



**2018**

## PARTICIPATORY ASSESSMENT REPORT

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**UNHCR SUDAN**



## Acronyms

CAR	Central African Republic
COR	Commission for Refugees
DRC	Democratic Republic of Congo
FGD	Focus Group Discussion
FSL	Food security and livelihoods
HIS	Health Insurance System
IDP	Internally displaced persons
INGO	International non-governmental organization
NFI	Non-food item
NGO	Non-governmental organization
PA	Participatory Assessment
PHK	Personal hygiene kit
PSN	Person with specific needs
SGBV	Sexual- and gender-based violence
UASC	Unaccompanied and separated children
UNHCR	United Nation's Refugee Agency
WASH	Water, sanitation and hygiene

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**COVER PHOTOGRAPH:**

*The Focus Group Discussion with South Sudanese refugee women in West Kordofan state (November 2018)*

# Sudan Reference Map



*The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.*

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# 1. Participating partners

**Commission for Refugees (COR)**

**United Nations High Commissioner for Refugees (UNHCR)**

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- Adventist Development and Relief Agency (ADRA)
- Al Manar Voluntary Organization (AMVO)
- Alswaid Alkhadara Organization
- Auttash Organization for Peace and Development
- Care International Switzerland (CIS)
- Catholic Agency for Overseas Development (CAFOD)
- Child Development Foundation (CDF)
- Community Development Organization (CDO)
- Cooperazione Internazionale (COOPI)
- East Darfur State Child Council Welfare
- East Darfur State Ministry of Social Affairs
- Eithar Organization
- El Ruhama For Development and Humanitarian Aid
- Food and Agriculture Organization of the United Nations (FAO)
- Friends of Peace and Development Organization (FPDO)
- Forest National Corporation (FNC),
- Global Aid Hand (GAH)
- Humanitarian Aid Commission (HAC)
- Islamic Relief Worldwide (IRW)
- KAFA Organization
- Médecins sans frontières – Spain (MSF-Spain)
- Mercy Corps Scotland
- North Darfur State Ministry of Social Development
- Office for Coordination of Humanitarian Affairs (OCHA)
- Organization for Voluntary Humanitarian Assistance Programme (ASSIST)
- Oxfam
- Plan International Sudan
- Relief International
- Sahari Organization for Development
- South and West Kordofan Ministry of Education
- South and West Kordofan Ministry of Health
- Sudanese Red Crescent Society (SRCS)
- Sub-Saharan International Development Organization (SIDO)
- United Nations Children's Fund (UNICEF)
- United Nations Population Fund (UNFPA)
- Water, Environment and Sanitation Department
- White Nile State Ministry of Agriculture
- White Nile State Ministry of Education
- White Nile State Ministry of Health
- White Nile State Ministry of Social Development
- World Food Programme (WFP)
- World Health Organization (WHO)

## 2. Acknowledgement

This report is based on dialogue with refugees and asylum seekers in Sudan between October and December 2018. UNHCR would like to recognise the support and contribution of the Sudan Commission for Refugees (COR) in carrying out this assessment.

UNHCR is grateful for the engaged and supportive involvement of the all relevant local authorities in Sudan, partner NGOs and international organizations. UNHCR would also like to acknowledge the refugees and asylum-seekers whose participation demonstrates a commitment to engage in identifying their protection concerns and finding solutions to their needs despite the palpable challenges and difficulties of their present situation.

We are grateful for the generous support of:



Supported by  
The Global Fund



In particular, UNHCR would like to thank the Kingdom of the Netherlands for its special support in the 2018 Participatory Assessment exercise.



### 3. List of icons

-  Child Protection
-  Community participation/representation
-  Discrimination/ Harassment / Tension
-  Documentation
-  Education
-  Energy
-  Food security
-  Health
-  Lighting
-  Livelihoods
-  NFI
-  Nutrition
-  Onward movement/migration risk
-  Physical safety
-  Police support and legal aid
-  Protection
-  Public service
-  SGBV
-  Shelter
-  Water, Sanitation and Hygiene

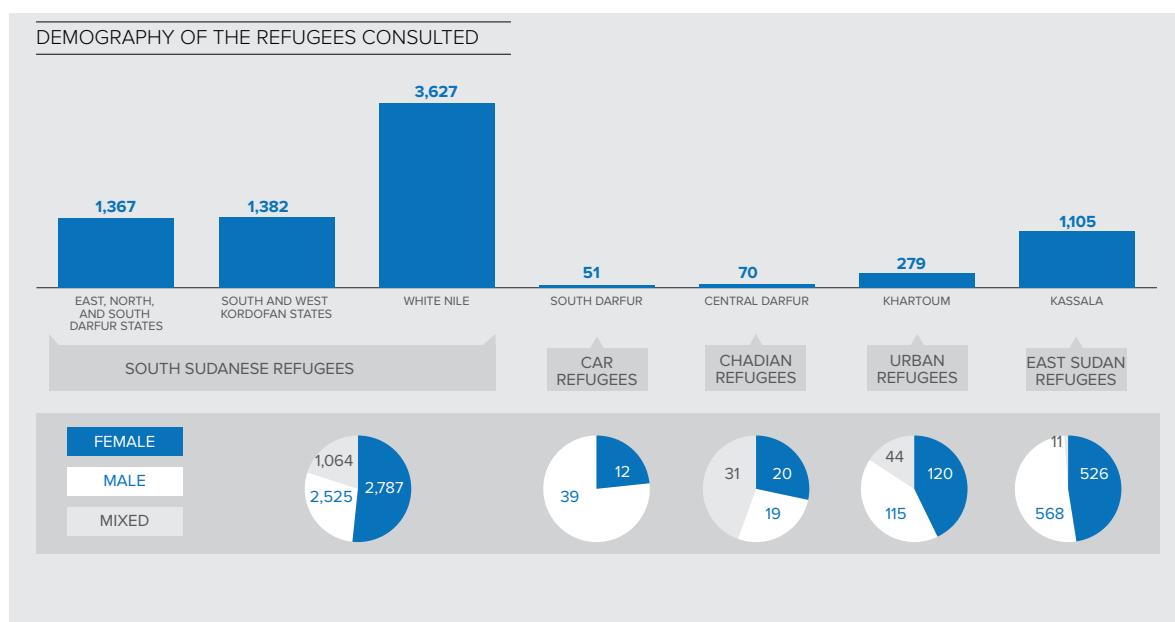
# 4. Introduction

The 2018 Participatory Assessment (PA) in Sudan was conducted in November and December 2018 in Khartoum, Kassala, White Nile, South Kordofan, West Kordofan, South Darfur, East Darfur, North Darfur and Central Darfur States.

A total of 7,881 refugees were consulted during the 2018 exercise. The exercise was facilitated by UNHCR, with participation and engagement from the Government of Sudan's Commission for Refugees (COR) and over 40 inter-agency UN, international non-governmental organization (INGO) and national non-governmental organization (NGO) partners.

The PA exercise is designed to gather first-hand information on protection concerns of refugees and asylum-seekers in Sudan. The exercise jointly identifies and analyses protection risks with refugees to better understand their capacities and their proposed solutions through structured dialogue.

The PA exercise helps to ensure that refugees and asylum seekers are at the centre of decision-making concerning their protection and welfare while in Sudan. This is a participatory process, and key findings are disaggregated by age, gender and diversity, where feasible. This process forms a key part of UNHCR's accountability to affected populations in Sudan. The PA is one phase of a comprehensive situation analysis for UNHCR operations.



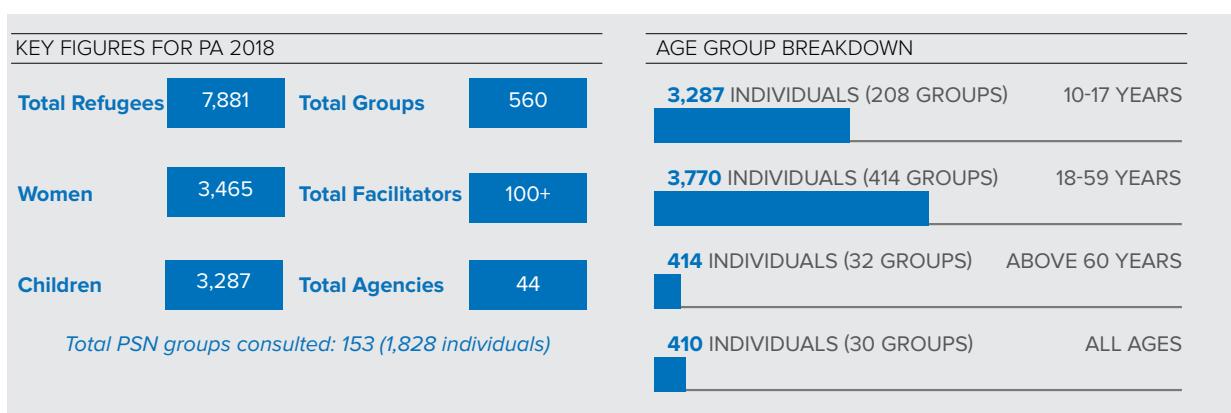
## 5. Methodology

The PA methodology was guided by UNHCR's Tool on Participatory Assessment in Operations<sup>1</sup>. The majority of consultations were conducted through focus group discussions (FGDs) with refugees to gather information and conduct interactive analysis. Separate FGDs were held for men, women, girls and boys, where feasible. Mixed groups were held among in some settings if identifying sufficient women and girl participants was challenging, including for Chadian refugees and refugees from Central African Republic (CAR) refugees. Groups included persons with specific needs (PSNs), and separate discussions were held with PSNs on specific issues when possible. Key informant interviews, participatory observations and site visits were also used to develop the analysis.

Where possible, the PA exercises in each State were organized around key themes that emerged from the 2017 PA, with themes identified and selected through consultation with refugee communities. Multi-functional teams comprised of UNHCR, COR and inter-agency partners led the FGDs organized around these themes, which allowed for more detailed discussion of key issues and causes, and the identification of community capacities and recommended solutions to overcome these issues.

Findings from the FGDs in each State were consolidated and analyzed nationally in Khartoum to support comparative analysis between population groups and locations. More detailed analysis on key issues and recommendations are summarized in State-level PA reports.

The findings presented in this report are those raised by the refugees and asylum-seekers consulted. Verification of the protection and assistance concerns raised through the FGDs and interviews were not conducted as part of this exercise. We note here that issues that were raised by one group were often repeated by several other groups in more than one location, lending credibility to refugees' stated needs.



<sup>1</sup> UNHCR's 2006 Tool on Participatory Assessment in Operations: <https://www.unhcr.org/publications/legal/450e963f2/unhcr-tool-participatory-assessment-operations.html>

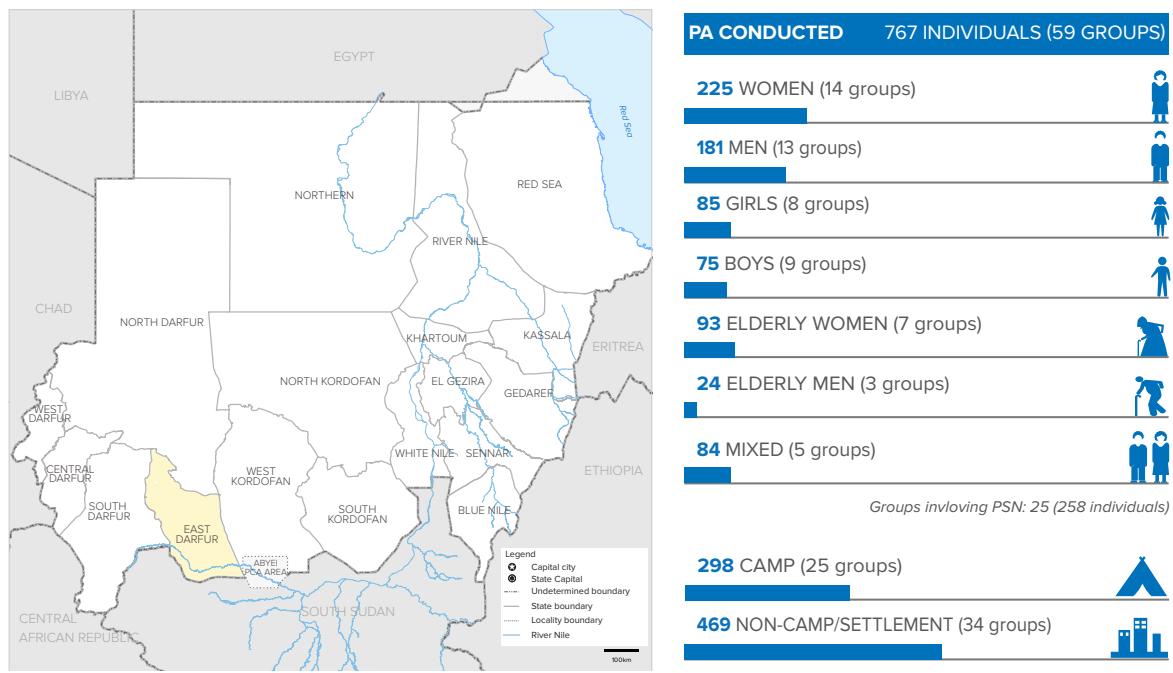
# 6. Key findings by population

## 6.1. South Sudanese refugees

### 6.1.1. East Darfur

There are an estimated 100,142 South Sudanese refugees living in East Darfur (as of 31 December 2018). Of these, 35 per cent live in the State's two refugee camps, Kario and Al Nimir. The remainder live in self settlements in remote areas, either adjacent to host communities or outside of small villages or towns.

The PA consulted 761 South Sudanese refugees living in Kario and Al Nimir camps, and four out-of-camp settlements including El Ferdous, Adila, Abu Jabra and Abu Matarig. Participants in Al Nimir are from the Fertit tribe, while participants from Kario camp and Abu Jabra, Abu Matarig and Adila settlements are from the Dinka tribe. Participants in El Ferdous are mostly from the Nuer tribe. The FGDs were organized around six themes: Protection (legal protection, security of persons of concern, child protection, SGBV); Education; Basic needs and essential services (NFIs, Food, Shelter); Health; Livelihoods and Water and Sanitation.



## Summary of findings

### Kario camp (Dinka)

#### Girls

-  SGBV
-  Domestic violence
-  Child labour
-  Child abuse/exploitation
-  Education gaps
-  Lack of safe spaces for play
-  Early marriage
-  Teenage pregnancy

#### Boys

-  Domestic violence
-  Child labour
-  Child abuse/exploitation
-  Education gaps
-  Lack of safe spaces for play
-  Early marriage

#### Women

-  Physical safety
-  SGBV
-  Child labour
-  School dropout and education gaps
-  Early marriage

#### Men

-  Physical safety
-  Police support and legal aid gaps
-  Latrine gaps
-  Education gaps
-  Lack of youth centres
-  Shelter gaps

### AI Nimir camp (Fertit)

#### Girls

-  Child labour
-  Child abuse/exploitation
-  SGBV
-  Lack of safe spaces for play
-  Early marriage
-  Teenage pregnancy
-  Domestic violence

#### Boys

-  Child labour
-  Child abuse/exploitation
-  SGBV
-  Lack of safe spaces for play
-  Early marriage
-  Community tension over resources

**Women**

-  Physical safety
-  SGBV
-  Discrimination
-  Police support and legal aid gaps
-  Access to medicines
-  School dropout and education gaps
-  Teenage pregnancy
-  Early marriage

**Men**

-  Physical safety
-  SGBV
-  Police support and legal aid gaps
-  Access to medicines
-  School dropout and education gaps

**Self settlements (out-of-camp)****Girls**

-  Child labour
-  Child abuse/exploitation
-  Teenage pregnancy
-  Food assistance gaps
-  School dropout and education gaps
-  Lack of school feeding
-  SGBV
-  Early marriage

**Boys**

-  Child labour
-  Child abuse/exploitation
-  Teenage pregnancy
-  Food assistance gaps
-  School dropout and education gaps
-  Lack of school feeding

**Women**

-  SGBV
-  Discrimination
-  Police support and legal aid gaps
-  Food assistance gaps
-  Lack of livelihoods
-  Latrine gaps
-  Water supply gaps
-  School dropout and education gaps
-  Lack of school feeding

**Men**

-  Physical safety
-  Discrimination
-  Police support and legal aid gaps
-  Food assistance gaps
-  Lack of livelihoods
-  Latrine gaps
-  Water supply gaps
-  School dropout and education gaps

 Protection

## i) Legal Protection

**Camps**

In Al Nimir camp, refugee women reported that they were not satisfied with available legal mechanisms within the camp, citing discrimination and preferential treatment of men over women as key concerns. They also expressed concern with a lack of access to formal justice systems, driven by being unable to afford legal fees.

Legal protection issues were not prioritized among participants in Kario camp. However, refugee men in both camps flagged a lack of police intervention and support, and physical insecurity and safety concerns as key protection issues. Refugee women in both camps also cited a lack of police intervention as a key concern, and they are also worried about their physical insecurity.

**Settlements**

Refugee settlements in Abu Jabra, Abu Matarig and Adila are largely Dinka communities, where community "Ajaweed" courts settle civil issues. Refugees in these settlements reported feeling unable to seek support through the formal justice system because they lack access to legal assistance and are unable to afford legal fees on their own.

In El Ferdous, refugee women reported being unable to address legal issues with host community members that might arise from trading or farming contracts, or access to firewood issues. The women do not feel comfortable accessing the formal justice system due to high fees charged by police before any investigation is launched. However, the women are also wary of relying on their community's traditional justice system, which is perceived to discriminate against women.

## Recommendations made by the refugees

- ☞ *Partner support for community conflict resolution mechanisms, with capacity building measures to ensure fairness of the traditional justice structures and appeals systems.*
- ☞ *Information campaigns on legal rights, and partner support to facilitate access to the justice.*

## ii) Child protection

**Camps**

Refugee children in both camps cited child labour, abuse and exploitation as among their key concerns. When children get jobs on farms they feel it is often exploitative, with significantly lower or missing wages. They also identified the need for more safe play spaces for children. Children in both camps are also concerned about early marriage of girls and their risk of domestic violence at home. Teenage pregnancy was an issue flagged by refugee girls in both camps, with links to pressures for early marriage of girls when they become pregnant and school dropout.

In Al Nimir camp, unaccompanied refugee girls reported facing discrimination within their foster families. Unaccompanied and separated children (UASC) in both camps cited pressure to drop out of school to work to support caregivers. UASC feel their basic needs are not met because foster families are often among the poorest households. UASC also were unsure about their food assistance entitlements and many reported not receiving food.

### **Settlements**

Refugee children in settlements reported similar issues to those in camps. Additionally, refugee children in all settlements, except for El Ferdous, reported that host community schools are too far away and they face harassment and verbal abuse in school. Children in El Ferdous attend a refugee school at the settlement so do not face these issues.

