict. Nearly half of people in Gadarif and East Darfur shared similar sentiments of not experiencing issues related to conflict or peacebuilding processes.

OPPORTUNITIES AND RECOMMENDATIONS

The spaces where women have gained the most traction in inclusion have been in Resistance Committees and Service and Change Committees – because of the strong role women played in the revolution and the mandated women's quota – and water and cleaning committees – due to social norms that dictate their responsibility over water and cleanliness. But a minimum requirement of education is still common in South Darfur and Gadarif, which excludes most women from joining. While their voices are still not loud or considered equal, these committees offer a foot in the door for the women who can access them.

Also, some communities have formed women's committees, where women have a dedicated space to discuss issues together and bring those issues to formal decision-making spaces (run by men). While women's committees offer a safe space for women to talk and can bridge to other spaces, they entrench divisions between men and women and maintain the status quo where men remain in power over decisions, even those brought to them by women.

Respondents in East and South Darfur and South Kordofan felt that civil society has intervened to improve women's inclusion. They see the workshops that are being held on topics such as peacebuilding, peaceful co-existence, women's public participation, and women's rights as something new in recent years. On the topics of peacebuilding specifically, though, only government leaders were aware enough about these interventions to discuss them, though, indicating these workshops are not well-known or widespread in the communities. This could be due to the bias/inequity in selecting workshop participants described by respondents. They explained that someone will be responsible for filling the participant list and those who are known or favored by the person filling the list will be chosen. Getting selected for a workshop is highly sought-after because of the incentive to attend. Participants typically receive a per diem, and chasing this monetary incentive from civil society has become a norm now. It can be assumed based on these findings that the participants may not be those who are most interested in the topics or likely to practice their learnings; rather, they are identified through personal connections and motivated primarily by monetary gain.

The most promising avenue for promoting women's inclusion in decision-making spaces is through strengthening their influence in the community. This has been done successfully through four main avenues:

1. Participation in other committees. Women who hold seats in committees, especially in leadership roles, appear to have a greater chance of gaining access to formal decision-making spaces. For instance, the female leader of the cleaning committee in Tur, Kas, South Darfur also sits on the WASH committee in the village. In Wad Eissa, Kassala, a female garden group leader got a seat on the Popular Committee for a period but eventually had to vacate it due to public backlash (Mahuku & Murphy, 2022).

2. Work in respected roles. Midwives, health professionals, and teachers tend to garner respect in their communities and may be able to attend committee meetings related to their field (e.g., health, education). While women in these professions still are not able to make a final decision, they tend to be consulted or given space to voice their opinion more freely. For instance, teachers in Kassala are leading initiatives to end early marriage. Perhaps the most influential woman, though, is the Hakamat. These are wise women who, today, sing for and promote peace whereas in the past, they were those who would encourage conflict and war between tribes. Today, Hakamat hold symbolic roles but do not have the power to make decisions. They still are well respected and often take on roles related to conflict resolution within families.
3. Economic empowerment. Studies have found that when women gain income and wealth, they are more likely to not only participate but influence decision-making (Whipkey, 2021). Respondents confirmed these findings, including respondents from other INGOs working on economic empowerment programming. VSLAs present a promising opportunity for women to generate not only greater income, but more collective empowerment and confidence to yield influence in their communities. Membership in VSLAs reduces the barrier of limited access to information as well, with members saying they have different knowledge about community issues than they had prior to joining their group (Whipkey, 2021).
4. External influence. In some cases, (I)NGOs or government will require women's inclusion in decision-making bodies or spaces. As described above, this mandate is not always successful (i.e., listing women's names on the list without their knowledge or holding meetings at times when they cannot attend). However, it has yielded positive results when actively supported. For example, women hold seats on Community Based Conflict Resolution Mechanisms (CBCRMs) per requirement. (I)NGO projects provide criteria for the representation of women, youth, minority groups, persons with disabilities, and other marginalized groups and community leaders select the representatives according to the criteria (Whipkey & Abdelghani, 2022). 72% of surveyed women in the CBCRMs in Darfur believe women can become leaders if they could overcome cultural barriers and acquire the self-confidence needed (AbuBaker H. , 2022). Unfortunately, the presence and influence of CBCRMs is limited, as no respondents in this study identified it as a space for women's influence.

Gender-Based Violence

KEY CHALLENGES

Remarkably, when asked generally about gender-based violence (GBV), three-quarters of study respondents did not feel that it was an issue in their community. Across all states, respondents in Kassala were most likely to share their challenges openly but limited their responses to general challenges around marginalization of women and neglecting their rights. Other issues raised by few respondents (mainly in South Darfur) included child labor, physical violence, threats, political violence, and sexual violence.

However, when asked specifically about the types of violence that women in their community experience, respondents answers were more nuanced. Nearly half described social norms that perpetuate harmful practices against women (except in East Darfur) and one-third highlighted sexual violence (especially in East Darfur, but also many in South Darfur and Gadarif). It is critical

to highlight the difference in how GBV is described in different states. In East Darfur, respondents spoke of “neglecting rights” of women (e.g., safety, movement) whereas in Kassala and South Kordofan, they spoke of “harmful practices”. The recognition of rights in Darfur may be attributed to greater civil society intervention on the topic. Regardless of the phrasing used and the intention behind it, all respondents recognized the role that social norms related to the power dynamics of men and women play in GBV.

Past studies can shed additional light on the types of GBV that are prevalent in Sudan (see Table below from (Whipkey & Abdelghani, 2022):

Table 5: Types of GBV prevalent in Sudan

| Domestic / Family Violence | Community Social Violence | Harmful Traditions and Customs | Violence During War |
|--|--|---|---|
| <ul style="list-style-type: none"> ▪ Hard beating ▪ Rape ▪ Sexual abuse ▪ Domestic violence ▪ Economic violence ▪ Psychological violence ▪ Lack of family planning ▪ Humiliation | <ul style="list-style-type: none"> ▪ Social exclusion ▪ Psychological violence ▪ Forced to isolate in public gatherings ▪ Political exclusion ▪ Humiliation | <ul style="list-style-type: none"> ▪ FGM/C ▪ Early marriage ▪ Forced marriage ▪ Domestic/internal marriage ▪ Polygamy ▪ Serving men first ▪ Poor education for girls ▪ Torture ▪ Killing | <ul style="list-style-type: none"> ▪ Rape ▪ Sexual harassment ▪ Sexual abuse ▪ Kidnapping/abduction ▪ Torture ▪ Killing |

STIGMATIZATION OF REPORTING

In cases of GBV, social norms and traditions dictate that such issues be dealt with internally within in the family. If the family is unable to resolve the issue, then help from traditional justice mechanisms and traditional powerholders can be sought. In most cases, the Sheikh or Omda would resolve the issue. Only in more extreme cases would other traditional justice mechanisms be used such as Judiya and Ajaweed. Very rare cases would make it to formal justice processes. Bringing one’s case to a formal justice process would be viewed as shameful, bringing dishonor to the family and the village (Ritchie, 2018). Respondents said that this culture is beginning to shift to a limited extent in instances of rape. When a woman is raped, particularly by someone outside of the family, some are feeling more willing to report the incident to police. Still, numerous studies have shown that there is stigma attached to sexual violence and women often choose to avoid such stigmatization and not report (Ritchie, 2018) (Whipkey & Abdelghani, 2022).

The stigma against reporting GBV is so engrained that gender-based violence referral systems do not exist in most communities (Kassala), or they are not utilized (South and East Darfur). In Hijlija, East Darfur for example, the process for tracking reports of GBV is by writing incidents in a small notebook; in the period of a year, just two cases have been written (AbuBaker H. , 2022)

Beyond stigmatization of women, reporting GBV – especially against one’s husband – comes with other complications and burdens and thus is discouraged. For example, a woman seeking divorce will need to manage a myriad of complications based on Sudanese law such as repaying a dowry and potentially losing custody of her children.

NORMALIZATION OF DOMESTIC VIOLENCE

GBV within the home is typically invisible because it is considered normal and thus, rarely reported. It could be considered taboo to speak about women and girls' experiences of GBV due to the culture of silence around this topic, or the risk of the stigma that could be attached to the woman or girl. Domestic violence can turn to sexual violence in the form of marital rape if the wife refuses intimacy. In fact, by Sudanese law, women must fulfil the physical and sexual needs of her husband per his request. Therefore, marital rape is not a topic that is discussed as women would not be taken seriously and would be regarded as selfish (Whipkey & Abdelghani, Gender-Sensitive Conflict Analysis in South and East Darfur States, Sudan, 2022).

**“Violence is present, especially for some people who are not conscious about GBV. A man can pick up a woman and beat her, but the beating doesn’t lead to the hospital. The man can also be beaten! There are many things that happen between us.”
– Male community leader from Graife, Kassala**

In Darfur states, the practice of wife beating is a traditional practice used to discipline and control women when a wife is arguing, leaving the house without permission, refusing intimacy, being lazy, or asking about money. It is not only acceptable and perceived as normal, but it is considered a tradition and may even be viewed as a way to express care (Ritchie, 2018). Some respondents said that normal beating would not be such that a woman should be seriously hurt or require medical attention. However, serious incidents of domestic violence have reportedly decreased since the time of the Darfur conflict period due to the stabilization of the context, men choosing divorce over domestic strife, and improved education (Ritchie, 2018).

OPPORTUNISTIC GBV WHEN WOMEN AND GIRLS ARE ISOLATED

Incidents of violence often occur at times and in places when women and girls are alone, such as when they are fetching water, collecting firewood, farming, or traveling to markets. In fact, approximately one-quarter of female survey respondents in 2021 CARE needs assessments in Gadarif and South Kordofan have experienced GBV while out fetching water. Their risks are heightened when they lack basic services such as nearby water sources and latrines close to home. Women said they are most at risk after dark and when they are in distant locations, forests, or along a livestock migratory route (Whipkey & Abdelghani, Gender-Sensitive Conflict Analysis in South and East Darfur States, Sudan, 2022). Denser foliage, for example, makes it harder for them to be seen and more susceptible to harassment or rape.

To cope, some women and girls choose to always travel in groups to fetch water or collect firewood. They may also choose to leave early in the morning as to avoid returning after nightfall. A prior study of women in an IDP camp in South Darfur even found that women elected to buy charcoal rather than collect firewood when they have the money available to minimize their exposure to harm (Ritchie, 2018).

PERSISTANCE OF FGM/C

Despite the criminalization of FGM/C and prolific campaigns against it – most notably the UNICEF Saleema campaign, the practice persists in the villages. FGM/C is deeply rooted in local traditions and culture and is even tied into issues of identity, especially amongst older generations, and religion. Because it is so tightly woven into deeply engrained thoughts about women's bodies and roles, including fears about girls' virginity and how it affects their marriage prospects, change is slow and complicated. Trusted and influential local leaders are not actively campaigning against the practice and Traditional Cutters remain resistant to change. Messages about FGM/C are not being widely communicated in schools nor by traditional midwives, the primary source of health information for most rural women. Only when women can access services of trained midwives are they more likely to hear about the dangers of FGM/C. Therefore, areas that are more rural and

conservative without access to trained healthcare professionals remain those most likely to continue FGM/C (Ritchie, 2018).

CONTINUED PREVALENCE OF EARLY AND FORCED MARRIAGE

Early marriage of girls is still widely practiced in many communities in Sudan, with girls in Kassala more likely to be forced into early marriage than girls in other states. While legally girls can only marry from age 18, there are some loopholes in the law that allow early marriage to persist if “favourable” to a guardian. For instance, fathers can seek an early marriage for their daughters to overcome family poverty by securing dowries. As many higher socio-economic status families are practicing this custom less and less, economic status appears to be a strong link for early marriage. Gender roles have an impact on early marriage, which is why girls are disproportionately affected. Boys are expected to be providers for their families, so they do not get married until they have the money to do so. In East Darfur, boys will not marry early unless they come from a rich family.

In some villages it is even considered a protection measure once girls hit puberty to ensure they will not have an illegal pregnancy otherwise. In East Darfur, for instance, once a girl menstruates, she is considered a woman and therefore ready to marry. In Kassala, if a girl does not marry by age 14 or 15, she risks being socially isolated and stigmatized (Mahuku & Murphy, 2022). Indeed, some families will choose to marry their girls early to mitigate against the risk of an unwed, illegal pregnancy. Some men may take advantage of this, exploiting girls into sexual acts because of poverty, leading their families to marry off the girls to avoid social shame.

ROOT CAUSES AND DRIVERS

- **GAPS IN LEGISLATION AND UNEQUAL LAWS** There are many gaps in Sudanese law for the protection of women (see Governance above). Additionally, many laws are aligned with Sharia, which supports the dominance of men and enables GBV. For example, Section 52 of the Muslim Personal Act of 1991 requires wives to obey their husbands and meet their sexual demands. The Muslim Personal Law Act permits early marriage (from 10 years old), requires dowry as a marriage requirement, and restricts women’s inheritance rights (Whipkey & Abdelghani, Gender-Sensitive Conflict Analysis in South and East Darfur States, Sudan, 2022)
- **PATRIARCHAL GENDER NORMS** Violence against women is normalized through the harmful gender norms that proliferate every locality. Patriarchal ideas and values shape the roles and responsibilities of women, which minimize their role in society in every aspect. This fuels their social exclusion and enables all four categories of violence to continue. Sudan’s “men-first” society actualizes both in the theoretical sense (i.e., prioritization of men’s ideas and decisions) and literal sense (e.g., men are always served first at the table, speak first, etc.). Even women’s movements outside of the house are regulated by gender norms that require them to get permission from male heads of household. Permission may be less formalized and easier to acquire in the Darfur states and Gadarif compared to the more stringent practices in Kassala and South Kordofan, but it is still a requirement. Movement restrictions are strictest for girls in the time between puberty and marriage. (UNFPA, 2021)
- **ECONOMIC HARDSHIP** Poverty is a key driver for early marriage, especially of girls. Wealthier families are less likely to marry girls young. Oftentimes, when a family has many daughters, they will be married young to reduce the family’s financial burdens. Also, if a richer man is interested in a girl from a poorer family, the likelihood that they family will marry off the girl is higher. In this sense, daughters are used as a source of income for the family.
- **PROTECTING FAMILY HONOR** In paternalistic societies such as those in Sudan, women and girls have a duty to protect their family honor. If women engage in behaviors that are highly stigmatized (e.g., sex outside of marriage, illegal pregnancy, marriage without male consent,

practicing prostitution, etc.), they risk severe punishment. These behaviors bring dishonor to the reputation of the family and traditional beliefs and practices offer punishments including social exclusion, torture, abandonment, or even death (Whipkey & Abdelghani, Gender-Sensitive Conflict Analysis in South and East Darfur States, Sudan, 2022). One respondent in East Darfur told of a recent incident where five teen girls were killed for having mobile phones and talking to strangers. Even in incidents of rape, girls may be forced into marriage with their perpetrators to protect the family honor.

