



UNHCR
The UN Refugee Agency

**BEING a REFUGEE
in SUDAN
2019 PARTICIPATORY
ASSESSMENT REPORT**

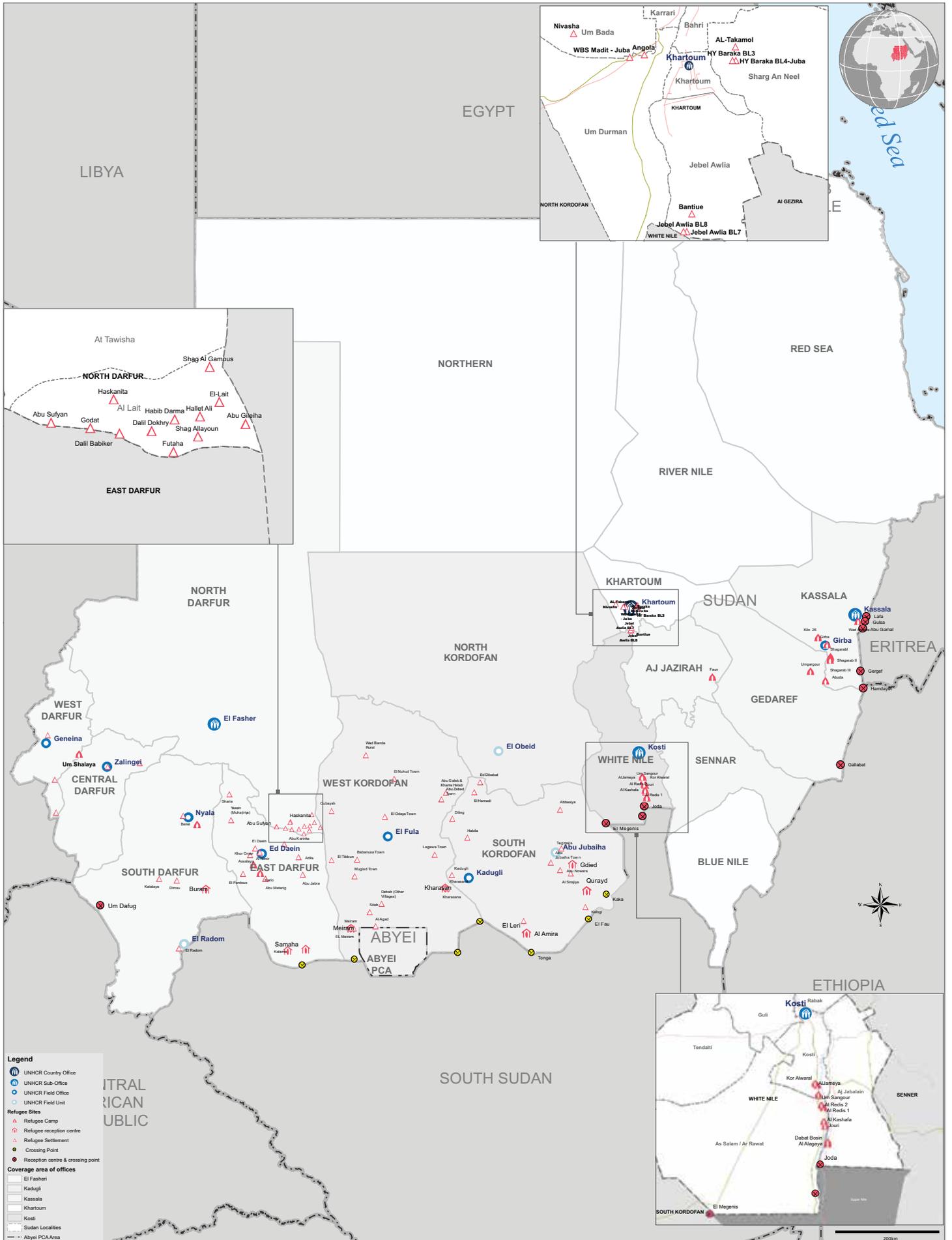
Front cover photograph:

South Sudanese Shiluk refugee ladies in traditional clothes, welcome the arrival of UNHCR's Assistant High Commissioner for Operations George Okoth-Obbo at Khor Al Waral camp in White Nile, Sudan.

