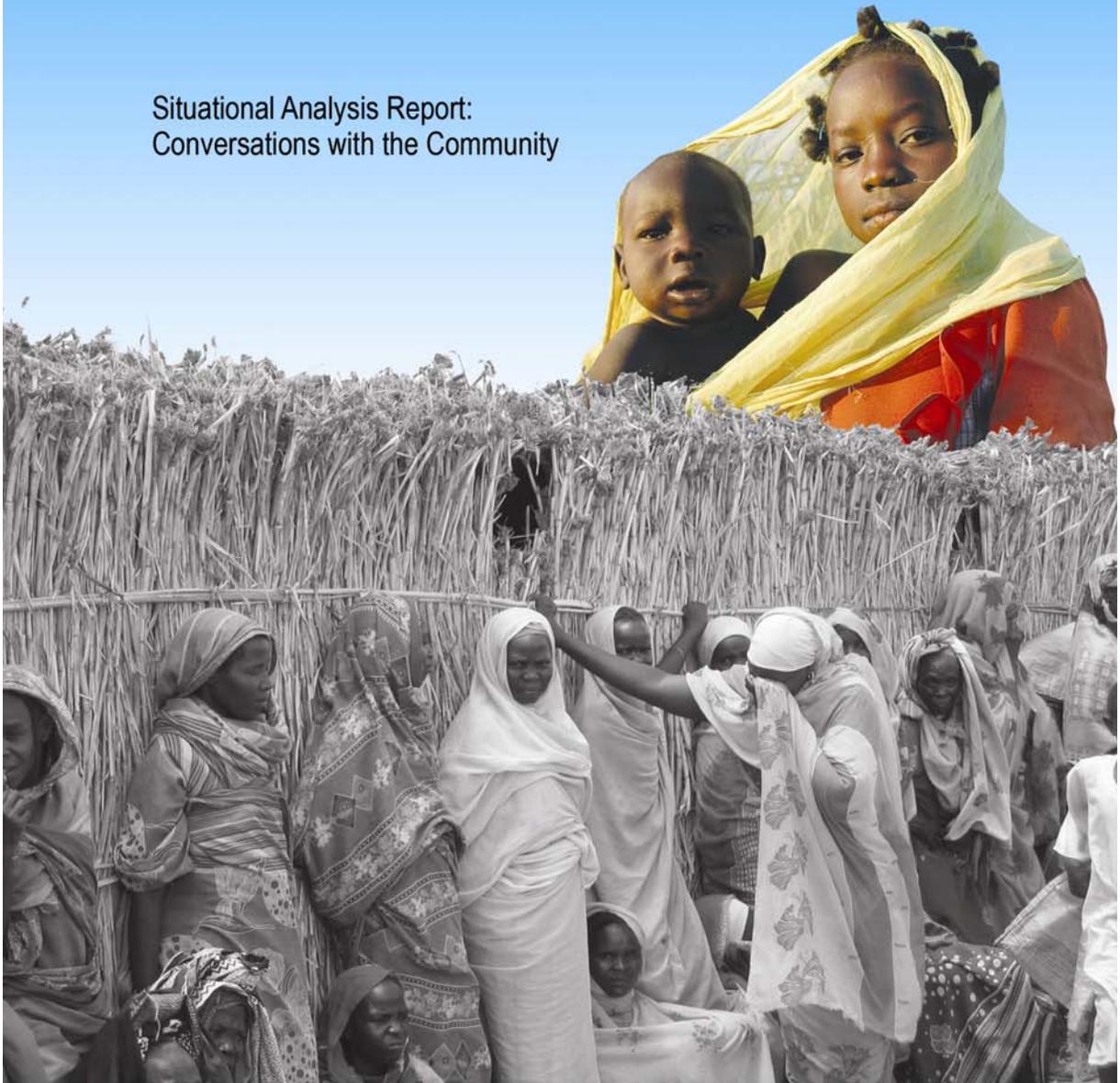


# The Effects of Conflict on Health and Well-being of Women and Girls in Darfur

Situational Analysis Report:  
Conversations with the Community



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*Conversations with the Community*

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This report provides an overview of community perceptions about the risks women and girls currently face in Darfur as a result of the conflict, expressed concerns for their physical and mental recovery, traditional coping strategies and the gaps in services and opportunities which are discerned by community members.

The situational analysis is a community-based investigation, meant to provide some insight as to how the international community can better shape its response through recognition and respect for these perceptions and preferences and the resources that are needed to improve women and girls' health and well-being.

The situational analysis was not designed to determine the prevalence of any specific health problems nor to assign blame. It is also not designed to present a comprehensive overview of the health situation in Darfur.

## SUMMARY OF FINDINGS

Latest reports suggest that the conflict affected population in Darfur is estimated at 2.74 million, of that over 60 percent or 1.64 million are women and children. This situational analysis aimed to gain a deeper understanding of the how the conflict in Darfur has affected the health and well-being of girls and women.

The study's main objectives were to gain an increased understanding of how the conflict had affected women and girl's health; to determine the men's perceptions on how the conflict had affected the health of women and girls , and lastly to gain insight into the indigenous ways that the community was using to cope due to the conflict.

Talking directly to the conflict affected population provided insight as to how the international community can better shape its response through recognition and respect for the perceptions and preferences of IDPs and the resources that are needed to improve women and girls' health and well-being. Information was gathered that illustrates the experiences of the IDPs at the onset of the conflict and thereafter and the impact of these experiences on girls and women

On general questions, women were asked about their living conditions focusing on how they spend their time, the economic activities they engaged in prior to the conflict and now. Girls were asked about education and school attendance. Both groups were asked about information collection and sharing and who women and girls were most likely to talk to when they faced problems.

Prior to the conflict, the majority of the respondents primarily worked in farming and cultivation, animal raising, making and trading different items which included: handicrafts, seasonal crops, fruits and vegetables. This has changed now and women currently generate a very limited income by collecting and selling firewood. Collecting firewood involves traveling long distances that can take up to one or two days which reportedly is a high security risk.

The most common ways women obtained information was from friends, area leaders, Sheikhs, international organizations, and places where people congregated such as markets, water points, clinics, and when moving together from one place to another. In at least one location, women and men were participating in equal numbers in camp committees that are supported by international humanitarian organizations.

On communicating information, most women reported that if they were married and the husband was around she spoke to the husband; if she was not married or the husband was

absent she spoke to her mother or other family members who in turn could pass the information to the sheikhs or authorities such as police.

All of the girls interviewed knew of other girls that did not attend school. Social and economic reasons were mentioned including – familial beliefs and preferences not to send girls to school, not being able to afford school fees; or lack of space in the existing classrooms.

On safety/security, sexual violence and abuse was mentioned in every group discussion as an existent and serious problem for girls and women. Girls and women reported that incidents of sexual violence, abuse and abductions are ongoing for them. Most cases of sexual violence are taking place outside of the camps – usually when girls and women have gone to collect firewood or grass. Generally there was an overall sense that the community was helpless and not able to do anything to improve safety and security and that it was the task of the international organizations and the Government to ensure their safety

Some of the health problems mentioned by women were: physical injuries due to beatings, rape, miscarriages, excessive bleeding or injuries sustained during flight from the enemies. Sexually transmitted diseases, malnutrition, irregular menstrual cycles and psychological disturbances such as nightmares were mentioned frequently by women as some of the health problems they were experiencing due to the conflict. Regarding access to health care services, the majority of the women felt that the available health services were not enough to cater for their needs - they have to queue for a long time since many people are waiting to be served. They mentioned that the clinics only take a limited number of patients each day, while the rest had to wait to be seen the next day. Most of the women said even if the health care treatment was free; the medicines provided were insufficient, and mostly consisted of pain killers.