## **Recommendations made by the refugees**

- ☞ *Initiate peace-building and peaceful co-existence activities with refugee and host community children.*
- ☞ *Construction of playgrounds or activity spaces for children and youth, with provision of recreational and sport kits.*

### **iii) SGBV**

#### **Camps**

In Kario, women cited domestic violence as one of the primary issues they face. Many women communicated that they felt they had lost all of their rights when they left South Sudan, and their vulnerability to domestic violence was due to their unequal power relations, alcoholism, poverty and polygamy. They feel they have no mechanisms to address this issue. Sultans who were consulted affirmed that domestic violence is an issue; however, they reported that women can access justice with the main Sultan. Girls, boys and women all cited early marriage or forced marriage for girls as a key protection concern. Women and girls also cited the risk of SGBV by members of the host community as a concern. Women feel somewhat powerless within the context of a male-dominated justice mechanism, and often opt not to report these issues.

In Al Nimir, women and girls reported risk of SGBV by members of the host community as their key concern. All refugees consulted acknowledged that girls are more vulnerable when they leave the camp to collect firewood. Women and girls reported not speaking out on this or reporting incidents due to fears of stigmatisation from the broader refugee community. Adolescent girls also report being at risk of sexual exploitation when they travel to Khor Omer seeking livelihoods. Women raised the issue of a high number of teenage pregnancies in the camp because young girls are engaging in survival sex work.

## **Settlements**

In El Ferdous, children and women cited risks of early and forced marriage as one of their primary concerns. Children report that they face a lot of pressure from elders to marry friends with whom they simply enjoy socializing. SGBV risk was another major issue raised by women and children. Women flagged that when rape cases are reported to police there is no response, and they do not have access to support services. However, all refugees consulted mentioned that discussing SGBV within the refugee community was stigmatized and not encouraged.

Children and women in Abu Jabra, Abu Matarig and Adila also cited early or forced marriage as a common concern. In Abu Jabra, children from low-income families are reportedly more likely to be married off because parents cannot afford to keep them in school or feed them. This is aggravated by a lack of consistent food assistance and a lack of school feeding. In Abu Matarig, women reported risk of SGBV by members of the host community. When women report incidents to the police or Sheikh, there is no response.

## **Recommendations made by the refugees**

- ☞ *Inclusion of men and boys in SGBV prevention and response activities to address SGBV risks driven by gender inequality and norms.*
- ☞ *More support for referrals for women and girls to access psychosocial health support, safety and security services.*
- ☞ *Alternative fuel provision to mitigate need for young girls and women to leave camps and settlements in search of fuelwood.*
- ☞ *Establish programmes for out-of-school adolescent girls.*

### **iv) Access to basic needs and essential services**

## **Settlements**

This was an issue raised by refugees outside of camps, largely focusing on the discrimination they face accessing services in host communities, especially medical services where they observe host community members being given priority over refugee patients. This is aggravated by refugees having no representation within host community or locality decision-making mechanisms.

Participants in Abu Jabra, Abu Matarig and Adila are very concerned about a lack of food assistance for many months, despite being biometrically registered. Refugees report seeing no benefit to being registered because they still suffer unequal access to basic services in host communities and are not able to access food assistance.

## Recommendations made by the refugees

- ☞ *Information campaigns on refugee rights targeting refugees, host communities and public institutions/service facility staff to support refugees' equitable access to services.*
- ☞ *Design peaceful coexistence projects. UNHCR to engage COR to have discussions with host communities in settlements on concerns expressed by SSR.*
- ☞ *Advocate to WFP to consistently distribute food in the settlements.*



## Education

### Camps

Refugee adults in both camps flagged high school dropout rate as a key concern. The main drivers of this issue that they cited include: lack of school supplies and learning materials; teacher absenteeism because teachers are paid too little and need to find other work; and high school fees and other costs. Low enrolment and attendance is also linked to a lack of school uniforms.

In Al Nimir, women report contributing small amounts of money to cover teachers' meals and to support their capacity to be at school. Refugees in Al Nimir also cited a lack of classrooms as another problem affecting school enrolment and attendance.

In Kario, boys shared that those from poorer households are forced to drop out to get work to support household income. Refugees in Kario also cited a lack of secondary school options as a driver of drop out.

### Settlements

Refugees in settlements cited the same issues as those in camps. They also highlighted concerns over a high number of out-of-school children. In Abu Jabra, refugees attributed high rate of drop out to children being sent by families to work on farms during the rainy and harvest seasons. In Abu Matarig, Adila and Abu Jabra, refugees cited language barriers in the public schools available to them as a key issue children face. Refugees also reported being charged higher school fees than Sudanese nationals.

Children in all communities, except for El Ferdous, reported facing harassment and abuse at public schools. All communities also cited a lack of school feeding as a key issue, especially among children. Refugees in El Ferdous flagged a lack of secondary school options as a driver of drop out.

## Recommendations made by the refugees

- ☞ *Undertake awareness raising targeting out-of-school children.*

- ☞ *Provision of teaching and learning materials, school uniforms, school supplies and school fees to make it easier for refugee children to access local public schools.*
- ☞ *School feeding programmes in refugee schools.*

## Livelihoods

### Camps

Refugees all cited poverty as a main concern. They attributed this largely to a lack of land of their own to farm. Women in both camps reported facing more risk of domestic violence if they leave the camps to find work, so feel pressure to focus on small businesses within the camp which earns them very little income. When men discussed leaving the camps to work on host community farms, they reported exploitation where they are often paid very low wages or are not paid at all by farm owners.

### Settlements

Refugees in settlements cited the same issues. Exploitation by host community members is considered a major issue. Refugee youth cited a lack of vocational training opportunities as a key concern, although they are interested in acquiring new skills.

## Recommendations made by the refugees

- ☞ *COR and UNHCR support to rent land near camps and settlements for agricultural activities, or support on land-sharing agreements with host communities.*
- ☞ *Targeted vocational training programmes for youth and persons with specific needs, focused on: agriculture, carpentry, tailoring, small business management, animal husbandry and food processing.*
- ☞ *Expanded access to livelihoods start-up support (i.e., cash, tools and equipment).*
- ☞ *Establish micro-financing initiatives e.g., Village Savings and Loan Schemes (VSLs) for both refugees and host communities.*

## WASH

### Camps

In Al Nimir refugees flagged a lack of latrines as a key issue, and attributed the gap to no latrine planning for newly demarcated plots in the camp.

### Settlements

Women in El Ferdous are very concerned over a lack of latrines. Complaints to UNHCR and partners

about latrine gaps reportedly go unaddressed. They report that most of the new latrine construction is far removed from the households living in the older parts of the settlement and are concerned about poor planning. They are very concerned about open defecation.

Women and men in the other settlements are also concerned about a lack of latrines and open defecation. The issue was attributed to host community landlords forbidding refugees from building latrines on private land. Refugees in Abu Jabra, Abu Matarig and Adila reported a lack of access to potable water, with women and girls traveling long distances to find water from natural sources, which further exposes them to SGBV risk.

## Recommendations made by the refugees

- ☞ COR and UNHCR support to negotiate with host communities on land allocation and land-use permission for latrines and other WASH facilities.



**PHOTOGRAPH 1:**

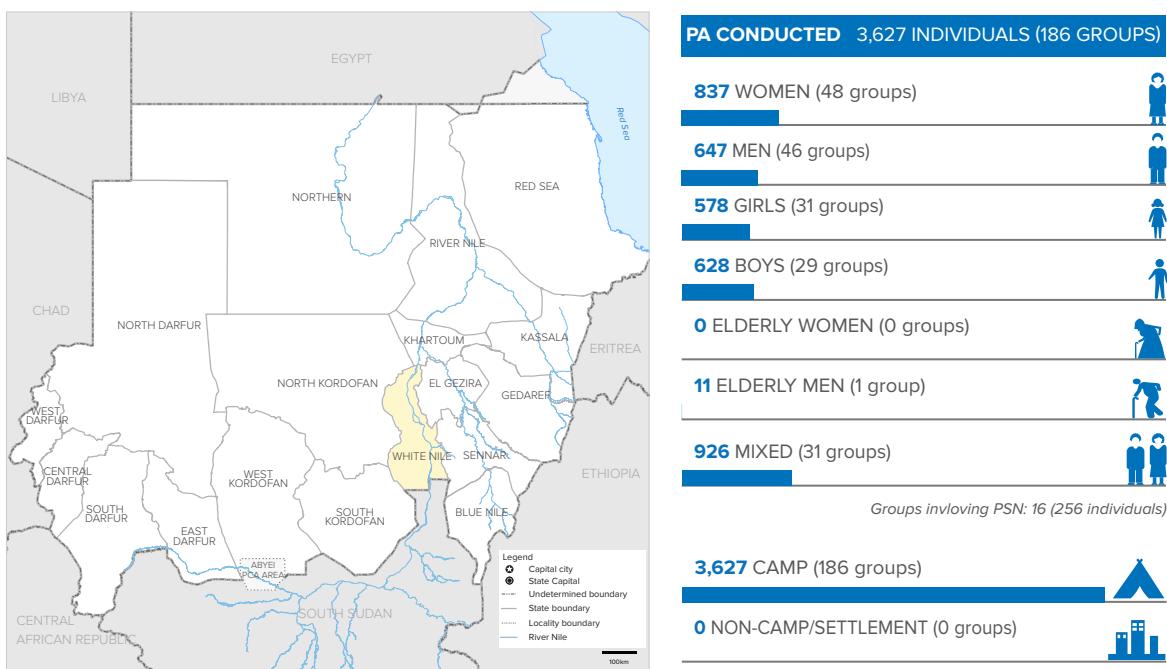
A South Sudanese refugee child receives school supplies in Al Nimir camp in East Darfur. (August 2017)

## 6.1.2. White Nile

There are over 150,000 registered South Sudanese refugees living in nine refugee camps in White Nile State (as of 31 December 2018).

A total of 3,627 were consulted during the assessment from Al Jamey'a, Khor Al Waral, Al Redis I and II, Jourie and Um Sangour camps. Participants from Al Jamey'a, Khor Al Waral, Al Redis I and II, Jourie are from the Shilluk tribe, and Um Sangour participants are Nuer.

The FGDs were not themed; however, refugee concerns across all camps centred around protection issues, basic service gaps (education, health, nutrition and WASH), food security and livelihoods issues, shelter and NFI gaps and WASH issues. Key issues raised in each camp are summarized in the tables below.



**PHOTOGRAPH 2:**  
A doctor meets with a South Sudanese refugee family at the Al Redis II camp clinic in White Nile. (January 2019)

## Summary of findings

### Al Jamey'a (Shilluk)

#### Girls

-  Health service gaps
-  Nutrition service gaps

#### Boys

-  Health service gaps
-  Nutrition service gaps

#### Women

-  Health service gaps
-  Nutrition service gaps
-  Shelter rehabilitation
-  NFI gaps

#### Men

-  Health service gaps
-  Nutrition service gaps
-  Shelter rehabilitation
-  NFI gaps

### Khor Al Waral (Shilluk)

#### Girls

-  Food assistance gaps
-  Health service gaps
-  Nutrition service gaps
-  Water supply gaps
-  Open defecation and hygiene issues

#### Boys

-  Food assistance gaps
-  Health service gaps
-  Nutrition service gaps
-  Water supply gaps
-  Open defecation and hygiene issues

#### Women

-  Health service gaps
-  Nutrition service gaps
-  Open defecation and hygiene issues
-  Waterborne disease risk
-  NFI gaps
-  Shelter rehabilitation
-  Lack of livelihoods and assets

#### Men

-  Health service gaps
-  Nutrition service gaps
-  Open defecation and hygiene issues
-  Waterborne disease risk
-  NFI gaps
-  Shelter rehabilitation
-  Lack of livelihoods and assets

## AI Redis I (Shilluk)

### Girls

-  Domestic violence
-  Food assistance gaps
-  Health service gaps
-  Hygiene issues
-  Lack of livelihoods
-  Shelter gaps
-  NFI gaps
-  Education gaps
-  Early marriage
-  Lack of lighting

### Boys

-  Physical safety
-  Food assistance gaps
-  Health service gaps
-  Hygiene issues
-  Lack of livelihoods
-  Shelter rehabilitation
-  Education gaps
-  Lack of access to energy

### Women

-  SGBV
-  Domestic violence
-  Food assistance gaps
-  Health service gaps
-  Nutrition service gaps
-  Hygiene issues
-  Lack of livelihoods
-  Shelter gaps
-  NFI gaps
-  School dropout and education gaps
-  Lack of access to energy

### Men

-  Physical safety
-  SGBV
-  Food assistance gaps
-  Health service gaps
-  Hygiene issues
-  Lack of livelihoods
-  Shelter gaps
-  NFI gaps
-  Education gaps
-  Lack of access to energy
-  Lack of lighting
-  Lack of access to land

## AI Redis II (Shilluk)

### Girls

-  Physical safety
-  Food assistance gaps
-  Hygiene issues
-  Education gaps
-  Lack of livelihoods
-  Shelter gaps
-  NFI gaps
-  Lack of access to energy

### Boys

-  Food assistance gaps
-  Health service gaps
-  Education gaps
-  Lack of livelihoods
-  Shelter gaps
-  Lack of access to energy
-  Lack of lighting
-  Child labour

### Women

-  Physical safety
-  Food assistance gaps
-  Health service gaps
-  Nutrition service gaps
-  Hygiene issues
-  Education gaps
-  Lack of livelihoods
-  Shelter gaps
-  Lack of access to energy
-  Child labour

### Men

-  Physical safety
-  Food assistance gaps
-  Health service gaps
-  Sanitation and hygiene issues
-  Education gaps
-  Lack of livelihoods
-  Shelter gaps
-  Lack of access to energy

## Jourie (Shilluk)

### Girls

-  SGBV
-  Education gaps
-  Water supply gaps
-  Latrine gaps
-  Hygiene issues
-  Lack of access to energy
-  Shelter gaps
-  Access to medicines
-  Lack of lighting

### Boys

-  Physical safety
-  School dropout and education gaps
-  Water supply gaps
-  Latrine gaps
-  Hygiene issues
-  Lack of access to energy
-  Shelter gaps
-  NFI gaps
-  Child labour
-  Lack of access to land

### Women

N/A

### Men

-  Physical safety
-  Education gaps
-  Waterborne disease risk
-  NFI gaps
-  Lack of access to land
-  Lack of livelihoods

## Um Sangour (Nuer)

### Girls

-  Food assistance gaps
-  Open defecation and hygiene issues
-  Water supply gaps
-  Waterborne disease risk
-  Market access issues
-  Lack of community structures

### Boys

-  Food assistance gaps
-  Open defecation and hygiene issues
-  Health service gaps
-  Nutrition service gaps
-  Water supply gaps

## Women

-  Food assistance gaps
-  Open defecation and hygiene issues
-  Health service gaps
-  Nutrition service gaps
-  Water supply gaps
-  Waterborne disease risk
-  Lack of livelihoods
-  Lack of garbage disposal
-  Shelter rehabilitation
-  NFI gaps

## Men

-  Food assistance gaps
-  Latrine gaps
-  Health service gaps
-  Nutrition service gaps
-  Water supply gaps
-  Shelter rehabilitation
-  NFI gaps

## Protection

Refugee women and girls in all camps report being chased or attacked by host community men while collecting firewood outside of the camps, with many SGBV incidents. They also report a lack of access to support services for SGBV survivors, and there is the perception that when cases are reported there is no response or action from the police. Domestic violence was another concern raised consistently, aggravated by a lack of community and institutional support (from UNHCR, COR or other partners). Women reported not feeling empowered to leave abusive relationships, and are vulnerable to long-term physical and psychological distress as a result.

These risks are aggravated by a lack of access to energy support in most camps. Many refugees report feeling forced to sell their monthly food rations or NFIs to purchase energy.

Physical insecurity concerns were also cited, with the presence of gangs and frequent banditry reported in the camps, compounded by a lack of camp lighting. Many refugees attribute this to broader unemployment and livelihoods issues in camps.

Lack of official documentation and identity cards was another commonly identified concern. Refugees are very concerned about movement restrictions and see this as a key driver of unemployment, poverty and broader lack of livelihoods opportunities that they face while living in camps. They also see this as undermining their access to justice because without documentation they feel they have no claim to refugee rights or protection, especially related to issues they face with arbitrary arrest, detention or harassment from police and other local authorities.

Persons with specific needs often cited a lack of access to targeted assistance for individual needs, especially related to a lack of mobility aids, clothing, extra food or nutrition support for people with chronic health issues.

A lack of safe spaces for children to play was an issue raised by many refugee women across the camps, as well as by refugee children themselves.

## Recommendations made by the refugees

- ☞ *Improved access to refugee documentation, including birth certificates and ID cards.*
- ☞ *Promote peacebuilding activities between refugees and host communities to reduce risk of SGBV and other violence directed at refugee women and girls.*
- ☞ *Creation of livelihood opportunities and employment to refugees, especially for refugee youth and women.*
- ☞ *Maintenance of solar lights in camps.*
- ☞ *Increase police patrols in the camps.*
- ☞ *Provision of targeted assistance and care for PSNs, especially mobility aids.*
- ☞ *Increase number of alternative care arrangements and support programs.*
- ☞ *Avoid early marriage and send girls to school.*
- ☞ *Increase police patrols in camps and enhance coordination with police.*
- ☞ *Provision of sports equipment and safe playing spaces for children and youth.*
- ☞ *Community awareness-raising on SGBV, with improved access to legal aid and survivor support.*

## Education

Poor access to quality education was a key concern raised by refugees in Al Redis I and II and Jourie camps. This was attributed to overcrowding in available classrooms, and a lack of school materials, including uniforms, exercise books and textbooks. Refugees reported that teachers are often absent from schools, and that the Arabic curriculum makes it difficult for children to keep up or excel in school. Refugee children in these camps flagged issues with school latrines being full or broken, as well as a lack of safe drinking water at school. Refugee adults were very concerned with a lack of school feeding, especially within a context of available food assistance insufficient to meet household needs. Both adults and children were concerned with the use of corporal punishment in schools. Schools also lack safe playing spaces for children.

## Recommendations made by the refugees

- ☞ *Construction of more classrooms in refugee-hosting schools to mitigate overcrowding.*
- ☞ *Provision of drinking water in schools.*
- ☞ *Gender-segregated latrine construction, with decommissioning or repair of full or broken latrines.*  
*Schools need to ensure proper management of latrines, with dedicated personnel to keep latrines clean.*

- ☞ Provision of enough school materials for all enrolled children.
- ☞ Awareness-raising support on the importance of girls' education.
- ☞ Hiring of more women teachers and English teachers. Review of teachers' incentives to reduce turnover.
- ☞ Improve school environments with tree planting and safe play spaces.
- ☞ Interventions to stop corporal punishment.
- ☞ Provision of breakfast in schools.

## Health and nutrition

Refugee adults across all camps cited poor access to quality health and nutrition services as a key concern. Where camp clinics are available, drug shortages (especially for malaria treatment) and long wait times are issues frequently raised by participants. Clinic hours are often not maintained and clinics are reportedly sometimes closed during normal working hours. Refugee women report being confused about how to access nutrition services for their children, and flagged a lack of nutrition products when they are enrolled in nutrition programmes. They also noted a lack of nutrition support for pregnant and breastfeeding women.

A key issue commonly identified was poor quality of referral systems for refugees to access emergency or secondary services. They report delayed response, lack of transportation and having to pay high service fees.