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The depiction and use of boundaries, geographic names and related data shown on maps and included in lists, tables, documents, and databases are not warranted to be error free nor do they necessarily imply official endorsement or acceptance by the United Nations. Final status of the Abyei area is not yet determined.

SUDAN

Total



1.1 M

Refugees



FGDs



Consulted



104



100



151



117



47



49

MIXED

44

1,167

1,119

1,516

1,220

498

469

673

Age Groups



10 - 13 Years	91	1,143
14 - 17 Years	113	1,085
18 - 25 Years	109	1,267
26 - 59 Years	159	1,757
60 and above	97	1,032
Other	47	378

Country of Origin



MIXED

South Sudan	456	5,047	2,297	2,078	672
Eritrea	44	443	222	161	60
Ethiopia	33	274	102	172	-
Central African Republic	27	298	163	138	-
Chad	11	125	75	50	-
Syria	3	28	28	-	-
Other	9	70	43	27	91

Ethnicity



Arab	1	7
Aranga and Tama	3	60
Congolese	3	26
Dajo	11	125
Dinka	165	1,883
Fertit	26	302
Fur	32	368
Kament	19	150
Masalit	10	150
Nuer	97	1,046
Shuluk	143	1,423
Tigre - Tigrinaga	18	184
Tigrinaga	2	15
Mixed (Ronga, Kara, Hawsa)	14	167
Mixed	59	631
Other	13	125



Distribution of Theme



490



137



114



120



75



101



106

Top Ten Issues

Physical protection risks/ Safety/ Security	226 (22%)
School dropout	171 (17%)
Issues with registration	124 (12%)
Lack of/Inadequate food	120 (12%)
Risk of SGBV for women during firewood collection	73 (7%)
Child labour	67 (7%)
Early marriage	67 (7%)
Lack of/Inadequate shelter	60 (6%)
Lack of communication with community	53 (5%)
Lack of support for unaccompanied and separated children	50 (5%)

45%

5%

Executive Summary

How does it feel being displaced in Sudan? What is it like to leave everything behind – home, work, family, friends, culture – and start a new life as a refugee in Sudan?

To answer these questions, there is no one more qualified than the refugees themselves. For this reason, UNHCR, the UN Refugee Agency, operations around the world conduct regular participatory assessments to help enhance the accountability and effectiveness of its work. It has become a well-established foundation for UNHCR's programmatic and practical work with communities and other stakeholders.

Participatory assessments focus on creating an open dialogue with refugees to hear first-hand accounts of their aspirations, challenges, needs and often suffering. The methodology also focuses on the capacities and ideas that refugees bring to the discussions. The qualitative insights gained through participatory assessments complement macro-level data and protection analysis to help UNHCR adjust and tailor its protection solutions.

For the 2019 participatory assessment in Sudan (see methodology at page 76). UNHCR and over 60 partners sat together with 6,068 refugees representing diverse profiles in 569 different events across 13 states to bring forward the valuable recommendations of refugees. About 1,100 girls and 1,000 boys participated through discussions specifically for children participants. Some 500 elderly women and 500 elderly men participated through dedicated discussions. Separate conversations were also held with single-headed households and specific populations to ensure that their voices were heard.

The majority of participants were South Sudanese (reflecting the fact that most refugees hosted in Sudan are from South Sudan). Participants also included refugees from Chad, CAR, Eritrea, Ethiopia, Yemen and Syria.

Across Sudan refugees had serious concerns with protection and assistance gaps in nearly all areas, and particularly with access to: quality education, livelihoods, water, sanitation and hygiene (WASH), justice, physical security, shelter, registration, child protection (particularly against child labour and early marriage) and protection from sexual and gender-based violence (SGBV).

In terms of physical security and access to justice, refugees and asylum-seekers were concerned that the host community could steal from refugees, exploited them in labour situations, and even targeted them for sexual and physical violence with no consequence. Host community impunity for crimes committed against refugees was a major issue for nearly all populations, and particularly those living in Darfur.

Health was another major theme highlighted by refugees, and discussions focused on a significant lack of access to basic healthcare services. In particular, participants highlighted weak referral systems, that costs were unaffordable (particularly for pregnant women), and long waits to access services even when people were suffering from significant pain and other urgent medical issues.

A third major theme was food security and access to basic livelihoods. Here participants were concerned with insufficient assistance, and the inability of refugees to meet their basic nutrition needs because of a lack of work. Refugees recommended that malnutrition be addressed by providing them with opportunities to work. This was particularly true in East Sudan where restrictions on freedom of movement prevented many refugees from accessing employment, forcing them to rely instead on inadequate food assistance which diminishes with time.