- **LIMITATION OF LAW ENFORCEMENT** In East Darfur, South Darfur, and Gadarif, respondents attributed sexual violence (e.g., rape, harassment, and assault) in large part to the absence and/or limitation of law enforcement and punishment for violence against women. Even when law enforcement does exist, women and girls are discouraged from using it, even by these mechanisms themselves as they prefer the traditional justice approaches.
- **INSECURITY AND CONFLICT** Incidents of rape increase during periods of conflict and crisis (Yahya & Elkareem, 2021). In Darfur, for instance, nomadic Arab groups and military personnel raped Fur women to exert dominance (Ritchie, 2018). Furthermore, instability causes losses of livelihood opportunities and resources. This affects men's images of themselves and, women say, drives them to perpetrate violence such as hard beating and rape.
- **DATA GAP ON GBV AGAINST MEN AND BOYS** Violence against men and boys is a topic not openly discussed, especially sexual violence. People say that men can defend themselves, so they cannot be victims of violence. The only types of violence men experience are when they are attacked by larger groups in times of conflict or war. Only two respondents said that it is possible for men to experience domestic violence, and it typically occurs when a husband tries to take another wife. Also, respondents in Gadarif and East Darfur lightly discussed the issue of child labour and how it disproportionately affects boys. Due to economic hardships, boys – usually in camp settings – are taken out of school to join the labour force and provide for their families.

EMERGENT ISSUES AND STRESSORS

Approximately two-thirds of respondents do not feel that there has been any change in their communities related to GBV. The remaining one-third felt that political changes and the economic situation have been the biggest catalysts for recent changes, particularly in East Darfur and South Kordofan. Other things such as awareness raising by civil society (South Darfur), activation of laws (Gadarif, South Darfur), formation of protection committees (East and South Darfur), and raising complaints to the family and child protection centers (Kassala) have been able to positively impact protection mechanisms.

The other critical stressor has been and continues to be **conflict**. In Gadarif, respondents from host communities felt that the instability in Ethiopia that has triggered the displacement of Ethiopian refugees into their state has led to an increase in 'new' practices of GBV. While evidence is not available to the accuracy of this perception, the perceptions themselves amongst both host and refugee communities could be a trigger for heightened violence. While conflict is increasing most dramatically in South Kordofan, the feelings amongst women are split by village regarding their personal safety. In Tagmelah, for instance, women do not report feeling increased personal danger. They feel that the conflict is between men and has not caused them any added harm. They do not fear going to tend to their fields or animals. On the other hand, in Kadogli, women fear Arab men and reported changing their style of dress so they can run away faster (AbuBaker H. M., 2020).

OPPORTUNITIES AND RECOMMENDATIONS

Many respondents do not feel that there is a role of government or civil society in addressing GBV, especially in Gadarif and South Kordofan. However, of those that do (in Darfur states and Kassala), most feel that the role should remain at the level of awareness raising and community education. In Darfur states they also support the establishment of community support centers. This resistance to more intensive intervention presents some challenges to pursuing change in this sector.

The power of awareness raising cannot be shortchanged, though. Some respondents in East Darfur (Alriyad village) said that the practice of early marriage has declined because of more awareness around the pregnancy complications present for young girls. A prior study found that in IDP camps nearer to cities where more NGO trainings on women's rights are held, residents' knowledge of the legal recourse against GBV was higher (Ritchie, 2018). Also, UNICEF's widespread Saleema campaign against FGM/C yielded some promising results, most notably in promoting new dialogue amongst religious and community leaders. While it did not result in the change desired – ending FGM/C – it did start shifting the practice toward the less severe form of FGM/C (Ritchie, 2018) and effectively reduced pro-FGM/C social norms (Evans, et al., 2019).

Other interventions are necessary to combat the root causes of GBV, starting with deeper and targeted research on social norms and GBV against men and boys. Using the the Social Norms Analysis Plot (SNAP) framework could be a useful approach for assesses the strength of social norms related to GBV and their change over time to design more relevant interventions (e.g., through the SAA). Work on social norms must be coupled with strategic advocacy against laws that create an enabling environment for GBV. Additionally, GBV-related services must be in place in the meantime to respond to the issue including support centers for physical, psychological, legal, and financial assistance.



Female farmers in Tur, South Darfur. Photo by Katie Whipkey.

HUMANITARIAN ACTION

The intention of Humanitarian Action is to quickly respond to emerging crises and address immediate needs. CARE Sudan’s humanitarian interventions aim to provide timely life-saving assistance to crisis affected populations and ensure a protective environment for women and girls. This pillar covers the initial emergency response activities, as well as second phase recovery work on the sectors of WASH, health, food security, and nutrition. Although gender-based violence is categorized under the Women, Peace, and Governance program area, it is integrated in all humanitarian sector interventions as well.

WASH: Water

KEY CHALLENGES

Issues around water are well-understood and agreed upon by community members, with little difference amongst respondent types (e.g., men, women, community leaders, and others).

UNRELIABLE WATER ACCESSIBILITY

Consistent and reliable access to clean water, especially during the dry season, continues to be a need in many regions across Sudan for all genders (see Figure 1). Particularly in East Darfur (El-Daein locality) and South Kordofan (Rashad locality), water is lacking or is too expensive for most residents. Due to the rapid deterioration of the economic situation, households cannot afford to buy water externally when their local sources are empty. Meanwhile, in Gadarif (East Galabat locality), Kassala (Aroma, Wadelhlaw localities), and South Darfur (East Jabbal Marra locality), water is available, but it is too far away.

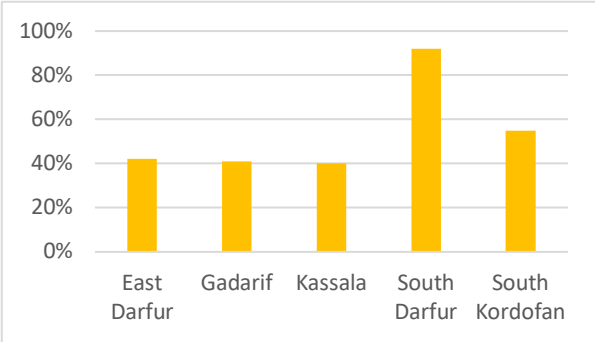


Figure 1: Communities reporting lack of access to clean water

Budget has not been allocated to these regions to provide for nearby water sources, contrary to other places in South Darfur such as Kas, where CARE has provided water services at the majority of IDP camps in the region (17 of 28 camps). IDP and refugee camps have opened doors for better water availability even in host communities, primarily in Gadarif. As refugee camps especially require a minimum water standard, host communities nearby also benefit from close, clean water sources (Care International Sudan, 2021).

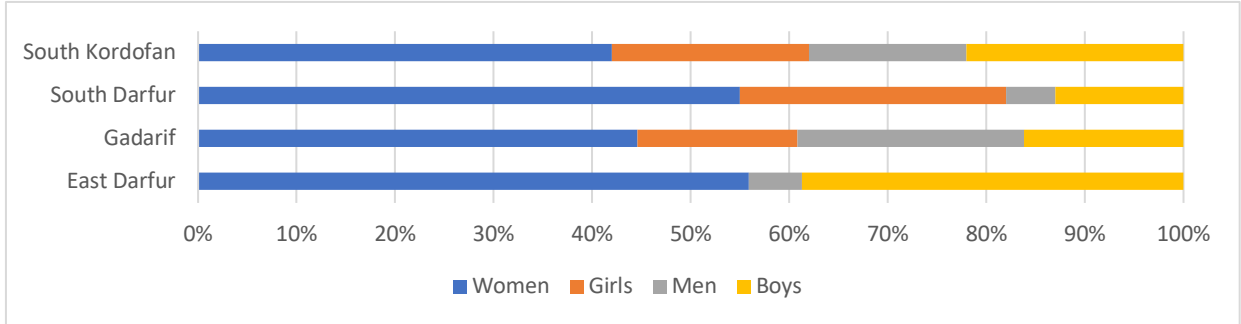


Figure 2: Reporting of gendered responsibilities for water fetching

UNEQUAL RESPONSIBILITIES FOR WATER FETCHING AND MANAGEMENT

While access to water is an issue for all people, the burden for ensuring water is available for the family falls almost exclusively to women. Based on traditional gender roles, women are primarily responsible for fetching water (see Figure 2; no available data for Kassala) and men hold the responsibility for water management and operation (Karim, 2021) across all focus states. Men in Gadarif are the most active (17%) in sharing the responsibility for water collection. However, children also play a sizable role in fetching water. Interestingly, respondents for this study in East Darfur shared that girls have the biggest responsibility for water fetching, directly contrary to the findings from an earlier CARE needs analysis (Figure 2). Likely the earlier analysis grouped women and girls together. The high proportion of boys taking responsibility for water fetching in East Darfur only occurs when a donkey cart is available. Without a donkey cart, girls will fetch the water because they will carry it on their heads. This demonstrates the connection between a household's economic situation (e.g., access to a donkey cart) and gender roles related to water collection.

“The woman is responsible for fetching water. If the man fetched water, people will say to him ‘الراجل ركبوا ليهو سرج’: the man is weak like a donkey and the woman rides him”, meaning he is not a real man.”

– Male with special needs from Kass, South Darfur

When water sources are far, women's domestic burdens are compounded because of the time it takes to get to the water source. Long times away from home to fetch water leave little time for the many other domestic responsibilities women have. Figure 3 shows the time taken to fetch water as reported by survey respondents during needs assessments by CARE. South Darfur residents are most likely to report water collection to take more than an hour (26%), whereas in Gadarif only 4% experience such a distance (Care International Sudan, 2021).

HARMFUL HEALTH IMPACTS FROM WATER FETCHING

Far water points also negatively impact women physically, as they must heavy pots of water on their heads for long distances. This is especially troublesome for pregnant women, who believe that it leads to complications and risks for both the mother and the baby.

Especially when traveling far distances in the dark to fetch water, many women, including IDPs and farmers, shared that they are subjected to violence such as attacks, assaults, harassment, or even rape. Women living in areas affected by conflict have a higher probability to be exposed to violence during water collection (Karim, 2021). In East Darfur, GBV is not an issue related to water collection because water sources are close to the villages and only open one hour per day during the daylight. While it does decrease GBV risks, the limited hours of water sources lead to overcrowding and animal contamination. Information about GBV while fetching water was more commonly discussed by civil society respondents than community members, suggesting this may be an issue that many community members do not feel comfortable discussing openly.

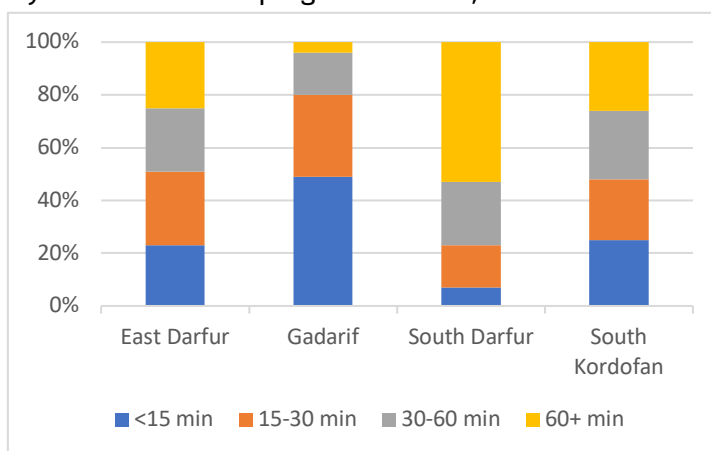


Figure 3: Reported time needed to fetch water

CONTAMINATED WATER SOURCES

Water sources can be prone to contamination from latrines, animal waste, and sharing of water directly with animals. The types of water sources most vulnerable to contamination are open hand dug wells and surface water sources (i.e., dams, haffirs). Also, the downstream sources are most susceptible to contamination, as elements such as dead animal bodies, animal faces, and solid waste are washed downstream. Issues with contamination are most prevalent during the fall and rainy period as waste mixes with drinking water due to heavy rainfall.

ROOT CAUSES AND DRIVERS

- **POOR GOVERNANCE AND INSUFFICIENT BUDGET** Women, refugees, and community groups and leaders explain that the government is not sufficiently monitoring the water supply, causing supplies to run very low and even dry. Furthermore, adequate budget is not being allocated to ensure that clean water is accessible to all. The government authority, State Water Corporation (SWC), is not able to do any development and they are only focusing (to a limited extent) on water operation and maintenance. SWC capacity is so low because the current water tariff is insufficient to cover the cost of Operations and Maintenance (O&M) (Ahmed E. A., 2022).
- **DECENTRALIZED AND MALE DOMINATED WATER DECISION-MAKING** The regulation of the water management system varies from state to state. In some states, the water supply system is directly managed by the SWC, while in other states it is managed by the water management committee in coordination with the SWC for technical support. While drilling regulations are set by the SWC, the location of the water tanks and distribution points are decided by the community. Without centralized guidance that is based on women's needs and priorities, women must constantly struggle at the local level against male-dominated decision-making committees that consistently neglect their needs. Furthermore, there are not centralized authorities dedicated to monitoring and ensuring that the standards are being followed.
- **DISCRIMINATORY SOCIAL NORMS AND PRACTICES** Based on social norms in all states, women are responsible for fetching water and men are responsible for water management. This mismatch of responsibilities not only limits women's rights and authority, but it also creates gaps in water management as men are not the most knowledgeable about water needs since they are not responsible for fetching it.

EMERGENT ISSUES AND STRESSORS

Women, people with special needs, and community leaders, particularly in Kassala, South Kordofan, and East Darfur are disappointed that there has been very little positive change in this sector. They report that the government has not stepped up to provide or monitor water sources, resulting in many sources not functioning. One woman exclaimed, *"Where is the government?!"* This may be attributable to the very **low capacity and poor logistic coordination** resources of the SWC. In Kassala, for example, Wad Bau community reached out directly to the SWC to dig a borehole because the water is unsanitary and dangerous, but they have not received a response (Mahuku & Murphy, 2022). Further, many water tanks are not working at all due to poor management and no maintenance on the tanks provided by SWC.

SWC is now dependent upon international organizations to deliver water as a basic service (Care International Sudan, 2021). In fact, in South Darfur and Gadarif, most respondents of both genders see the provision of water to be a civil society role. They see I/NGOs (e.g., CARE, UNICEF, World

Vision, Big Family, and others) digging wells and connecting tanks and pumps in some communities – especially IDP and refugee camps – and want to see that service expanded to more communities including host communities.