Most women preferred using the Traditional Birth Attendants (TBAs) for delivery because they were affordable. They reported that the services of the trained midwives was expensive (around 40,000 Sudanese pounds), therefore, most women used the services of the TBA. In addition the fees differed according to the sex of the newborn, with the delivery of a boy being more expensive than a girl's. Like women, the girls reported using traditional medicines and treatments when they were ill. The faki or the traditional healer uses hot materials on the skin; bleeding or *hijama*. There was no difference between what the men reported as the health problems of women, access and utilization of health care and what the women reported.

Girls and women reported that the psychosocial consequences of sexual violence for them included: shame, depression, stigma, illness, difficulty coping, and at the worst - suicide. All of the groups, but especially the men felt powerless, helpless and to a certain extent humiliated by the ongoing violence directed at women and girls. In one location, the men

also stated that the only reason they had not committed suicide was because it is forbidden by their religion. The men summed up their situation by saying, 'their eyes see but their hands cannot reach'. Most respondents reported that the family and community support, as well as belief in religion helped them cope. Unmarried girls were the most affected and some did not seek health care in clinics due to stigma and shame. Most of the groups reported that unmarried girls avoided clinics and hospitals unless they were suffering from complications and that they felt too ashamed to go the hospital.

Some of the pertinent recommendations arising from this study are: the need for increased access and coverage of health care services, increased prevention and response to sexual and gender based violence interventions, including training of the police, GOS and AU military, fuel efficient stoves; community driven income generation activities, access to girls education, and community-based psychosocial interventions. In addition, an in-depth investigation needs to be undertaken to examine health care and education access barriers.

## INTRODUCTION

According to the World Health Organization health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.<sup>1</sup> The fatalities, injuries and disabilities suffered during attacks and front-line fighting are obvious examples of the impact of conflict. However, there are also health consequences from the breakdown of services and from population movements. The diverting of human and financial resources away from public health and other social goods contributes to a decline in the overall health and well-being of a population. These indirect consequences may remain for many years after a conflict ends.

Conflict around the world has a devastating effect on the health and well-being of girls and women. Gender-specific threats to women and girls increase the likelihood of reproductive health problems including STI's, unwanted pregnancy, and maternal mortality.<sup>2</sup>

From a health perspective the same events that traumatize the community also destroy or diminish the health care system. Essential services such as primary and reproductive health care are often disrupted or inaccessible during conflict situations. In addition to direct physical harm women and girls may experience in conflict, research has linked traumatic events with poorer daily functioning, physical limitations and chronic medical conditions.<sup>3</sup>

Various traumatic events may manifest differently according to culture and context. The majority of the work systematically documenting responses to traumatic events has been conducted in western contexts where the focus is more on the individual.<sup>4</sup> Trauma, lack of social support and services can have long term consequences on the mental and social well-being of women and girls.

Appropriate interventions are required to ensure the health of women and by extension, the health of the community. Interventions that restore the physical, mental and social well-being must be community-based and implemented with a full understanding of indigenous coping mechanisms. Gaining understanding about sensitive issues however, can be difficult for a wide variety of social, cultural and security related reasons.

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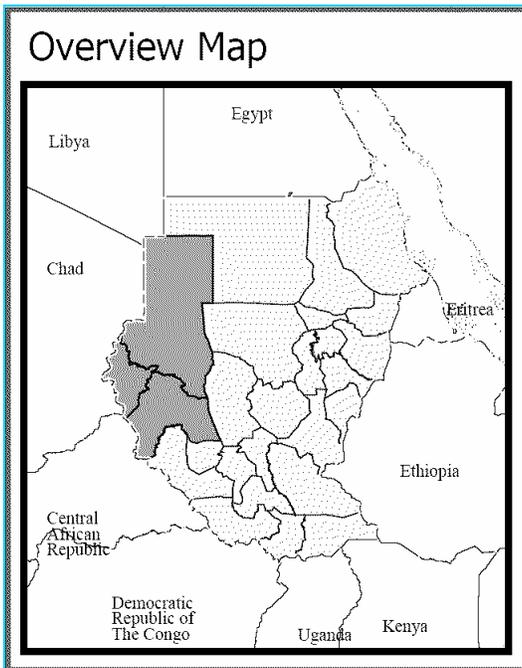
<sup>1</sup> Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference, New York, 19-22 June, 1946; signed on 22 July 1946 by the representatives of 61 States (Official Records of the World Health Organization, no. 2, p. 100) and entered into force on 7 April 1948.

<sup>2</sup> The Impact of Armed Conflict on Women and Girls, UNFPA, 2001

<sup>3</sup> Trauma Interventions in War and Peace: Prevention, Practice and Policy, 2003

<sup>4</sup> Trauma Interventions in War and Peace: Prevention, Practice and Policy, 2003

## BACKGROUND



The Darfur region, an area of 500,000 kilometres, lies in western Sudan; to the northwest it borders Libya, to the west Chad, to the southwest the Central African Republic. The pre-conflict total population in Darfur is estimated at six million people.

In recent decades, a combination of extended periods of drought; increased competition for dwindling resources; insufficient and/or asymmetric government investment; proliferation of regional conflicts and diffusion of small arms have rendered local clashes increasingly bloody and politicized. Frustrated by a sense of isolation and marginalization from the power base in Khartoum, and encouraged by the consolidation of control by southern rebel groups, several disenfranchised and loosely organized opposition groups in Darfur were mobilized.

In April 2003 the armed faction of the popular-based Sudan Liberation Movement (SLM) attacked government installations in Darfur including the El Fasher airport with astounding tactical success. In loose coordination with the SLM were the Justice and Equality Movement, an Islamic opposition group, based in Darfur. Early government attempts to route out insurgents failed and the confrontation soon shifted to full scale conflict as government aligned militia (often referred to as the "Janjaweed") engaged in widespread attacks on villages deemed sympathetic to the rebel's cause.<sup>5</sup>

The strategy appears to have been one of asset-stripping and population displacement. Indiscriminate attacks on villages not only killed and injured civilians but destroyed or looted housing, infrastructure, community services, wells and irrigation systems, fruit trees and other property such as cattle, thus destroying livelihoods and potential for recovery. The result was the large scale movement of a highly vulnerable, traumatized population, rendered almost completely dependant on humanitarian aid for survival.

As of early May, 2005, the conflict affected population in Darfur is estimated at 2.74 million, of which 1.88 million are IDPs<sup>6</sup>. Communities are sheltering in over 125 locations

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<sup>6</sup>These figures are based partly on new registration completed by World Food Program, IOM and other partner agencies—and listed in the Darfur Humanitarian Profile 13, Office of UN Deputy Special Representative of the UN Secretary General for Sudan UN Resident and Humanitarian Coordinator

throughout Darfur. Conditions in camps are variable. Security continues to be a concern not only for rural areas, but within and surrounding the camps.

## METHODOLOGY

The research methodology used in the situational analysis was qualitative data collection which included: focus group discussions (FGD) with women, girls and men and a review of secondary data.

Specific objectives of the situational analysis were:

1. To gain an increased understanding of how the conflict has:
  - affected women and girl's health
  - men's perceptions on how the conflict has affected the health of women and girls
  - indigenous ways that the community is using to cope with the impact the conflict has had on women and girls.
2. Develop community-driven recommendations that respond to the most immediate needs of women and girls.