Communicating with communities was a discussion theme which focused on understanding the communication needs of refugee populations. In this area communities highlighted that they wanted to be involved in more aspects of the services affecting them.

Education was one of the other top themes discussed and participants worried about high dropout rates for refugee children. They listed several causes, including overcrowding, lack of materials, lack of qualified teachers, difficulty affording school fees and the need for children to help with household income generation.

Participants also reported that girls face discrimination in accessing education because they are often tasked with domestic work or forced into early marriage to reduce economic burdens on their families. Girls across the country were seen as the most vulnerable to being denied access to their basic rights to education.

WASH was another significant issue across Sudan. Particularly, a lack of functioning and appropriate latrines and subsequent unhealthy and dangerous coping strategies, such as open defecation in ill-lit areas. Further complaints about inadequate and overcrowded shelters, and a need for more non-food items (NFIs) were repeated frequently.

The findings of the participatory assessment have been shared at state level and UNHCR, Sudanese authorities and NGO partners have already started addressing some of the most pressing needs. However, much more work remains to be done to ensure that the challenges raised by refugees are addressed, and that the solutions they recommend are implemented.



Boy walks by a UNHCR-funded Community Technology Access Centre, in Um Gargour camp, Gedaref, Sudan.

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KEY FINDINGS DARFUR STATES

A South Sudanese refugee woman receives soap for her family from a UNHCR distribution at the Abuajoura settlement in South Darfur, Sudan.

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DARFUR STATES

Total



155 K

Refugees



FGDs



Consulted



38



35



35



29



17



14

MIXED

20

443

404

376

360

181

140

440

Age Groups

Age Group	FGDs	Consulted
10 - 13 Years	33	407
14 - 17 Years	38	362
18 - 25 Years	34	413
26 - 59 Years	40	1,616
60 and above	32	386
Other	15	160

Country of Origin

Country of Origin	FGDs	Consulted	Male	Female	MIXED
South Sudan	125	1,580	589	591	400
Eritrea	-	-	-	-	-
Ethiopia	-	-	-	-	-
Central African Republic	24	271	142	129	-
Chad	11	125	75	50	-
Syria	-	-	-	-	-
Other	32	368	182	162	24

Ethnicity

Ethnicity	FGDs	Consulted
Arab	1	7
Aranga and Tama	3	60
Congolese	-	-
Dajo	11	125
Dinka	85	1,004
Fertit	18	225
Fur	32	368
Kament	-	-
Masalit	10	150
Nuer	-	-
Shuluk	10	104
Tigre - Tigrinaga	-	-
Tigrinaga	-	-
Mixed (Ronga, Kara, Hawsa)	14	167
Mixed	8	134
Other	-	-



Distribution of Theme

	119
	38
	23
	15
	4
	30
	18

Top Ten Issues

Physical protection risks/ Safety/ Security	38 (14%)
School dropout	38 (14%)
Lack of access to health facilities	33 (12%)
Lack of access to water	28 (10%)
Lack of/Inadequate food	26 (10%)
Domestic violence	25 (9%)
Lack of access to education	24 (9%)
Risk of SGBV for women during firewood collection	22 (8%)
Early marriage	17 (6%)
Lack of equipment, services in the health facilities	16 (6%)

44%

5%

Central Darfur

Central Darfur hosts some 6,700 refugees (as of 31 December 2019). A total of 292 refugees from Chad and CAR were consulted in 25 focus group discussions held in Um Shalaya refugee camp and Um Dukhun.

Focus groups consulted the elderly, children, men and women. The themes chosen for these discussions were exploitation, physical security, durable solutions and access to basic needs.

The participatory assessment was conducted by staff from UNHCR, national authorities, such as HAC and COR, and humanitarian organizations including DRC, SRCS, TDO, TGH, IRCS, ALMASSAR and UNRCO (see participating partners at pages 80,81).

The key issues raised by participants were physical violence, SGBV, impunity for crimes committed against refugees, deficient health services and schooling. Further limited opportunities to earn an income under fair working conditions in agriculture and tensions around water points added to the burden on families, particularly girls.