## Recommendations made by the refugees

- ☞ More support to existing nutrition centres, with better quality and more organized service provision.  
Ensure nutrition products for children are regularly available.
- ☞ Better access to nutrition services for women who are pregnant or breastfeeding.
- ☞ Recruitment of more medical personnel in refugee clinics to minimizing wait times, including doctors, midwives and nutritionists.
- ☞ Establish morning and night shifts for camp clinics.
- ☞ Ensure camp clinics are fully stocked with drugs, especially malaria treatment.
- ☞ Improve access to laboratory services in camps.
- ☞ Improve the medical referral system to ensure access to ambulances and proper coverage of service fees.
- ☞ Improve vaccine coverage to ensure all refugee children in camps are covered.

 **WASH**

Refugee health concerns are aggravated by perceived WASH gaps, especially related to open defecation, poor hygiene and camp cleanliness issues that drive waterborne disease risk. Refugees are very concerned about malaria and acute watery diarrhea risk. Latrine gaps were a common issue raised by participants in all camps except for Al Jamey'a camp.

Water shortages are a common theme identified by participants across all camps. Refugees reported limited pumping hours and broken water distribution points as key issues that they regularly face. This forces refugees to supplement household drinking water needs with water from the White Nile River. Refugees report being aware of the illness risk using untreated water but cite a lack of access to household water treatment supplies as a key issue undermining their capacity to address these risks. This is further aggravated by limited household access to energy to boil water or a lack of knowledge on water purification best practice.

## Recommendations made by the refugees

- ☞ *Faster construction of household latrines. Rehabilitate or remove broken or full communal latrines.*
- Provision of lights for communal latrine areas. Ensure latrines are safe for children to use.*
- ☞ *More consistent mosquito net distribution.*
- ☞ *Improved coverage of vector control activities.*
- ☞ *Consistent soap distribution to support handwashing.*
- ☞ *Ensure proper hygiene awareness and health promotion support in camps.*
- ☞ *Increase coverage of water distribution points. Timely repair of broken water distribution points.*
- ☞ *Increase water pumping hours for more than 5 hours per day. Consistent provision of fuel for water pump generators to mitigate pumping disruptions.*
- ☞ *Support for household treatment of drinking water.*
- ☞ *More frequent garbage collection.*
- ☞ *Inclusion of refugees in all WASH activities.*

 **Shelter and NFIs**

A main concern among adult refugee participants in all camps (except for Al Jamey'a) is the reliance on old or broken temporary or emergency shelters that require regular maintenance and rehabilitation, without adequate material support. Larger households are reportedly not allocated shelter materials or plots to accommodate all members, and cited issues with overcrowding and a lack of sufficient NFIs to meet the needs of all members of larger families. Shelter issues also undermine privacy and dignity, especially for women and girls.

Refugees in Al Jamey'a reported being very happy with the durable shelters that they have received; however, they flagged concerns over a lack of proper training before shelter construction.

NFI gaps are a common issue identified by participants across all camps, with many refugees citing a lack of sleeping mats, blankets and other winter supplies.

## Recommendations made by the refugees

- ☞ *Provision of durable or semi-permanent shelters in other camps to avoid termite infection and increase lifespan of shelters.*
- ☞ *Provision of winter supplies, including blankets and sleeping mats and clothing.*
- ☞ *Allocate land plots and shelter materials based on the family size. Consider privacy for refugees when planning shelter distribution or plot allocation, including separate shelters for newly married couples.*
- ☞ *Provide refugees with needed masonry trainings to support them to properly construct durable shelters ahead of implementation.*
- ☞ *Provision of NFIs according to household size.*
- ☞ *Support for more regular shelter rehabilitation.*

## Food security, livelihoods and energy

The majority of refugees in camps in White Nile are skilled in agriculture-based livelihoods. However, access to land for farming remains a major concern across all camps for both women and men. This is attributed to a lack of land ownership rights for refugees, high rental fees from private owners and exploitative crop-sharing arrangements when land is available.

Sudan's deteriorating economic situation is a commonly identified concern among participants, with refugees requesting increased livelihoods support to help them increase household income to cover basic needs not covered by available camp services. Refugees in all camps cited insufficient food assistance as another issue undermining their households' capacity to meet its basic needs. Refugees also take issue with a lack of diversified food assistance.

Limited access to energy is a primary concern for both women and men, with refugees attributing this to their lack of livelihoods. Where energy support is available in camps, voucher values do not keep up with the cost of energy inputs on the local market due to rising inflation. Both of these issues compound women and girls' risk of SGBV when they must venture outside of camps to collect firewood and other energy supplies, or to access local markets.

## Recommendations made by the refugees

- ☞ Diversified food rations, including provision of red sorghum to increase quality and nutritional value.
- ☞ Conduct targeted technical and vocational skills training for refugees and provision of start-up tools and equipment.
- ☞ Provision of food-for-work programmes.
- ☞ Increase livelihood opportunities for refugees through access to arable land and appropriate income generation activities to enhance household food security (e.g. provision of fishing tools, vegetable seeds and tools).
- ☞ Facilitated support and dialogue with host community farmers and local authorities for improved access to land for refugees.
- ☞ Expanded coverage of energy support, including provision of gas and charcoal supplies. Align charcoal voucher value with current market prices.
- ☞ Ongoing distribution of improved fuel-efficient stoves.
- ☞ Improved coverage of camp lighting.



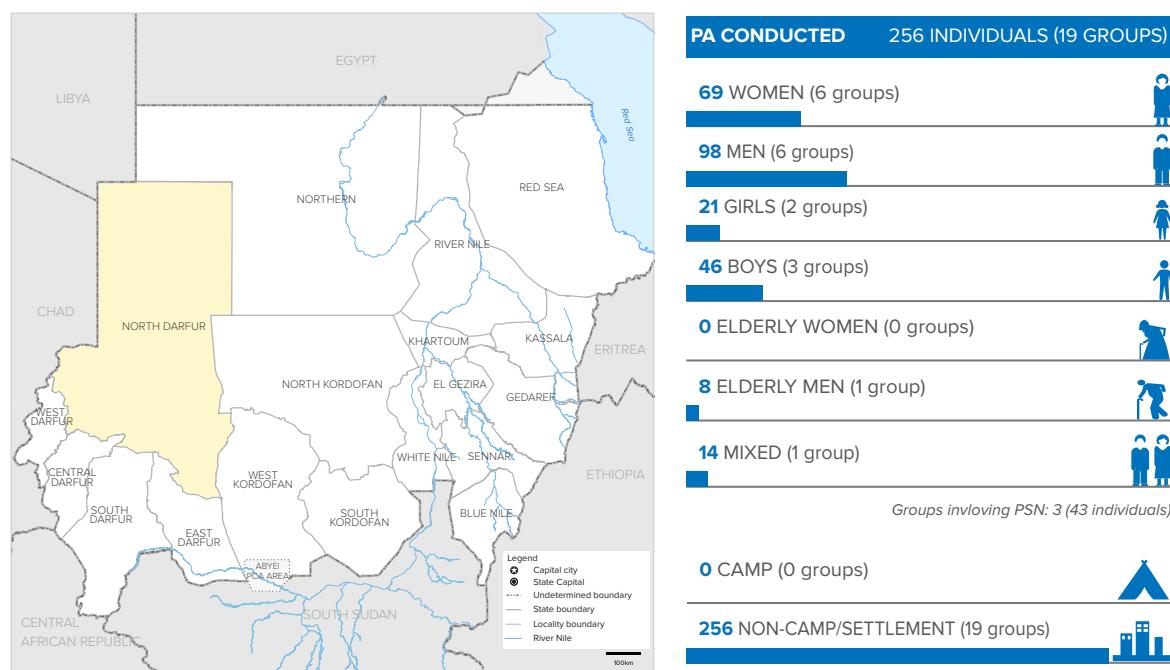
**PHOTOGRAPH 3:**

A newly arrived South Sudanese refugee family is biometrically registered in Khor Al Waral camp in White Nile. (January 2019)

### 6.1.3. North Darfur

There are 18,445 South Sudanese refugees registered in North Darfur (as of 31 December 2018). They are predominantly from the Dinka tribe and live in 11 self settlements concentrated in Al Lait locality, with some scattered communities in El Fasher Town.

A total of 274 refugees living in Al Lait locality were consulted for the PA. The FGDs were organized around six main themes: Water, health, NFIs/shelter, food, livelihoods opportunities and protection. The key issues that arose from the discussions include water shortages, limited access to health services, shortage of shelter and NFIs, limited access to livelihoods, food shortages and physical protection and discrimination issues.



## Summary of findings

### AI Lait locality - Self settlements

#### Girls

-  Education gaps
-  Water supply gaps
-  Sanitation and hygiene issues
-  Lack of livelihoods
-  Health service gaps
-  PHK gaps

#### Boys

-  Education gaps
-  Lack of protection interventions
-  Food assistance gaps
-  Water supply gaps
-  Lack of livelihoods
-  Health service gaps
-  Lack of safe spaces for play

#### Women

-  Physical safety
-  Domestic violence
-  Discrimination
-  Lack of protection interventions
-  Food assistance gaps
-  Lack of livelihoods
-  Water supply gaps
-  Health service gaps
-  Nutrition service gaps
-  Shelter gaps
-  NFI gaps
-  Education gaps
-  Sanitation and hygiene issues

#### Men

-  Physical safety
-  Discrimination
-  Lack of protection interventions
-  Registration issues
-  Food assistance gaps
-  Lack of livelihoods
-  Water supply gaps
-  Health service gaps
-  Shelter gaps
-  NFI gaps
-  School dropout and education gaps
-  Lack of place for worship
-  Lack of youth centres

 **WASH**

Water shortage was cited by all refugee participants as one of their primary concerns. This is attributed to a lack of water sources near refugee settlements and low yields of local boreholes. Refugees also cited not having enough income to purchase water from water vendors. When they are able to access water, they lack proper water storage containers and means to transport water from long distances. They also cited a lack of latrines as a key issue, which is compounded by a lack of water because refugees rely on open defecation but do not have access to soap and water to do handwashing.

The participants acknowledged that while they have limited technical capacity on water management, they are interested in managing refugee community water facilities if they receive proper training and support.

## Recommendations made by the refugees

- ☞ *Installation of new boreholes and formation of refugee water committees to manage water supply.*
- ☞ *Provision of donkey carts, jerry cans and other safe storage containers.*
- ☞ *Water vouchers to access supplies from private water vendors in remote areas.*
- ☞ *Provision of latrine materials and technical guidance on household latrine construction.*
- ☞ *Water pipe network connection to local water systems in refugee settlements.*

 **Health**

The issue of limited access to health services was cited by all participants as a primary concern. Health service gaps include: drug shortages and inability to purchase drugs; lack of laboratories; lack of maternal health services; distance of local hospitals from refugee settlements with no ambulance or transportation support; treatment costs and lack of health insurance; and lack of blood supplies. Refugees flagged language barriers as a key issue they face when trying to access health services in public facilities. The withdrawal of Save the Children's health services was cited as a major loss for refugee communities, and has contributed to referral gaps, including high treatment and transport costs, leaving refugees unable to access emergency and secondary care. When admitted to hospitals, refugees flagged that they are not given food or water when admitted.

Participants also flagged that they lack trained medical personnel within their communities; however, they expressed willingness to support the construction and maintenance of health clinics to improve community access.

## Recommendations made by the refugees

- ☞ *Inclusion of South Sudanese refugees under the national health insurance scheme.*
- ☞ *Renewed referral support at Al Lait Hospital.*

- ☞ *Community health volunteers to support pregnant women in hospitals.*
- ☞ *Provision of a working ambulance and fuel.*
- ☞ *Midwifery training for refugee women to mitigate maternal health care gaps.*

## Shelter and NFIs

Shelter and NFI gaps were key issues cited by adult participants. Shelter sizes are reportedly too small to accommodate full families. A lack of consistent registration in the area has left many new arrivals without shelter and NFI support for many months. Refugees also cited a lack of plastic sheeting and fencing support as undermining the security and viability of available shelters. They flagged their lack of capacity to purchase NFIs and other materials on local markets, which makes shelter and NFI replenishment and rehabilitation support more urgent.

Many men reportedly have housing construction skills and are willing to support shelter construction on behalf of other members of the community if support is provided to them to access local materials.

## Recommendations made by the refugees

- ☞ *Provision of good quality shelter and fencing materials.*
- ☞ *Replenishment of NFIs for older caseloads.*

## Livelihoods

A lack of employment opportunities, especially for youth, was the primary concern among all participants, including children. While many refugees are skilled farmers, they lack land to do their own cultivation and are dependent on often exploitative labour or crop-sharing arrangements with host community land owners. They attribute these issues to discrimination of South Sudanese people by host communities. They are also concerned that if they were able to grow their own cash crops, they will still face discrimination when accessing local markets. This also impacts refugee women who face discrimination and exploitation when seeking work in host communities. The majority of available opportunities for income generation are largely focused on agricultural livelihoods.

Participants flagged that many community members possess technical skills like tailoring and carpentry, but they face challenges accessing local markets and securing sustainable employment opportunities. All participants confirmed the community's willingness to work and are eager for income generating opportunities.

## Recommendations made by the refugees

- ☞ *Establish youth centres and support youth capacity- and skills-building.*
- ☞ *Support establishment of local bakery.*
- ☞ *Support for securing market space for refugees.*
- ☞ *Improved coverage of livelihoods programming and vocational training.*



## Food security

The most commonly cited concern was irregular food assistance, with no distribution for many months at a time. Missed rations are never provided, often rendering available food rations insufficient to cover household food and nutrition needs. Available rations are not enough to cover transportation and milling costs. Participants flagged that some families are still without ration cards, despite having been biometrically registered for many months.

Adults expressed interest in food-for-work schemes to address food assistance gaps and ensure that they have access to food throughout the year, even when distributions are delayed or cancelled.

## Recommendations made by the refugees

- ☞ *Increase food ration quantities to make up for missing rations.*
- ☞ *Ensure consistent distribution dates or notify refugees when delays are anticipated so they can plan and allocate food resources accordingly.*
- ☞ *Establish food distribution centres in each major settlement areas to reduce transportation costs.*
- ☞ *Improve quality of food provided.*



## Protection

Adults are most concerned with physical protection and safety issues, with many citing frequent incidents of host community members looting settlement homes. This is aggravated by a lack of police presence near settlements. Refugees reportedly receive no support when looting incidents are reported to police.

Refugee women cited domestic violence as a key issue, attributing this to the lack of livelihoods, poverty and other challenges that the community faces living in these areas.

While refugee settlements have community administration mechanisms available, these are only able to resolve minor issues within the refugee community and are insufficient to address refugee and host community conflicts and challenges.

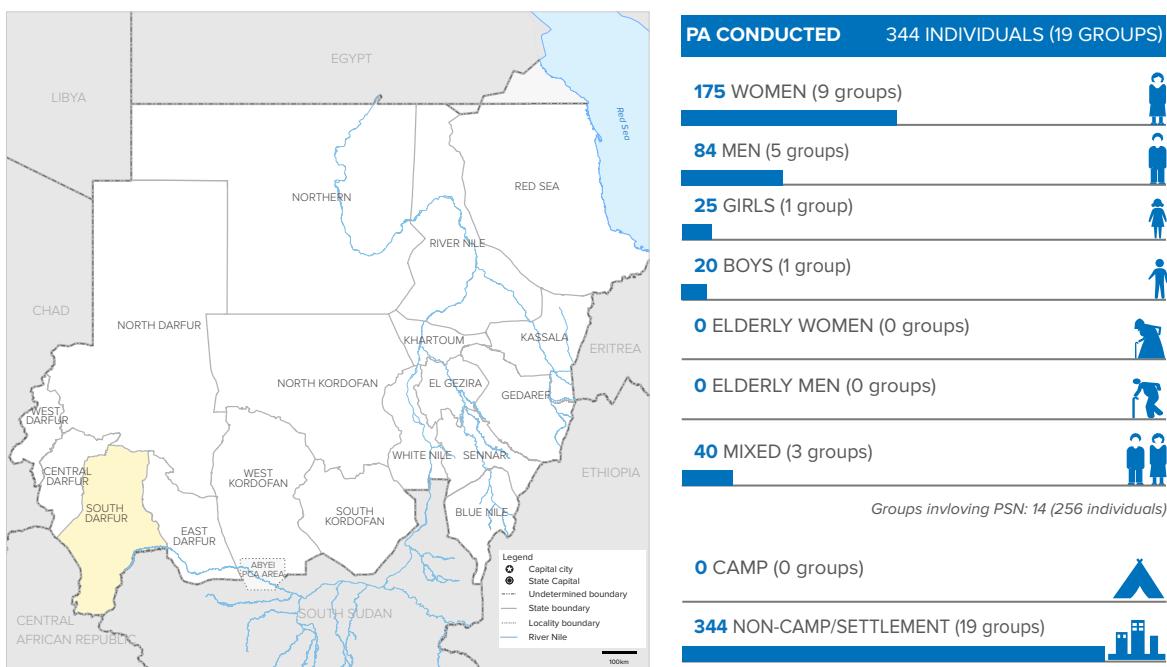
## Recommendations made by the refugees

- ☞ *Establish police posts near refugee settlements, and support police sensitization on refugee issues.*
- ☞ *Support community policing training.*
- ☞ *Support for peaceful co-existence measures with host communities to mitigate discrimination and physical protection issues.*

## 6.1.4. South Darfur

There are an estimated 30,712 South Sudanese refugees registered in South Darfur (as of 31 December 2018). The majority live in self settlements in El Radom and Buram localities, and in a settlement adjacent to Beilel IDP camp. Refugees in El Radom are mostly from the Fertit and Kesk tribes, while Dinka tribes tend to settle in the Beilel IDP camp settlement.

A total of 344 South Sudanese refugees living in Beilel IDP Camp and El Radom settlements participated in the assessment. The FGDs were not themed; however, refugee participants prioritized issues related to education, health, WASH, food, livelihoods, NFIs and transportation.



**PHOTOGRAPH 4:**

South Sudanese refugee children pose for the camera in Beilel IDP Camp settlement in South Darfur. (April 2018)

## Summary of findings

### Beilel IDP camp and El Radom settlement

#### Girls

-  Education gaps
-  Food assistance gaps
-  Sanitation and hygiene issues
-  Shelter gaps
-  NFI gaps
-  PHK gaps

#### Boys

-  Education gaps
-  Food assistance gaps
-  Sanitation and hygiene issues
-  Health service gaps
-  Water supply gaps

#### Women

-  Education gaps
-  Food assistance gaps
-  Water supply gaps
-  Health service gaps
-  Nutrition service gaps
-  Sanitation and hygiene issues
-  Waterborne disease risk
-  Shelter gaps
-  NFI gaps
-  Lack of livelihoods
-  Lack of access to energy
-  Lack of safe spaces for play
-  PHK gaps

#### Men

-  Education gaps
-  Food assistance gaps
-  Health service gaps
-  Nutrition service gaps
-  Latrine gaps
-  Sanitation and hygiene issues
-  Waterborne disease risk
-  Shelter gaps
-  NFI gaps
-  Lack of livelihoods
-  Lack of access to energy
-  Lack of safe spaces for play
-  Lack of lighting



## Education

Participants cited a lack of schools as a key concern. Refugees in Beilel flagged that available schools are very far from the settlement. Refugees in both settlements are concerned about a lack of school supplies and Arabic-language curriculums. Adults flagged concerns with teachers' incentives being too low and in need of review to improve teachers' presence in schools.