### Focus Group Discussions

Three distinct focus group discussion (FGD) guides were used with women, girls and men. The guides were geared towards identifying community attitudes, gaps in services and survival mechanisms that women and girls use to deal with different health issues.<sup>7</sup>

### Training for Facilitation Teams

Two focus group discussion teams, comprised of interagency staff, underwent three days of training on the use of the data collection tools.

The first day of training focused on background information on the consequences of conflict on health. The second day of training included conducting qualitative research using focus group discussions. The third day allowed for the team members to practice facilitation so as to ensure that FGD guides were understood by the facilitators. The practice and testing of the FGD guides were tested on national staff of humanitarian organizations (as opposed to

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<sup>7</sup> Based in part on the Reproductive Health Refugee Consortium Tools Manual

IDPs themselves.) Limitations of the facilitation team are discussed in situational analysis limitations section.

#### Criteria for FGD participants:

Women’s FGD participants: over eighteen years of age (the vast majority were married)

Girl’s FGD participants: twelve to eighteen years of age (the vast majority were unmarried)

Men’s FGD participants: over the age of eighteen (the vast majority were married)

#### Criteria for FGD locations and coverage

Locations were prioritized based on feedback from various organizations working in Darfur. FGDs were held in IDP camps as well as host communities, in an effort to include as many different groups as possible. Final decisions were based on security and accessibility in Darfur, which obviously leads to exclusion of many vulnerable populations. Because the teams were led by UN agencies, the teams were obliged to follow UN Security travel and security clearances.

FGDs were held over a twenty day period in April 2005. Throughout this period a total of 52 focus group discussions were held with girls aged (between 12 and 18), women, and men IDPs in seven locations – including both IDP camps and host communities. In order to generate depth of expression from participants each focus group included between 10 and 12 participants.

State	No. of FGD/No. of IDPs
West Darfur	Total: 6 FGDs (2 girls, 2 women, 2 men)  Total: 72 IDPs
North Darfur	Total: 20 FGDs (7 girls, 7 women, 6 men)  Total: 240 IDPs
South Darfur	Total: 26 FGDs (9 girls, 9 women, 8 men) Total: 312 IDPs
	<b>Total: Approx. 624 IDPs</b>

## Focus Group Discussion Guides

Each FGD guide included an introduction for facilitators to follow in explaining the purpose of the situational analysis and to obtain verbal consent from participants. Verbal consent was obtained after the facilitators explained that no names would be asked for or recorded at any point; however, confidentiality could not be guaranteed.

The FGD guide for girls was composed of 21 questions. The FGD guide for women was composed of 18 questions and the FGD guide for men was composed of 17 questions. All FGD guides were organized into four sections: General, Safety/Security, Health and Psychosocial.

## Situational Analysis Limitations

Based on the data analysis and review of the methodology, several limitations of the situational analysis emerged.

The attempt to conduct a Situational Analysis that covered all of Darfur using interagency teams was ambitious. A limitation of the interagency approach was that INGO's were only able to release staff for a short amount of time; this was a constraint in reaching a greater number of locations. The facilitation teams also did not have adequate numbers of available male staff members. Therefore, in some locations, the FGDs for men were led by men that did not attend the training.

The geographical coverage of the situational analysis although extensive; was limited in scope due to ongoing insecurity and logistical constraints. For example, one location was prioritized and pre-arrangements were made, but due to a rapid decline in security the location was cancelled. Testing of the FGD guides were slated to be done with IDPs in Darfur but security issues prevented that from happening; as a compromise, the FGD guides were tested on national staff of humanitarian organizations as opposed to IDPs.

The brevity of training for facilitation teams was a significant limitation. The original training was scheduled for four and a half days but due to external circumstances (beyond the control of the interagency teams) it was reduced to two and a half days.

All of the FGDs and notes were done in Arabic. The notes were then translated as precisely as possible for this report; some phrases do not translate exactly and in those cases we have included both the Arabic and English version.

More specific information and details could have been recorded, had facilitators reviewed the data collected on a daily basis in order to assess where responses were unclear. The data collected was translated from Arabic to English and then analyzed within the four main

topics: general, safety/security, health and psychosocial. This task was especially difficult as the discussions often strayed from one topic to another.

## FINDINGS

The findings are organized in the same sections the FGD guides were organized: *general, safety/security, health and psychosocial* and according to the group i.e. women, girls, and men.

During the course of the focus group discussions, IDPs recommended some interventions that could improve their situation; these are reflected in the findings and recommendations section.

The IDPs used the following words to describe perpetrators:

*Janjaweed, janjaweed militia, government soldiers, police, asakar (military people), men in military uniform.* The report will use the term *armed militia* or 'AM' - as terms, words and language used varied from one person to the next within the same focus group discussion.

# General



Questions in this section were designed to give general information about the living condition of the IDPs focusing on how the groups spend their time, economic activity before the conflict and now; girls education, information collection and sharing; who women and girls are most likely to talk to when they face problems; identification of the head of household and decision making processes.

## 4.1.1 RESPONSES OF WOMEN

### Income and employment

#### *Prior to the conflict*

Prior to the conflict, women primarily worked in farming and cultivation, animal raising, making and trading different items which include: handicrafts, seasonal crops, fruits and vegetables. The women reported more than once that prior to the conflict during the dry season they have worked in collecting and selling firewood.

“Before the war we had everything life was so nice but now we have nothing, we lost everything even our souls and life”

#### *Currently*

The majority of the women’s groups reported that they generate a very limited income by collecting and selling firewood. Collecting firewood involves traveling long distances that can take up to one or two days which reportedly is a task challenged by insecurity – in one location groups also mentioned facing constraints due to the decree of the Ministry of Forestry<sup>8</sup>. It was reported frequently that women work as domestic servants, laborers in brick kilns and construction work (which was reported to be physically exhausting). Few women work with humanitarian organizations.

The majority of the women’s groups reported being unemployed and find it difficult to get regular jobs; they reported that they rely on selling or trading a portion of the goods distributed by the humanitarian organizations in order to buy other food items and to pay for services (health and education were mentioned), fuel or other needs. The women also conveyed messages about the food items such as “we are not used to the taste of some items” – and as an example frequently mentioned oil.

### Decision making

From all of the discussions, it appears that the IDP women make a clear distinction between the head of the household and the decision maker. They refer to the head of the household as the person who earns the income for the family while the decision maker can be someone other than the income generator. The discussions also revealed that prior to the conflict, women frequently worked and that most often the male was the decision maker.

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<sup>8</sup> Ref: 30/5/2 Date 11/5/2005 National Forest Department North Darfur – refers to Forest and Natural Resources Act 40 dated 2002.

The vast majority of women now believe that they are heads of the household since they gain income and that if the men are present then they are the decision makers; they attributed this to the fact that men travel frequently and also permanent absence of men (death as a result of the conflict). Few women reported that men are the head of the household and the decision makers.

### Information Sharing

The most common ways women obtain information is from friends, area leaders, Sheikhs, international organizations, and places where people congregate such as markets, water points, clinics, and when moving together from one place to another. In at least one location, women and men are participating in equal numbers in camp committees that are supported by international humanitarian organizations.

### Communication channels in cases of problems

Almost all women reported that if the women are married and the husband is around she speaks to the husband; if she is not married or the husband is absent she speaks to her mother or other family members who in turn can pass the information to the sheikhs or authorities such as police.