Physical Security, Sexual and Gender-Based Violence, Early Marriage, Child Labour and Documentation

Physical insecurity, violence, SGBV and exploitation were the top concerns shared by refugees.

High levels of physical violence and SGBV were linked by participants to a lack of police presence, widespread access to firearms, and that crimes committed against refugees were not pursued by the justice system.

Women collecting firewood or helping with the harvest were reported to be beaten, physically harassed and raped. CAR women highlighted that they had suffered these crimes already when fleeing their country to Um Dukhun, only to find themselves subjected to the same forms of violence in Sudan. The survivors said that men and jobless youth roaming around outside Um Shalaya camp, often on motorbikes, were the perpetrators of SGBV and theft. In the Um Dukhun area, participants indicated that armed militias were responsible for the insecurity. Some of the violence was even experienced inside the camp and settlement. Some rape survivors said that they had not received any assistance or support.

According to female CAR refugees, it is single women and elderly individuals who live without close family members who have the highest risk of violence, including when they go from town-to-town in search of housework.

All participants attributed forced marriage to a lack of awareness on children's rights but also the economic pressure of poverty on families who prefer to have one mouth less to feed. Children were often relied upon as cheap labour which pulled them from school, which was seen as another consequence of unawareness of children's rights and deep-rooted poverty.

Girls shared their experiences of being subjected to early and forced marriage, which obliged them to look after children and households, instead of being enrolled in school.

Children reported being exploited in multiple ways. Boys and girls were forced to build school fences from thorny bushes, to cook the school meals, to help in the market, collect firewood, or work in the house. Families also resorted to children (especially girls) for work on farms.

CAR refugees identified a lack of access to documentation as their top priority. After losing their national documents and ID cards, they reported not being able to access services or move freely in Sudan. They considered early UNHCR registration and documentation essential.

Recommendations by Refugees:

- Establish a complaint and reporting mechanism in the camp and settlement to improve service delivery in all areas.
- Increase police presence to help protect from physical insecurity and SGBV.
- Reactivate and support community committees with the participation of community leaders and native administrations.

Education, Water, Sanitation, Hygiene, Healthcare, Livelihoods, Food Insecurity, Shelter and Non-Food Items

Lack of access to all basic services including water, food, shelter, education and health was linked to a poor response by government, UN and humanitarian agencies.

Inadequate supply of school materials, insufficient school feeding, classrooms in need of rehabilitation and a lack of education opportunities for newly arrived CAR refugees were a main concern. Teachers were said to force pupils to bring firewood for school feeding, despite the exposure to SGBV this meant for girls. Generally, teachers were considered not to be qualified and underpaid.

Chadian refugees in Um Shalaiya camp pointed out the lack of opportunity to pursue university education.

Focus group discussions also revealed that children with specific needs were neglected and not given the assistance they needed. For instance, there was no teacher trained to work with hearing-impaired children.

According to refugees, there was not enough water in the camps. Elderly people and children were most affected by water shortages which led to related health issues such as diarrhoea. In Um Dukhun, newly arrived CAR refugees had limited access to potable water, and they shared water sources with the host community. Crowded water points were located far away from communities which exposed women and girls to increased risk of SGBV when they went to fetch water. Hand pumps often remained broken for a prolonged period in the absence of spare parts.

Insufficient food supply was among the most common issues raised by participants. Lack of available farmland in Sudan along with the destruction of crops by armed men in CAR made newly arrived refugees heavily dependent on food provided by WFP which they found to be insufficient or inadequate.

In the area of health, refugees in Um Dukhun said that health facilities were in bad condition, far away, and lacking basic supplies and equipment.

There was a shortage of professional health workers, including trained nurses, which forced communities to resort to traditional medicine. Pregnant women in Um Dukhun were most impacted as they could not get assistance from trained midwives which forced them to rely on local midwives and “medicines from trees”.

The Um Shalaiya camp clinic was overcrowded by nomads and other members of host communities as the town hospital was not considered reliable. The fact that a humanitarian aid organization had inactivated ten clinics in the area exacerbated the situation even further. Refugees also reported that vaccination and eye campaigns for children and elderly refugees were needed.

Shelter and NFIs were considered insufficient or lacking. This was particularly the case for CAR refugees in Um Shalaiya, as most of them reported not receiving any. Shelter for people with specific needs (such as the elderly) had been destroyed by heavy rains and not repaired. Larger families complained that they had not received sufficient NFIs and that existing shelters did not offer privacy.