Participants highlighted that there are refugee teachers available. They also expressed willingness to support the construction of schools closer to refugee settlements if it means their children can access quality education.

## Recommendations made by the refugees

- ☞ *School construction closer to refugee settlements to reduce distances children must walk.*
- ☞ *Provision of enough school supplies for all students.*
- ☞ *Recruitment of more teachers from within the refugee community, with review of incentives.*
- ☞ *Enrolment and other retention support.*



## Health

Lack of essential medicines was one of the most commonly identified issues among all adult participants. Where medicines are available, the prices are too high for refugees to access. Participants are also concerned about a lack of medical staff in available clinics. Refugees in El Radom cited a lack of laboratory services as a key concern. Referral services are reportedly weak, with no reliable ambulance services.

Adult participants flagged that there are trained medical personnel, including nurses and midwives, within the refugee community who are ready and willing to support clinic services but who are underutilized. Refugees in both settlements report having already organized health committees to support internal problem-solving on health issues that community members face; however, they require additional support to address a wide range of health issues affecting their communities.

## Recommendations made by the refugees

- ☞ *Integration of refugee medical personnel in clinic staffing and services.*
- ☞ *Support for refugee health committees with supplies, space and health facility access.*
- ☞ *Support for refugee midwives to reduce reliance on weak maternal health referral services.*
- ☞ *Strengthen referral services and ensure availability of reliable ambulance services.*

 **WASH**

A lack of latrines was a key concern among adult participants. Girls also flagged concerns over the cleanliness of available latrines and issues they face having to go to the washroom outside. Women and girls both are concerned about a lack of menstrual hygiene supplies and support. All participants flagged issues with diarrhoeal disease, compounded by open defecation issues.

Water supply issues were also identified as a major concern amongst all participants. Refugees complained about lack of access due to insufficient availability of distribution points. They also flagged the need for jerry can distribution and replenishment.

Participants confirmed that sanitation committees have been established in both settlements to support community garbage collection and other WASH issues. Adult participants are willing and interested in supporting water committees and repair and maintenance of water points, if they are provided with support and tools.

## Recommendations made by the refugees

- ☞ *Training and support for water committees.*
- ☞ *Expansion of water distribution networks.*
- ☞ *Provision of menstrual hygiene products (PHKs) and support for women and girls.*
- ☞ *Latrine construction.*
- ☞ *Provision of jerry cans and cleaning support.*

 **Food security**

All participants flagged that monthly food rations are not enough to cover household needs. Adults expressed concern about their reliance on food assistance because they are unable to purchase food on the local market, citing inconsistent general food distribution and a lack of diversified food options as key issues.

Adult participants flagged community capacity to farm and grow their own food; however, they lack access to land and agricultural inputs.

## Recommendations made by the refugees

- ☞ *Advocacy support with local authorities for access to land.*
- ☞ *Better communication on food distribution delays and issues.*
- ☞ *Review food distribution ration sizes.*



## Livelihoods

A lack of job opportunities and livelihoods support was the most commonly identified issue among adult participants. They also cited lack of financial service access and access to livelihoods assets as key concerns. Where refugees are able to earn an income, wages or sales are too small to meet their basic needs, especially with current inflation rates.

Refugees emphasized their willingness to work, and that many community members are skilled but need support accessing market opportunities, especially related to handicrafts.

Adults in both settlements flagged that they are far removed from main towns and lack access to transportation. This undermines their market access for jobs and income generation, as well as access to health and other services, especially for refugees living in El Radom.

## Recommendations made by the refugees

- ☞ *Improved access to livelihoods and vocational training and support.*
- ☞ *Training-of-trainers initiatives to support access to income generating activities.*
- ☞ *Market access support.*
- ☞ *Provision of donkeys or rickshaws.*



## Shelter and NFIs

Adults cited insufficient shelter and NFI coverage as a key concern. Girls also flagged shelter and NFI gaps as a concern, including PHKs, and attributed their lack of privacy to cramped shelters for large families. Shelters in both settlements require rehabilitation and repair but little support is available from UNHCR and other partners. Adults expressed concern for older community members and other PSNs who are unable to retrieve materials from the market or surrounding fields on their own to build or repair their shelters.

Refugees expressed willingness to construct their own shelters and lead on repair/rehabilitation activities if they are provided with materials.

## Recommendations made by the refugees

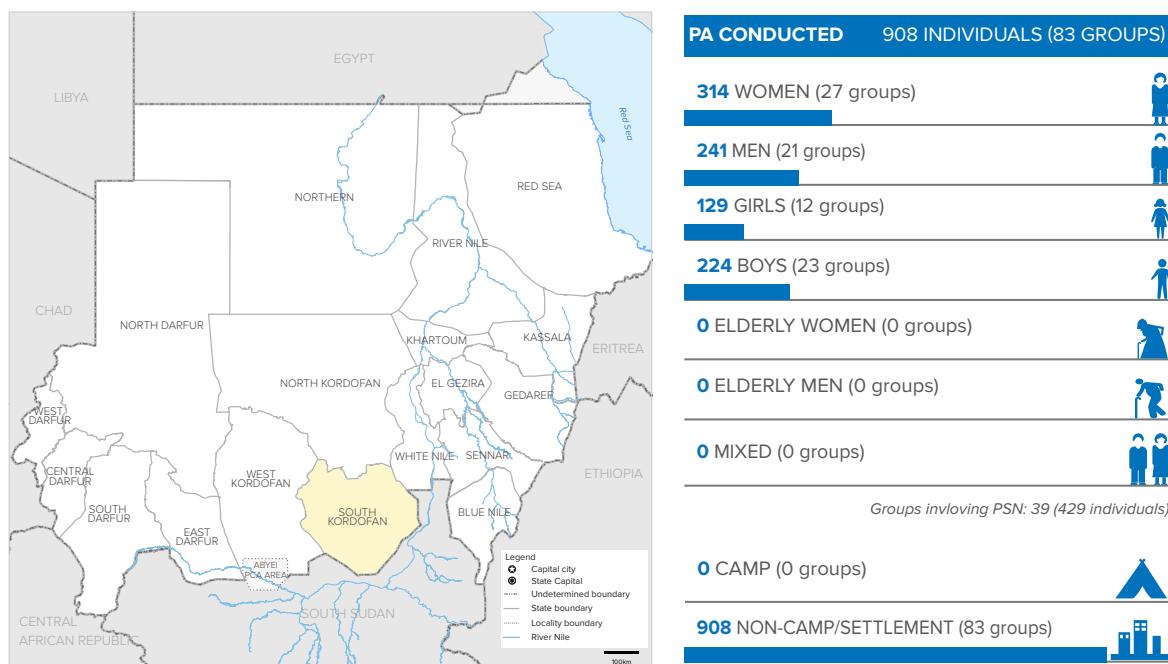
- ☞ *Targeted shelter and NFI assistance for PSNs, including older people.*
- ☞ *Provision of materials for more consistent shelter rehabilitation.*

## 6.1.5. South Kordofan

There are 28,317 biometrically registered South Sudanese refugees living across 16 self settlements in South Kordofan (as of 31 December 2018).

The 2018 exercise was conducted among 908 participants living in 8 settlements, including Dar Batti, Um Kowarow, El Leri Town, Sirajiya, Gedied, Qarayd, Abu Nawara and Abu Jubieha Town, all of whom are mostly Shilluk with a small population of Nuer living in El Leri Town.

FGDs were organized around follow-up on five key priorities raised in the 2017 PA, including: Protection, health and nutrition, WASH, education and livelihoods.



**PHOTOGRAPH 5:**  
South Sudanese refugees collect their monthly food rations at a general food distribution in El Leri, Talodi locality, South Kordofan. (June 2018)

## Summary of findings

### Girls

-  Physical safety
-  SGBV
-  Child labour
-  Education gaps
-  WASH gaps
-  Lack of safe spaces for play

### Boys

-  Harassment and discrimination
-  Child labour
-  Education gaps
-  WASH gaps
-  Waterborne disease risk
-  Lack of safe spaces for play

### Women

-  Physical safety
-  SGBV
-  Movement restrictions
-  Lack of access to land
-  Lack of livelihoods
-  WASH gaps
-  Waterborne disease risk
-  Education gaps

### Men

-  Physical safety
-  Discrimination
-  Movement restrictions
-  Health service gaps
-  Lack of access to land
-  Lack of livelihoods
-  WASH gaps
-  Education gaps

## Protection

Key protection issues cited by both children and adult participants focused on physical insecurity in settlements and tensions with- and discrimination by host communities. In El Leri area, refugee women are reportedly not allowed by authorities to work later than 17:00 hours, while host community women face no restrictions.

Movement restrictions was another key concern, which limits their access to education and livelihoods out of State. This is attributed to a lack of documentation and restrictive policies. They noted movement restriction as a key driver of increased prevalence of people smuggling out of South Kordofan and within Sudan.

Refugee women flagged a lack of women's participation in decision-making as a key concern. This is attributed to cultural norms and partners' tendency to go through Sultans and male community leaders without consulting local women. This issue compounds women's vulnerability to SGBV, both of which

were flagged as key concerns by women and girls. Women and girls attribute domestic violence by men in their communities to a lack of livelihoods, and a lack of complaint mechanisms. Rape remains a serious risk for women and children, especially if they venture outside of settlements for water or firewood. Sexual harassment is reportedly widespread, with children citing issues they face with harassment on their way to school.

Child labour is a key concern among all participants, especially children. Children 12 years and younger reportedly frequently working in gold mining, brick production, domestic work and casual labour and in harvesting. This is attributed to a lack of livelihoods and household poverty.

## Recommendations made by the refugees

- ☞ *Joint refugee-host community committees, with peace education and community mobilization initiatives.*
- ☞ *Advocacy support from UNHCR and COR on freedom of movement of refugees.*
- ☞ *Expansion of community-based protection networks to address domestic violence issues.*
- ☞ *Access to SGBV-survivor support services.*
- ☞ *Cash-based assistance for vulnerable, women-headed households.*
- ☞ *Provision of sports and recreational activities for boys and young men to reduce sexual harassment through less idleness.*
- ☞ *Targeted assistance to vulnerable households and UASC to reduce need for child labour.*

## Health and nutrition

Adult participants are very concerned about disease prevalence in settlements, especially waterborne diseases, as well as respiratory tract infections, hepatitis, rheumatism and jaundice. They attribute their perceived disease risk to their limited access to primary and secondary health care. Lack of essential medicines in available clinics and a lack of health insurance coverage are also key issues raised. Referral mechanisms are reportedly weak, with high costs incurred when refugees need to access emergency and secondary health services. Refugee men also flagged concerns over the risks they face with available work opportunities, compounded by a lack of access to quality health care to mitigate these risks.

Despite the presence of skilled nurses and midwives within refugee settlements, there are limited opportunities for them to support local health services in clinics.

## Recommendations made by the refugees

- ☞ *Maintain sufficient essential medicines supply in all refugee clinics.*
- ☞ *Communicate with refugee communities about food distribution delays and anticipated ration gaps.*

- ☞ *Strengthen health referral system, with review of service providers and fees charged to refugees.*
- ☞ *Rehabilitation of existing health facilities to improve service quality.*
- ☞ *Establish or reactivate health committees to support intra-communal health promotion and care support.*

## WASH

Water supply gaps are a key concern among all participants in South Kordofan. Participants also flagged concerns regarding people drinking contaminated water due to water quality issues and unhygienic storage containers. For women and girls, distance to available water sources was a key issue driving their vulnerability to SGBV and harassment. Girls reported facing harassment when leaving settlements to collect water. Competition over water resources was cited as a key factor driving host community tensions, especially among participants in El Leri where access to water resources is reportedly very limited and challenging.

## Recommendations made by the refugees

- ☞ *Construction, rehabilitation and upgrading of water sources closer to refugee settlements.*
- ☞ *Support for household water treatment and quality monitoring.*
- ☞ *Construction of improved sanitation facilities and latrines.*
- ☞ *Support for improved waste management in settlements.*

## Education

Many participants raised low enrolment in schools as a key issue. Specific concerns were also raised about high rates of UASC and orphaned children who remain out of school. Low enrolment was attributed to poor school infrastructure including lack of classroom spaces, low community awareness, trained teachers, and lack of documentation (i.e., birth certificates). Boys and girls both flagged a lack of recreational spaces to play in at school and in refugee communities.

School dropout was of particular concern to both men and women. Participants described being unable to afford public school fees and the cost of school supplies. Children participants flagged child labour as a key driver of low enrolment and school dropout.

School dropout is also reportedly aggravated by a lack of secondary school options. The school curriculum is also cited as not aligned to refugees' cultural values and local language.

Adult participants expressed willingness to contribute to school construction and maintenance. They also identified availability of refugee teachers, and a willingness to support their children in accelerated learning programmes and basic school if other retention supports can be provided.

## Recommendations made by the refugees

- ☞ *Support for school and exam fees, uniforms and school supplies.*
- ☞ *Provision of school feeding.*
- ☞ *School construction to reduce overcrowding.*
- ☞ *Provision of Arabic language classes to help children succeed in school.*
- ☞ *Adult education opportunities.*
- ☞ *Sports and recreation opportunities for refugee children close to settlements.*



## Livelihoods

Lack of livelihoods was the most commonly cited concern among adult participants. Available jobs are reportedly dangerous (i.e., gold mining) and low paid. Women are especially concerned, with many single mothers unable to find sustainable or fair work.

A lack of access to land is reportedly a key barrier to refugee communities' access to agriculture-based livelihoods. Many are skilled farmers who want opportunities to cultivate land themselves, or to enter into equitable crop-sharing or land rental arrangements with local landowners.

Access to livelihoods is compounded by discrimination issues from host communities. Refugees flagged a lack of negotiating power to resolve wage and labour disputes with host community employers. Discrimination makes refugees more vulnerable to exploitative work agreements. Refugee women and girl participants also flagged concerns about sexual exploitation and reliance on survival sex work for many vulnerable community members.

Participants emphasized their willingness to work, but need support accessing local markets and addressing discrimination among host communities.

## Recommendations made by the refugees

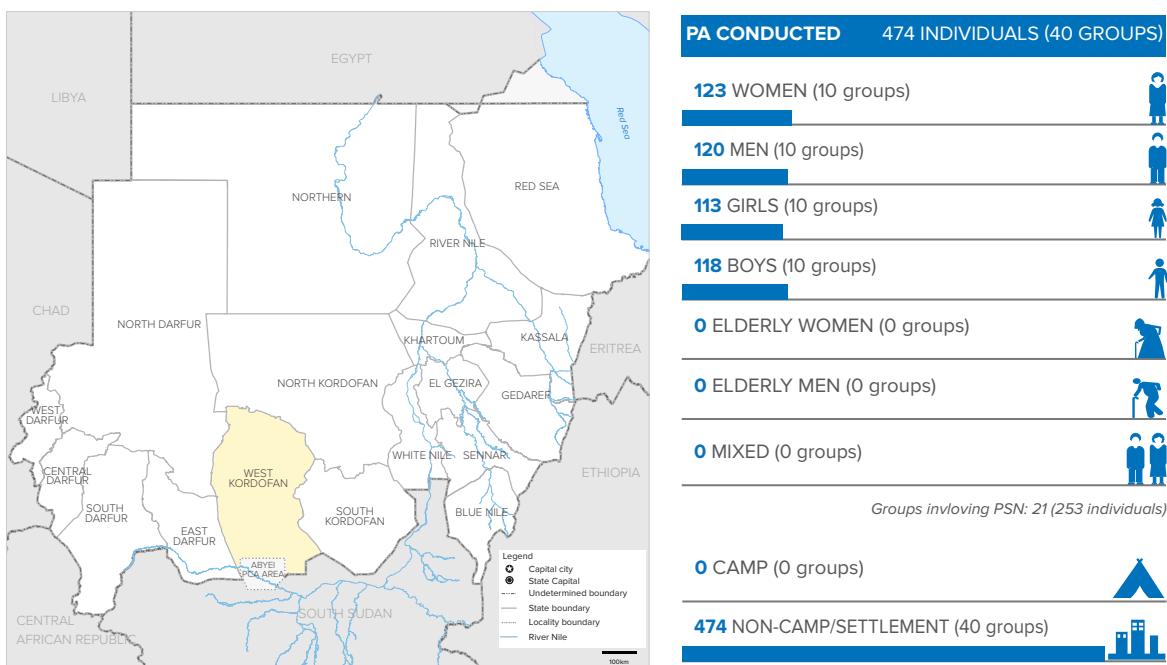
- ☞ *Support from UNHCR to assess labour market conditions and provide income generating activity support.*
- ☞ *UNHCR and COR support on job contracts and agreements with host community employers.*
- ☞ *Advocacy support from UNHCR and COR with local authorities on access to land for farming.*

## 6.1.6. West Kordofan

In West Kordofan, there are 49,432 biometrically registered South Sudanese refugees living across 20 self-settlements (as of 31 December 2018).

In West Kordofan, the assessment was conducted with 474 participants living in 5 settlements in West Kordofan, including El Fula, El Meiram, Kharasana, El Tubbon, and El Nuhud. Refugees living in El Fula, El Meiram, El Tibbun and Nuhud settlements are mostly from the Dinka tribe, while refugees living in Kharasana are mostly from the Nuer tribe.

While the FGDs were not themed for the 2018 exercise, the main issues raised by participants included: protection, health and nutrition, livelihoods, land ownership and shelter gaps.



**PHOTOGRAPH 6:**  
South Sudanese refugee women collect water at water points in Kharasana, West Kordofan. (April 2017)

## Summary of findings

### Girls

-  Physical safety
-  SGBV
-  Child labour
-  Education gaps
-  Lack of safe spaces for play
-  Early marriage
-  Sanitation and hygiene issues
-  Women participation issues
-  Lack of documentation

### Boys

-  Harassment and discrimination
-  Child labour
-  Education gaps
-  Lack of safe spaces for play
-  Lack of documentation
-  Lack of access to energy

### Women

-  Physical safety
-  SGBV
-  Movement restrictions
-  Lack of documentation
-  Health service gaps
-  Nutrition service gaps
-  Lack of livelihoods
-  Food assistance gaps
-  Shelter gaps
-  NFI gaps
-  Women participation issues
-  Sanitation and hygiene issues

### Men

-  Movement restrictions
-  Lack of documentation
-  Health service gaps
-  Nutrition service gaps
-  Shelter gaps
-  Lack of livelihoods
-  Lack of access to energy

 Protection

Looting by host community members is a key concern among all adult participants, with the theft of food, NFIs and livestock commonplace. In Kharasana, West Kordofan, participants reported armed militias entering settlements and threatening refugees from participating in meetings or activities led by humanitarian organizations. Participants in West Kordofan also report being beaten and threatened by employers when they ask for their wages.

Participants attributed these issues to a lack of peaceful coexistence initiatives, compounded by the economic situation and limited support available for host communities. They also cite being more vulnerable to looting due to inadequate shelter and a lack of fencing in settlements.