In addition to water management, the other most critical issue in the sector is **climate change**. Climate change has contributed toward greater water scarcity, especially during the dry seasons of the year. Not only does it affect freshwater for human use, but it also impacts animals and agriculture as both require abundant water resources. Without enough available water for both, pastoralists are forced to search for water sources and grazing lands just as farmers must seek out arable land for planting. This search forces some families to migrate. Such competition over water sources is an underlying cause for conflicts between groups (Ritchie, 2018).

OPPORTUNITIES AND RECOMMENDATIONS

As water collection is overwhelmingly a woman's role, it also opens many opportunities for women in the sector. For example, some women are getting involved in water committees. This is primarily due to I/NGO interventions in Kassala, Gadarif, and East and South Darfur, but it is proving to be an effective approach for women's public participation. Refugee women in South Darfur (West Jabal Marra) see an opportunity to have more involvement in the monitoring and maintenance of water tanks, pumps, and wells to fill the gap left by the government. This is valuable to them to decrease the domestic burden and reduce diseases from unclean water. Also, women in all states feel that no one in decision-making roles is recognizing what a big burden it is for them to fetch water. They would like to see more opportunity for women to raise this issue more actively through public processes; however, social norms restrict women's public participation (see Governance chapter). Potentially the issue of water access could be a safe avenue to promote women's public participation.

Importantly, leaders in South Kordofan expressed a need to promote behavior change amongst men and boys to take more responsibility for water collection. There is an opportunity for men and boys to support more of the domestic responsibilities traditionally held by women. They could also



CARE staff and refugee women working together at a water point in a refugee camp in Gadarif. Photo by Nazik Tarig.

support women by raising these issues of poor water accessibility in decision-making spaces since women's participation is still prohibited or limited. Finally, a significant behavior change must happen related to GBV: awareness must be raised amongst men and boys about preventing violence against women to mitigate the risks women face when engaging in water collection. Some women even expressed during focus groups in South Darfur, Gadarif, and South Kordofan that they would not have as much of a

problem traveling such long distances for water if they felt safe doing so.

WASH: Sanitation and Hygiene

KEY CHALLENGES

INADEQUATE AVAILABILITY OF LATRINES

Almost exclusively in East and South Darfur respondents report having toilets at home. This may explain why most respondents in East Darfur reported no challenges with their latrine facilities in this study. In Gadarif and South Kordofan, respondents of both genders were more likely to report that there are not enough (private) toilets. When toilets are unavailable, it is most common to engage in open defecation in public spaces, followed by other locations such as the stream or in a bush (see Figure 4). This becomes a safety hazard for women as they do not have privacy when using the toilet. Even in locations that have home toilets, such as in East Darfur, open defecation can still be an issue when people are in public locations such as markets that lack public facilities.

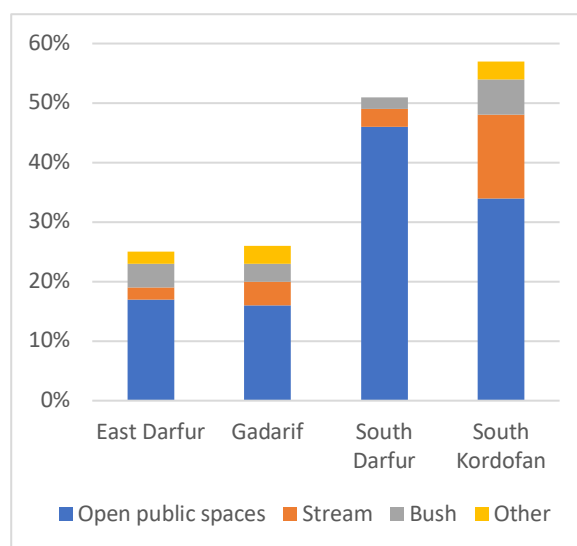


Figure 4: Reported open defecation practices (no data for Kassala)

POOR CLEANLINESS AND WASTE ACCUMULATION

In Kassala especially and to a lesser extent South Darfur and Gadarif, respondents of all genders were most likely to say that the available toilets are full and no longer usable due to waste accumulation. In Gadarif, respondents shared that communal latrines especially are not regularly cleaned and become unhygienic. Rather than use unclean latrines, people prefer open defecation.

“Before we used to have problems with diarrhea but we didn’t know why. Now with latrines and awareness raising on hygiene, the flies and the diarrhea have disappeared and the bad smells have gone away.”

– Female focus group participants from Tur, South Darfur

As waste accumulates, so do flies since toilets do not have roofs or doors. This leads to the spread of disease such as diarrhea.

Even in the context of East Darfur where nearly everyone has a toilet in the home, there are some challenges with waste accumulation. Mothers are responsible for keeping the toilet clean and managing it. When the toilet is full, it is covered to be protected from flies and a new hole is dug inside the house.

UNSAFE AND INACCESSIBLE LATRINE FACILITIES

In Gadarif and South Kordofan, respondents said that the toilets are unsafe. First, they are very poorly built with high risk of falling, especially during rainy season. Specifically for women, the latrines either do not have doors or the doors do not lock, so women feel vulnerable. Also, oftentimes latrines are too far from the village (all states), so women may face risks as harassment or violence along the way such, especially at night.

PWSN and the elderly are most marginalized by the toilets, though, as the latrines are not accessible

for them at all. A CARE needs assessment found that in Gadarif, for example, 65% of latrines are not accessible to elderly and PWSN (CARE International in Sudan, 2021). Some respondents shared that PWSN may urinate or defecate in their beds because no one is available to help them use the latrine and/or the latrine is too difficult for them to use. This contributes to diseases and infections for this already vulnerable population. Respondents acknowledge a general lack of knowledge about PWSN and how to build accessible facilities. However, even if such knowledge exists, the financial means to build accessible facilities is still lacking.

UNAVAILABILITY OF DIGNITY KITS

Overwhelmingly, the most common sanitation challenge for women and girls cited – most often by women but also by many men – is the lack of dignity kits including sanitary pads and soaps (all states except South Kordofan). In East and South Darfur, for example, three-quarters of women indicated having no access to sanitary pads (Karim, 2021). When women do not have access to pads, they use old cloth when menstruating. This practice has led to infections and health complications for women. Women – especially younger women – prefer to use dignity kits whenever possible because they see the link between disease and the use of cloths. Furthermore, cloths require washing with water two to six times per day, which in times when water is scarce or when water is hard to fetch, disposable sanitary pads are a more preferred option if available. Washing must be done in privacy in South Kordofan, which can affect how often women are able to wash the cloths and therefore their personal hygiene or force them to wash at night when it is less safe.

Women and girls almost exclusively depend on (I)NGOs for dignity kits as purchasing disposable pads is prohibitively expensive. In East Darfur, dignity kits are distributed to girls from 14 years old; meaning, girls who have their period younger do not receive dignity kits and this was a general complaint amongst the women in village or camp settings. Some women in East Darfur shared that brands in stores (namely “Always” brand) can cause allergies or itchiness, so they return to using cloths that do not cause such reactions. This issue was not raised in other states.

LACK OF AVAILABLE SOAP

Discussion around the topic of soap and handwashing practices was limited. However, those who did share their experience said that there is not enough soap available, which contributes to poor handwashing practices. Since soap is not available and oftentimes water is lacking, people cannot clean themselves according to best hygiene practices. Instead, they may use sand or ash. Only those respondents with private toilets shared that they also use soap when using the latrine. This is contrary to the CARE needs assessments conducted: more than half of all respondents reported using soap with handwashing, including nearly three-quarters in Kassala and up to 80% in Gadarif.⁴

A lack of available soap also causes issues related to the washing of menstrual cloths. Cloths require washing after each use, but when soap is not available, women will need to use water alone or ash. This contributes to negative health impacts.

⁴ (CARE, 2022), (Care International Sudan, 2021), (Care International Sudan, 2021), (Care International Sudan, 2021), (Mahuku & Murphy, 2022).

NO AVAILABLE WASTE DISPOSAL SITES

Although no respondents directly spoke of waste disposal of non-organic (human) waste, this issue emerges in the literature as being critical. None of the five states have a waste management system in place and nearly no designated locations where people can dispose of their waste exist (CARE, 2022). Across all states, it is most common to dispose of waste in yards. Gadarif represents the most diversity in the means in which waste is disposed, likely due in part to the high presence of refugee camps, which diversifies options between such camps and host communities (Care International Sudan, 2021).

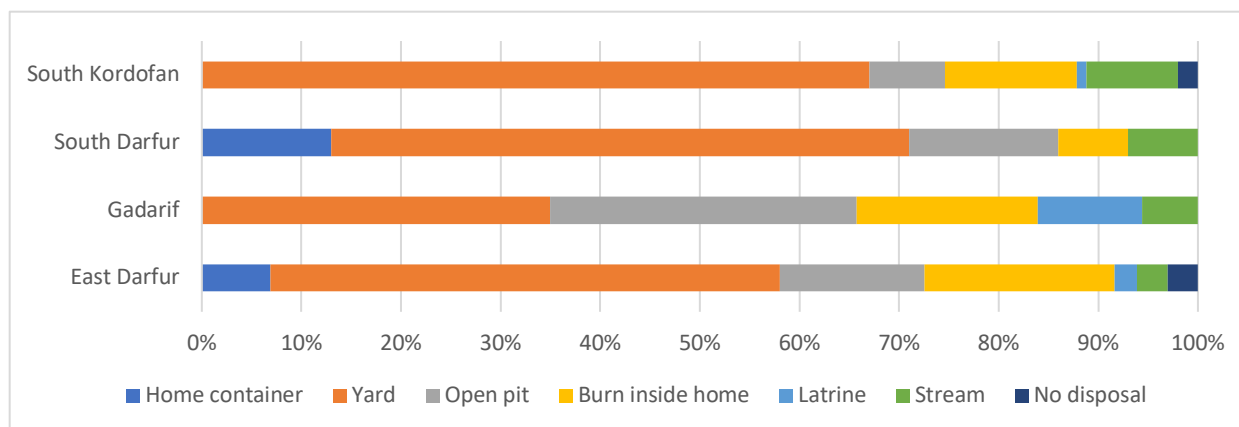


Figure 5: Reported means of disposing waste (no data for Kassala)

ROOT CAUSES AND DRIVERS

- POOR GOVERNANCE AND INSUFFICIENT BUDGET** Respondents share that the government is negating the responsibility for providing adequate budget for this basic service. Budget is not allocated to provide enough latrines, locks for latrines, or waste management services. When latrines collapse or fill with waste, they are not managed and mended. Sewage lines are not present in rural Sudan, so waste accumulation must be constantly monitored, and it currently is not.
- LACK OF CONCERN FOR WOMEN'S NEEDS** Culturally, Sudan is a men-centric society where men are decision-makers and women are not given space to voice their needs and issues. As a result, issues related to menstruation and latrine use are not discussed and therefore women's needs are not met. In South Kordofan, this is most extreme where there are some who believe that women do not *deserve* to have household latrines.
- PRACTICES AND BEHAVIORS** Even if latrine facilities were more available and better managed, residents have beliefs and practices that dictate latrine use. Most notably both females and males prefer to use sex segregated toilets. However, when latrines are not segregated, women cannot enter the toilet when a man is standing near it, but a man can do so if a woman is near (the exception to this practice is in South Darfur). Regarding the latrines' locations, all states have differing cultural or spiritual beliefs to different extents. For instance, in East Darfur, they believe that toilets should be far from the kitchen, next to the home's entrance door (but not facing it). Notably, residents who are South Sudanese refugees in Alnimer Camp, East Darfur, did not have any social, spiritual, or cultural practices around the location of the latrine. Also, for example, some felt that because pastoralists are nomadic, they will likely continue to practice open defecation despite availability of latrines.

- **SOCIAL NORMS** There are social norms that dictate women's experiences and behaviors related to latrine use. First, mothers/women are typically responsible for sanitation. When toilets are inside the home, as in East Darfur, they are responsible for maintaining the toilet. In some villages, residents believe that latrines are unsanitary and should always be away from the home. In more extreme cases, there are villages with beliefs that the latrines are a gateway to Satan / full of demons (elders in South Darfur) and therefore must either keep latrines far from the village or practice open defecation. Women must also cover their hair in the latrine to be safe from Satan.

EMERGENT ISSUES AND STRESSORS

Like water, the emergent challenges are related to **sanitation management** and **climate change**. As a result, there are not enough latrines available and/or the waste accumulation is making them unusable, which introduces disease. In South Kordofan in particular, flooding exacerbated by climate change causes the latrines to be washed away in rainy season. Then, people must practice open defecation. Even if budget is allocated, there is no consideration for the needs of women (e.g., locks, close accessibility) and PWSN (e.g., accessible facilities).

Also, as climate change is making water scarcer, people do not have water to clean themselves after using the latrine. Without the needed water, hygiene practices will deteriorate and many of the diseases that have diminished as more latrines have been introduced will likely re-emerge.

OPPORTUNITIES AND RECOMMENDATIONS

Generally, the majority of respondents positively perceived home latrines as they protect the privacy and dignity of women. Also, they see latrines in general as a means to improve village hygiene by preventing disease (especially diarrhea) and flies. The knowledge around latrine use and health impacts is most robust in the areas where CARE provides environmental sanitation and health services, such as in East and South Darfur, there are more awareness around using latrines and its health importance. South Kordofan lacks the knowledge around health latrines and with the arisen conflict in South Kordofan, many may be forced for public defecation and be exposed to health crisis in the future.

Women hold a traditional responsibility for cleanliness. In fact, another study East and South Darfur found that on average women are very inclined towards using soap when it is available (89%) (Karim, 2021). WASH is one of the few sectors where a committee is often present in communities. It is also one of the few committees where women have had some success gaining access to participation. In a limited number of villages, respondents shared that women are members of their WASH committees. This may be an opportunity to build upon traditional women’s responsibilities toward women’s leadership in decision-making. To date, however, such leadership primarily remains men’s role. Men even continue to take the lead on community awareness raising around sanitation issues.



Mouna Adam Ahmad showing the CARE sanitation brochure in her home in Ardeba Camp, South Darfur. Photo by Katie Whipkey.

Several key interventions are recommended, however, to better enable these opportunities. For instance, identify cultural and social practices and beliefs related to latrine use before building any public or private latrines to ensure they will be usable for all people, particularly women who are more burdened with restrictive beliefs and practices. Additionally, incorporate inclusivity considerations into all latrine builds such as locks on the doors to improve women's safety and privacy and accessibility accommodations to meet the needs of PWSN. Also, provide dignity kits, particularly sanitary pads, to menstruating women and girls in schools and reproductive health centers with awareness raising on how to use and dispose of them. Delivering an income generating activity (IGA) on reusable pads may be an alternative; however, this should be pilot tested to assess if the challenges related to water scarcity and social norms related to washing of menstruation products diminish the effectiveness of the intervention.