Refugees said they could not earn a living from agriculture because of the lack of freely available land as well as lack of farming inputs. The only other source of income they cited was cutting firewood.

Recommendations by Refugees:

- Improve education services by letting parents participate in school management and improving the parent teacher association.
- Address WASH shortages by increasing water supply in schools, repairing broken water pumps and increasing water points.
- Improve access to nutrition and livelihoods by providing technical assistance to farmers, offering vocational training to women and girls and providing the elderly with access to income generation activities such as small shops.
- Increase support to clinics to address insufficient access to healthcare.
- Address the basic living conditions of refugees by increasing distribution of NFIs and provide more supplies based on family size.

Durable Solutions

Most Chadian refugees in Um Shalaya explained they would not consider voluntary repatriation, as inter-tribal conflicts on the other side of the border had not been resolved. They would consider local integration if they were provided rights as citizens along with access to essential services in Sudan.

CAR refugees cited the lack of economic prospects as the main obstacle to return, as they had lost all their assets in CAR.

Recommendations by Refugees:

- Assist Chadians with local integration in Sudan.
- Relocate CAR refugees away from Um Dukhun to a place with basic services and assist with family reunification.



Central African refugee women attend a community sensitisation meeting in South Darfur, Sudan

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East Darfur

East Darfur State hosts approximately 74,000 refugees, nearly from South Sudan (as of 31 December 2019). 56 per cent live in Kario and El Nimir camps and the rest in settlements. Approximately 70 per cent of East Darfur's refugees are Dinka, while the remainder are Fertit.

A total of 546 refugees participated in the consultations. Most feedback was gathered through over 50 focus group discussions which were organized by age and gender. Individual interviews, physical observations at refugee locations and site visits also informed the participatory assessment.

Additionally, unaccompanied and separated girls and boys, and female and male refugee community leaders were divided into four groups to discuss specific situations.

The participatory assessment was carried out in El Nimir camp and Al Firdous settlement (which are predominantly inhabited by Fertit refugees), and in Kario camp, and Yassin and Abu Karinka settlements which are mainly inhabited by Dinka.

The assessment was led by UNHCR, UNICEF, COR, line ministries, including of Health, Education and Social Welfare, other authorities such as WES and the organizations ALMANAR, GAH, SRCS, CIS, RI, NIDO, ARC, MUTAWINAT, SCCW and FNC (see participating partners at pages 80,81).

The main themes of this participatory assessment were physical insecurity and access to justice, child protection, community participation, SGBV, education, WASH, health and nutrition.

Physical Security, Discrimination, Sexual and Gender-Based Violence, Early Marriage, Child and Labour Exploitation, Access to Justice, Registration and Fraud by Community Leaders

The top concerns raised by participants across all groups were physical violence, especially against women and girls, and early marriage.

Root causes named by refugees for SGBV and other forms of violence were alcohol brewing and consumption in camps and poverty which forced people into unsafe work.

SGBV affected women and girls, especially in the camps, and to a lesser extent in the settlements. Participants said that SGBV was usually connected to the host community drinking alcohol in camps.

Women and girls in East Darfur highlighted physical assault and rape as a grave protection issue. Gathering firewood was an activity that placed them at extremely high-risk, and participants said they have started to collect firewood in groups for safety.

Participants were also concerned about forced and early marriage of girls and believed that a key factor was poverty and the inability to afford schooling for girls.

Many children said that they had to work to support their families in meeting their basic needs, and unaccompanied and separated children said that their caregivers did not give them the necessary support required for them to avoid child labour.

Refugees in Abu Karinka, El Nimir and Al Firdous raised the issue of labour exploitation and reported incidents of receiving less payment than the amount initially agreed to for farming activities, or sometimes not being paid at all. Seeking fair payment from employers was ineffective and resulted in threats. In addition, Youth in El Nimir camp flagged that seeking a living outside the camp often led to disputes with their employers which never ended in their favour and sometimes even ended in physical assaults.

Participants living in settlements and camps said they faced verbal harassment from others in the host community, especially when collecting firewood.

Refugee men and women shared their reservations about accessing the formal justice system, which they viewed as expensive and of limited use. At the same time, the traditional justice system was described as harsh towards refugees - with beatings and unfair fines – while lenient towards host community members. Participants expressed doubts about the police following up on accusations against members of their own community in an unbiased way. This led participants to feel that the host community can act against them with impunity.