Women and girls flagged a lack of women's participation in decision-making as a key concern. This is attributed to cultural norms and partners' tendency to go through Sultans and male community leaders without consulting local women. Women and girl participants perceive this as linked to women and girls' vulnerability to domestic violence and rape, both of which were flagged as key concerns. Women and girls attribute domestic violence by men in their communities to a lack of livelihoods, and a lack of complaint mechanisms. Rape remains a serious risk for women and children, especially if they venture outside of settlements for water or firewood. Sexual harassment is reportedly widespread. Early marriage is also a key concern among girls, reportedly linked to a lack of livelihoods and a community response mechanism to SGBV risk for girls.

Movement restrictions are another key concern, which limits access to education and livelihoods out of State. A lack of documentation was flagged by all participants, including children, as a key concern perceived to be driving movement restrictions, service access issues and a lack of livelihoods.

## Recommendations made by the refugees

- ☞ *Improved shelters to reduce vulnerability to looting.*
- ☞ *Improve access to legal aid.*
- ☞ *Awareness raising campaigns to address early marriage issues.*
- ☞ *Establishment and promotion of women's centres and community sensitization initiatives to enhance women's participation in community decision-making.*
- ☞ *Inclusion of women in livelihoods and vocational training opportunities, and access to financial services to support women's economic empowerment.*
- ☞ *Joint refugee-host community committees, with peace education and community mobilization initiatives.*
- ☞ *Advocacy support from UNHCR and COR on freedom of movement of refugees.*

## Health and nutrition

Access to health services was a key priority cited by all adult participants in West Kordofan. Lack of essential medicines in available clinics and a lack of qualified health staff are key issues raised. In particular, adult participants flagged issues that health personnel were not representative of the refugee community, despite the availability of skilled refugee health personnel. Referral mechanisms are reportedly weak, with high costs incurred when refugees need to access emergency and secondary health services.

Girls and women participants flagged poor hygiene and sanitation conditions in settlements as key drivers of disease risk, especially for children. Both men and women were very concerned about malnutrition among children in their communities. Women participants were very concerned by the link between irregular food distribution and poor nutrition outcomes for children in the settlements, compounded by a lack of nutrition supplies at most nutrition centres.

## Recommendations made by the refugees

- ☞ *Maintain sufficient essential medicines supply in all refugee clinics.*
- ☞ *Communicate with refugee communities about food distribution delays and anticipated ration gaps.*
- ☞ *Strengthen health referral system, with review of service providers and fees charged to refugees.*
- ☞ *Rehabilitation of existing health facilities to improve service quality.*
- ☞ *Establish or reactivate nutrition committees to support intra-communal health and nutrition promotion and care support.*

## Livelihoods

Men and women both cited a lack of livelihoods as a primary concern within refugee communities. Their lack of access to land is a difficult challenge for communities, given that many community members are experienced farmers well placed to support local cultivation on behalf of local farmers.

Participants in all settlements report being prevented from accessing forest-based livelihoods. They are not allowed to make charcoal and are prevented from collecting firewood and shelter materials in local forests, often through threats of violence, which undermines their capacity to meet their energy and shelter needs. In some cases, host communities reportedly require refugees to pay fees to access local forests. In most settlements, refugees also report frequently being denied access to public transportation which limits their ability to earn income even more.

Where jobs are available, men report dangerous work conditions and low wages. Women are especially concerned, with many single mothers unable to find sustainable or fair work. Discrimination makes refugees more vulnerable to exploitative work agreements. Refugee women and girl participants also flagged concerns about sexual exploitation and reliance on survival sex work for many vulnerable community members.

## Recommendations made by the refugees

- ☞ *Provision of energy inputs and shelter materials to reduce problems with host communities.*
- ☞ *Support from UNHCR to assess labour market conditions and provide income generating activity support.*
- ☞ *UNHCR and COR support on job contracts and agreements with host community employers.*
- ☞ *Advocacy support from UNHCR and COR with local authorities on access to land for farming.*

### Shelter

Men and women report concerns about settlement relocations and the resulting loss of shelters. They also cite that their lack of access to land prevents refugees from building more durable shelters, and their reliance on poor quality shelter is aggravated by their lack of access to local forests for building materials. Refugees are also unable to purchase materials from the local market due to a lack of income.

## Recommendations made by the refugees

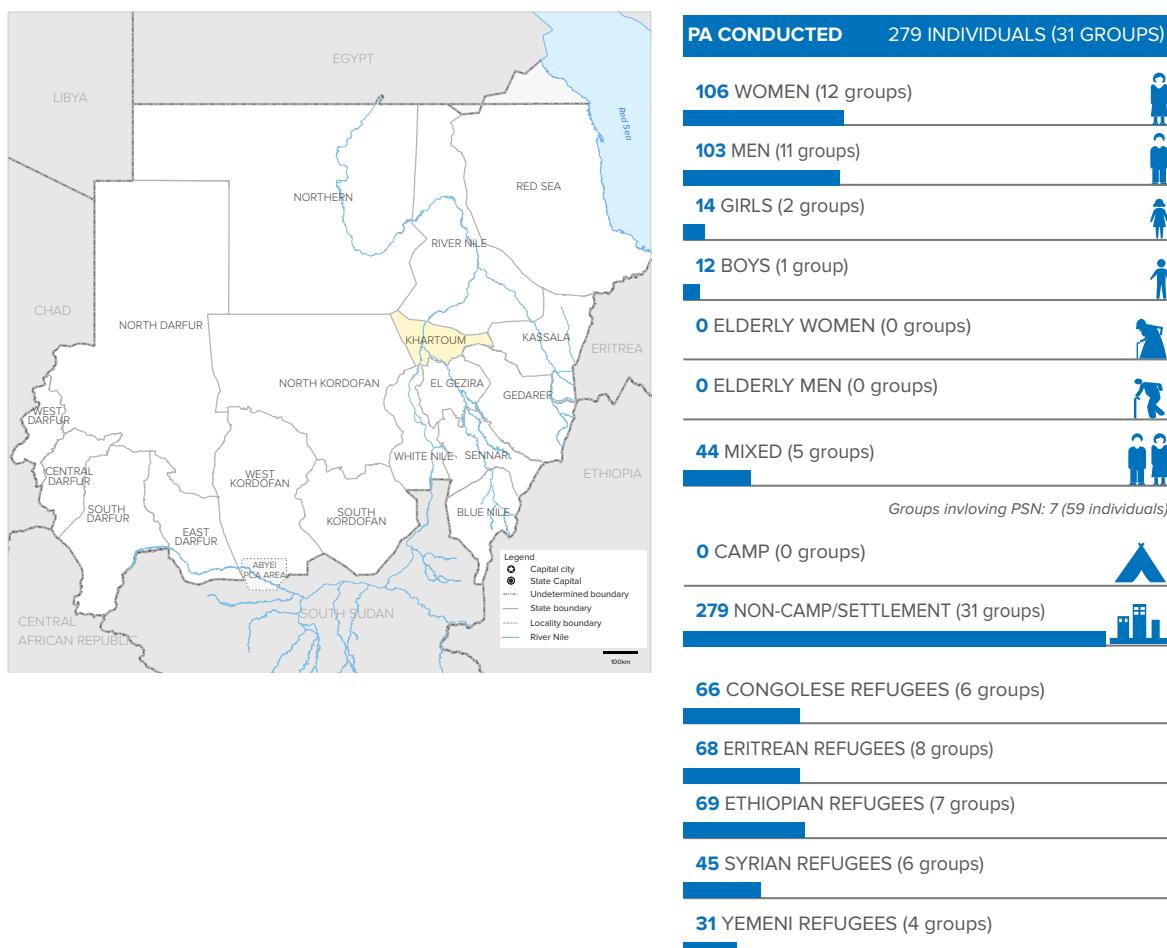
- ☞ *Shelter rehabilitation and material support from partners.*
- ☞ *Support on peaceful coexistence with host community landowners to facilitate shelter construction and reduce relocations.*

## 6.2. Refugees and asylum seekers in Khartoum

There are an estimated 410,000 refugees and asylum-seekers living in Khartoum State (as of 31 December 2018). Refugees and asylum-seekers in Khartoum live in urban settings, often renting accommodation or living adjacent to host communities.

Multi-functional teams conducted FGDs with 279 refugees and asylum-seekers from Democratic Republic of Congo (DRC), Eritrea, Ethiopia, Syria and Yemen who are living in Khartoum State. South Sudanese refugees in Khartoum did not participate in the 2018 PA due to overlap with recent inter-agency needs assessments.

The main protection concerns arising from the 2017 PA among urban refugees and asylum-seekers in Khartoum were centred around legal and physical protection issues, SGBV risk and incidence, education and child protection issues, food security and access to livelihoods (FSL) issues, health and nutrition, and community mobilization challenges. Therefore, the FGD discussions were structured around these protection and assistance themes to allow for more in-depth discussion and support each communities' identification of possible solutions.



## 6.2.1. Eritrean Refugees and Asylum Seekers

### Summary of findings

#### Girls

-  \* Physical safety
-  Police harassment and exploitation
-  SGBV
-  Kidnapping and trafficking

#### Boys

-  \* Physical safety
-  Police harassment and exploitation

#### Women

-  SGBV
-  Discrimination
-  Police harassment and exploitation
-  Movement restrictions
-  Kidnapping and trafficking
-  Lack of livelihoods
-  Lack of inclusive community structure

#### Men

-  \* Physical safety
-  Discrimination
-  Police harassment and exploitation
-  Movement restrictions
-  Kidnapping and trafficking
-  Lack of safe spaces for play
-  School dropout and education gaps
-  Lack of documentation



### Protection

#### i) Legal and Physical Protection

Physical protection and safety remain among the main protection concerns for Eritrean children. Eritrean boys cited abuse and violence from host community members and police harassment and exploitation as their primary protection concerns. Girls shared the same concerns, as well concerns over risk of kidnapping.

Among Eritrean men and women, police harassment and exploitation remain key concerns. According to participants, police officers often do not recognize COR ID cards and Eritrean refugees are arrested despite having valid proof of refugee status and are made to pay fines or bribes, or have their money stolen during arrest and detention. Both men and women do not feel safe reporting harassment or assault incidents to local police, and cited fears of police and community retaliation, arbitrary arrest or detention and exploitation. They are also concerned about rumours they have heard regarding kidnapping of refugee children in Khartoum.

All participants agreed that a key driver of this issue is that documents issued to them in refugee

camps in East Sudan are not recognized by authorities in Khartoum. Lack of registration services in Khartoum makes it difficult for refugees to update or replace their documents, and participants cited concerns about a lack of birth registration and certificates for Eritrean children born in Sudan.

Unregistered Eritreans face even greater risk of arrest and detention in Khartoum. Participants cited delays in registration and refugee status determination (RSD) processes that Eritreans face in the refugee camps in East Sudan as key reasons for moving to Khartoum in search of improved access to livelihoods and education. However, physical insecurity issues and a lack of basic services further drive Eritreans onwards.

Eritrean women are concerned by movement restrictions, which is compounded by discrimination they face from host communities, including physical, verbal and sexual harassment and assault. Many women are concerned for their children's physical safety and keep their children indoors to protect them from being attacked or robbed.

Eritrean participants are confident in their communities' capacities to support vulnerable members and collaborate on community-based protection initiatives. However, they emphasized a need for more assistance and advocacy support from UNHCR, COR and response partners to properly address the legal and physical protection issues that they are facing.

## Recommendations made by the refugees

- ☞ *Improved access to financial assistance to cover basic needs and mitigate protection issues linked to basic service gaps.*
- ☞ *Access to registration in Khartoum.*
- ☞ *Targeted advocacy with local police and State authorities to improve awareness of refugee rights and ensure authorities recognizing COR ID cards and other relevant refugee documentation, as well as advocacy on freedom of movement for refugees in Khartoum without fear of harassment or exploitation.*
- ☞ *Access to birth registration and birth certificates, as well as for ID and other documentation for UASC and Eritrean children born in Sudan.*
- ☞ *Enhanced access to resettlement, especially for UASC, to reduce the need for irregular onward and help UASC access safer asylum spaces.*

### ii) SGBV

All Eritrean participants cited SGBV incidents and risk as a grave protection issue for their communities living in Khartoum State. While boys and men included this as part of their broader physical protection and safety concerns, women and girls were more specific, citing examples of rape incidents and frequent threats of SGBV by host communities. They are concerned with a perceived lack of support

for SGBV survivors. Eritrean women and teenage girls report verbal abuse by host community members and police. They also cited fear of being kidnapped and/or trafficked when moving around outside. Men also cited kidnapping and trafficking concerns for Eritrean children and young women in Khartoum.

Participants shared ideas on SGBV causes for the Eritrean community in Khartoum, including xenophobia and a lack of awareness of refugee rights and issues among host communities, police and other local authorities. They also flagged that a lack of recognized ID cards or documentation that puts women and children at greater risk of SGBV. Movement restrictions also increase kidnapping and trafficking risk by making refugees more accessible to traffickers posing as police or local authorities. Participants also expressed willingness to support SGBV survivors, but lack the tools or resources needed.

## Recommendations made by the refugees

- ☞ *Access to psychosocial support and financial assistance for SGBV survivors.*
- ☞ *Awareness raising on refugee rights and issues, targeting host communities and local and State authorities.*
- ☞ *Improved access to financial assistance to cover basic needs and reduce vulnerability.*

## Education and Child Protection

Eritrean women and men reported difficulties in obtaining birth certificates as major obstacles to school enrolment for Eritrean children. Eritrean community schools (including two elementary schools, one secondary school and a mixed private school) are reportedly of poor quality and overcrowded due to a lack of teachers and other resources.

Participants cited Arabic-language curriculum as a key barrier for enrolment of Eritrean children in public schools. Participants cited a lack of employment opportunities for Eritrean youth as a key driver of secondary school dropout. They also linked school dropout rates with families being unable to pay school fees and transportation and supplies costs for their children to attend public high schools. While they acknowledged that some humanitarian organizations have provided school supply support in the past, the coverage has been insufficient and inconsistent.

Men flagged concerns over a lack of access to safe recreational activities and play spaces for children and youth. Eritrean children are often not allowed to play outside due to harassment and other physical safety concerns. Other recreational spaces in Khartoum, such as parks or swimming pools, require the purchase of entry tickets that refugee families simply cannot afford. Host community harassment that Eritrean children face on the way to school remains a key protection concern among all participants.

Participants also expressed concern over a lack of trust in the capacity of the Eritrean community to properly care for and support UASC, and are concerned with the placement of UASC in non-Eritrean foster homes. Participants reported that Eritrean communities support each other on education and

child protection issues where possible, including pooling money and resources to care for UASC and support their children to stay in school. They re-affirmed their capacity and willingness to care for Eritrean UASC and want foster placement revisited.

## Recommendations made by the refugees

- ☞ *Community school construction to increase coverage and availability of classroom spaces.*
- Community school support to improve education quality.*
- ☞ *Access to school retention support and financial assistance for education.*
- ☞ *School feeding at community schools to support retention and children's well-being.*
- ☞ *Community sensitization on harassment and physical protection risks for children, particularly for Eritrean girls and youth, and awareness raising on how children can stay safe when in public settings. Participants suggested girls be encouraged to walk to school in groups to protect and support each other from harassment in the street.*

## Food Security and Livelihoods

Among Eritrean adult participants, a lack of- or limited access to livelihood opportunities remains among the biggest challenges they face living in Khartoum. They cited a lack of economic support as a key issue, including lack of access to start-up capital, inflation and low wages. Health issues and protection issues related to a lack of work permits or licenses further aggravate livelihoods access issues. Women reported facing discrimination from customers, including claims that their products or services are "dirty". They also cited concerns about the wellbeing of older community members who are unable to work but have no access to basic services and/or financial assistance.

Adult participants described high capacity and willingness within the Eritrean community to work hard and provide for their families. Many are willing to work as casual labourers or start small businesses from home. Eritrean women cited their interest in participating in local festivals and other public events to show case their food stuffs and other homemade products. They also expressed willingness to support Eritrean youth with skills-building by taking them on as apprentices for skilled trades, like hairdressing, esthetics, baking or other food processing; however, they lack the resources needed to properly do this.

## Recommendations made by the refugees

- ☞ *Improved access to basic services and financial assistance for older people.*
- ☞ *Access to start-up capital and other financial and economic supports for small businesses and community-led apprenticeship programmes.*
- ☞ *Skills-training opportunities, including financial management.*

- ☞ *Advocacy by UNHCR, COR and response partners on improved access to work permits, and host community sensitization on employment of Eritreans and other refugees in Khartoum.*

## Community mobilization and participation

Both men and women flagged that the Eritrean refugee leadership committees are not elected by the community and are not representative of most Eritreans, with youth not represented on these committees.

Adult participants feel that they lack a representative community body to reach out to in emergency situations or to report security incidents. Local religious leaders reportedly do not play a significant role in organizing and structuring the community; however, local churches do provide some social support systems and work to provide emergency cash support and donations to vulnerable individuals. Participants are not aware of the community outreach volunteer (COV) programme, nor who the Eritrean COVs are.

They stated that the main issue undermining community mobilization and participation is the fact that Eritreans in Khartoum do not live in a centralized area, and are instead scattered within host communities across Khartoum. This makes information sharing and community organizing challenging.

## Recommendations made by the refugees

- ☞ *UNHCR to coordinate the election of refugee leadership committees to ensure representativeness and legitimacy, including inclusion of refugee youth.*
- ☞ *More information on UNHCR's COV programme.*
- ☞ *Improved information-sharing and dissemination to the Eritrean community on relevant issues and services, with posterings and outreach campaigns at community schools, COR and UNHCR offices, churches and other community spaces.*

## 6.2.2. Congolese Refugees

### Summary of findings

#### Women

-  Physical safety
-  Discrimination
-  SGBV and harassment
-  Domestic violence
-  Health service gaps
-  Lack of livelihoods
-  Lack of documentation

#### Men

-  Physical safety
-  Discrimination
-  Police harassment and exploitation
-  Distrust of community representatives
-  Education gaps



### Protection

#### i) Legal and Physical Protection

Congolese men cited arbitrary arrest and detention as their main protection concern. This is reportedly done through police raids and round-ups. Participants reported having to pay bribes during arrests to avoid detention, even when they have ID cards or other relevant refugee documentation on them. Men cited a lack of documentation, especially work permits, and limited access to registration and RSD in Khartoum as key drivers of their vulnerability to police harassment and exploitation. Women participants also identified lack of documentation as a major protection concern, which aggravates their overall vulnerability to host community or police harassment and exploitation, and undermines their health and physical safety.

All participants reported facing discrimination from host community and local authorities, with racist or derogatory terms frequently used to address Congolese refugees in public settings. This aggravates their fears of being targeted with physical abuse and violence, and reportedly leaves them feeling unsafe.

Congolese participants stated that they cannot address their physical protection concerns and arrest and detention risks without support from UNHCR and COR.