WASH Committee in Sarhan, East Darfur. Photo by Teyonna Adam.



Mouna Adam Ahmad became **Adam Abdulrahaman Ishaq's** second wife 17 years ago and between them, they have seven children aged 16 to one year old. They live in Ardeba Camp, a camp for internally displaced persons (IDPs) in South Darfur's Kas locality. Both came to the camp in 2003 because of the conflict, which is where they met.

Times were hard in 2003. There were no opportunities to make income and the instability due to the conflict made everything feel so much more difficult. To make ends meet, Adam has worked a variety of jobs from farmer to truck driver and now he works repairing phones and small electronics. Mouna has also worked to provide for their family as a tailor and a seller of goods in the market.

When CARE was looking for a hygiene promoter in 2019, Mouna was selected. Because she attended school through year eight, she met the minimum standards required in reading and writing unlike most of the other women in the camp. In the role, Mouna feels that she has gained a lot of information, knowledge, and experience that she could not have gotten any other way. She also earned incentive payments, which enabled her to pay school fees for her children and buy extra necessities.

Mouna's work has been hugely impactful in the camp. She leads hygiene awareness activities and passing along the knowledge that she gains through CARE training. They have noticed a tangible difference in the camp. People are changing attitudes and practices: they are cleaning their homes, children know to use water to clean themselves in the latrine, everyone is washing their hands before eating, and mothers are cleaning before breastfeeding. Mouna even launched the first rubbish cleaning campaign. Now, there has been a reduction in diseases, especially diarrhea.

Adam has always been very supportive of Mouna engaging in the community and working outside of the home. She's happy to say that she has the freedom to do any type of work she wants: agriculture, market, or anything else. Adam knows that he's different compared to other men in the community. He has moved many times and lived outside of Darfur, which has exposed him to different ideas and cultures and shaped his attitudes about norms. He says he thinks for himself.

Together they have a dream. They want their children to be educated and to become recognised in their community. They want people to say with respect and pride: *"These are Adam and Mouna's children."*

Health

KEY CHALLENGES

Core to all health issues is the deficit of available and/or adequate health care centers. While respondents in this study did not talk about issues related to cultural restrictions and lack of trust in health care systems, the CARE needs assessments demonstrated these issues to a small extent, primarily in Gadarif (see Figure 6).

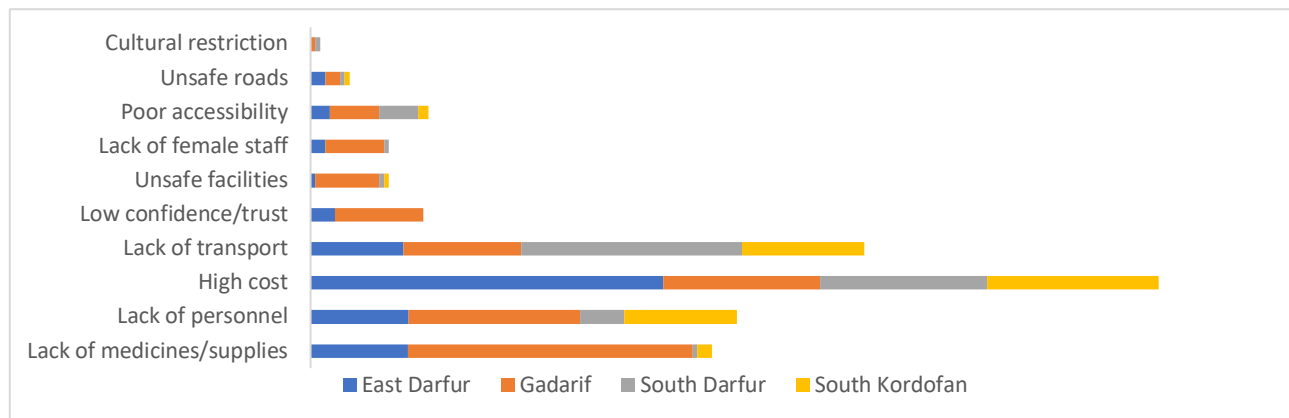


Figure 6: Reported health care challenges (no data for Kassala)

LIMITED AVAILABILITY OR ACCESSIBILITY OF (REPRODUCTIVE) HEALTH CENTERS

In South Kordofan (Abujebeha, Rashad localities in particular), respondents felt the situation is dire with no primary health care centers near to the villages. For instance, one-third of residents must travel more than one hour to get to a health care center (Care International Sudan, 2021). During rainy season, traveling such distances can be impossible and serious health impacts occur including death.

Overwhelmingly, respondents focused on reproductive health as the main issue women face related to healthcare – and the challenge is significant. There are not enough reproductive health care services or centers available in villages across all states to meet the demand due to a lack of resources/budget. Some explained that it can be attributed to little commitment toward addressing women’s needs. However, respondents across states said that pregnant women are given priority to all other patients (regardless of gender). Despite increased priority, most pregnant women do not get enough care or follow-up from visits before, during, or after pregnancy, causing complications for both the mother and infant. Most women deliver in their homes – from 58% in East Darfur (CARE, 2022) to 87% in South Kordofan (Care International Sudan, 2021) – rather than in a health center (see Figure 7).

Also, most people do not use a family planning method and instead rely on natural period birth control (84% in East and South Darfur (Karim, 2021)). However, the need for sexual and reproductive health and rights (SRHR) services, particularly related to sexual health and family planning, was not brought up by respondents.

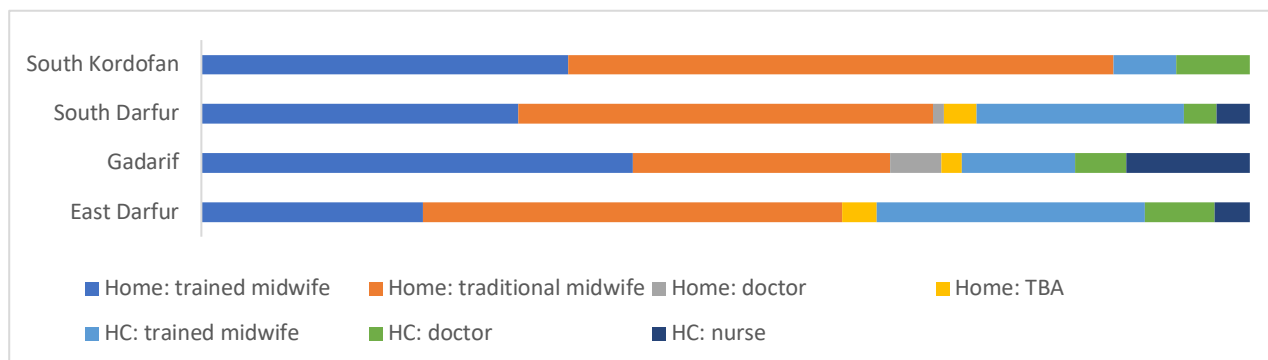


Figure 7: Reported type of delivery (no data for Kassala)

Another challenge residents face in accessing healthcare, especially when the health center is far from the village, is transportation (East Darfur, South Kordofan). When people are sick or injured, getting to the health center is difficult. Ambulances are not available in many cases; for instance, it is against the law in East Darfur to provide ambulances to health centers. When ambulances are available, transportation fees often do not cover more than one person (the patient), which makes it more difficult for women to get transported without the accompaniment of their husband/father. Pregnant women face additional complications due to the far distance, and respondents say that some die during transport. There are few options for reliable public transportation and most people do not have access to private transport. People will transfer to health centers via rickshaw most commonly, but all agreed that neighbours will help each other if possible. However, some respondents shared stories of people being carried to health centers due to no transportation being available. Again, this challenge was echoed loudly in CARE needs assessments (see Figure 6).

INEQUITABLE SERVICE DELIVERY

In South Darfur (Kas locality) and Kassala (Aroma locality), respondents had greater access to health care centers, leading many to feel that they do not face healthcare challenges. Across most states, respondents felt that men and women received the same quality treatment in the health centers and hospitals. In South Darfur (only), women said that women need to wait longer than men to get treatment at the health center. The exception, however, is for pregnant women and elders who are given priority across all states according to respondents.

Most respondents in Gadarif (Almafaza, East Glabat localities) and East Darfur (Eldaein locality) spoke to the poor conditions and resources of the available health care centers. Still, both male and female respondents in East and South Darfur felt that the care they receive in health centers is often better than in hospitals because they are treated with more respect. They explained that health center staff treat patients respectfully and give them free consultations (i.e., in CARE health centers). A woman from the Alneem IDP camp said that in the hospital, staff will say harmful things such as “Why are you dirty? Why is your child dirty?” Respondents still preferred the health centers for these reasons even though they said the health centers are often too overcrowded and sometimes they are turned away. In Gadarif and South Kordofan, on the other hand, they did not prefer health centers over hospitals – they preferred them equally in Gadarif and in South Kordofan, most preferred hospitals because they have longer hours and have doctors.

LACK OF TRAINED (FEMALE) MEDICAL STAFF

Staffing by trained medical personnel is difficult, as trained personnel find the conditions in the

village challenging because of unsatisfactory residences, transportation, and water contamination. Also, typically trained female midwives / medical personnel must come from outside the village, as women from the village are not educated due to patriarchal systems and harmful gender norms keeping girls out of school and college. Trained female medical personnel find conditions too restrictive for work, as not only are basic services lacking, the patriarchal local systems and practices do not favour women to work alone with a male (Mahuku & Murphy, 2022). Without female medical personnel, pregnant women in Gadarif, Kassala, and South Kordofan are especially at risk because cultural restrictions prevent them from seeing male medical personnel. Even in East Darfur where this restriction does not exist, women still stated that they preferred seeing female medical assistants because they are too shy to tell male medical assistants about their pregnancy and menstruation.

“We want more midwives and another health center. Because men, they are able to go to the health center. But we can’t!”

– Female from Aroma, Kassala

Since there is a lack of specialized doctors, and most of the communities depend on midwives. As it is very expensive for most people to see a trained midwife even if they can find one, they will seek out a traditional midwife instead. Sometimes, traditional midwives are preferred for reasons beyond simply the accessibility and cost: some believe that traditional midwives are more experienced. However, traditional midwives are not trained in primary health care nor are they supervised by government structures (Care International Sudan, 2021). This is a driver for maternal and infant mortality. Also, oftentimes they still perform harmful traditional practices such as female genital mutilation/cutting (FGM/C). Traditional midwives also do not have training in critical topics such as child nutrition and food diversity (Mahuku & Murphy, 2022).

Sudanese policy states that health centers can only be staffed by medical assistants. If a doctor were to be hired, the center would be required to be promoted to a hospital. Developing hospitals is often prohibitively expensive and difficult in village settings both from a legal perspective (as each state develops their own policies) and from a social perspective because it could generate conflict if one village is provided with a hospital when another is not (according to East Darfur respondents). Additionally, doctors are often too expensive to hire especially by INGOs and challenges would arise when project funding/cycles end.

UNAFFORDABLE MEDICATIONS AND SERVICES

Respondents across states shared that oftentimes medications are not available at the health centers, which they believe means the center cannot provide good quality services. In East Darfur, for instance, people shared that they would travel long distances to Aldeain to the health center or choose not to address the health problem at all because of the time and money it takes to get there. Also, most residents struggle to afford access to all the resources available, particularly medication, because of their personal financial circumstances. Respondents were most concerned about a lack of vitamins available for pregnant women specifically. PWSN emphasized this point most, as they tend to require more medications to meet their needs. The high cost of health care for Sudanese residents was also reflected as the most widespread health challenge in all states in the needs assessments conducted by CARE in four states (see Figure 6 above).

In times when financial resources are limited, which is often the case in the focal villages of the study, women are given last priority for health care or medication (except when pregnant). As men control decision-making of household income, the man also decides when a woman can seek medical care. Because healthcare is expensive, women are often forced to seek the counsel of traditional healers, who are not trained and often cannot provide them with the services needed.

ROOT CAUSES AND DRIVERS

- **POOR GOVERNANCE AND INSUFFICIENT BUDGET**

The core challenge in Sudan across all basic services is poor governance, and health is no exception. The capacity of the Ministry of Health is weak, and it depends almost exclusively on the support of the international community for both preventative and curative health services (Care International Sudan, 2021). The extent of the multilateral and I/NGO reach is in Darfur, where one-third of people received medicines or medical supplies from an international agency last year alone (UN OCHA, 2023). Respondents see this challenge clearly as many said that the government lacks the needed financial capabilities to provide services and that building and maintaining health care centers is a role of civil society.

- **EARLY MARRIAGE** Early marriage is a danger to girls not only due to stripping them of their personal rights, but also due to complications from pregnancies such as higher maternal mortality and morbidity (Care International Sudan, 2021).
- **WEAK BASIC SERVICES** The issues raised in the water and sanitation sections have rippling health effects. When waste mixes with water sources, it leads to health issues such as diarrhea. If safe basic services are not guaranteed, then health issues will persist.
- **LOW GIRLS' EDUCATION** Women are required to see female health professionals in many villages, however female staff are lacking. This is caused by the limited number of girls who are able to acquire the education necessary to go into trained health fields. Some will turn to traditional practice, which adds on risks related to providing inaccurate or even dangerous health information and services.

Policy Spotlight: Reproductive Health

While few policies at the national level are being implemented since the transitional government, especially those that reach the local level, the reproductive health and nutrition protocols out of the Ministry of Health have been notable exceptions. These protocols support local efforts toward family planning, pregnancy, and – to some extent – GBV. Their implementation is due to the accessibility and influence of international funding toward the Ministry of Health; however, monitoring of implementation and thus the measurement of success is lacking.

EMERGENT ISSUES AND STRESSORS

For the most part, people do not feel that the health sector has experienced many recent changes. Of the changes they see occurring, they are predominantly positive: more health centers are being built, equipment is being provided, and communities are receiving awareness raising initiatives about health topics. For a minority of respondents, they are being negatively impacted by displacement and the further distance to health centers.

Last year, malaria, hepatitis,⁵ measles,⁶ and dengue fever outbreaks were reported across the country (UN OCHA, 2023). While few respondents noted these diseases as emergent risks, some acknowledged the risk of **malaria** is present and that civil society organizations raise awareness on malaria protection. The issue of malaria risk is continuing to grow, with one million more cases in

⁵ 80.7% of reported hepatitis cases in Gadarif, followed by South Darfur at 13% (UN OCHA, 2023).

⁶ Measles outbreaks are occurring in Kassala, North Kordofan (not a focus state of this study), and Gadarif (UN OCHA, 2023).



Figure 8 Woman in Tur, South Darfur hanging signs for CARE health program. Photo by Katie Whipkey.

2022 than 2021, and it has surpassed epidemic thresholds in 12 states (UN OCHA, 2023).