Refugees expressed concern about the unavailability of registration for nearly a year, which prevented newly arrived people from receiving basic services such as food, shelter and NFIs. This, in turn, compelled registered refugees to share their already limited resources with the new arrivals.

Another concern repeatedly raised was fraud and nepotism by community leaders. Sultans were reported to select family and friends for work in humanitarian organizations and allegedly benefitted financially from them.

Recommendations by Refugees:

- Ban alcohol consumption in camps to improve community safety and address SGBV.
- Provide alternative cooking energy to reduce exposure to SGBV when collecting firewood.
- To help address physical insecurity and access to justice issues establish police stations in settlements, equip them with vehicles, ensure they conduct regular patrols, and train them in refugee rights and other relevant issues.

- Put more solar-powered lights in camps and settlements to prevent theft.
- Raise awareness about SGBV.
- Provide support to help ensure students (especially girls) are not forced to drop out of school.
- Improve the lives and livelihood opportunities of youth by providing targeted livelihood training and sports activities.
- Improve refugee livelihoods and self-reliance by providing arable land, training and work opportunities.
- Register unregistered refugees in camps and settlements to give them access to basic services, including NFIs.
- Provide durable shelters in Kario and El Nimir camps to prevent fire accidents.

Education

School dropouts were another major concern of refugees. Participants expressed serious concerns about high dropout rates in settlements and camps. They identified several root-causes beyond the poor quality of education offered. A recurring explanation was that boys and girls had to help their parents earn a living. They worked as casual labourers on markets and farms. Girls also dropped out of school to assist in daily household tasks, such as cooking and fetching water, and to look after younger siblings and elderly family members.

Generally, South Sudanese refugee children in East Darfur were not attending school.

In Yassin settlement, refugees reported that boys and girls were not enrolled because their parents could not afford the 300 SDG tuition per term or the monthly fee of 30 SDG charged by public schools.

Participants highlighted that some teachers did not show up for work or left school by mid-morning, as they had a second job to make ends meet.

Refugees in Yassin raised concerns about refugee volunteer teachers who were not knowledgeable in Arabic beyond basics and therefore struggled to deliver advanced lessons. A shortage of school supplies was also reported in Al Firdous.

Refugees also reported that the absence of higher education demotivated girls and boys to finish primary school.

In Kario language appeared as a further barrier as refugees preferred lessons in English over Arabic.

Children with specific needs said they do not go to school because of the stigma they face from other children. In Kario and Abu Karinka, dirty latrines and a lack of water in the school compounds were also highlighted as factors contributing to school dropouts. Participants in Yassin expressed concern that their school did not have toilets at all.

Recommendations by Refugees:

- Prioritize equipping schools with sufficient WASH facilities and ensure their maintenance, especially in Kario, Abu Karinka and Yassin.
- Provide schools with school materials, especially in settlements.
- Provide cash or grants to poor families to prevent school dropouts caused by extreme poverty.
- Help children acquire the Arabic language as part of improved pre-school education.
- Raise awareness and understanding of refugees among the host population to stop bullying.

Health and Nutrition

Many refugee women and men in East Darfur raised a lack of medicine as a key concern in the area of health. Camp clinics in El Nimir and Kario camps, as well as the health facility in Al Firdous settlement, could not keep up with the demand for medicines. This led refugees to use their limited financial resources to purchase medicines from private pharmacies, while the poorer members of the community tried to cope with traditional remedies.

In Kario camp, refugees expressed worries about not being able to go to the camp clinic run by Médecins Sans Frontières (MSF), as it was overwhelmed by demand from the host and refugee community.

Refugees in El Nimir camp and Al Firdous settlement were concerned that clinics were not working in the evenings, weekends or on public holidays. This meant that urgent cases had to go to private clinics and pay expensive fees.

In Abu Karinka and Yassin settlements, refugees stressed that the only available health services were found at the host community hospitals and clinics which were expensive.

Refugees in the settlements also expressed being discriminated against at health facilities in host communities. When hospitals were crowded, refugees often felt neglected and reported not receiving needed medical assistance.

Participants expressed serious concern about the lack of availability of the ambulance in Ad Du'ayn which has often not arrived for patients in need of emergency services. They cited poor management of the ambulance as the root cause.