## 4.1.2 RESPONSES OF GIRLS

### Spending time

The majority of girls' responses did not distinguish between pre-conflict and current ways of spending their time. They reported spending their time on domestic or household chores such as cleaning and cooking for the family; fetching water, firewood, and grass or helping in farming from outside the camp; and talking to each other. It was mentioned clearly that currently the girls spend a lot of their time looking for paid work or income. Very few girls mentioned that they sit in the camp with nothing to do.

### Income and employment

The girls reported that in their current situation, the majority earn income working as domestic labourers in the houses of other nationals; which normally requires them to perform two shifts - six am to noon and noon to three pm for which the wage is between 100-150 dinars per shift. The girls frequently mentioned collecting and selling firewood as a means of income generation. It was reported more than once that some girls work for foreigners either in their houses or in aid organization offices.

Some of the other income generation activities mentioned, but less often included: making and selling food in the market e.g. *tamiyahr* and *foul*; working in construction of mud bricks and buildings, working in agriculture; or braiding hair for other women.

## Information Sharing

The majority of girls reported obtaining information about what is happening in the community from their siblings while in the market, when they visit each other, and when collecting firewood. When they sit together they remember the past and talk about it with great emotion.

## Education

### *Prior to the conflict*

It was reported from the girls' groups that some did not attend school before the conflict because at that time the location of the school was a long distance from their homes or because their family could not afford the cost or because their family did not accept sending girls for an education as they think education for a girl is waste of family resources.

The girls mentioned frequently going to traditional Muslim education classes '*Khalwa*'. It was reported that before the conflict, secondary or high schools were located long distances, thus it is rare for girls to continue through high school.

### *Currently*

In response to whether they are aware of girls who do not attend school now - all of the girls confirmed that they know of girls who do not go to school. The reasons for non-attendance at school included both cultural and economic barriers as well as lack of services. Some said they were not able to afford to start or continue with studies due to school fees. In one camp, girls had started to go to the UNICEF school because it was free. Others could not afford to spend time in school because they need paid work; often as a result of being the head of the household. A few of the girls groups reported unable to find a place in a school because they came to the camp late and the classes were already full. Early marriage was also mentioned frequently as a reason for not going to school. Others said, the girls' family does not believe in education for girls and think that it is 'misbehavior' to do so.

Others reported that some girls were mentally disturbed or psychologically traumatized by the conflict and unable to attend school. It was also reported that they did not attend school as they are too afraid of attacks from armed militia.

### Communication channels in cases of problems

The majority of girls said that if they face a problem they tell the mother or the grandmother who in turn will pass the information to father or old brother who will inform the sheikhs or authority such as police or African Union.

### 4.1.3 RESPONSES OF MEN

#### Income and employment

##### *Prior to the conflict*

Most men stated that they made their living in farming and cultivation, animal raising, and market trading; they also worked as bricks makers, metal workers, oil pressers and weavers. It was mentioned frequently that prior to the conflict men migrated from Darfur to work abroad in the neighboring countries or even in other areas in Sudan.

##### *Currently*

Most men expressed that currently they are unemployed and are relying on humanitarian aid since they lost their employment due to the conflict, It was also reported frequently that they rely on their women to feed them by collecting and selling firewood; they also depend on their relatives from Darfur who have migrated abroad to send them money and clothes. Fewer groups of men reported doing work like digging, carrying heavy things, making bricks and working in the market.

##### Decision making

Almost all of the men's groups said that they are the decision makers in the family and head of the household. At least in one group it was mentioned that in the case of the extended family the grandfather is the head of the household. Fewer groups said that the women were the head of the household because they worked in paid employment, but the men were the decision makers. The majority of the men's groups mentioned that in cases where the husband was absent, then women could be both heads of the household and decision makers.

##### Information Sharing

Almost all of the men's groups reported that the most common source for news and information about their communities comes from the radio, friends and relatives, the market place (including on market days), while traveling, or through people who have witnessed particular events.

# Safety & Security



Questions in this section involved identifying problems relating to safety and security, ways the community is trying to solve these problems, and suggestions for other ways these problems might be solved.

## 4.2.1 RESPONSES OF WOMEN

### Problems encountered in relation to safety and security

The safety and security problems reported by nearly all women at the onset of the conflict and thereafter included:

- Abductions
- Sexual violence
- Women and girls have been raped in front of the male members of their families, who were beaten and forcibly restrained by the attackers. Women reported that most rape victims did not scream during or after the rape and did not report incidents as a means to avoid scandals in the community.
- Women and girls who went to fetch firewood, were attacked and in some cases the girls were raped in ceremonies called the initiation to womanhood, and were named "Azabat Toro Boro" (widow/divorced preferably women of Toro Boro); some were stoned by the AM, others had their clothes confiscated from them and were left naked in the openness.
- Killings, beatings, burning, and looting, humiliation, and torture
- Armed Militia abducted men and boys (took them in trucks), these men and boys were later found dead in a valley.
- Restriction of movement imposed on them, and feeling imprisoned inside the camp.
- In at least two groups it was mentioned that there were some women who were raped by multiple men at one time "gang rape".
- The women also reported that AM had urinated in the water wells
- Stealing of their animals by AM
- Burning of their crops
- It was reported at least once that high school students were raped at the same time
- AM trucks came to the camp and soldiers killed men, abducted girls, and insulted and whipped women and that many people were killed and buried near a valley.

### Current security situation in and around the camp

- Most of the groups expressed feelings of insecurity and lack of safety along with the restriction of movement in the camps - especially at night.
- Majority of women reported that most rape incidents occur when women go to fetch firewood even if walking sometimes six kilometers to collect firewood;
- Majority of the women groups said they would only consider returning to their villages if international security forces were provided because of a significant lack of trust toward all other armed groups.
- Few reported that the police and army people harass them inside the camp

## Methods of Improvement of Safety and Security:

Generally there was an overall sense that the community is helpless and not able to do anything to improve safety and security and it is the task of the international organizations and the Government to ensure their safety. The only thing the IDPs feel they can do to try and improve their safety and security is to participate in public demonstrations. Elder women think that the girls should not go out of the camp to get the firewood; they also think that it is very important to ensure the women or girls who are raped get married.

### 4.2.2 RESPONSES OF GIRLS

#### Safety and security problems at the onset of the conflict

Many girls reported that during attacks on villages, AM burned the huts and shot at them from the aeroplanes. They took the men and beat the women and caused family separation. At least in two locations, the girls said that while fleeing their villages children became separated from their families; the women and girls carried one baby on their back and one in their arms, but if others could not keep up, then they were left behind.

Respondents in at least one location reported that when the attacks happened they ran away, the AM followed them to the camp and beat them again. It was also reported that AM took their clothes in front of the boys and left them naked. After they had raped and ruined some of the girls '*talafo al banat*' they took the girls with them. In one location the girls reported being raped in their houses in front of their parents and then they were then taken away. The most attractive girls were targeted for this treatment.

A few of the girl's groups reported that girls as young as five years old were raped and men were killed in front of their families. When the attackers came to the camps looking for the men they asked 'where did those slaves go?' (*al abeed dail mashu wain*).

#### Current security situation in and around the camp

The safety and security problems reported by nearly all girls included:

- In most camps the girls reported that they faced problems both inside and outside the camp.<sup>9</sup>
- The girls reported that military personnel come to the camps and walk around and often shoot their guns in the air, which frightens them.

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<sup>9</sup> It is not always clear whether the girls were reporting the Janjaweed or the government army soldiers as those responsible for the security problems.