### Recommendations made by the refugees

 *Advocacy by UNHCR, COR and response partners with local police and State authorities to improve awareness of refugee rights and ensure authorities recognizing COR ID cards and other relevant refugee documentation, as well as advocacy on freedom of movement for refugees in Khartoum without fear of harassment or exploitation.*

- ☞ *Improved coverage of community youth volunteers to support incident reporting and community response capacity.*

## ii) SGBV

All Congolese women cited SGBV incidence and risk as their primary protection concern, including pervasive sexual and physical harassment by host communities and local authorities. They do not feel safe reporting incidents to police.

The women acknowledged their limited capacity to prevent SGBV incidents and lower their risk on their own. They also cited challenges access health services and survivor support.

## Recommendations made by the refugees

- ☞ *Improved access to psychosocial services, reproductive health services and financial assistance for survivors.*
- ☞ *Women's community networks to support survivors.*

## Education and Child Protection

Congolese men reported that children's access to education remains low, due to a lack of community schools and families not having enough income to cover school fees, transportation and other school costs. Access to public schools is limited due to risks of harassment and abuse, Arabic-language barriers and lack of retention support.

## Recommendations made by the refugees

- ☞ *Community school construction to increase coverage and availability of classroom spaces for Congolese children.*
- ☞ *Access to school retention support and financial assistance for education.*
- ☞ *School feeding at community schools to support retention and children's well-being.*

## Food Security and Livelihoods

Congolese women reported being unable to meet their basic needs due to a lack of income and driven by low wages for casual labour and limited access to sustained livelihood opportunities, as most of the work they are able to find is only temporary. They noted that their livelihood challenges were aggravated by: a lack of ID cards and access to documentation, especially work permits; low educational attainment and literacy; and discrimination by host communities and local and State authorities.

The women highlighted high levels of community support, with a lot of willingness among Congolese

women to support each other and vulnerability community members, especially single older women without family support.

## Recommendations made by the refugees

- ☞ *Improved access to documentation, including ID cards and work permits.*
- ☞ *Access to literacy programmes in Arabic and English.*
- ☞ *Establishment of communal livelihood activities, and not just individualized support, to support community resilience and protection.*

## Health and Nutrition

Congolese women flagged their limited access to health services and essential medicines as a primary concern. This includes: limited access to emergency medical services; poor quality of available health services; and long waiting hours to access services from refugee organizations or clinics.

They also reported challenges access referral services, citing lengthy processes requiring extensive travel to acquire necessary permissions and documentation; and high cost of services in public hospitals, which often charge refugees for secondary services and transportation fees despite having COR referral documentation from COR. Hospitals also tend to charge foreigner fees, requiring payment in USD. Another issue flagged is discrimination they face from public doctors, with women participants concerned that they receive poorer quality or less services because they are Congolese.

Access to emergency services is further limited by inconsistent opening hours of COR's referral window. Emergency cases are not seen or able to access services outside of COR's opening hours. The COR ambulance is reportedly often not available and refugees must cover their own transportation costs, without reimbursement.

All of the women participants cited having to pay out-of-pocket for their primary and secondary health services, with reimbursement unlikely or taking too long. This is especially challenging given their limited household income. They prefer to access services at community health centres or private clinics, where they are charged less and feel that they are treated with more respect and dignity than in the public health facilities.

The women all expressed concern about reporting their health service access issues to UNHCR or COR because they are afraid of retaliation by UNHCR and COR staff, or clinic or hospital staff.

## Recommendations made by the refugees

- ☞ *Inclusion of community health centres to COR's health coverage scheme to reduce transportation and other health service costs since they are closer to refugee neighbourhoods.*
- ☞ *Simplify COR's health service referral process, and improve access for emergency cases with increased referral window hours and consistent ambulance availability.*

- ☞ Revision of health referral documentation to ensure patient's refugee status is highlighted and referral service agreement with the hospital is outlined in the document, including statement of free services.
- ☞ Increase the number of pharmacies that can be used to access medication referrals, or remove medication referral requirement altogether.
- ☞ Inclusion of midwifery services in health coverage eligible for reimbursement.
- ☞ Health education campaigns for refugee women to help mitigate health and access issues.

## Community mobilization and participation

Congolese men acknowledged that there is a Congolese committee with women and men representatives from each locality; however, the participants were not involved in the election of this committee nor were they aware of an election process. Some participants reported ongoing disputes between committee members and community members, and all participants expressed dissatisfaction with the way the committee functions.

A key concern cited by participants was perceived links that committee members have with the Congolese Embassy in Khartoum and that community leaders report on individuals to the Congolese government. This is thought to undermine community safety and drives protection concerns related to community distrust, refoulement and forced disappearances.

## Recommendations made by the refugees

- ☞ Participants proposed replacement of current committee members with individuals with no known links to the Congolese government, and a more balanced representation of individuals from both the older and newer caseloads in Khartoum.

### 6.2.3. Ethiopian Refugees

#### Summary of findings

##### Women

-  SGBV
-  Lack of livelihoods
-  Health service gaps
-  Tribal conflicts
-  Community structure gaps
-  Early marriage

##### Men

-  Physical safety
-  Lack of livelihoods
-  Health service gaps
-  Lack of documentation
-  Onward movement/migration risk



#### Protection

##### i) Legal and Physical Protection

Ethiopian men cited arbitrary arrest, police roundups and deportation (especially among refugee youth) as the main protection risks they face living in Khartoum. Other concerns include a lack of documentation and risk of onward movement by Ethiopian youth, with challenges accessing registration and ID cards in Khartoum identified as key drivers of these issues.

One specific issue flagged was that police do not recognize COR ID cards as legitimate documents. ID cards are reportedly issued to the head of the household only, which leaves other family members without refugee identification or documentation. Furthermore, refugees face challenges opening bank accounts or purchasing SIM cards using COR ID cards. Participants also reported that Ethiopian refugees who have moved from camps in Eastern Sudan to Khartoum are unable to renew their ID cards in Khartoum, update their information or register their children. They also reported paying high fees to access government documentation, including: a special police ID required for refugees in Khartoum; immigration ID cards for refugees who cannot be registered in Khartoum; and fees associated with COR ID card renewal, among other administrative costs.

They also flagged high risk of onward movement within the Ethiopian community as a key protection concern, particularly among Ethiopian youth. A lack of livelihoods opportunities for youth compounds the risk, as well as a limited community dialogue on trafficking issues due to fear of retaliation from traffickers.

Ethiopian participants expressed community willingness to support improved information dissemination on key documentation processes. However, they also acknowledged that they lack capacity to address their physical protection concerns and police harassment challenges, and require UNHCR and COR support.

## Recommendations made by the refugees

- ☞ Awareness raising with authorities on recognition of COR ID cards.
- ☞ Reduced costs for documentation required by refugees.
- ☞ Renewal of COR ID cards and access to registration services in Khartoum.
- ☞ Reintroduction of financial assistance to older refugees.
- ☞ Increased access to livelihood opportunities, especially for youth.

### ii) SGBV

Ethiopian women reported that incidents of sexual abuse, rape and harassment are common, and constitute serious protection concerns. They flagged that Ethiopian boys and men face SGBV risks too. They cited their vulnerability as Ethiopian refugees as a driver of their SGBV risk.

Women participants indicated high community capacity to support solutions to SGBV. They described their participation in informal support systems for SGBV survivors where community members pool money to help survivors access health services, and they support each other to report incidents to police.

## Recommendations made by the refugees

- ☞ Awareness raising on SGBV risk, survivor support and reporting within the refugee community mitigate negative impacts of SGBV on the community.
- ☞ Inclusion of host community members on SGBV awareness raising to lower risk of Ethiopian refugees being targeted.

## Food Security and Livelihoods

All participants cited a lack of access to livelihood opportunities as their main concern as refugees living in Khartoum. Participants stated that they are willing to work but cannot find jobs. A lack of household income undermines family wellbeing in all other areas, including health and nutrition, education and protection.

## Recommendations made by the refugees

- ☞ Longer skills- or vocational-training programme, to allow for more in-depth coverage and stronger skills development, with support to access apprenticeships or work opportunities following programme completion.
- ☞ Proper training will better prepare them for the job market, with longer term success.

## Health and Nutrition

Both women and men indicated that the high cost of health services and medicines is a key concern. Participants reported not being reimbursed for medical fees, including for emergency services. If they are able to secure reimbursement, it takes approximately 3 months to receive payment, which is especially challenging given already limited household income. Participants also reported being charged foreigner fees for hospital services, despite having refugee documentation.

Medicines are also difficult to access and to receive reimbursement for. Only certain pharmacies are covered by COR; however, these pharmacies are located far from COR offices, and participants report having to incur additional transportation costs to access medicines. Very ill individuals face additional challenges accessing medicines because COR requires them to visit their office in person to get medication referrals or renewal, and will not give the documentation to recognized family members. They also flagged a lack of financial assistance for sick individuals as a major issue.

A key issue cited by participants is a lack of follow-up and response from COR and UNHCR on health service issues. The community mitigates this lack of support by pooling money to help extremely vulnerable community members purchase medicines and access the services they need in a timely way.

## Recommendations made by the refugees

- ☞ *Increase the number and coverage of pharmacies that can be used to access medication referrals, including locations closer to COR and/or Ethiopian community areas to reduce transportation costs.*
- ☞ *Enrolment of Ethiopian refugees in national health insurance scheme.*
- ☞ *Faster processing and payment of health service reimbursements.*
- ☞ *Revision of COR medication referral policy to allow recognized family members to access medicines for very sick individuals unable to come in person.*
- ☞ *Access to financial assistance for very sick individuals to help them cover increased food, nutrition and health needs when unable to work due to illness.*

## Community mobilization and participation

Ethiopian women participants expressed concerns over a lack of cohesive community networks and structures, and inter-tribal tensions and conflict. They cited community fragmentation as an important factor, linked to a lack of access to secure and longer-term livelihood opportunities and insufficient household income, and the impacts that these issues have on community responsibility and cohesion. Fragmentation is also aggravated by different groups' religious beliefs and tribal tensions in their communities of origin in Ethiopia.

Despite fragmentation concerns, participants indicated high capacity within the Ethiopian community

to disseminate information through community networks. They flagged a lack of community mechanisms to address community participation issues; however, they acknowledged that some tribal groups are more organized with more robust support structures than others.

## Recommendations made by the refugees

- ☞ *Support on the development and roll-out of information campaigns to encourage community information-sharing and support on relevant community issues.*
- ☞ *UNHCR to support the establishment of an inclusive, legitimate and transparent community leadership committee structure with clear objectives, led by qualified (i.e., 'educated') community members who meet on a monthly or bi-monthly basis. The new committee must have women, older people and youth representation.*



**PHOTOGRAPH 7:**  
A refugee collects her monthly cash assistance at UNHCR's office in Khartoum. (December 2018)

## 6.2.4. Syrian Refugees

### Summary of findings

#### Women

-  Health service gaps
-  SGBV and harassment
-  Kidnapping and trafficking
-  Discrimination
-  Lack of livelihoods
-  Lack of UASC support
-  Education gaps
-  Early marriage

#### Men

-  Health service gaps
-  Nutrition service gaps
-  Movement restrictions
-  Sanitation and hygiene issues
-  Waterborne disease risk
-  Water supply gaps



### Protection

#### i) Legal and Physical Protection

Syrian men expressed concern about movement restrictions. Specifically, they are concerned that refugee ID cards do not allow them to move to other States in search of better livelihoods opportunities. They also flagged that the ID cards are not recognized by prospective employers or landlords as legitimate documentation, which makes it even more difficult for them to access livelihoods and secure housing.

They indicated that despite the economic hardship that most of the Syrian community is facing in Khartoum, refugee families still demonstrate good capacity for community support, and help each other address protection challenges and issues.

### Recommendations made by the refugees

- ☞ Advocacy by UNHCR and COR with local police and State authorities to improve awareness of refugee rights and ensure authorities recognizing COR ID cards and other relevant refugee documentation, as well as advocacy on freedom of movement for refugees in Khartoum without fear of harassment or exploitation.
- ☞ Information-sharing by UNHCR and COR on available services and support for Syrian refugees in Khartoum.
- ☞ Expansion of Syrian COV network to improve identification of urgent protection cases.

## ii) SGBV

Syrian women cited sexual harassment in public spaces as the main protection issue they face, particularly on public transport and in markets. They also flagged kidnapping incidents and risk as a key protection concern within the Syrian community, as well as early marriage and forced marriage of Syrian girls. They are also extremely concerned about sexual harassment that Syrian children reportedly face at school.

They acknowledged that these protection issues are driven by their vulnerable situation in Sudan and their general insecurity as refugees living in Khartoum. They also indicated that they feel targeted by some members of host communities because they are Syrian refugees, and are too afraid to report SGBV incidents to the police.

Women participants indicated that there are no established community structures to provide SGBV support and there is a lack of community knowledge on services available for SGBV survivors.

## Recommendations made by the refugees

- ☞ Establish a community committee to discuss SGBV-related issues and provide survivor support.
- ☞ Ensure all family members have ID cards and proper documents to reduce vulnerability to harassment and exploitation.
- ☞ Access to legal aid, psychosocial support and reproductive health services for survivors.

## Education and Child Protection

Syrian women cited discrimination, bullying and sexual harassment in public schools as their main protection concerns for their children. They also flagged concerns over the quality of the school curriculum and a lack of textbooks and other school supplies in classrooms.

Syrian children reportedly face challenges adapting to the local Arabic dialect. Participants also flagged their concerns over a lack of psychological health services for UASC who are traumatized from the separation or loss of one or both of their parents. The women linked UASC service gaps with assimilation challenges and broader discrimination issues that many Syrian children are reportedly facing in school.

The participants acknowledged that they feel able to flag education and child protection issues with authorities where possible, but would benefit from UNHCR and COR support.

## Recommendations made by the refugees

- ☞ Awareness raising in schools on SGBV and bullying.
- ☞ Establishment of Syrian community schools.
- ☞ Access to psychosocial counselling and other services in schools.

- ☞ *Improved access to family reunification for UASC.*
- ☞ *Introduction of computer learning in schools.*
- ☞ *Improved school facilities.*

## Food Security and Livelihoods

Syrian women flagged very limited job opportunities as a key issue faced by the community, despite their access to work permits. Household income is reportedly not enough to cover basic needs, especially rent.

Participants acknowledged that these issues are linked to Sudan's deteriorating economic situation, and they do not have a lot of capacity to surmount these challenges on their own. However, they emphasized that both women and men are willing to work, and many are skilled in food production, bakery work and building.

### Recommendations made by the refugees

- ☞ *Access to vocational training for equipment production to support diversified livelihoods opportunities.*
- ☞ *Improved quality of start-up kit materials provided with vocational training.*
- ☞ *Increase cash grant amounts for small businesses.*

## Health and Nutrition

Syrian men cited major concerns over health and nutrition wellbeing for Syrian refugees in Khartoum. Issues include: delayed medical expense reimbursements; limited access to specialized doctors; lack of access to emergency health and reproductive health services; high costs of dental care; limited access to psychosocial support services; and lack of access to nutrition services.

They also cited WASH concerns, including lack of access to clean water, inhalation of smoke from garbage fires, mosquito-borne illnesses and open sewer pits.

Participants indicated the Syrian community's willingness and capacity to support each other to understand health coverage and local systems better. They also expressed willingness to support clean-up campaigns to improve local sanitation and collaborating to address health, nutrition and WASH gaps within their communities.

### Recommendations made by the refugees

- ☞ *Enrolment in the National Health Insurance System to streamline access to medical services.*
- ☞ *Information dissemination by UNHCR and COR on available health and nutrition services for Syrian refugees.*

- ☞ *Support for household water purification and community-led vector control and standing water management (i.e., covering open pits).*
- ☞ *UNHCR and COR to cover emergency medical costs.*

## 6.2.5. Yemeni Refugees

### Summary of findings

#### Girls

-  SGBV and harassment
-  Physical safety
-  Education gaps

#### Boys

N/A

#### Women

-  SGBV and harassment
-  Discrimination
-  Education gaps

#### Men

-  Health service gaps
-  Lack of documentation
-  Lack of PSN support
-  Lack of livelihoods

## Education and Child Protection

Yemeni girls reported facing abuse and harassment at- and on their way to school, and a lack of school supplies as the main challenges undermining their access to education in Khartoum. They attribute these challenges to their refugee status. They indicated that when they or their parents have complained to UNHCR or COR, there is no follow-up and a general lack of support to address these issues.

The participants indicated that Yemeni families value educational attainment. They also confirmed that the Yemeni community has a strong network that can be used to raise awareness of refugee issues.

### Recommendations made by the refugees

*☞ UNHCR and COR support to address abuse in schools, and improved access to education support, including school fees, transportation and school supplies to help with school retention.*

## Food Security and Livelihoods

Yemeni men and women identified their limited access to livelihoods as one of the main protection issues they face. Participants have previously received vocational or livelihoods training programmes and flagged concerns over their suitability for the Yemeni community and poor programme quality, including: poor instruction and overworked trainers; training locations are too far from where they live; poorly equipped training venues; lack of air conditioning and drinking water; low quality start-up kits with materials often not matching what they were trained to use; lack of access to start-up capital; trainings do not sufficiently prepare participants for the skills needed in the job market; lack of

programme transparency; and no follow-up support or additional training upon programme completion.

Men participants indicated that the Yemeni community has capacity to pass on skills-building and training to other community members if they are supported with training space and incentives. They also indicated an interest in community livelihoods initiatives or joint business start-ups, where multiple community members can start a business jointly to reduce costs and support each other.

## Recommendations made by the refugees

- ☞ *Improved access to livelihoods and vocational training for Yemeni women that are targeted to home-based businesses, such as food processing and tailoring.*
- ☞ *Review of start-up kits to consider maintenance costs of the materials provided (i.e., provision of electric ovens over expensive gas ovens that are too expensive to maintain).*
- ☞ *Close follow-up and monitoring by UNHCR and COR of training centres and start-up materials provided.*
- ☞ *Advocacy by UNHCR and COR for improved refugee access to job postings.*
- ☞ *Support for agricultural livelihoods.*

## Health and Nutrition

Yemeni men flagged that many Yemeni refugees are not yet enrolled in the National Health Insurance System pilot. They also flagged cases where Health Insurance System (HIS) cards have expired but refugees are unable to renew them. They stated there is the perception that some Yemeni COVs are not communicating renewal information properly.

They also expressed concern over a general lack of access to quality health services. Of particular concern are high costs for medical referral services, with refugees forced to pay out of pocket and reimbursement taking many months or not at all. They expressed disappointment that chronic health issues are not covered, as these are expensive and household income cannot cover these kinds of costs. They also flagged issues with key health partners, citing poor service provision and a lack of consideration for disabled people who are forced to stand for long periods in a queue to access services. They also complained of a lack of access to nutrition services for pregnant women.

The participants indicated that a key driver of these issues is poor follow-up between UNHCR and health partners, with no oversight of service issues. They confirmed capacity of Yemeni community members to support on the identification of refugees in need of urgent medical care and help them access UNHCR for referral support.

## Recommendations made by the refugees

- ☞ *Improved access to HIS enrolment.*

- ☞ *Oversight of health partners, ensuring partners give priority to urgent cases.*
- ☞ *Access to financial assistance for families with malnourished children and to persons with disabilities.*

## Community mobilization and participation

Yemeni women suggested that there is a lack of communication from UNHCR and COR on available services for the Yemeni community. This is aggravated by the fact that Yemeni refugees are dispersed across the State and there is a mix of older and newer caseloads.