Participants, especially Dinka refugees, said that they were unable to explain their ailments in Arabic, and that this has resulted in them not being able to receive treatment at health facilities.

Refugees in El Nimir camp and Al Firdous settlement reported use of risky home deliveries without trained midwives, due to a shortage of trained midwives and doctors among the refugee community.

In Al Firdous, participants highlighted malnutrition of children as a major concern.

Recommendations by Refugees:

- Provide more drugs at the camp clinics to ensure that refugees can access essential medicines.
- Reorganize clinics in El Nimir camp and Al Firdous settlement to ensure medical services are not just available during the daytime on weekdays.
- Expand camp clinics, hire more staff and ensure they are qualified.
- Hire community health promoters to help identify vulnerable people within the community in Kario camp.
- Enhance health referral systems for camps and expand these systems to settlements.
- Provide funds to support the transportation of very urgent cases to Ad Du'ayn hospital.

Water, Hygiene and Sanitation

Deficient health services and drug supply were mainly attributed to poor management or stretched resources. Participants saw the causes for insufficient potable water and open defecation in poor design and maintenance of existing WASH facilities.

Lack of safe drinking water and open defecation were recurring issues raised in relation to WASH.

Camp inhabitants in Kario and El Nimir complained about low pressure at the water points, which resulted in long queues.

This was also a familiar scene in Yassin, where refugees raised concern about insufficient potable water during the dry season. Four hand pumps in the host community were not functioning properly. This created heavy pressure on the fifth pump to satisfy the needs of host and refugee communities.

People with specific needs in Yassin, such as the elderly, complained they could not stand in the queue for water for prolonged times and would therefore have to buy it from vendors with donkey carts. This problem was later solved by a community-based initiative, by which others fetch water for vulnerable population members.

Refugees expressed their concern that water could be contaminated at household level as it was stored in old jerry cans. They said no new jerry cans have been distributed since their arrivals in 2017 and 2018.

Participants in the camps Kario and El Nimir and in Al Firdous, Yassin and Abu Karinka settlements highlighted open defecation as a key concern. Latrines in Abu Karinka had collapsed during the rainy season and not been repaired since. Refugees have attributed this collapse to poor design.

Refugees living in in the camps Kario and El Nimir as well as in Al Firdous settlement highlighted poor hygiene practices as a key concern, quoting insufficient soap distribution as a cause.

Recommendations by Refugees:

- Improve access to water by repairing pumps (including the four water pumps in Yassin), and convert some into mini water yards, connect the settlements with water pipes, train refugees on maintenance and repair of the hand pumps and provide necessary tools.
- Provide jerry cans and water containers for storage such as basins and buckets to promote safe storage of drinking water.
- Improve access to latrines by building them in settlements, training refugees on construction and maintenance, and improving design to avoid collapse during rainy seasons.
- Provide higher quantities of soap more regularly, along with hygiene kits.
- Organise cleaning campaigns and garbage collection in the settlements and provide cleaning tools.



Pump Operator Abdelaziz Ibrahim, a refugee, cleans the photovoltaic cells every day, in Um Gargour camp, Gedaref, Sudan.

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North Darfur

There are some 21,000 South Sudanese refugees registered in North Darfur (as of 31 December 2019) living in 13 settlements.

For the participatory assessment, a total of 367 Dinka refugees were consulted through focus group discussions in four settlements: Al Lait, Abu Jara, Shaganion, and Habib Darma. Discussions focused on SGBV, access to justice, child protection, education, livelihoods and WASH.

The participatory assessment was conducted by UNHCR, WFP, MoE, MoHSD, COR, as well as NGOs, including GAH, SRCS, NADA, SAHARI, AHA, COOPI, MUTAWINAT and GAA (see participating partners at pages 80,81).

The key issues raised by the participants were SGBV, survival sex, high levels of school dropout, labour exploitation, lack of income generating activities and limited access to the justice system, including for survivors of rape.

Sexual and Gender-Based Violence, Access to Justice and Child Labour

SGBV was of grave concern to refugee women and girls in the settlements. Young women in Abu Jara reported domestic violence was often linked to alcohol abuse. In Shaganion, rape by members of the host community was raised. Survivors did not feel encouraged to come forward to report incidents of SGBV.

Refugee women also reported that any criminal proceedings would require evidence from the health practitioner who saw the rape survivor. However, health providers who report SGBV and are required to provide evidence are sometimes reluctant to do so.