- AM were reported to be kidnapping girls when they are outside the camp; sometimes they take their clothes and shoes and make them walk naked until they get back to the camp again.
- Many of the attacks were reported to happen while girls are traveling to town from the camp (or vice versa) or just away (to use the latrines for example).
- The girls also reported being attacked when they collect firewood and if they are able to run away from the perpetrators, then they tell their family in the camp what has happened.
- Several types of attacks were reported such as AM tying their legs and hands with ropes and throwing them in a hole in the ground, AM break their arms by hitting them or having their heads shaved.
- Girls reported that in recent times, the AM walk around the village during the day to identify the most attractive girls and then return in the night and abduct them.
- Girls in one of the camps reported that boys made comments about them when they passed by resulting in fights between the boys and the girls.
- In one camp, they reported that there was a man who was trying to set fires in the camp and although the people took him to the police; the police released him without taking any action.

### Communication channels in cases of problems

The majority of girls said that if they have been raped, they would talk to their mothers or their sisters. In some cases this information would then be passed by the mother to the father (if present) who would in turn tell the *Sheikh*, who sometimes tells the police or other times the report is given to the African Union. Some girls reported that they tell their sisters about the problems they are facing.

### Improving Safety and Security

- The majority of the girls said that they did not have any ways to improve their safety
- The girls also mentioned that they wanted protection/guards when they go to fetch firewood or the girls should stop going to get it and it should be provided for them; basic needs for food and water to be met; income generating activities e.g. handicrafts and help from the foreigners
- Few said that they had formed a committee of four people who walk around the camp and help to provide security, but they would like these groups to have more authority and the means to do this job properly
- Few girls expressed wanting local people to be involved in solving the problems and having a say in local government; they said there are educated and capable people in the camps who can do this

- Girls also mentioned that the weapons, cars, camels, and horses should be taken away from the AM
- It was reported frequently that they do not want the Sudanese army to be in the camps but rather international troops
- At least in one group, the girls suggested that girls, in general, should get married and that this would improve their safety

#### 4.2.3 RESPONSES OF MEN

##### Safety and security problems at the onset of the conflict

The safety and security problems reported most frequently by men included:

- During attacks on villages, AM/J cut the trees and forced the men to burn the houses in their own community.
- AM/J kidnapped and raped women and girls
- At least twice men reported that they were also ordered to carry water to the interlopers' horses and camels.
- Men frequently reported that the attackers came in aeroplanes and also on horses and camels to attack the villages; they stole their animals and possessions and the people ran away. While they were running away some men were killed and some people were lost.
- A few men reported that some of their women and girls are still being kept or are hostages by the AM/J

##### Current security situation in and around the camp

- The majority of the men felt that the main problem was that they did not have enough money to pay for food items, services and fuel thus the need to collect and sell firewood – which they know puts their women and girls at risk.
- Many men stated that women and girls need to buy other commodities than those provided in the aid package, so they have to go out of the camp and in doing so risk being raped or attacked.

“We see women suffering but we have no means to protect her. We can not do anything ...”

- The majority of the men reported that even just one kilometre outside of the host community/camp they face problems of insecurity; the AM/J shoot their guns in the camp and walk around with their guns, often when they are drunk.
- Men reported frequently that there are a lot of rape cases around the camps and attackers follow the girls and rape and beat them. The roads between camp and the town are seen as very dangerous and numerous attacks have taken place.
- Almost all men's groups reported that insecurity affects the whole family.
- A few men said that their sons had become military soldiers in the government forces and are now taking their brothers off the streets and putting them in prison. They said that there was nothing they could do about this situation.

### Improving Safety and Security

- The majority of the men's groups said that there is nothing they can do about their situation. They reported that only inside the camp are they able to solve the problems by themselves – and that outside the camp the problems have to be solved by the African Union and not the police.
- In one location, men were calling for more guards. Most of the men wanted the United Nations or African Union to provide security and not the government military.
- Almost all men expressed desire for an increase in aid, and the provision of water, firewood fuel, medical care, and income generating activities.
- Men frequently reported that if girls and women could get opportunities to work this would improve the situation. Majority linked this discussion with general food rations; the food aid package to camp residents includes oil and sorghum but they need other ingredients in order to make their food.

# Health



This section included questions about different types of violence the community has experienced, health problems facing women and girls, places girls and women go for health care and medical assistance, and obstacles faced when seeking health care.

### 4.3.1 RESPONSES OF WOMEN

The majority of women expressed the following health problems as a result of the conflict (in order of frequency)

- Physical injuries and disabilities as a result of beating and other violence
- Miscarriages, excessive bleeding caused by beatings or by running long distances fleeing from attacks
- In more than one location, husbands of women that were raped abstained from sex because of fear of diseases - although they do not divorce or totally desert them
- Malnutrition
- Psychosocial disturbance and nightmares
- STDs
- Frequently suffered extra torture after rape such as knives assaults to their private parts.
- Fistula, and other damage to vaginal, and urinal passages
- Women reported having been raped in front of the male members of their families, who were beaten and forcibly restrained by the attackers.

#### Community response and care for survivors of sexual violence

- The majority of families of survivors of sexual violence prefer to treat them inside their homes by traditional medications, usually by washing the victims with salted hot water, or hot tea.
- Most of the groups reported married women are more likely (than unmarried girls or women) to go to clinics when they are pregnant as a result of rape.
- TBAs are most often used for delivery because they are affordable. The services of trained midwives are expensive (around 40,000 Sudanese pounds), therefore, most women use the services of the TBA; the fees differ according to the sex of the newborn, delivering a boy is more expensive
- Unmarried girls, avoid clinics and hospitals unless they are suffering from complications.
- Practicing traditional treatments such as burning (putting hot material on the skin); and cutting the skin with sharp pieces of glass or blades “hijama” is common. When asked whether these instruments are shared between different people (needle, glass, or blade) they reported instruments are used for all people with no sterilization
- Some victims go to free clinics, and those who have suffered severe damage are transported to hospitals usually by donkey cart which costs money in addition to the hospital fees

## Beneficiaries' satisfaction with the available health services

- The majority of the women feel that the available health services are not enough to cater for their needs - they have to queue for a long time since many people are waiting to be served. The clinics only take a limited number of patients each day, the rest have to wait to be seen the next day.
- Most of the women said even if the health care treatment is free, the medicines provided are insufficient, and mostly consist of pain killers.

### 4.3.2 RESPONSES OF GIRLS

#### The majority of girls expressed the following health problems as a result of the conflict

- When they fled their villages they became exhausted from the long distances traveled and their legs collapsed
- During sexual assault the perpetrators sometimes hit the girls very hard
- Some of the girls said that their menstrual cycle was irregular and in some cases had stopped because they were frightened
- Some girls who was pregnant as a result of rape, died during labor
- Numerous girls stated that the sexual abuse suffered by some girls had resulted in the destruction of their genitals; perpetrators circumcised them with their knives even though their tribes did not practice circumcision
- Some girls reported that they are suffering from sexually transmitted diseases such as “al zuhri” (syphilis), herpes and AIDS,
- They also mentioned diabetes, high blood pressure, and malnutrition
- The work of the girls in building and construction work has had an effect on their health as they don't eat well – all they get is *assida*
- Psychological problems were frequently mentioned by the girls
- It was reported that a girl was hit by the butt of a gun on the jaw with the result that the victim cannot eat solid food but can only drink liquids
- Basic problems which affect personal health and well-being, included lack of proper shelters for the newly arrived IDP's, no shade and hot tents. They also mentioned problems accessing basic facilities such as water; in one location there is only one water pump serving many people – so it is always very crowded. They also reported not having enough clean toilets and other health problems such as jaundice, stomach ache and diarrhoea.