Primarily, though, **diarrhea** is the most wide-spread disease discussed by respondents. This problem is linked to the poor sanitation conditions in most villages as waste from the latrines, rubbish, and animal wastes are mixing with the freshwater sources. Diarrhea becomes very prevalent during rainy season when such waste is more likely to wash into freshwater sources. Diarrhea can be a very serious health risk, especially with insufficient health centers nearby. One

respondent explained that her entire family and neighbours had to leave the village and travel to the hospital; they had to remain there for weeks as they were treated. This is an ongoing problem: a 2021 study in East and South Darfur found that 84% of women experienced an illness of at least one family member in the past month, primarily water borne diseases such as diarrhea or malaria (Karim, 2021).

An emergent need mentioned only by refugees in Gadarif was **mental health**. These respondents did not talk in detail about their needs, but they emphasized that their experiences with war and displacement lead to a lot of mental health support needs that they are unable to access to the extent needed. They acknowledge that counsellors in the camp exist, but they are not in sufficient supply to meet the demand. Other mental health issues were not raised elsewhere by respondents, but some civil society staff said that suicide amongst young women is increasing in recent years. CARE staff from East Darfur explained that sometimes young women will be forced to marry and will turn to suicide to avoid this situation.

Interestingly, COVID-19 was not raised by respondents in any state. Very little mention of any other infectious or chronic diseases emerged as respondents were nearly exclusively focused on discussing the structural needs around health.

OPPORTUNITIES AND RECOMMENDATIONS

Many of the recommendations related to better meeting the health needs of women in Sudan are not unique by gender. All genders face severe needs related to inaccessibility of health centers, medicines, labs for testing, and trained personnel. Meeting some of these needs generally will improve the quality of healthcare for women.

However, in many localities of Gadarif, Kassala, and South Kordofan, women are restricted from

seeing male medical personnel. These are the same locations where young women face more restrictions to their education. This may be an opportunity to open doors for young women to pursue an education with the intention of serving other women as a midwife, doctor, or nurse. In Kassala, it was found that female midwives are respected and supported by the women of the community. They may be useful conduits for deeper awareness raising sessions around other health topics and facilitators of discussions with groups of women and other community residents regarding their concerns. Midwives may be able to be at the forefront of women's leadership in their communities to address the different issues facing women that are recognized in the health centers such as pregnancy and even GBV.

Food Security and Nutrition

KEY CHALLENGES

Families in all states report insufficient food availability driven by the rapidly collapsing economic situation and price hikes due to inflation. Only approximately 1 in 10 respondents – most representing South Darfur – did not experience food security challenges. A government leadership in Kas, South Darfur said, “During the previous regime, prices were low,” indicating dissatisfaction and desperation for more high-level support to stabilize food prices.

OVER-DEPENDENCY ON LIMITED FOOD ITEMS

Food scarcity challenges are compounded by the deterioration of the agricultural season in as most families are constrained to eat just what they can grow or procure very easily and cheaply locally. In South Darfur, for example, more than half of households (55%) depend on their own agriculture products as source of food for their families and 17% depend on humanitarian food distribution (Ahmed E. A., 2022). Since dependency on home-grown food sources is so high, food scarcity is highest in the months leading up to the harvest period. During this time, there are little-to-no crops or stocks remaining from the previous season and farmers have invested their money into the cultivation of crops for the upcoming year. Women are especially affected due to social norms that they eat last and least. As a result, families must practice coping mechanisms to get by such as eating one or maximum two meals per day, eating local traditional foods only, seeking support from neighbors, traveling to pop-up markets that provide low-price food items once per week (only in Gadarif, South Darfur, and South Kordofan states), or women seeking (more) work outside of the home.

Even when food is available, it is very limited in variety: diets typically are starch-based, comprised of cereals (sorghum, millet) and very little fruits and vegetables (Care International Sudan, 2021). Respondents in across all states except South Kordofan spoke about the issues of limited dietary options. This is driven by a few different factors including the tough economic situation leading and high price of different types of food, low availability of diverse food options, lack of knowledge about nutrition, and harmful cultural practices. By far, most respondents tied poor food diversity to economic hardship, but in South and East Darfur a limited number of respondents linked these issues directly with problems with irrigation. This issue is consistent across genders.

“All of our community needs to learn about food diversity. Our food culture dominates, and we depend on sorghum and okra.”

– Female civil society actor in East Galabat, Gadarif

“We may not eat salad for more than a month.”

– Male community leader in East Galabat, Gadarif

MALNUTRITION

Women, proportionately more than men, in South Kordofan, Kassala, and Gadarif raised issues of malnutrition: it remains a pressing problem for women in these states and they called for more nutritional support through distribution of biscuits by civil society actors. The issue was raised more by women likely due to the social norms that restrict the quantity of food that women can get (women eat what's left after men and children) in addition to women's responsibility for preparing food for the family and meeting her children's nutritional needs. Respondents raised concerns of diseases for pregnant women especially (e.g., stunted babies, malnutrition) resulting from food scarcity, especially in Gadarif and Kassala. Insufficient food availability and diversity is particularly harmful for pregnant and lactating women due to its impact on the health of both the mother and her child.

INCREASED DOMESTIC BURDEN TO PROVIDE FOOD

Practically, overcoming food shortages is primarily the burden of women despite the social norm in nearly all contexts that men should be the breadwinners for their families. In the study, women were more likely than men to report insufficient food availability, demonstrating increased awareness by women compared to men about food shortages. As a result, many women are forced into positions where their domestic burdens are increased to source food and nutrition for their families in times of scarcity. Oftentimes this means taking on risky work to provide sufficient food for their families, including through occupations such as sex working by refugee women in Gadarif. Adding extra work does not decrease women's household responsibility though, which only compounds domestic burden.

In South Kordofan, instability and conflict affect women's access to resources and markets. In many cases, women need to travel far distances to access markets – especially the lower priced markets – to fulfil their basic needs. This impacts their nutrition because they will be forced to eat only locally raised foods that lack the needed nutritional value.

ROOT CAUSES AND DRIVERS

- **ECONOMIC CRISIS** The economic crisis has diminished household's purchasing power, which has been compounded by the surge in above-average food prices. Acute food insecurity is driven by currency devaluation and inflation (UN OCHA, 2022). Even though inflation declined throughout 2022, prices of key food items remained high (UN OCHA, 2023).
- **DISCRIMINATORY PRACTICES** Challenges with food scarcity and poor nutrition are not unique to any one demographic group or gender. However, women are more likely than men to face challenges related to food availability due to harmful and discriminatory social norms and practices. In all states – though most widespread in Gadarif, Kassala, and South Kordofan – there is a social norm that women eat last and least. In households, men and boys have the privilege to eat first during mealtimes, followed by girls then women. This same discriminatory practice happens to pregnant and lactating women, although there are early indications of change starting to happen where pregnant women are getting a higher priority in mealtime in both Darfur states (specifically, Kas in South Darfur and Abu Karinka in East Darfur) where there is greater access to nutrition centers.
- **CONFLICT AND INSTABILITY** In Gadarif, respondents felt that before displacement, they were able to consume more diverse food options at home. Since they experienced displacement, not only are their food options more limited, but they are also constrained by fewer options to make an income, further limiting their ability to access sufficient and diverse food options such as vegetables and fruits.

- **CLIMATE CHANGE** Climate change is triggering desertification (Kassala) and flooding (South Kordofan). Also, in places such as South Darfur where people depend on agriculture for an income but crop yields are decreasing, they are turning to other means of income including chopping down trees to produce and sell as charcoal. This only further exacerbates climate change impacts. In a context where most people depend on agriculture not only for their livelihood, but for their own personal food source, this is a major driver of increase food insecurity and malnutrition.
- **LOW NUTRITIONAL KNOWLEDGE** Nutrition centers and nutrition educators exist only in a limited number of localities affiliated with health centers, with most in South Darfur and some in East Darfur. Those in the other four states reported a significant need for more nutrition centers to be built. Without access to nutrition educators, families – particularly mothers who are responsible for child nutrition – lack the knowledge needed to provide the nutrients their children need and identify malnutrition when in infants. In East Darfur, CARE staff shared that this lack of knowledge combined with the culture of saving is another barrier to food diversity. Families may have extra financial resources but decide to save their money rather than to spend it on food that can provide greater nutritional value to themselves and their families.

While not discussed by respondents, UN OCHA has found that food insecurity in Sudan is also driven by “gaps in grain production; the absence of strategic grain reserves at the state level; and illegal cross-border trade of essential food items” (UN OCHA, 2022).

EMERGENT ISSUES AND STRESSORS

Nearly half of study respondents did not describe any recent changes to food security or nutrition. The other half, however, acknowledged a wide variety of emergent issues with internal displacement (Gadarif) and the increased cost of living (Gadarif, Kassala) being the two most influential changes to their circumstances related to food and nutrition. Other changes recognized included some improvements in the situation due to civil society interventions, increased nutritional awareness, and the building of nutritional centers (South Darfur, mainly in Kas), but conversely some were seeing civil society withdrawal and a decrease in direct support for food assistance (in Jabal Marra, South Darfur).

The availability of food is highly variable depending on the harvest season; however, the negative impact of **climate change** on agriculture is causing greater food scarcity. Some female respondents said they are increasingly seeing agricultural failure (Rashad, South Kordofan). The duration of time when families are experiencing seasonal food scarcity is growing, according to a 2020 CARE study, and is now potentially up to five months for up to half of the population (increasing from three months) (Ahmed E. A., 2022). Respondents in Kassala, however, have recognized some improvements in the agriculture season primarily due to improvements in irrigation resources. This indicates some progress in climate change mitigation measures.

OPPORTUNITIES AND RECOMMENDATIONS

Similar to other sectors in the humanitarian action domain, there are strong consistencies across genders related to food security and nutrition. Core interventions remain relevant regardless of the gender, such as provision of food aid, awareness raising about how food diversity links to nutrition, and accessibility to more income generating activities that will improve their ability to access sufficient – and more nutritious – food.

However, the core difference between genders is the social norms that force women to eat last and

least. In times of scarcity, this means that women are not getting the food and nutrition they need. Thus, social norm change interventions are recommended to address the root cause of inequality in food and nutrition. Starting with focusing on meeting the nutritional needs of pregnant women – who are already getting preferential treatment in healthcare – may be a productive starting point for such a social norm change intervention. While women still overwhelmingly face discrimination in meal amounts and mealtimes, some shared that they are beginning to see changes in behaviors related to food discrimination and traditional practices in Kassala – one of the states with the most stringent traditional practices related to women’s roles – as well as in Gadarif and South Darfur. Respondents explained that civil society interventions on nutrition are the primary drivers of such behavior changes.



PART III: DISCUSSION

While the study presents its findings the sector, the reality of how these sectors operate is not compartmentalized. Each sector has strong links to and influences over others and the success in one is highly dependent upon the effectiveness of others.

a. Shared root causes and key drivers

Most sectors share many of the same key drivers and root causes of gender inequality and discrimination in access to basic services and spaces for women’s voice and leadership in Sudan. The core root causes identified include the following:

- **DISCRIMINATORY SOCIAL NORMS AND CULTURAL PRACTICES** Social norms that are patriarchal and paternalistic, discriminating against women’s needs and ideas are the most significant drivers of challenges that arise across the different sectors. Discriminatory gendered social norms perpetuate harmful behaviors and practices that keep women inside the home, outside of household or public decision-making, and force them into precarious, vulnerable situations (e.g., forced early marriage, inaccessibility to health services, etc.) where they have less access to basic services. They are responsible for keeping women out of

governance processes, which impacts the quality (and quantity) of services delivered and development progress made. Discriminatory practices – such as making women eat less and last and/or forcing girls to drop out of school to overcome family financial need – also cause direct harm to women and girls including poor health outcomes and treatment, gender-based violence including forced early marriage, and illiteracy that continues to keep them out of decision-making spaces and better livelihood options.

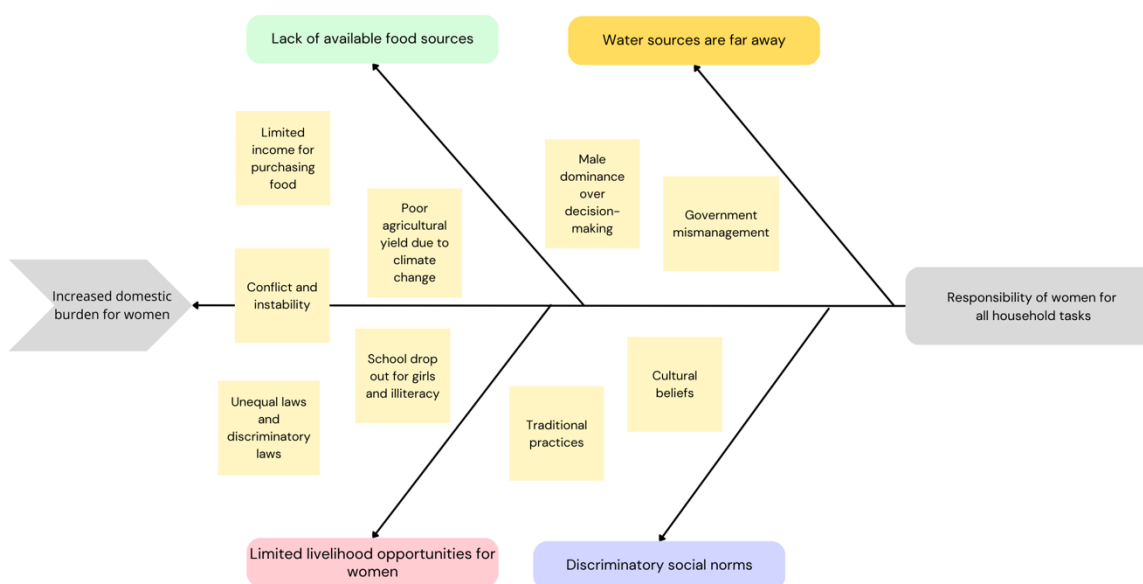
- **POOR GOVERNANCE AND INSUFFICIENT BUDGET** While the instability of Sudan's current government is not directly felt locally due to the lack of meaningful connectivity between local to state and national governments, the absence of effective systems, processes, mechanisms, and allocated budget presents real challenges in every sector. It maintains the status quo of keeping basic services very weak or non-existent and ramps up the dependency on foreign aid and civil society to fulfill the role the government would typically play. Practically, this means water systems that are not monitored and maintained, which can trigger issues with sanitation and contamination. Contamination oftentimes results in health issues. When health centers are not available or inadequate, and when families do not have the livelihood opportunities that they need to make the income required to pay for healthcare, serious consequences can result. As these basic services (and gaps within them) are felt by everyone, the consequences of their fall-out are most often borne by women as they are primarily responsible for the wellbeing of the family and social norms dictate that their needs are put last (or not met at all).
- **MALE DOMINATED DECISION-MAKING** All challenges are contributed in large part by decision-making that is not inclusive, particularly of women who are closest to these challenges day-to-day. Women need to participate in and have authority over the issues that they know best, which will support communities to better identify and raise concerns as they emerge and to secure their basic needs in order to ensure the health of themselves and their families. Beyond being unjust, male dominated decision-making excludes the vital half of the population who are responsible for water, cleanliness, food, and nutrition for the whole of the community.
- **ECONOMIC CRISIS** The economic crisis has diminished household's purchasing power, which impacts their ability to pay for water sources when needed, sanitary supplies (e.g., soaps), nutritious food, healthcare, transportation, and other basic services. It more deeply entrenches other harmful practices such as putting women and girls last under the guise of saving (or not having enough) money.
- **CONFLICT AND INSTABILITY** The country's long history of conflict still has legs in many states and localities. In some cases, the conflict is still ongoing such as in South Kordofan, whereas in others the lingering effect from serious conflict is still impacting the services and development of the region such as in Darfur. Conflict restricts livelihood opportunities, constrains resource availability, instigates gender-based violence, forces children (especially girls) out of school, and limits the reach of inclusive governance and peacebuilding processes. All of these effects have long-lasting impacts on the development of the country. In many cases, it leaves Sudan in limbo and unable to effectively move beyond delivery of humanitarian aid and toward more sustainable development.
- **GAPS IN GENDER RESPONSIVE LAWS** While Sudan has many enabling laws in place that protect gender equality, including enshrining it in the Constitution, many gaps remain. Even when the laws are in place, implementation especially at local levels is rare, as exemplified by the data on Sudan's poor governance systems. The alignment with harmful gender norms

and Sharia for many laws drives structural barriers to women’s full enjoyment of their rights and access to basic services.