They indicated that the community has strong capacity to support on information dissemination through word of mouth in person, by phone and through social media.

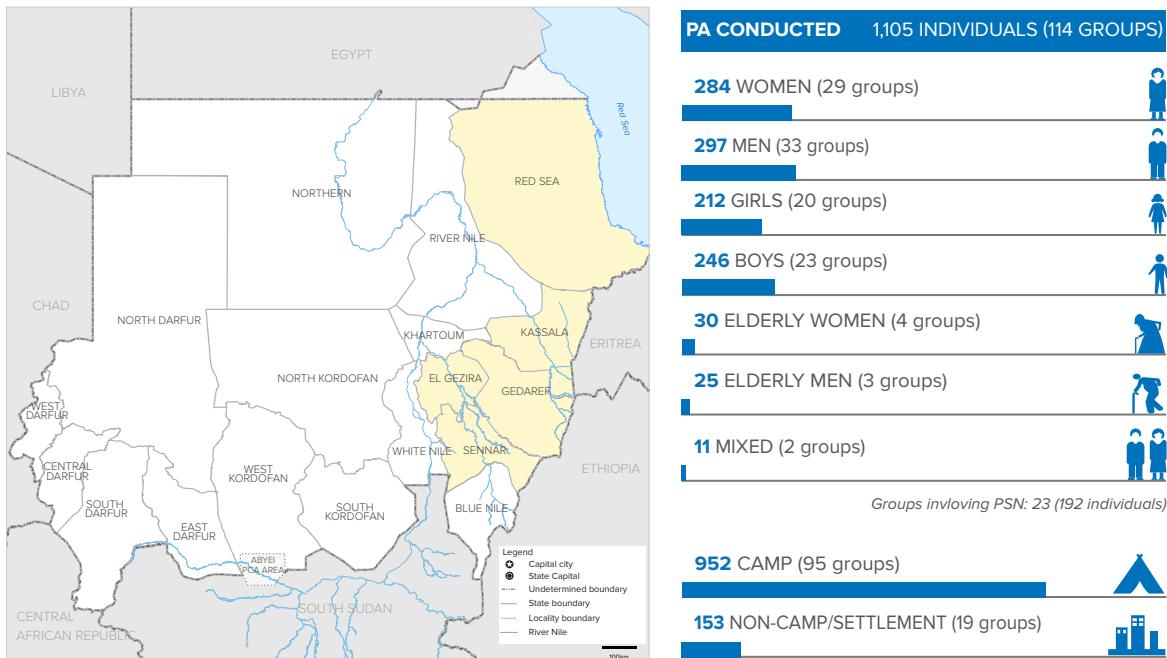
## Recommendations made by the refugees

- ☞ *Creation of a WhatsApp group open to all members of the Yemeni community to improve information dissemination and service access.*

## 6.3. Eritrean refugees and asylum seekers in East Sudan

There are an estimated 116,146 refugees and asylum-seekers living across Kassala and Gedaref States (as of 31 December 2018). The majority of refugees in East Sudan live in 6 refugee camps, with smaller communities scattered within urban centres, often renting accommodation or living adjacent to host communities.

The exercise consulted 1,105 persons of concern living in Shagarab Camps (I, II and III) and an urban Eritrean community in Kassala Town. The FGDs were structured around four main themes: Protection environment, Legal process and documentation; Basic needs and essential services; Education, child protection and SGBV; and Energy, livelihoods and food security.



**PHOTOGRAPH 8:**  
Refugee children attend World Against Trafficking Day events at Shagarab Camp in Gedaref (July 2019)

## Summary of findings

### Camps

#### Girls

-  Physical safety
-  SGBV and harassment
-  School dropout and education gaps
-  Lack of safe spaces for play
-  Lack of lighting
-  Early marriage
-  Lack of livelihoods
-  PHK gaps
-  Latrine gaps

#### Boys

-  Physical safety
-  Kidnapping risk
-  School dropout and education gaps
-  Lack of safe spaces for play
-  Lack of lighting
-  Early marriage
-  Lack of livelihoods
-  Child labour
-  Police harassment and exploitation

#### Women

-  SGBV and harassment
-  Lack of lighting
-  Food assistance gaps
-  School dropout and education gaps
-  Lack of safe spaces for play
-  Water supply gaps
-  Health service gaps
-  Lack of livelihoods
-  Lack of access to land
-  Lack of access to energy
-  Child labour
-  Lack of documentation
-  PHK gaps

#### Men

-  Kidnapping risk
-  Lack of lighting
-  Food assistance gaps
-  School dropout and education gaps
-  Lack of safe spaces for play
-  Water supply gaps
-  Health service gaps
-  Lack of livelihoods
-  Lack of access to land
-  Lack of access to energy
-  Police harassment and exploitation
-  Lack of documentation

## Urban

### Girls

-  SGBV and harassment
-  Kidnapping risk
-  Early marriage
-  Lack of safe spaces for play
-  School dropout and education gaps
-  PHK gaps

### Boys

-  Sexual harassment
-  Kidnapping risk
-  Early marriage
-  Lack of safe spaces for play
-  School dropout and education gaps
-  Physical safety
-  Police harassment and exploitation
-  Child labour

### Women

-  SGBV and harassment
-  Kidnapping risk
-  Lack of access to land
-  Health service gaps
-  School dropout and education gaps
-  Lack of safe spaces for play
-  PHK gaps
-  Child labour

### Men

-  SGBV and harassment
-  Kidnapping risk
-  Lack of access to land
-  Health service gaps
-  School dropout and education gaps
-  Lack of safe spaces for play
-  Physical safety
-  Police harassment and exploitation
-  Lack of community representation

## Protection

Threat of kidnapping or abduction is the most commonly identified protection risk among boys and men consulted in Kassala Town and Shagarab camps, including for both new arrivals and the older caseloads. Among women and girls, SGBV and sexual harassment was the primary protection concern in both camp and urban settings. Sexual harassment was also cited as a concern by teenage boys and men living in urban settings. Children in both camp and urban settings also shared concerns about physical safety threats.

Newly arrived adult refugees also flagged delays in issuing COR ID cards and travel permits as another key protection concern. Participants describe how these delays affect their ability to access urgent

medical referrals, forcing refugees to seek other alternatives and often leaves them unable to get proper treatment and support for their medical problems.

Among teenage boys and men in both camp and urban settings, police harassment and arbitrary arrests are major protection issues. Participants reported issues with police entering refugee homes or community spaces where young men and women are socializing together, even when socializing among relatives, often subjecting them to searches, taking their money or belongings, beating them and arresting them.

Adult and elderly refugee new arrivals in Shagarab camps cited a lack of representation or participation in community structures as one of their main issues, along with persons with specific needs living in Kassala Town.

New adult arrivals in Shagarab also flagged issues with reception centre congestion, especially among elderly refugees. Girls also cited this as a key protection concern.

## Recommendations made by the refugees

- ☞ *Cases that need urgent medical intervention need to be handled in a special way so that the people can seek the treatment or assistance that they need out of the camps in other towns within the country.*

### WASH

A lack of access to potable water was the most commonly identified issue among adult refugees consulted in Shagarab camps, especially among elderly men and women. Persons with specific needs reported water supply gaps in reception centres in Shagarab camps I and II, especially those related to the design of water access points for people with disabilities. Adult refugees in camps also cited concerns over intra-community tensions at water points leading to conflicts among refugees. Water access issues are aggravated by short pumping times, low pressure at distribution points due to leaking pipes and connections, and insufficient coverage of water distribution points.

Lack of access to latrines was a main concern flagged by elderly refugees and persons with specific needs living in camps. Children in both camp and urban settings also cited issues with the poor condition of school latrines.

## Recommendations made by the refugees

- ☞ *Address the issue of water by increasing pumping time.*
- ☞ *Improve water access design.*
- ☞ *Improve drainage system at water distribution points.*
- ☞ *Improve the latrine access and install support systems at the latrines for disabled and elderly persons.*

- ☞ *Increasing sanitation and cleaning campaigns to end open defecation and reduce vectors.*

## Health

Refugee women living in camps, especially mothers, pregnant women and elderly women, cited a lack of quality health facilities as among their key concerns, as well as drug shortages, poor equipment and low skilled health personnel or understaffing. Refugees report being unable to purchase medicines from the local market. Refugees in both camp and urban settings also identified problems related to medical referral system gaps, in terms of referral delays and lack of financial support during the referral process, which undermines their access to emergency or specialized health services. A lack of access to pediatric services was also identified as a key issue by adult refugees in both settings, as well as a lack of specialized mental health services are unavailable in camps, especially by for persons with specific needs and caregivers.

New arrivals and persons with specific needs cited that monthly food vouchers cover only 5 to 7 days of household food needs. This is reportedly caused by low value of vouchers and reduced purchasing power in the face of rapidly increasing food prices due to the economic situation.

## Recommendations made by the refugees

- ☞ *Address drug shortage in refugee health facilities.*
- ☞ *Provide camp health facilities with enough equipment and hire enough medical personnel.*
- ☞ *Speed up case referral and reimbursement processes.*
- ☞ *Increase and constantly review food voucher value in relation to inflation rates.*

## Education, Child Protection and SGBV

A lack of educational opportunities and high school dropout rates were two main issues most frequently identified by all participants in both settings, especially among new arrival participants in camps. Children flagged a lack of school supplies and learning materials as key issues they face in school. Refugee women and men were concerned about teachers not being the same gender as students in camp schools, and flagged concerns about the need for safer learning environments. Refugee adults are also concerned about a lack of culturally-appropriate school settings, with children facing religion-based discrimination in available public schools.

A key issue is the poor quality of available schools. The main challenges reported include: overcrowding; school buildings in disrepair; lack of WASH services in schools; and poorly trained teachers. Access to education is also undermined by a lack of family income to cover school and exam fees, and school uniforms. This is compounded by a lack of school feeding programmes to support attendance and reduce school dropout. Some parents reported that their children have been beaten by school teachers when they are late on school fees.

Prevalence of child labour was a key concern cited by newly arrived boys in both camp and urban settings, as well as among refugee women from both caseloads. The boys observed that a lot of their classmates had left school to work on host community farms during the harvest season, where children often receive similar wages to adults. This serves as an important pull factor in a context of poverty within refugee communities in both camp and urban settings. There are also a lack of safe play spaces for children, which was cited as a main concern by both children and adult participants in camp and urban settings.

SGBV risk was a commonly cited protection issue among newly arrived women and girls in camps. Participants described how refugee girls are persuaded by smugglers to leave the camps to go to Khartoum or head outside of Sudan, which puts them at higher risk of SGBV.

Children in both camps and urban areas cited concerns about early marriage for girls. Girls and women in camps flagged a lack of access to menstrual hygiene products as a key issue. Many described how they have never received PHKs and cannot afford sanitary pads due to poverty. They are very concerned about how lack of access to hygiene products undermines their reproductive health.

## Recommendations made by the refugees

- ☞ *Information campaigns should be organized on a regular basis to inform new arrivals about camp education opportunities.*
- ☞ *Sensitization of parents on the importance of education.*
- ☞ *Expansion of COV network to improve information sharing.*
- ☞ *Organize regular meetings between PTA committees, school administrators and response partners.*
- ☞ *Advocacy on peaceful co-existence with host community members in schools.*
- ☞ *Service providers to work with community and relevant authorities to establish safe play spaces for refugee and host community children.*



## Food Security, Livelihoods and Energy

Limited access to work opportunities was among the main concerns shared by adult refugee men and women in both camp and urban areas. Movement restrictions aggravate this as refugees are unable to move outside of camps or the State to seek work opportunities. Other key issues include a lack of suitable vocational training opportunities and support for employment skills.

Agricultural livelihoods is the most accessible for refugees in East Sudan; however, participants reported that they lack access to arable land for farming, as well as limited opportunities for crop-sharing with host community farmers, with most refugees unable to afford high land rents. This makes them dependent on exploitative low-wage and temporary farm labour.

Participants emphasized their willingness to work and capacity to network with host community land owners for work opportunities. Refugees also cited agricultural knowledge as a key capacity that they possess that could be better used in crop-sharing and/or direct cultivation opportunities.

A lack of access to energy was another main issue raised by adult refugees in camps, including elderly people. This is driven by high prices for firewood and charcoal, compounded by limited access to alternatives including liquid-petrified gas and solar.

Refugees are willing and interested in using alternatives, but cannot find them easily on local markets and/or lack ability to pay for energy inputs. A lack of lighting in camps aggravated lack of access to household energy, and contributes to a general feeling of insecurity among children and adults.

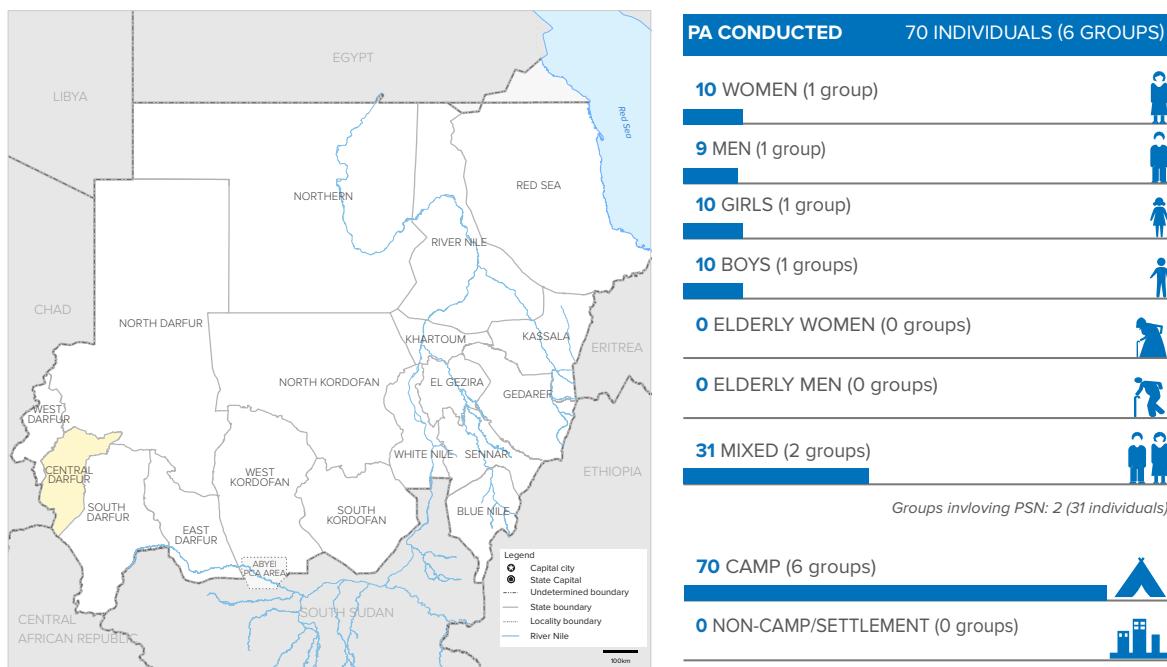
## Recommendations made by the refugees

- ☞ *Support with livelihood assistance.*
- ☞ *Facilitate access to work opportunities (advocacy for freedom of movement and work permits).*
- ☞ *Financial support for access to land and inputs.*
- ☞ *Support with certified seeds and tools.*
- ☞ *Increase the number of machineries.*
- ☞ *Support with access to liquified petroleum gas.*
- ☞ *Support access to refilling centres.*
- ☞ *Installation of solar street lights.*

## 6.4. Chadian refugees in Central Darfur (Um Shalaya Camp)

There are 3,381 Chadian refugees living in Um Shalaya camp in Central Darfur (as of 31 December 2018). Multi-functional teams conducted FGDs with 70 Chadian refugees living in the camp, including children aged 10 – 17 years, and adults aged 18 – 59 years.

The FGDs for the 2018 exercise were structured around three main themes to allow for more in-depth discussion and support each communities' identification of possible solutions, including: basic needs and essential service; security from violence and exploitation; and durable solutions.



## Summary of findings

### Camps

#### Girls

-  SGBV and harassment
-  Food assistance gaps
-  Water supply gaps
-  Access to medicines
-  Shelter gaps
-  NFI gaps
-  School dropout and education gaps

#### Boys

-  Physical safety
-  Food assistance gaps
-  Water supply gaps
-  Access to medicines
-  Shelter gaps
-  NFI gaps
-  School dropout and education gaps

#### Women

-  SGBV and harassment
-  Food assistance gaps
-  Water supply gaps
-  Health service gaps
-  NFI gaps
-  School dropout and education gaps
-  Latrine gaps

#### Men

-  Physical safety
-  Food assistance gaps
-  Water supply gaps
-  Access to medicines
-  NFI gaps
-  School dropout and education gaps
-  Lack of documentation
-  Issues with repatriation procedures

### Basic needs and essential services

Lack of access to quality education was a key issue raised by all participants. Refugees noted high rates of school dropout as a particular concern, linking this to poverty among families and the need for children to work, families' preferential access for boys and not girls, early marriage of girls, and lack of school supplies and other supports.

School dropout is also compounded by food assistance gaps, cited by both children and adults as a major concern. Refugee adults attribute this to reduced food rations linked to the voluntary repatriation process. They are also concerned about their lack of access to land to farm and their inability to rent land due to high prices. Where they are able to secure crop-sharing agreements, they report being vulnerable to exploitation by landowners.

Lack of access to potable water was another key concern cited by all participants. This is linked to frequent breakdown of water points when large crowds gather to access water during limited pumping hours. Participants flagged a lack of community awareness on how to properly use water points, and that technical committees lack the parts needed to promptly make repairs.

A lack of access to essential medicines was also raised by all participants. Refugee men and women cited increased demand on refugee clinic services and drug stocks from host communities and nomads as a key driver of drug shortages in the camp. Refugee adults also are concerned about lengthy referral processes that leave them unable to access urgent or secondary health services. Refugee women were particularly concerned about health service coverage for elderly people in the camp.

Camp infrastructure gaps are a key concern among both men and women. This includes inadequate health facilities, lack of latrines and a lack of shelter replenishment or rehabilitation support. Refugee women and girls flagged a lack of privacy due to cramped mixed gender living quarters. Broken shelters and shoddy materials also expose them to sexual harassment and sexual violence.

## Recommendations made by the refugees

- ☞ *School retention support for vulnerable households.*
- ☞ *Support from UNHCR and COR to access equitable land- or crop-sharing agreements.*
- ☞ *Community participation in water conservation initiatives.*
- ☞ *Provision of spare parts for water points and increased pumping time of available generator.*
- ☞ *Provision of shelter materials to support rehabilitation and/or expansion of current shelter.*
- ☞ *Latrine construction support and decommissioning of old latrines.*



## Protection

### i) Legal, Physical Protection and SGBV

Boys in particular are very concerned about looting and other criminal activities that take place at night, and also cited fear of beatings, conflict or violence from armed nomadic groups who live near the camp. Refugee adults flagged issues that they face from these groups such as harassment, looting, violence and other abuse when they leave the camp to pursue livelihoods. Women cited fear of SGBV and harassment or being robbed when they or their children go to collect firewood and other fuel materials. Boys are aware of the risks that women and girls in the camp face and often volunteer to do firewood and grass collection to protect their community. Men and women cited a lack of rule of law and access to justice for refugees in the locality as a key driver of their insecurity.