## Community response and care for survivors of sexual violence

- The majority of girls give birth with the TBA in attendance and they pay her in kind with sugar, oil or soap rather than cash. In two locations, the girls said that they paid the TBA according to the sex of the child i.e. twice as much for a girl as a boy.
- When the girls are pregnant some of them go to the hospital and some to the TBA.
- In some cases when girls are pregnant as a result of rape they run away and disappear
- If a miscarriage happens to some of the girls they go to the clinic and it is free
- Girls who give birth in the clinics were treated for free but if there were complications and they were taken to the hospitals in the big towns this costs money. Some births resulted in death.
- Some girls reported that they did not go to the hospitals as they are ashamed of what happened to them. The babies who are born as the result of rape are not taken to the hospital if they are ill as they do not want the doctors to ask about the babies
- Like women, the girls reported using traditional medicines and treatments when they are ill which are administered by the faki or the traditional healer this includes: applying hot materials on the skin; bleeding or *hijama*. The girls said that *hijama* is most commonly used when they have headaches, stomach aches, or chest pain; it is effective in that the new harm is more painful than the previous (older) harm. If necessary, this process is sometimes repeated a second time.

## Beneficiaries' satisfaction with the available health services

- The girls reported that when they go to the clinics only the small children are attended to as the clinics are so busy
- Others reasons the girls do not seek care at clinics or hospitals is that they do not have time to go as they are too busy working as labourers; there are not enough medicines for them there; they don't do anything for them
- The clinics are very crowded and they have to wait for a long time
- Others have felt ill since they came to the camps and have now accepted this and do not seek treatment
- In one location, the girls said they do not like going to the doctor as he only speaks to them and does not touch them and so they think that he doesn't care.

### 4.3.3 RESPONSES OF MEN

#### The majority of men expressed the following health problems as a result of the conflict

- Men expressed that the conflict has affected women and girl's health in very particular ways, such as pregnancies and childbirth complications, miscarriages, bleeding, killing and rape and mental health problems

- Men described experiences such as abduction of children and torture and reported that women and girls have suffered rape, beatings, and humiliation such as confiscating their clothes and leaving them completely naked. The men reported that women and girls that are raped are mainly between the ages of 14 and 20 years of age.
- Most men said that people are not used to the clinics and that the pregnant girls feel ashamed to go
- Many respondents said that they are not healthy now as they no longer eat fruit, vegetables and meat; as the food rations in the camp do not provide those items. Women's health in particular is affected by this and they experience diarrhea and other health problems
- Many male groups expressed that before war they mainly relied on health care provided by the Sudan government but now they rely on INGO for health care
- Respondents reported that the flight itself had caused a lot of health problems as women had run for long distances resulting in bleeding, miscarriages and death.
- A few of the men's groups said that during the attacks on villages the stomachs of pregnant women were slit open and their fetus's killed if they were boys
- A few men said that the tents in the camp were small and uncomfortable and that when women were ill they could not lie down and get comfortable.

#### Community response and care for survivors of sexual violence

- Almost all of men's groups said that health care services are costly and they cannot afford either the hospital or transportation cost
- Most men reported that if a girl or woman is raped, the family washes her in hot water and salt and sometimes they report the rape to the African Union.
- In most of the men's groups, they were aware of pregnancies and children born as a result of rape – and believed that these girls will not seek health care
- In a number of locations, the men said that serious medical cases are referred to the town hospital and they pay 2,000 dinars for their treatment there
- Some of the men said that they did not trust the Sudanese doctors in the clinics and preferred the foreign doctors.
- Men reported that in remote places people do not go to the clinics because they do not have transportation
- In a few of the men's group, respondents said that people in need of health care go to the clinics as a first port of call but they continue their treatment with traditional healers
- In a few groups, the men stated that they were not aware of any pregnancies as a result of rape so far
- In a few groups, the men said that after the foreigners came, health care and medication improved

- In one location, the men said that all they had in the way of health care was a small nutrition centre.

### Pregnancy and delivery

- Most men said that women and girls prefer to go to the TBA if their condition is not serious since they believe that they know better (they specifically mentioned that they believe trained or hospital midwives will cause the mother to deliver early)
- Men stated that the majority of expecting mothers deliver children in their homes assisted by the TBA. The women either borrow sugar or salt from their neighbors or trade (i.e. '*durra*' sorghum) for sugar, oil, soap or salt in order to pay the TBA.
- Most men reported that expecting mothers prefer the TBA because she knows better than the clinics (e.g. the location of the baby and if it is in the right position)
- The men also said expecting mothers only go to the clinics if they are advised to do so by TBA.
- Some men said that when women are pregnant in the camp, some of them go to the free clinics and that they are provided with medicines, milk, and bed sheet covers.
- A few groups mentioned that some of the women who have undergone Pharonic circumcision go to the INGO clinic and deliver with help from trained midwives; this service is free.

### Improving Health services

#### Recommendations made by IDPs

- Increase the number of health facilities that provide free services (INGOs)
- Ensure the availability of free drugs
- Training midwives and TBA's to avoid health problems
- Raising awareness of women and bad practices, especially FGM
- Make available free hospital services and transportation

# Psychosocial



This section asked questions about coping mechanisms, family and community responses to violence, support given to women and girls, who women and girls talk to if they experience violence and what else can be done to help women and girls.

#### 4.4.1 RESPONSES OF WOMEN

##### Frequent psychosocial effects expressed by the women as a result of sexual violence

- The survivor is silent, scarred and don't speak much specially in the first days, she can never be as before
- It is hard for her to face the community since she feels shame
- Sometimes she is very depressed and afraid of the fate of the child or she is afraid she will be forced to lose the baby if he is killed or aborted
- Many of the women expressed having a hard time trying to cope with the violence and the consequences of violence
- Many women expressed having a strong desire for revenge
- Women in one location said, *'when women are raped they do not scream because they are afraid and want to avoid a scandal; she begs the perpetrator not to rape her – if he does, she tells her husband, but he can not do anything.'*

“Most women live as if they are psychologically normal but they live with the war inside them. They suffer with how to avail food and health services for their kids so that they can survive.”

##### Family and community responses toward women who have survived sexual violence

- The majority of the women's groups reported that the community wants to help survivors of sexual violence but they feel helpless – they feel this is her/their fate.
- It was mentioned frequently that the community wants to express their anger but can only do so through public demonstrations.
- In some cases, the community tries to help by reporting incidents to the authorities and/or the international organizations. In other locations, the community collects money and donations to give to the survivors of sexual violence; this is often used to pay for the traditional healer 'faki'.
- The family provides support and reassurance; they try to relieve the sufferings by reading phrases from the Quran,
- The women reported that many of the men decided to leave the area because they feel helpless to stop the attacks or ongoing violence.