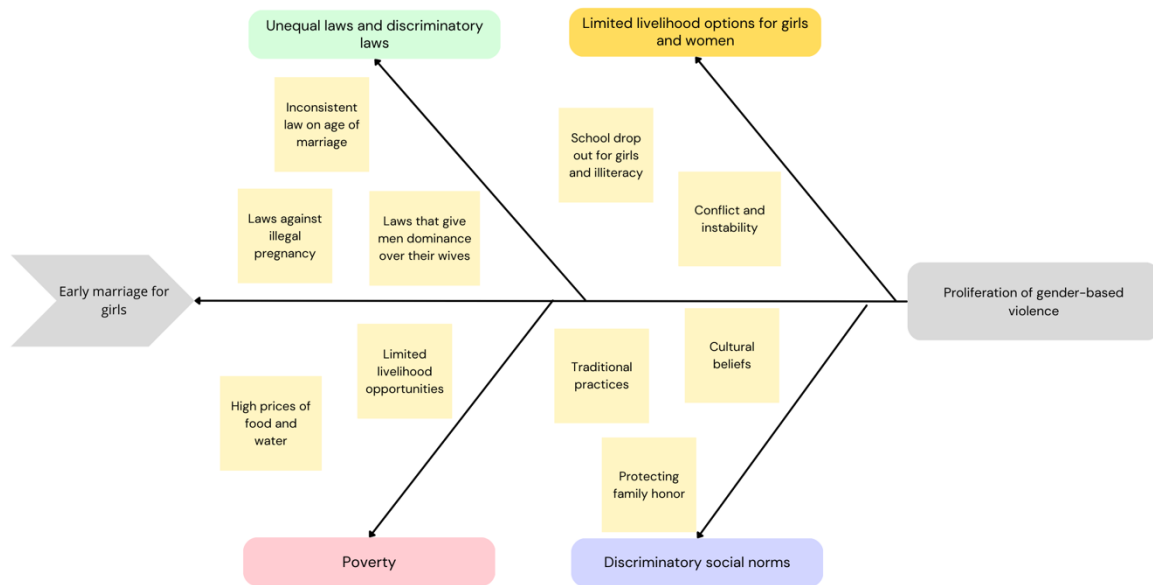
b. Interconnected challenges

Additionally, the challenges posed by certain sectors spill over into others and act as key drivers. Many of such links have been highlighted above and within each sector chapter, but below are some illustrative examples to demonstrate the interconnectivity of challenges across both humanitarian and development sectors.

In the below example, multiple challenges come together to contribute to the impact of an increased domestic burden for women. In this example, water sources that are far away, insufficient food sources, limited livelihood opportunities, and discriminatory social norms are all key drivers. Within these key drivers, there are root causes such as male dominance over decision-making, government mismanagement, limited income sources, poor agricultural production, unequal laws, school drop-out, and conflict and stability. Together these root causes and key drivers come together to lead ultimately to an increased domestic burden for women. While not directly apparent through the diagram, many of the causes are interdependent as well. For instance, limited income for purchasing food is a root cause of the lack of available food sources. Meanwhile, the challenge of limited livelihood opportunities for women is a root cause of having limited income.



In this second example below, some of the causes of early marriage are linked together. They range from humanitarian issues such as having insufficient access to food and water due to high prices to social issues such as harmful traditional practices and norms. When girls and women do not have livelihood opportunities available to them, their families see little need for them to continue school; and if not in school, then girls should be married. In many contexts, it’s important to family honor that girls are married young and tradition and cultural beliefs dictate that girls should marry in part to avoid illegal pregnancies. Laws support the traditional practices by making the laws prohibiting early marriage vague and allowing loopholes for such practices to continue. Also, by making pregnancy out of marriage illegal, the laws further engrain traditional practices of early marriage.



PART IV: THE WAY FORWARD

Programming Recommendations

Recommendations are available within each sector chapter to address challenges and needs specific to that sector. However, some overarching recommendations to ensure CARE programming is not only gender sensitive, but gender transformative include the following (see Annex 2 for more specific programming recommendations per sector):

a. Continue support to basic services.

Sudan is still facing a humanitarian crisis. CARE’s support to basic services such as water, sanitation, health, food security, and nutrition remain vital. In areas where CARE has provided more support for a longer period of time – such as in South Darfur – issues around water, health, and nutrition are less severe in CARE-supported villages. By minimizing these challenges, space to address more protracted developmental issues including livelihoods, gender-based violence, governance, and peacebuilding opens up. Thus, continuing (or expanding) services in health (building/repairing centers and clinics, delivering training for midwives, supplying labs, providing medication, etc.), water (digging wells, maintenance, etc.), sanitation (building and maintaining latrines, providing soap, etc.), and food and nutrition (providing diverse food items, addressing malnutrition, nutritional education, etc.) remains necessary.

Carefully monitor service provision with gender disaggregated data to ensure services are being met equally. Consider partnering with local women-led civil society organizations (CSO) to lead in the delivery of basic services. This will not only help to ensure services are reaching women directly, it will also demonstrate to local communities the capabilities of women to lead in delivering critical

services.

Critically, all support to basic services must be accompanied with ongoing awareness raising. Most importantly, the differentiated needs of women and girls related to the service. Awareness raising must also be tailored to the specific service such as information about best hygiene practices when providing soaps or nutrition education when providing food items.

b. Form and support inclusive community groups.

Forming and supporting community groups to ensure they are inclusive of diverse groups of women will strengthen women's capacities, grow their access to information, and demonstrate to men that women have good ideas and can contribute meaningfully toward decision-making. Couple committee support with awareness raising in the community about the benefits of including female voices in all dimensions of society. Some such groups could include women's associations, women's protection groups, VSLAs, and joint livelihood groups. However, be mindful not to exclusively create women's only groups. Women only groups do provide safe spaces for women to discuss issues openly without judgment and they help to grow women's confidence, but they also continue harmful segregation practices and keep women out of the spaces where decisions are being made.

Consider also identifying and supporting female role models (e.g., leaders of women-led CSOs, teachers, local authorities, successful entrepreneurs, etc.) to match with up-and-coming female leaders to provide them with guidance, mentorship, and shadowing opportunities.

c. Ensure programming is inclusive and adaptable.

The analysis is clear that women are not homogenous. Different sub-groups have different needs based on their age, disability status, migration status, and ethnicity. Programs and projects must identify, understand, and meaningfully address those differentiated needs accordingly. These groups are often discriminated against in their day-to-day lives, so programming must be mindful not to further engrain those discriminations. It may be necessary to allocate additional budget to ensure people with disabilities can attend trainings or workshops, access latrines safely, or have the necessary accommodations in health centers. This may also require program and project adaptations in real time and building in flexible timelines and budgets to do so. For instance, if there is an influx of refugee or IDP women into a host community due to an emergent conflict, programming must be agile enough to recognize and meet their differentiated needs successfully.

d. Support livelihood opportunities.

Overwhelmingly, the respondents emphasized the need for more and differentiated livelihood opportunities. This is especially important now with the ongoing economic crisis. People are struggling to acquire basic services such as water, food, and healthcare because they cannot find work to earn an income. Interventions could include direct support in the form of establishing income-generating activities, setting up VSLAs, and opening and/or supporting women's and youth development centers. It should also include indirect livelihood support in through literacy classes and basic education. Literacy skills building workshops/courses should be differentiated by existing skills to meet women where they are. For instance, some women need basic skills to take control of their finances for the first time, whereas others need additional support to strengthen their existing knowledge and power related to financial literacy.

Establishing and/or strengthening female livelihood groups has proven to be a successful approach. Organize/support female livelihood groups to enhance their collective reach and

protection; for example, production groups for female farmers to work toward collective advocacy around women's land rights and to purchase inputs in bulk. Linking these groups to marketing agencies and buyers to establish/strengthen relationships with consumers.

Invest in an in-depth needs analysis of both the community members and the private and public sectors in each operation locality. Uncovering the needs of the employers alongside the skills and needs of the potential workforce will provide insight as to the types of livelihood support interventions that will be most effective.



Women at their farm in Tur, South Darfur. Photo by Katie Whipkey.

- e. Integrate social norm transformation into all programming, being mindful of potential negative externalities.

Social norm interventions must be undertaken carefully because they are founded upon complex and oftentimes deeply rooted beliefs. Trying to eliminate a social norm without identifying and promote a positive belief and behavior in its place could have detrimental consequences. And working with change agents who are role models in shifting norms may put them at risk of backlash. A one-size-fits-all solution to shifting harmful social norms does not exist, so investing the required time and resources to first identifying and understanding the norms then coming up with solutions to address and disable is necessary (Phillips, Whipkey, & Noble, 2019). Some potential avenues to

explore for social norm change interventions include:

- Leverage **‘engage men and boys’** programming. Maximize opportunities for behavior change among men and boys through dialogue about gendered roles and division of responsibilities in the household and community.
- Capitalize upon **positive social norms** such as women being trustworthy and good negotiators to promote their participation in community processes that require trust and negotiation, such as through peacebuilding processes.
- Identify and **target the powerholders** that have a say over persistence of social norms (e.g., Sheikh, Omda, tribal leaders, traditional midwives, etc.). Raise their awareness about how the norms impact and influence the prosperity and health of the community and leverage those who are role models in norm change through campaigns, radio programs, home visits, community events, and Friday prayers to shift public perceptions.
- Engage with **young people** to raise their awareness and shift their perceptions around harmful norms and practices. Young people are more susceptible to change, especially as they are more interconnected than ever to life outside of their village through their mobile phones.
- Connect with **schools and health clinics** to ensure messaging is making it into classrooms and clinics by respected community members (teachers and midwives). Train them to include information about different harmful norms and practices (e.g., FGM/C) such as their cultural roots, religious links, health dangers, and sexual consequences.

f. Strengthen the individual and structural capacities on gender.

Capacity strengthening interventions occur most programming, so ensuring that all capacity strengthening includes gendered dimensions is essential. Standalone gender training is useful, but integrating gendered issues into training on all topics will make it more pervasive and more likely to be actionable. Some key elements must be considered when delivering capacity strengthening:

- **Who** is and who is *not* in the training and **why**? The study uncovered that the training participants are often hand-selected based on personal connections and are not always the best people for the role. Make sure that there is criteria in place that must be followed to be sure that the right people are receiving training. The criteria should include a minimum number of women.
- **How** is the training being delivered and by **whom**? Different groups of people require different types of training by certain people. If working with local women, for example, illiteracy must be accommodated. If working with local government, power dynamics and institutional norms must be well understood. Most importantly, determine the existing level of gender knowledge and buy-in for addressing gendered dimensions of issues before putting together the curriculum.

Consider targeting the following groups explicitly as they hold power and influence over addressing gendered issues:

- **Community-based governance structures:** Strengthen the groups who have the highest influence over decisions such as the Native Administration, Sheikh, Omda, etc. to improve the equity of their decision-making.
- **Government:** Identify and work with local and state-level authorities, first with those who have already demonstrated some commitment to equitable development to make progress toward addressing poor governance mechanisms particularly at the local levels.
- **Women:** Overwhelmingly women feel they lack the confidence needed to make their voices

heard. Work on strengthening this self-confidence through training on their rights, practicing public speaking, and learning leadership skills.

- **Women members of community groups:** Identify women who are members of community groups such as CBRMs, VSLAs, women's associations, and others to build up their leadership skills. Women who already hold community-level positions in these groups have a greater chance of gaining access to other leadership opportunities if they are well-prepared and can demonstrate good ideas.
- **Midwives and teachers:** As these professions are well-respected in the community and they have access to a large proportion of community members including women and girls, they have significant potential to help shift social norms and influence important decisions. Train them on key topics of importance in the community to ensure they are well-informed to share information with those in their sphere of influence and use them as role models for women's leadership.
- **Youth:** Focus on vocational training for young people to mitigate unemployment. Create opportunities for alternative livelihoods for both young women and men such as electronic repairs, welding, carpentry, mechanics, handicrafts, engineering, weaving, teaching, healthcare, etc.

g. Engage in meaningful, strategic lobby and advocacy with decision-makers and powerholders from village to national level.