Refugee women expressed that their community's vulnerability to abuse by host communities and armed nomadic groups was aggravated by their poverty and lack of sustainable livelihoods opportunities, especially for women. They flagged women's relative vulnerability due to their exclusion in camp decision-making processes and domestic violence issues. Some refugee women linked these issues with the ways in which girls are not prioritized for school attendance and are prone to early marriage.

## Recommendations made by the refugees

- ☞ *Escorts for firewood or grass collection.*
- ☞ *Provision of charcoal or energy alternatives to reduce need to leave the camp.*
- ☞ *Diversified livelihoods initiatives targeting refugee women.*
- ☞ *Support to enhance women's community participation.*

### ii) Durable Solutions

Refugee men and women discussed their thoughts and concerns about voluntary integration and repatriation options. Refugee women were more inclined to remain in Sudan if integration support and options were provided. The reasons cited include better access to education and health services in Sudan than in their areas of origin in Chad. Both men and women cited access to farm land in Chad as a key draw for repatriation. Both groups are worried about potential conflicts in their areas of origin. Participants generally feel insecure with either option, due to physical security concerns they currently face living in the camp and uncertainty over their security situation in Chad. This is compounded by their concern over a lack of access to services in Chad. Both men and women feel frustrated with the lengthy repatriation process.

Refugee teenagers are more interested in resettlement to a third country; however, they lack information about the process and prospects.

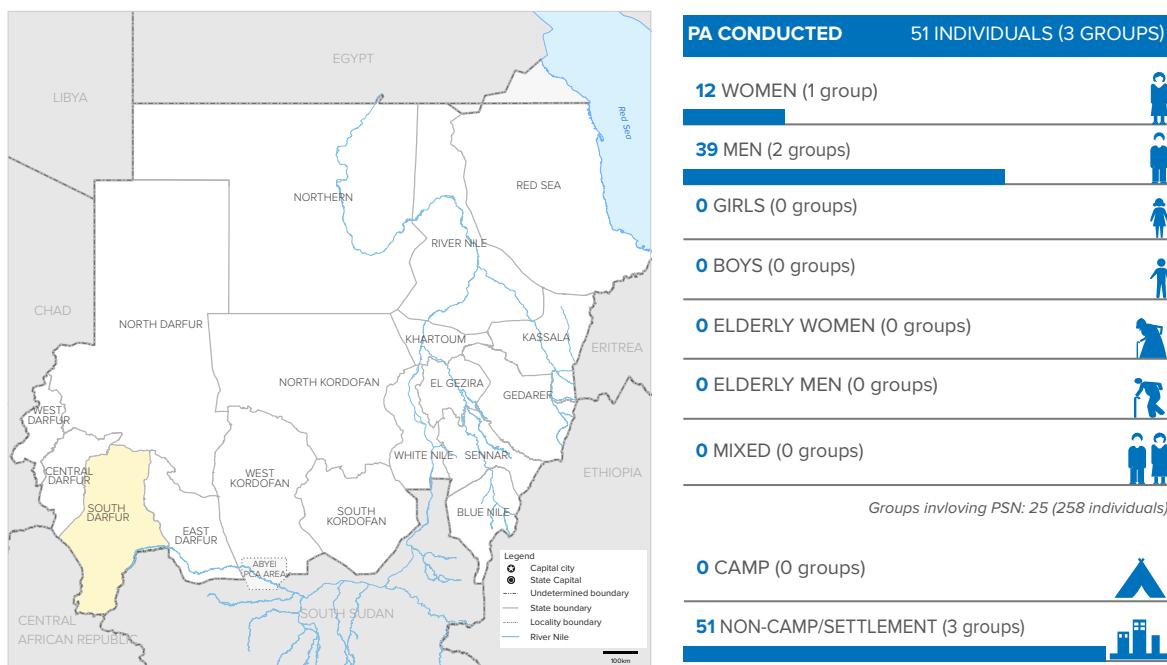
## Recommendations made by the refugees

- ☞ *Information sessions on resettlement for youth.*
- ☞ *More information on repatriation process and progress, and updated information on the situation in their areas of origin.*
- ☞ *Local integration as an option with support provided by UNHCR and COR.*

## 6.5. CAR refugees in South Darfur

There are 8,194 CAR refugees living in South Darfur State (as of 31 December 2018). Multi-functional teams conducted FGDs with 51 CAR refugees living in Nyala Town and within the South Sudanese refugee settlement in El Radom, comprised of adults aged 18 – 59 years.

The FGDs for the 2018 exercise were not themed; however, refugee participants prioritized issues related to livelihoods, education, health, protection and shelter.



## Summary of findings

### Women



Lack of livelihoods

### Men



Lack of livelihoods



Education gaps



Health service gaps



Registration issues



Shelter gaps



## Protection

Participants in both locations cited language barriers and cultural differences as key drivers of their service access challenge. Access to registration was a key concern shared by participants in both locations. While they are aware of registration services, they face difficulties accessing due to language barriers and are unsure of how to use registration to improve their service access. Participants in El Radom settlement flagged that the CAR community is a bit separate from the South Sudanese community, and face difficulties integrating or access services. In Nyala, participants are concerned about discrimination and service access in public facilities, where they cannot speak Arabic and do not have access to interpreter support.

## Recommendations made by the refugees

- ☞ *Partner support on registration and other basic service access.*
- ☞ *Provision of interpreters.*
- ☞ *Support on peaceful coexistence dialogue with South Sudanese and host communities.*



## Education

Participants cited a lack of schools as a key concern, as well as challenges children face with the local Arabic-language curriculum and no available language support, which also makes school enrolment support difficult to access. School retention is also difficult for families due to a lack of household income to cover school fees, uniforms and school supplies. While refugee teachers are reportedly available, language differences make it difficult for them to pursue teaching opportunities. Participants also flagged concerns over low literacy levels within the community, among both children and adults, which further undermines their capacity to access markets and other services.

## Recommendations made by the refugees

- ☞ *Community school construction for CAR children to access language- and culturally appropriate curriculum with community teachers.*
- ☞ *Provision of school enrolment and retention support for children access refugee-hosting schools.*
- ☞ *Adult learning programme options to support community literacy and improve service and market access.*

## Health

Lack of essential medicines was one of the most commonly identified issues among all participants in both locations. Where medicines are available, the prices are too high for refugees to access. Participants are also concerned about a lack of medical staff in available clinics. In El Radom, where refugee-specific health services are available, CAR participants flagged access issues due to language barriers and a lack of knowledge on how and when services were available. They also cited concerns over the poor quality of available services.

Participants in Nyala expressed interest in accessing national health insurance systems, but will require partner support to ensure they can access public services equitably, given language barriers and low capacity to pay for services.

## Recommendations made by the refugees

- ☞ *Consideration of integrating CAR refugees within national health insurance system.*
- ☞ *Partner support to address barriers to health service access.*
- ☞ *Support for local facilities to improve quality and availability of medicines, supplies and staff.*

## Livelihoods

Women and men participants in both locations highlighted a lack of livelihoods as their primary concern. Participants flagged a loss of livelihood assets in CAR, which they have been unable to replace since arriving in Sudan. Their lack of Arabic-language skills make it difficult to access available informal labour opportunities, and they are unable to negotiate wages and terms.

All participants flagged that food assistance gaps aggravate their lack of livelihoods, as available rations are not enough to cover household needs. Women participants cited inconsistent distribution and a lack of diversified food options as key issues, as well as their concern about being unable to purchase food on the local market.

Participants highlighted community capacity to farm and grow their own food; however, they lack access to land and agricultural inputs. Participants also emphasized their willingness to work, and that many community members are skilled but need support accessing market opportunities, especially related to handicrafts.

## Recommendations made by the refugees

- ☞ *Improved access to livelihoods and vocational training and support.*
- ☞ *Market access support.*
- ☞ *Support to secure job opportunities with host community farmers.*
- ☞ *Advocacy support with local authorities for access to land.*
- ☞ *Better communication on food distribution delays and issues.*
- ☞ *Review food distribution ration sizes.*

### Shelter

Participants in both locations cited insufficient shelter coverage as a key concern. Participants in Nyala expressed concern about being unable to purchase shelter materials from the local market. In El Radom, participants flagged concerns over piecemeal shelter distribution, and having to rely on local materials to construct their shelters on the edge of the settlement.

Refugees expressed willingness to construct their own shelters and lead on repair/rehabilitation activities if they are provided with materials.

## Recommendations made by the refugees

- ☞ *Targeted shelter assistance, with plastic sheeting and other support to help with water proofing.*

# 7. Comparative analysis

## 7.1. Common concerns among camp-based refugees



Lack of livelihoods, lack of or inadequate food and lack of medicines are the most commonly identified concerns among camp-based refugees. Freedom of movement restrictions are also key concerns among both South Sudanese and Eritrean refugees living in camps. Discrimination issues were also frequently flagged by both South Sudanese refugees in White Nile camps and Chadian refugees in Central Darfur. Refugees in camps in Kassala and Central Darfur also shared concerns over water supply gaps.

Among refugee women, SGBV is a common issue discussed by women living across all camps, with children in East and Central Darfur camps also raising SGBV as a key concern. Education gaps are a common concern among Eritrean and Chadian refugees in camps. Early marriage is frequently raised by most by women living in East Darfur camps, which is often linked to gaps in education and livelihoods assistance as key drivers of early marriage among refugees in Sudan.

Among refugee men, physical protection issues are the most common concern shared, with Eritrean refugees in Kassala highlighting police harassment as a specific physical protection issue they face. Lack of documentation in Kassala and Central Darfur camps is another common concern among men.

Children shared concerns over the education gaps they face living in refugee camps. These gaps include a lack of classroom space, issues with school retention, teachers' availability and school dropout. Children in East Darfur camps frequently highlighted child labour as a key concern. A lack of education opportunities and school retention support is a key driver of both child labour and early marriage. SGBV and sexual harassment is another shared concern among children living in refugee camps in East Darfur, Kassala and Central Darfur.

## 7.2. Common concerns among out-of-camp refugees



There are two main groups of refugees designated as “out-of-camp”, or living in self-settlements across Sudan, including: South Sudanese refugees living across seven States (South Kordofan, West Kordofan, East Darfur, South Darfur, North Darfur and Khartoum), and CAR refugees living in self-settlements in South Darfur.

Refugees in out-of-camp settings often face very similar issues and concerns. Lack of livelihoods is the most commonly cited issue, along with freedom of movement restrictions, lack of or inadequate food and shelter, water and latrine gaps. Lack of documentation is another common concern, similar to that shared by Eritrean and Chadian refugee men living in camps.

Refugee women and children living outside of camps also share concerns over SGBV and their physical safety, just like their counterparts living in camps. Refugee men are also concerned about physical safety issues in their out-of-camp communities.

Among South Sudanese refugee children living outside of camps, education gaps remain a key concern across all States, which is also shared by refugee children in camps.

### 7.3. Common concerns among urban refugees



Lack of documentation is the most commonly identified concern among urban refugees. Freedom of movement restrictions and police harassment and exploitation are key concerns among urban refugees living in Khartoum and East Sudan. CAR refugees living in Nyala are more focused on service access gaps and lack of livelihoods opportunities, both of which are aggravated by a lack of documentation and discrimination.

Refugees without proper documentation are more vulnerable to police harassment, service denials and discrimination. Education gaps are also common issues raised, and when cited often included references to school dropout, lack of capacity to cover school fees, textbooks and supplies, as well as other retention issues.

SGBV remains a common concern among refugee women living in urban settings, along with women living in camps and outside of camps. Women in Khartoum and Kassala Town also share concerns over their limited access to reproductive health services.

Refugee women and men living in Kassala Town also frequently identified their lack of access to land as a shared issue. Men in Khartoum and Kassala Town both cited health service access gaps as a key concern, with men in Kassala frequently identifying issues in gaps in mental health services, while men in Khartoum more frequently expressed frustration over lengthy secondary and/or emergency health referral processes.

Refugee children living in Khartoum and Kassala also share concerns about sexual harassment, with many children describing being harassed when walking to and from school and also frequently raised a fear of kidnapping.

### 7.4. Common concerns by location types



Lack of livelihoods opportunities and movement restrictions are the most common concerns across all refugee locations. Host community discrimination is another issue cited by refugees in all locations.

Among refugees living outside of camps and in urban areas, physical security, sexual harassment and SGBV issues are shared points of concern. Police harassment and exploitation concerns were among the most commonly identified issues for urban refugees.

Refugees living in both camp and out-of-camp settings also frequently highlighted service access issues, whereas service access issues were less of a concern among urban refugees, with the exception of education gaps and slow health referral processes.

## 7.5. Common concerns among men and women



Lack of livelihoods and lack of documentation are among the most commonly identified concerns for both refugee women and men, along with food and health access gaps.



Physical security and safety issues are also common concerns, with women citing SGBV risk more often and men citing police harassment and exploitation as key risks they face.

Physical security and safety issues are also common concerns, with women citing SGBV risk more often than men. Refugee men frequently shared police harassment and exploitation as key risks they face.

Education gaps are a key issue raised by women across all refugee populations. Women also shared a concern over perceived community participation issues, citing issues of a lack of women's and youth representation in community leadership and/or decision-making committees.

## 7.6. Common priorities among children



Both genders share many of the same concerns, including lack of access to quality education and health services, child labour and lack of safe spaces for play. Food gaps are also key concerns for both genders.

Physical security concerns are common, with girls more frequently citing sexual harassment and SGBV risk than boys. Girls also frequently raise concerns about open defecation and poor hygiene, with specific concerns about menstrual hygiene support gaps.

## 7.7. Participant recommendations and proposed solutions

A key part of the PA discussions is working with participants to identify solutions to the issues raised during the consultations. Several key themes on recommendations emerged that were common across population groups.

Participants frequently requested more recognition from UNHCR, COR and partners on their community and individual capacity to contribute to the response and improve their situations. Refugees consistently flagged their willingness to work on community improvement initiatives, and shared a strong desire to make meaningful contributions to their communities by engaging in the planning and implementation of the response. Refugees frequently shared detailed and technical solutions to service access issues.

Peaceful co-existence/outreach initiatives were the main suggestion to address discrimination and other physical protection and service access issues, including police harassment and SGBV.

Refugees frequently acknowledged the impact of Sudan's economic situation on their livelihood opportunities and household wellbeing. One common solution proposed by refugee participants is improved access to financial assistance to address service and assistance gaps in the short-term. Participants emphasized the need to scale-up of access to high quality vocational training, secondary and tertiary education opportunities and livelihoods start-up support. Many groups of participants also expressed concern about elderly people's basic needs and access to services and flagged the importance of ensuring the inclusion of elderly community members in financial assistance programming.

Requests for advocacy support were also common across population groups. Refugees are looking for support on getting policy changes for protection, livelihoods, land and service access issues.

## Recommendation themes

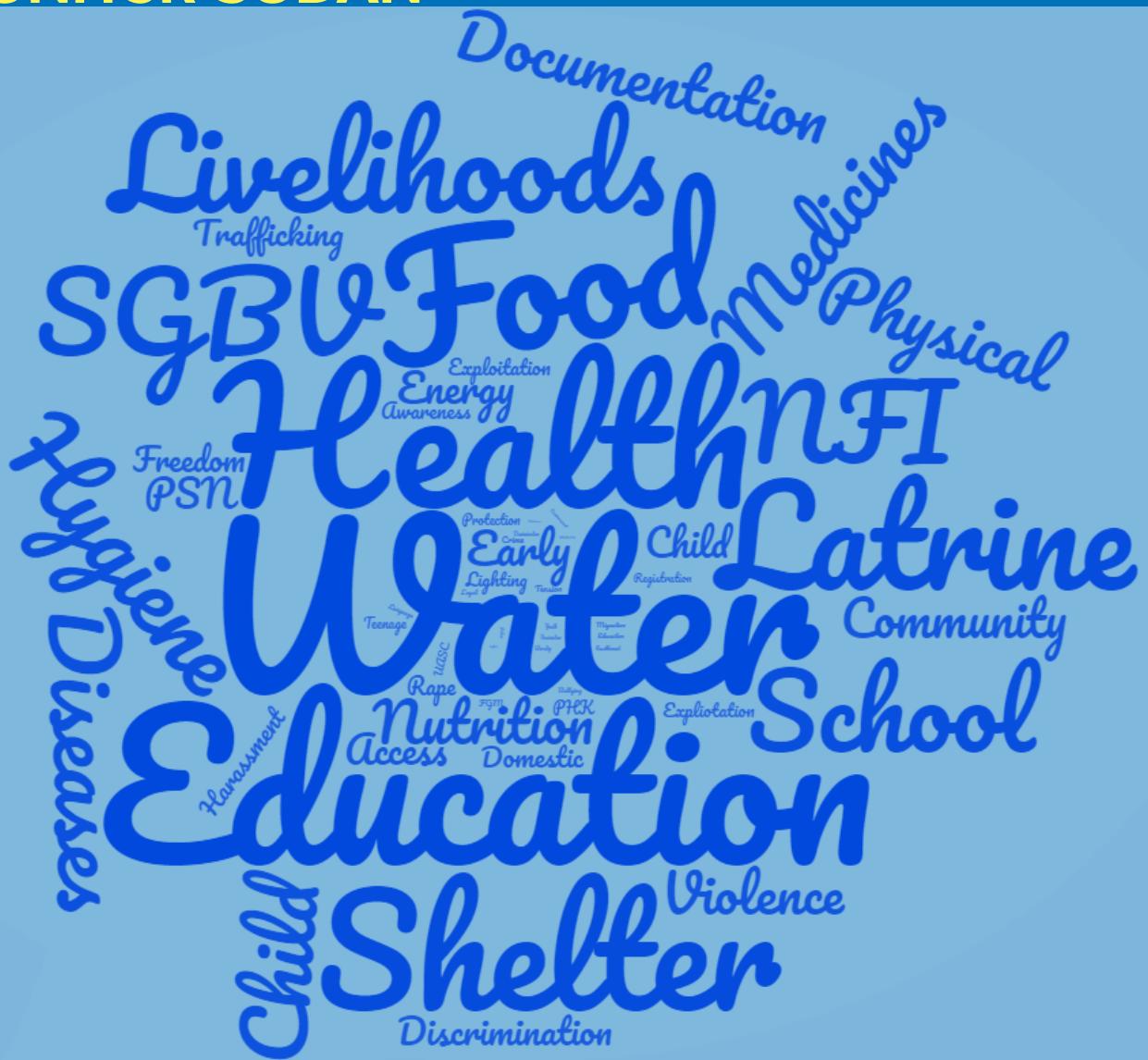
- ☞ *Greater recognition of refugee capacities*
- ☞ *Peaceful co-existence and outreach initiatives*
- ☞ *Improved access to financial assistance*
- ☞ *Advocacy on protection issues, access to livelihoods, land access and service access*



# 2018 PARTICIPATORY ASSESSMENT REPORT

# UNHCR SUDAN

JULY 2019



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