##### Community responses toward children born as a result of rape (women mothers)

- Children born as a result of violence are often labeled and are not easily accepted by the community; many of the women's groups said that children born as a result of rape are accepted now more than in the beginning of the conflict – as the community understands better that the girls and women are not to blame

- In some of the groups, women said mothers reject these children and refuse to breast feed them, in these cases the children are either cared for by other elder women or left to die
- In more than one location, the women said that children born out of rape are severely stigmatized and called names such as Janjaweed children, Arabs and children of dogs and thieves
- In one group, women suggested that these children should be gathered collected and send to the Janjaweed
- In one group, the women said that these children are not likely to be sent to school for education, as the community is not prepared to spend money on them
- Women are most likely to tell close members of the family and friends when they have been raped or experienced sexual violence; family members and relative visit and speak to her to reduce her suffering
- The majority of the women's groups said that if the survivor is married the first person to know is her husband otherwise she tells other male or female relatives
- Generally, married women name the children after their husbands, while the unmarried girls name them after their fathers
- A few of the women's groups said that they don't go anywhere to seek help or speak to no one about the incidents

#### 4.4.2 RESPONSES OF GIRLS

##### Frequent psychosocial effects expressed by girls as a result of sexual violence

- Most girls find it difficult to cope
- The vast majority of girls did not articulate how they are or are not coping
- In a few groups, the girls said that they visited people and talked to them and that this helped them cope. They also described feeling ill, embarrassed and ashamed
- Some girls feel ashamed and do not walk around as they had done before
- Few girls who are pregnant as a result of rape feel that they are carrying Arab babies and feel ashamed and ill. Although their friends visit them they also talk about them behind her back. Some reported crying a lot and feeling sad and others said that they knew of people who had committed suicide.
- Most of girls reported talking about their problems mainly to friends and female family members; sometimes they talk to leaders of the community. When they visit other girls this helps to cheer them up. Usually, they speak about what happened to them once and do not talk about it after that. In some cases, the community then repeats the story but the girl does not participate in this.

### Family and Community responses toward girls who have survived sexual violence

- The majority of the girl's groups said that community responses to the rape of girls are anger and shame but in the end they accept the girls as it is their fate
- Some of the girls indicated that they accept pregnant, unmarried girls; they stated that they believe these girls were not responsible for the rape.
- Some of these girls were not fed properly by their families or asked to leave the house.
- A few groups mentioned that unmarried girls will face difficulty in getting married and even if they are engaged they will be left (the engagement will be terminated)
- In one location, the girls said that the girls who are married are not divorced but their husbands will not come near them because she is sick '*mareeda*' since *the husband is afraid of disease*.

Girls said that a child born as a result of rape is considered as an 'Arab child' ...  
"We still look after them but they do not enter our hearts '*ma be houshou al gelib*'"

### Family and Community attitudes towards children born out of rape (girl mothers)

- Most of the girls said that their fathers are more likely to accept children born from rape than their husbands and also the community does not respect these children in the same way as children not born of rape
- Many girls said that older women are reported to be helpful and to look after both the children and the mothers.
- In a number of other groups, the girls said that they will look after the children but give them bad names i.e. 'son of Arabs' (janaa Arab), 'son of Janjaweed' (janaa Janjaweed)
- In one location, the girls expressed feeling no need to do hard work to get money to feed these 'Arab children.'
- In one location, the girls reported that they do not breast feed the children born as a result of rape and also mentioned once that there have been cases where they throw the infants into the valley
- In one location, the girls said that the babies who are born as the result of rape are not taken to the hospital if they are ill as they do not want the doctors to ask about the babies

### Improving Psychosocial Well-being

Recommendations given by IDP girls for improving the psychosocial well-being of survivors included:

- Girls frequently said that nothing could be done to help girls who have children as a result of rape.

- A number of groups of girls said that they wanted education, medication, training for income generating activities, clothes, water, healthcare, food (vegetables, meat and oil as opposed to the food they are currently getting) and firewood.
- In answer to the question of what services could help them they all asked for counseling and psychosocial support *'istisharat'* and *'nafsiyia'* and provision of basic needs, protection, security, medical care.

#### 4.4.3 RESPONSES OF MEN

##### Frequent psychosocial effects expressed by men as a result of the conflict

- Most of the men said that at the beginning of the conflict, sometimes men would divorce their wives if they were raped; now they have a better understanding and more sensitivity.
- Most men expressed that they are supportive of raped women and girls as they know that these women and girls were forced into their situation
- The men believe that the person whose wife or daughter was raped would feel shy if he was alone in this situation but this situation has happened to many other men
- The men feel powerless to react to the continuing attacks against their daughters, wives and womenfolk; they can only report (to no avail) violent incidents to the local police and the international organizations working in the area the most that they can do is to complain to God.

The men summed up their situation by saying *"al a'in basiirah wa al eid gassira"* - their eyes see but their hands cannot reach.

- Some of the men said that the experiences that women have gone through have affected their mental health and stability, which might lead them to commit suicide. In one location, they said that some girls that had experienced violence had killed themselves
- Some of the respondents said that they did not report rape before but since the international organisations had arrived they are now starting to report.
- A few of the men's groups expressed a desire for revenge but they cannot do anything; they feel that it is something that came from God so they have to hold in their frustration and anger even though they feel that they want to hit out and fight.
- The men are themselves traumatized to the extent that some men have contemplated suicide. In one location the men said that the only reason they did not commit suicide was because it was forbidden by their religion.
- A few of the men's groups provided specific examples of how they have been neglected and ignored by the authorities; for example, representatives of the community met with the army leader of the area, who promised to send troops for

their protection if they paid for them, but the IDP men could not pay, so the army leader did not send troops to protect them. They also told of how they organized themselves to hold demonstrations in the camps and in front of the African Union offices. In another location, the men said that if they did not have safety and security they would move to a neighboring country.

### Children born as a result of rape

- Many men said if their daughters were raped, they would find it difficult - but have no choice but to deal with it
- The men said as husbands they will care for the child but it is still in their minds that this is a Janjaweed child and this will be a problem in the future for the child.
- The men said that there are community members who do not treat the children nicely
- Men frequently said that girls usually tell their mothers and fathers about rape and if they are married they tell their husbands, but it is not easy for the girls to talk about this in detail; they may talk to their sisters in more detail about what happened
- Some men said that the children born of rape are treated well and that if they (as grandfathers) have money they look after them properly

### Family and Community responses toward survivors of sexual violence

- Many men reported that unmarried women and girls that have been raped face difficulties in getting married
- Men reported in some cases, a member of the family may marry a girl as a favour and/or because her 'cost' is lower than that of other virgin girls the young guys should be encouraged and supported to marry her as this will reduce their stress.
- Some men said that raped girls could get married but that men were afraid of contracting a disease from her and so she would have to have a medical examination before marriage.
- Others said that because there were so many raped girls it was no longer regarded as a problem and they were accepted by the community.

### Improving Psychosocial Well-being

Recommendations given by IDP men for improving the psychosocial well-being of survivors:

- Provide counseling and emotional support to women and girls
- Set up local organizations to facilitate and encourage men (incl. married men) to support and marry victims
- Provide better international organization health facilities
- Create new income generating projects and job opportunities
- Strengthen their safety and security
- Provide water and firewood
- Provide legal redress for victims of crime
- Disarm the J/AM

## CONCLUSIONS

Inadequate health services tailored to the needs of women and girls was mentioned repeatedly. Common grievances mentioned included the following: some clinics only took a limited number of patients a day and the rest had to return the next day; medicines or prescriptions were inadequate and consisted mainly of pain killers, and some health facilities (hospitals for example) charged money for services and that referral health care was not affordable in terms of financial accessibility, both in transportation costs as well as user fees. Many respondents reported that it was common for survivors to seek health care outside of clinics or hospitals; and the most common health care providers mentioned were the Traditional Birth Attendants (TBAs). TBAs were viewed as delivering good quality care and they accepted in-kind payment (sugar, salt, and soap was mentioned most frequently). as opposed to about 40,000 ponds charged by the trained midwives. A closer look at health seeking behaviors of women and girls and accessing health services would be useful.