Lobby and advocacy efforts are necessary to ensure that changes are embedded in national structures and can influence actions at local levels. However, the extent to which the changes will be sustainable during periods of fragile governance are unknown. Before undertaking any advocacy efforts, assess the political context and potential viability not only for the success of the advocacy, but also its potential sustainability in a changing context. Some specific topics for lobby and advocacy include the following:

- More effective management of water and improved waste management, including installing more water sources closer to villages where they are lacking, putting in place more effective water monitoring and maintenance processes, and establishing waste removal services. As the burden for fetching water typically falls to women, having nearby, reliable and consistent water sources and latrine facilities will minimize the time it takes to access these services safely thereby freeing women for other livelihood or domestic tasks and mitigating GBV risks during travel to fetch water or use the latrine.
- Funding for more health and reproductive health clinics, centers, and services. Consider advocating for mobile health clinics to routinely reach villages without nearby health centers especially for pregnant women to minimize the risk of maternal mortality and improve women's access to vital healthcare services.
- Push for incentives to educate female doctors, nurses, midwives, and teachers and to pay them adequately for taking hardship postings in harder to reach locations. More female medical personnel will enable more women (particularly in Kassala) to access healthcare when they are prohibited from seeing male doctors/nurses.
- Subsidize low-cost markets in more locations that operate more often than once per week. These markets are a lifeline for women experiencing poverty to access affordable food and other necessities. They also provide an avenue for female entrepreneurs to sell their goods.
- Establish vocational training programs in partnership with diverse private and public sector interests to diversify livelihood options especially for women in rural locations who have not had access to education or other skills-building courses.
- Changes to and enforcement of marital laws that are harmful to women and girls including: a minimum marital age, prohibition of FGM/C, and women's equal right to her children after

divorce.

- Advocate to abolish the labor laws that prohibit women from working in certain types of occupations.
- Advocate for changes in land ownership laws and policies to give women the right to own their own land; this includes inheritance rights and the right to buy and rent land. And work with powerholders to make land rental more affordable and secure for IDPs.
- Lobby for political quotas, including a gender quota and youth quota, at all levels of governance and follow-up to ensure its full implementation.
- Advocate for funding toward initiating and scaling GBV prevention and response mechanisms, including psychosocial support, legal assistance, shelters for GBV survivors, and training for health and community-based service providers.

Areas for Future Analysis

While the analysis has identified and documented many gendered dimensions of challenges within CARE’s focus sectors. The focus of this analysis was to cover a wide breadth of topics rather than to focus on the depth of the analysis within a narrower scope. However, the analysis has uncovered gaps that would be interesting for future research as they represent topics that were only marginally discussed or not discussed at all by participants but questioned about during the joint sensemaking workshop. These gaps include the following:

| Sector | Gap |
|--------------------|--|
| Water | The link between girls’ responsibility to fetch water based on how far the water source is and their likelihood to remain in school. |
| | How scarce water resources are utilized/divided within the household, including social norms and practices around women’s decision-making regarding household water use. |
| Sanitation | Cultural beliefs and practices around defecation and latrine use by different sub-populations. |
| | How women are managing menstruation when they do not have access to sanitary pads, including how, when, and where they are washing menstrual cloths. |
| Health | Women’s experiences being trusted (or not) by the men in their household and by medical personnel when describing their illness. |
| | Broadly, all aspects of mental and psychological health of women. |
| | Practices of seeking pre-natal and post-natal care, especially after women have already had a first child. |
| | Women’s experiences with the <i>quality</i> of health services received. |
| Nutrition | Cultural norms and practices related to mothers sharing of (mal)nutritional aid acquired with other babies. |
| | Superstitions and beliefs about food items. |
| | Breastfeeding practices, including how to determine when to stop breastfeeding an infant. |
| Livelihoods | The types of vocational training opportunities (beyond agriculture) that are needed both by the private sector and by the community members. |
| Governance | Perceptions and impact at the village level of the revolution. |

| | |
|----------------------|--|
| | Data on when and where decision-making meetings are being held and if these practices are deliberately intended to exclude women from participating. |
| Peacebuilding | The extent of Hakamat’s influence over peacekeeping, conflict resolution, and instigating conflict. |
| | The community perception of the legitimacy of CBCRMs. |
| GBV | The types of GBV against men and boys and the extent to which these are prevalent. |
| | The cultural, financial, and social reasons leading to early marriage. |
| | Why, where, how, and by whom child labor is being practiced and promoted. |

Organizational Strategy and Approach

In 2020, CARE launched a new, ten-year organizational vision: CARE 2030. The strategy focuses CARE’s efforts on providing expertise in gender equitable poverty reduction. Undoubtedly, this focus aligns well with the findings of the analysis and the needs in Sudan. Importantly: poverty reduction alone cannot build a safer and more prosperous world; all interventions must have gender equity firmly at the core. Any type of discrimination – sex, gender identity, or other factors – keeps people poor, hungry, sick, and less able to weather any kind of crisis, including climate change. On the back of CARE International and CARE USA’s 2030 vision, CARE International in Sudan can leverage this analysis to refresh its own strategy and programmatic identity.

a. CARE Niche

CARE Sudan ambitions to have a strong reputation for gender transformational work. Based on the findings from this analysis, more (focused) work still needs to happen strategically and programmatically to solidify this reputation within Sudan.

Interviews with peer INGOs in Sudan revealed **no singular identity for CARE Sudan**. Peers saw CARE as an organization that worked across many topics without strong expertise in one area, including gender. When possible, each identified a different topic area in which they knew the most about CARE including WASH, nutrition, and GBV. Some were not able to identify a singular topic and instead spoke of the wide breadth of programming, role in advocacy, and one even said they “forgot” CARE is operating in Sudan. However, all who have interacted with CARE see the work as beneficial and effective. This finding has been echoed even in program evaluations; CARE’s partners see the work and the organization as highly relevant and effective (Partners in Development Services, 2018). This demonstrates that while **CARE’s wide reach of programming** is perceived in a positive light, its reputation as being gender transformative and a major force in poverty eradication is not yet strong.

This presents an opportunity for CARE to build its niche and re-establish its reputation as gender experts. Since CARE is perceived as an organization that can be successful in a number of topics and sectors, then leverage this opportunity to demonstrate and **model how to take gender mainstreaming to the next level**. To secure gender equitable poverty reduction in Sudan, this means ensuring the differentiated needs of women, men, girls, and boys are identified, understood, prioritized equitably, and addressed in all interventions and programming. Every intervention must be analysed for who it is impacting (positively and negatively), why them, and if it can be done more equitably. In this way, CARE can establish itself as the go-to organization in Sudan for how to

differentiate and adapt programming in any sector to become more gender equitable. CARE Sudan is not currently known for this; so, while it is possible if done strategically, this change will take time to achieve.

Additionally, CARE Sudan has a reputation for its connection with the donor community. This presents another opportunity to influence others of the importance of gender-equitable work. CARE Sudan should prioritize in its strategy becoming a **knowledge hub in Sudan** for accurate and interesting analysis, information, and expertise on all gender-related issues in the country. To achieve this, a large investment will need to be made internally to ensure that the most knowledgeable and influential staff are in place, that adequate and continuous training and technical support is available, and that CARE Sudan is internally reflecting its own values of gender equity. There is currently a gap in CARE Sudan related to knowledge management, so staff will need to be hired and/or trained at both the Country Office and field office levels to support learning. CARE Sudan must be willing to make strategic hiring and promotion choices to ensure that the organization reaches gender equality in its overall staffing and its leadership.

b. CARE Sudan's Strategy

Based on the findings of this analysis, CARE's **key impact population of women and girls continues to be highly relevant** in all contexts. However, recognizing the differences across contexts continues to be important in a country as diverse as Sudan. Women in Kassala face different barriers and challenges than those in South Darfur, and women in Gadarif have different cultural norms and beliefs than those in South Kordofan. Furthermore, women with special needs and elderly women are both neglected sub-populations that could benefit from increased attention and specialization of programming. Focusing on these two populations that are typically underfunded could be a unique niche for CARE in the future.

Geographically, continuing to **work in hard-to-reach areas** is vital. In many contexts, CARE is the only actor operating there. CARE is essential to these communities and is doing work that others cannot be due to years of trust building that went into its community relationships. This came up repeatedly in villages and with civil society staff (including INGOs) who remain impressed with CARE's ability to reach the most difficult locations.

Placing a much **stronger focus on advocacy programming** would help with CARE's visibility in Sudan and capitalize upon its already-recognized strengths of diversity in programming/expertise and connection to the donor community. In this sense, others will seek out CARE Sudan for advice and/or partnership in designing gender transformative programs and projects.

Finally, and critically, the division CARE Sudan has between humanitarian programming and development programming is increasingly hard to differentiate. The strategy states that humanitarian programming should be short-term (around one year in duration). However, much of CARE's humanitarian programming has been ongoing for decades. Now, most of the humanitarian programming is happening directly alongside women, peace, and governance programming. This highlights the **need for a nexus-focused strategy**. Building a more gender equitable Sudan requires a strong focus on traditionally development-centered programming related to women's voice and leadership to be incorporated into humanitarian focused interventions.

c. Focus Sectors

The study found a strong link between **food security and nutrition**. Currently, CARE Sudan groups together health and nutrition primarily due to the programmatic and operational connection

between health and nutrition centers at the village level. While this connection remains vital, interventions in nutrition and food security must happen hand-in-hand. A change in one cannot occur without a change in the other. This links strongly to social norm change interventions related to practices of when and how women access food and nutrition both in times of humanitarian crisis and during periods of stability.

In order to be gender transformative, CARE Sudan must add a focus area of **education**. Education is a huge problem in Sudan as this basic right is not secured for girls. Without a proper education, many other issues follow including early marriage, lack of diverse livelihood options, limited access to information, low influence in decision-making spaces, and more. Gender equity and poverty reduction simply cannot happen without focusing on education. While CARE Sudan does not need to become an education-focused INGO, it does need to incorporate education as a focus area by shifting social norms around girls' access to secondary education, including school-based interventions in programming, engaging in capacity strengthening with educations, amongst other opportunities.

Women's public (and political) participation (WPP) must be a dedicated part of the CARE Sudan strategy to realize changes in social norms, make public services more inclusive and responsive, and to work toward nexus and sustainable development programming. CARE Sudan could consider changing the 'governance' focus area to 'inclusive governance' to more intentionally incorporate women into the strategy. Women were the leaders of the revolution in Sudan and have a long history of successful women's rights movements, so their leadership must be acknowledged and prioritized in creating a gender-equitable Sudan. CARE Sudan already has experience in this topic with examples of many successful projects. Formally building it out into a dedicated focus area makes sense for the organization.

Climate change is a root cause for many of the issues facing Sudan today. Sudan is one of the most vulnerable countries in the world to climate change and its effects are already causing billions in damages and driving millions into food insecurity from floods and droughts. Adding climate change, climate justice, or environmental protection as a focus area for CARE Sudan is vital. Without a dedicated focus on this issue, funding cannot be acquired to address the many gender inequality issues that it causes related to food insecurity, inadequate livelihood opportunities, and violence. Attention must be paid to mitigation, adaptation, and response.

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Annex 1: Methodology

a. Data collection plan

A team of local, national, and international researchers and enumerators collaborated to conduct the study.

Building upon the literature reviewed (secondary data sources), the primary data collection tools were developed by the international consultant using a gender sensitive, qualitative participatory research approach. The study relies upon both secondary data review and primary data collection through key informant interviews (KII), focus group discussions (FGD), and storytelling interviews.

The selection of participants was conducted in consultation and coordination with both the national consultant and the CARE field office staff. Attention was paid to the gender balance, age, and respondent type represented. The following groups of people were sampled in the data collection:

| Group | Description | Data Type |
|--|---|-----------------|
| Civil society project partners | including local ⁷ , national, and international partners | KII |
| Civil society actors | e.g., women’s right activists, journalists, academics, etc. | KII, story |
| Sector-affiliated individuals | e.g., teachers, health workers, (agro)-pastoralists, farmers, market vendors, nutrition officers, etc. | KII, FGD, story |
| Community leaders | e.g., women leaders, religious leaders, youth leaders, cattle traders, etc. | KII, story |
| Government leaders | including both the technical and political arms of local authorities (e.g., HAC, department staff, elected officials) | KII, story |
| People with special needs (PWSN) | e.g., pregnant women, persons with disabilities, female heads of households, etc. | KII |
| Women’s groups | e.g., Mother’s Support Groups, women’s associations, VSLAs, etc. | FGD |
| Men’s groups | e.g., Father’s Support Groups, men’s associations, etc. | FGD |
| Youth groups | e.g., students, youth committee members | FGD |
| Refugees | including those living within and outside of camps | FGD, story |
| Internally displaced people (IDP) | including those living within and outside of camps | FGD, story |
| Farmers | i.e., female small-scale farmers | FGD |

b. Data collectors

Data was collected by CARE staff in the field offices of each of the five states, as led by the CARE Gender Officer for the state.

The Gender Officers received a three-day training at the Babiker Badri Scientific Association for Women Studies (BBSAWS) premises by BBSAWS and CARE staff that covered the introduction to

⁷ Including: SADO, JMCO, SHOA, NAHA, WOD, WODAVER, Raira, BBSAWS

basic gender principles, qualitative research methods, best practices of the data collector, and a review of each of the primary data tools. They also practiced the tools by doing a pilot test on some of BBSAWS projects beneficiaries in Khartoum.

Following the training, the Gender Officers were instructed to return to their states and deliver the same training to the field staff who will be collecting the data. Every Gender Officer was meant to train at least two other officers.

c. Data collection

In total, 99 FGDs, 91 KIIs, and 8 storytelling interviews were conducted across 46 villages reaching 922 people in total. The final representation of groups is as follows:

| | East Darfur | South Darfur | Kassala | Gadarif | South Kordofan | Total |
|-------------------|-------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| Localities | 5 | 2 | 2 | 4 | 2 | 15 |
| Villages | 11 | 6 | 11 | 8 | 10 | 46 |
| KIIs | 15 | 18 | 16 | 17 | 14 | 91 |
| Partners | 2 | 2 | 2 | 1 | 0 | 7 |
| CSOs | 4 | 3 | 3 | 3 | 3 | 16 |
| I/NGOs | National: 7; International: 4 | | | | | 11 |
| Sector-affiliate | 2 | 4 | 3 | 4 | 4 | 17 |
| Community Leader | 4 | 3 | 2 | 4 | 3 | 16 |
| Gov't Leader | 2 | 3 | 3 | 2 | 2 | 12 |
| PWSN | 1 | 3 | 3 | 3 | 2 | 12 |
| FGDs | 20 (216 participants) | 22 (150 participants) | 17 (134 participants) | 21 (169 participants) | 19 (154 participants) | 99 (823 participants) |

| | | | | | | |
|------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|-------------------------------|
| Sector-affiliate | 5 | 4 | 3 | 4 | 7 | 23 |
| Women's group | 3 | 3 | 4 | 2 | 3 | 15 |
| Men's group | 1 | 3 | 4 | 3 | 2 | 13 |
| Youth group | 3 | 4 | 3 | 3 | 2 | 15 |
| Refugee | 4 | 0 | 0 | 5 | 0 | 9 |
| IDP | 4 | 7 | 2 | 1 | 0 | 14 |
| Farmer | 0 | 1 | 1 | 3 | 5 | 10 |
| Stories | 1 | 3 | 1 | 1 | 2 | 8 |
| Total | 36 (232 participants) | 43 (171 participants) | 34 (151 participants) | 39 (187 participants) | 35 (170 participants) | 198 (922 participants) |

d. Data analysis

The data collected was shared by CARE field officers in Arabic to Babiker Badri Scientific Association for Women's Studies (BBSAWS). BBSAWS staff then analysed the data for themes and inputted for deeper analysis into Microsoft Power BI. The analytical reports were then shared with the international consultant for sector-by-sector and cross-sector analysis and triangulation with secondary data sources.