Sexual violence against women and girls was mentioned frequently by all groups as a significant and ongoing problem. Sexual violence was consistently reported during attacks on villages but was reported to be continuing even at the time of the study - especially when women and girls left the camps. All groups reported knowing of women and girls who had been raped and suffered physical injuries.

Regarding psychosocial effects, while survivors of sexual violence reported that they were stigmatized, communities to some degree were demonstrating an increased awareness of the nature of the problem and seemed to accept/support survivors of sexual violence more so than at the start of the conflict. However, unmarried girls and their children born as a result of rape suffered more stigma than married women, and were not fully accepted by the family or community; hence faced more social, emotional, physical and economic consequences. Married women who were survivors of sexual violence and/or bore children as a result of rape faced the same consequences as unmarried women/girls but – seemingly to a lesser extent.

Traditional methods of treatment and related coping mechanisms existed in the community. Traditional Healers are utilized and perform certain rituals or treatments which harmed or injured community members. The mental health of individuals appears to be compromised more than the health and functioning of the greater community. In other words, the community appeared to be coping better as a whole than individuals were. There was a general feeling of helplessness and powerlessness amongst all respondents, with most harboring feelings of revenge if their conditions did not improve.

Gaps remain in education opportunities for the IDP girls. Because there were no focus group discussions (FGD) done with boys it is not clear if they face the same problem. Girls highlighted a number of obstacles to attending school; from cultural belief constraints to over-crowded classrooms or school fees. A closer look at the impact of the conflict on girls' education would be useful.

Respondents reported selling parts of their food or non-food items received from the humanitarian community to buy other things (such as meat, fruit, vegetables.) Large scale numbers of vulnerable households in situations of selling or trading relief items raises concerns about the probability of sexual exploitation and abuse. Other means of obtaining additional goods include high risk income generation activities; firewood collection and selling was mentioned by all groups as both necessary for cooking and as an income generating activity. It was mentioned specifically as a risk to women and girl's health as it exposed them to sexual violence and attacks outside of the camps.

The conflict appears to have resulted in some changes in gender roles. Women see themselves as decision makers and heads of households more now than prior to the conflict. Men also share the view that women are more commonly found to serve as the head of the household, but they believe men are still the lead decision-makers.

## RECOMMENDATIONS

ALL INTERVENTIONS AND PROJECTS SHOULD BE COMMUNITY-BASED AND INCLUDE AMPLE AND EQUAL PARTICIPATION FROM IDP WOMEN, MEN AND CHILDREN.  
MEANINGFUL EFFORTS SHOULD BE MADE TO DEEPLY UNDERSTAND AND BUILD ON TRADITIONAL MECHANISMS OF THE INTENDED BENEFICIARIES.

### 6.1 Safety and Security

#### AFRICAN UNION

- Increased and consistent African Union presence in and around camps/host communities/settlements
- Increased and consistent African Union patrols in and around firewood collection areas (sites to be prioritized by IDPs)
- Lend support to the GoS police forces in ensuring that criminal reports are opened and followed-up on as outlined in international laws ratified by Sudan.
- Confidence building efforts made between IDP community and African Union
- Explore further community-based policing initiatives with IDPs

#### UNITED NATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND GOVERNMENT OF SUDAN

- Ensure that all humanitarian personnel (professional and casual) are fully aware of and abide by the Secretary General's Bulletin on Code of Conduct<sup>10</sup>; promote a zero tolerance policy for all humanitarian personnel
- Identify and bring in experts on environmental health to assess and identify viable, appropriate interventions on tremendous natural resource/fuel issue
- Creation of income generation projects that empowers families and decreases the need for firewood collection
- Utilize international best practices and local IDP involvement to create and formalize community-based policing efforts
- Increase and formalize IDP (men, women and youth) participation in camp management
- Increase classrooms for children/youth in all locations and ensure all schools are free (school fees waived)
- Increase vocational training/literacy opportunities for men, women, and youth

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<sup>10</sup> SG's bulletin on Code of Conduct: ST/SGB/2003/13

## UNITED NATIONS

- Train African Union Military Observers and Civilian Police on ‘protection and response to sexual violence’
- Train African Union female police on ‘interviewing survivors of sexual violence’
- Increase income generation activities/opportunities in all locations for women, men and youth
- Increased number (increased coverage) of humanitarian organizations providing training and support for usage of fuel efficient stoves and fuel alternatives

## GOVERNMENT OF SUDAN

- Decrease armed Government police and military presence inside the camps/settlements
- Ensure GoS police open criminal cases and follow-up on cases as outlined in international laws ratified by Sudan.
- Ensure legal redress is available for victims of crimes wishing to pursue legal justice

## 6.2 Health

### UNITED NATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND GOVERNMENT OF SUDAN

- Take immediate measures to ensure that all health facilities to have a private entrance for women/girls seeking medical treatment
- Ensure that the service delivery meets the guiding principles for working with survivors of sexual and gender based violence
- Conduct assessment of the current available reproductive health services including quality and accessibility to survivors of sexual violence
- Strengthen emergency care and referral services
- Implement HIV education projects and activities for war affected populations
- Take immediate measures to ensure that all medical treatment in all health facilities for IDPs is confidential and free (including a inter-agency monitoring mechanism)<sup>11</sup>
- Immediately increase number of available trained medical personnel and supplies needed to treat women and girls suffering from fistula
- All medical personnel spend more time explaining medicines/drugs administered to patient
- Increase presence and coverage of mobile clinics – especially in rural areas

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<sup>11</sup> Including prescription drugs needed. WHO, UNFPA and UNICEF are supporting multitudes of MoH facilities. Despite this support, IDPs report that they are still being charged fees at health centers.

## INTERNATIONAL/NATIONAL NON-GOVERNMENTAL ORGANIZATIONS

- Increase number of international medical staff in clinics; so that see more patients are seen daily
- Provide sensitization and training on health and emotional needs of survivors of sexual violence to TBA's, traditional healers (i.e. faki), and community leaders
- Strengthen the coordination, accessibility and coverage of health care

## GOVERNMENT OF SUDAN

- Support/allow INGO/NGOs to provide training to Traditional Birth Attendants

## 6.3 Psychosocial

### UNITED NATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND GOVERNMENT OF SUDAN

- Increase free classrooms and schools for all school-age children
- Increase free vocational training/literacy opportunities for men, women and girls
- Increase IGA opportunities for women, men and girls
- Increase public information campaigns (including radio programs) for conveying information and sensitization messages to IDPs (i.e. girls education, accepting/supporting survivors)

### UNITED NATIONS AND INTERNATIONAL/NATIONAL NON-GOVERNMENTAL ORGANIZATIONS

- Increase availability of free and culturally appropriate counseling and emotional support services for survivors of sexual violence and their families
- Provide material support to older women (grandmothers/foster mothers) taking care of babies born as a result of rape
- Conduct more in-depth assessment of babies born as a result of rape

## 6.4 Basic Services

### UNITED NATIONS, NON-GOVERNMENTAL ORGANIZATIONS, AND GOVERNMENT OF SUDAN

- Camp management should support and/or formalize IDP committees comprised of men and women to participate formally in camp management issues
- Conduct a study/assessment on the diet and diet needs of the local population