A sense-making workshop with 10 CARE staff and 10 gender experts from Afhad University for Women was held to explore the findings in greater detail. The participants engaged in a full-day workshop to validate the data and identify gaps in each sector. The workshop unearthed data gaps to further explore with field office data collection teams and to consult in secondary data sources.

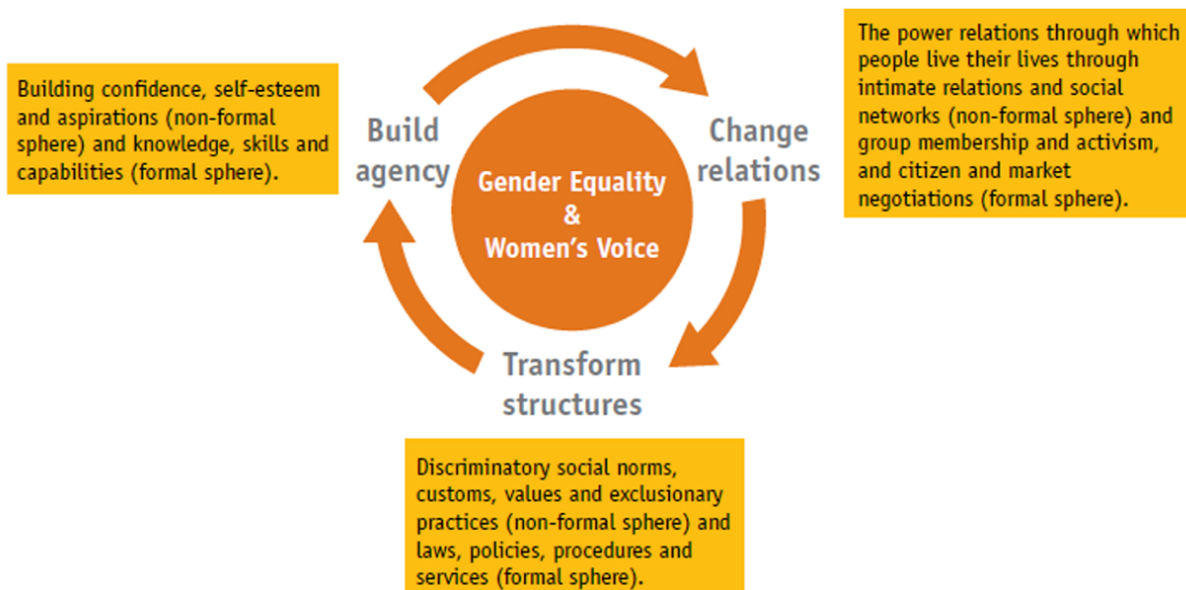
Data is analyzed using CARE's Gender Equality Framework (GEF)⁸, as the GEF is the foundation for CARE Sudan's key programming principles. As shown in Figure 1, the GEF recognizes that there are

⁸ CARE Gender Justice. (2018). "Gender Equality and Women's Voice." CARE. Available at: http://gender.careinternationalwikis.org/gewv_approach

three dimensions affecting women’s equity and representation: **agency, structure, and relations**. Change must occur at multiple levels, in both private and public spaces, and be sustained in all three domains to achieve this impact.

- **Agency** refers to women’s individual and collective capacities. It encompasses ‘soft skills’ like self-efficacy and self-esteem, alongside technical skills. This also includes the individual beliefs, expectations, and capacities, as well as the collective capacity of women and youth to drive their own pathways towards more equity and opportunity.
- **Structure** relates to both the formal and informal institutions that can limit women’s leadership and participation in public life. This includes both formal public institutions, policies, and processes as well as informal beliefs, attitudes, and social norms that determine women’s ability to engage in and influence practices and processes that affect her.
- **Relations** refers to the kinds of relations that women and youth have with support structures and systems, which could be both local and global in scale. It explores both the positive and negative impacts of how excluded groups are positioned in relation to – or supported and represented by – others (e.g., formal NGOs like CARE). It uncovers the effects of unequal power relations on women’s inclusion. In terms of women and youth-led groups, there is crossover between ‘agency’ and ‘relations’ because agency is also reflected in the collective capacity of women youth to secure their own opportunities and/or participation.

Figure 1: CARE’s Gender Equality Framework



e. Limitations

- **Sample bias:** participants were identified and selected by CARE staff in CARE intervention areas; thus, they are more likely to be informed about and/or interested in the elements of focus in this study.
- **Response bias:** In Kassala, a representative from Humanitarian Aid Commission (HAC) accompanied the data collection. In many villages and data collection events, men sat in or near the FGDs and KIIs with women. These influences shape both responses and questions asked. Also, in some states (East Darfur primarily), some respondents were reluctant to

participate without a monetary incentive. Some left the data collection entirely and others gave abbreviated responses after losing motivation to participate.

- **Quantitative data limitations:** There is no official quantitative data available as a result of a limited data collection from official government institutions. Therefore, quantitative data provided is a result of surveys done through other CARE studies or studies from other (I)NGOs. Biases and limitations of these data sources are outside of the scope of this analysis.
- **Capacity gaps:** some of the members of the team had limited capacity for conducting qualitative research. For most of the members, this was the first time that they had been involved in a qualitative data collection.
- **Insufficient training:** Gender officers from CARE field officers were trained directly by the CARE study lead and BBSAWS. Training was limited only to two and a half days, with the final half day for pilot testing of the tools. All felt that this amount of time was not long enough. In addition, the gender officers were expected to then train the field staff who would be collecting data upon their return to their states. However, it is not to what extent this training occurred. Based on anecdotal evidence, the quantity and quality of training passed to the field staff varied greatly by state.
- **Delays:** Challenging contexts (e.g., poor travel conditions and internet) delayed both the gathering of data and the transmission of data for analysis. As a result, the translation and analysis processes were sped up.

Annex 2: Programming Recommendations by Sector

| Sector | Programming Recommendation | State(s) |
|-------------------------------------|---|--|
| Livelihoods | Provide vocational opportunities such as training, skills-building, literacy, and direct support to women to develop and refine diverse skills to promote livelihood opportunities | East Darfur, South Darfur, South Kordofan, Gadarif |
| | Enact protection measures to mitigate risks and provide responsive care for women engaged in higher-risk occupations such as home maids and sex work | Gadarif, South Darfur |
| | Develop and/or promote VSLAs for women and mixed gender groups | East Darfur, South Darfur, South Kordofan |
| | Provide financial literacy skills building workshops/courses differentiated by existing skills to enable women to take control of their finances for the first time or to strengthen their existing knowledge and power related to financial literacy | East Darfur, South Darfur, South Kordofan |
| | Organize/support female livelihood groups to enhance their collective reach and protection; for example, production groups for female farmers to work toward collective advocacy around women's land rights and to purchase inputs in bulk or female sex worker groups to facilitate safety networks | East Darfur, South Darfur, South Kordofan for agricultural groups; Gadarif for sex workers |
| | Link female producers – including agriculture, handicrafts, and other entrepreneurs – to marketing agencies and buyers to establish/strengthen relationships with consumers | East Darfur, South Darfur, South Kordofan |
| | Promote behavior change through social norm interventions amongst men and boys to encourage them to share in household responsibilities, freeing women's time for work outside of the home | All states |
| | Raise awareness to shift perceptions about women's right to work outside of the household | Kassala |
| | Advocate for formal changes to laws and policies related to women's land rights simultaneously with social norm change interventions around women's control over decision-making related to ownership of productive assets | Khartoum for advocacy; East Darfur, South Darfur, South Kordofan for norm change |
| | Implement temporary income stabilization activities through business start-up grants for women and youth and cash-for-work (CFW) activities and ensure these funds are equitably distributed among sub-groups to prevent escalation of internal conflict | East Darfur, South Darfur, South Kordofan |
| Governance and Peacebuilding | Raise community awareness about the importance of women's participation in governance spaces and peacebuilding processes | All states |
| | Support the indirect participation and influence of women in communities through awareness raising, leading sector-specific activities, disseminating messages through songs and folklore, forming women's groups to advocate for women's issues and needs, and mandating women's inclusion in all supported community groups | All states |
| | Establish/re-start and support VSLAs and embed women's leadership training within the VSLA to act as a means to generate stronger collective empowerment, action, and advocacy | All states |
| | Involve women in market committees market committees to expose them to bigger commerce, cash, bargaining, market tactics, and major decisions concerning the market | East Darfur, South Darfur, South Kordofan |
| | Promote shifts in social norms through Social Analysis and Action (SAA) that enable women to speak in front of men and in public, including unmarried women (e.g., through VSLAs) | Kassala |
| | Follow the structure of the "father's group" to form a "mother's group" to support women's entry point into active public participation roles (Mahuku & Murphy, 2022) | Kassala |

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| | Put risk mitigation measures in place for women engaging in economic activity in the event her new financial power could be perceived negatively in the community, and she could face backlash | South Kordofan, Gadarif | |
| | Identify committees that require women's participation (through a quota) and work toward ensuring the requirement is implemented; work with the women on the committee to ensure they understand their roles and responsibilities | All states | |
| Gender-Based Violence | Utilize the Social Norms Analysis Plot (SNAP) framework to assess the strength of social norms related to GBV and their change over time to design more relevant interventions (e.g., through the SAA) | All states | |
| | Frequent training and awareness raising (e.g., through the use of the SAA) for men and community leaders promoting behavior change to shift cultural acceptance for beating | All states | |
| | Promote the law that prohibits FGM/C, child marriage, and GBV in the media and support its implementation amongst local authorities and traditional leaders | Gadarif, Kassala, South Kordofan | |
| | Establish support centers that work on awareness raising for GBV and offer assistance to women to pursue legal support and justice | East Darfur, South Darfur | |
| | Engage in deeper, targeted research on GBV against men and boys | All states | |
| | Establish and support well-known and trusted GBV referral systems and networks | All states | |
| | Advocate against unequal laws that create an enabling environment for GBV | Khartoum | |
| | Lead awareness raising efforts about drugs and alcohol and violence and provide support structures for users—especially men—to help each other get and stay sober | East Darfur, South Darfur, Gadarif, South Kordofan | |
| | Provide psychological support and counseling to women and girls in health centers who have been identified as (potential) victims of GBV | All states | |
| | Provide financial support to women to seek formal justice if necessary and repay dowries after divorce because of GBV | All states | |
| | WASH: Water | Set up and/or support mixed gender WASH committees with quotas for women's leadership (in addition to women's participation) | All states |
| | | Financially support women to lead in the monitoring and maintenance of water tanks, pumps, and wells through training and provision of materials and supplies | South Darfur |
| Engage in social norm change (e.g., SAA) related to the roles of men and women in the household to trigger behavior change amongst men and boys to take more responsibility for water collection and prevent GBV during the fetching of water | | All states | |
| Provide water tanks and pumps in regions where water is too far for fetching | | South Darfur (West of Jebel Mara) | |
| In the design and planning of water sources, ensure mitigation measures to avoid contamination with latrine (e.g., distance, deepness, isolation) | | All states | |
| Adopt similar positive approaches to water provision and management that are being used in refugee camps (such as in Gadarif) into host communities that are experiencing insufficient, inaccessible, or unclean water | | All states | |
| Install solar energy for water pumps to increase the operational hours of the water sources and overcome the high cost and shortages of fuel | | All states | |
| WASH: Sanitation and Hygiene | | Provide dignity kits, particularly sanitary pads, to menstruating women and girls in schools and reproductive health centers with awareness raising on how to use and dispose of them | All states |
| | Pilot test income-generating activity of women creating reusable pads; assess if the challenges related to water scarcity and social norms related to washing of menstruation products diminish the effectiveness of the intervention | East Darfur, South Darfur, South Kordofan | |
| | Inspect latrine facilities to ensure they are safe to use; support communities to repair and mend unsafe facilities | Gadarif, South Kordofan | |
| | Identify cultural and social practices and beliefs related to latrine use before building any public or private latrines to ensure they will be usable for all | All states | |

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| | people, particularly women who are more burdened with restrictive beliefs and practices | |
| | Provide locks to install on women's latrines | All states |
| | Build shared/public toilets that are sex segregated such that a facility is available on every block | Gadarif |
| | Build home toilets that are easy to access and safe for all to use, with a dedicated waste removal service that is reliable and affordable | South Darfur, Kassala |
| | Incorporate accessibility considerations into the construction of latrines – both in public and in homes – to meet the needs of PWSN and include information about the unique needs of PWSN in WASH awareness raising and sensitization materials | All states |
| | Raise the community awareness toward the importance of personal cleanliness, and establish committees that can raise the awareness | East Darfur, Gadarif, South Kordofan |
| Health | Train traditional midwives in critical health topics such as nutrition and gender-based violence (including the elimination of FGM/C) | All states |
| | Build primary and reproductive health centers closer to villages that do not have clinics nearby | South Kordofan |
| | Subsidize pre-natal vitamins in reproductive health centers | All states |
| | Support and train female medical personnel to close the gap in services, especially in settings where women cannot see male medical personnel | Gadarif, Kassala, and South Kordofan |
| | Increase mental health services at health centers, particularly in conflict-affected areas or camps | All states, in particular Gadarif |
| | Innovate creative health insurance schemes such as through savings groups to support women's ability to pay for healthcare, especially reproductive health services | All states |
| Food and Nutrition | Continue direct provision of food aid | Gadarif |
| | Enact social norm change interventions focused on decreasing the domestic burden of women through re-assignment of responsibilities throughout the household | South Darfur, South Kordofan |
| | Build warehouses for agricultural products to increase the amount of time they can be stored safely between harvests | East Darfur, South Kordofan |
| | Train food and nutrition education workers and provide food education workshops to communities | Kassala |
| | Expand the working days and locations of pop-up low-price markets | All states |
| | Provide more nutritional biscuits to mothers and infants experiencing malnutrition | East Darfur, South Darfur, Gadarif |
| | Support income-generating activities and livelihood opportunities to enable households to generate more income and expand and diversify their food options | Gadarif, Kassala, South Kordofan |
| | Create kitchen garden nutrition programs where women can support each other with agricultural activities and long-term food storage and preservation to mitigate nutritional deficiencies, especially during the off-season | All states |
| | Build community-based nutrition centers and raise community awareness on the importance of food diversification and ensuring women have equality opportunity to food as men | Gadarif, Kassala, South Kordofan |