All age groups shared accounts of physical and sexual violence against girls when they were collecting firewood.

Women raised concern about high numbers of teenage pregnancies among the many young girls engaged in survival sex.

Women in Al Lait town reported high rates of harassment and discrimination but said that they could not afford the costs of accessing the formal justice system, and so relied on Sultans. However, women did not find the decisions of the traditional justice system to be fair.

Unaccompanied minors and separated children said that their alternative caregivers forced them to work and this exposed them to exploitation.

Recommendations by Refugees:

- Address high rates of SGBV by providing sensitization (particularly for men and boys).
- Provide alternative forms of energy to reduce the risk of SGBV linked to firewood collection.
- Provide livelihood alternatives to women alcohol brewers.
- Provide better police and community protection mechanisms for women and girls in camps and while carrying out livelihood activities.

Education

A high dropout rate was major concern for participants. Girls dropped out because of early or forced marriage and the subsequent obligation to look after a household and children. Refugee boys and girls in the settlements reported schools were located too far from where they lived, and that they experienced harassment and discrimination when attending host community schools. For example, in Al Lait boys and girls stopped going to school after they were made sit on the floor while local children were sitting on chairs. In addition to this discrimination, corporal punishment and forced work on the teacher's farm have led most parents to take their children out of the school.

Recommendations by Refugees:

- COR, UNHCR and the parent teacher associations should more actively discuss and resolve issues with the school.
- Run information campaigns about education to prevent the discrimination of girls and to target children who are already out of school.
- Establish alternative education programmes for girls that cannot go to school.

Livelihoods

Refugees often work as labourers on host community farms. Apart from the SGBV threat to women, focus group discussion participants of 18 years and older reported labour exploitation and receiving unfair or no pay at all.

Other refugees eager to work in agriculture, cited a lack of essential tools and assets – from seeds to donkey carts – as barriers to sufficiency.

Recommendations by Refugees:

- Provide start-up kits to facilitate self-employment through small enterprises as a means of giving refugees a chance to earn a living and avoid labour exploitation.
- Organize vocational training to enhance the communities' existing skills in agriculture, carpentry, tailoring, animal husbandry and bakery among refugees.

Water, Hygiene and Sanitation

Refugees in Al Lait reported that they did not have access to water because existing water points are barely functioning, and they cannot afford to buy water privately. As a result, they were compelled to use unsafe water sources and a limited number of latrines.

Recommendations by Refugees:

- Address access to water issues by improving water points.
- Increase the number of adequate latrines.



Refugees from Central African Republic fetch water at Maramosa in South Darfur, Sudan.

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South Darfur

South Darfur hosts some 53,000 registered refugees in settlements (as of 31 December 2019). They are mainly from South Sudan and CAR.

The participatory assessment consulted a total of 554 refugees in four locations Nyala town, Beliel, Abu Ajura and in Al Radoum settlement.

Partner organizations and line ministries who helped conduct this assessment include MoSW, MoE, MoI, MoI/SCR, COR, WES, MUTAWINAT, GAH, SRCS, NCA, ARC, WVI and SPCR (see participating partners at pages 80,81).

This assessment is mainly based on 47 focus group discussions which brought together groups of boys, girls, men, women and elderly women as well as mixed groups, to discuss the themes of physical security, access to justice, registration and documentation, food security, livelihoods, education, WASH and health.

The key issues raised were physical insecurity and SGBV risks linked to poor shelter, and firewood and water collection, exploitation, insufficient registration, deficient WASH services, low enrolment in schools and barriers to livelihoods.

Low school attendance was attributed to poor infrastructure, quality of education and economic pressures forcing children to work.

Insufficient food assistance and other support were linked to limited registration especially for new arrivals. Limited registration and access to documents prevented refugees from working legally and exposed them to exploitation or abuse by their employers.

Physical Security, Sexual and Gender-Based Violence and Conflict with Host Community

Participants described facing protection risks immediately upon arrival in South Darfur. In the absence of proper reception centres at border points, newly arrived refugees were forced to walk for days to reach the nearest refugee settlement, exposing them to risks on their way.

Refugees shared their concern about repeated conflicts with farmers or herders, especially during the rainy season. As refugees do not own land, they lease it from the host community or work on Sudanese farms. In Abu Ajura refugees reported incidents of not being paid for their work on farms.

In Nyala town, a common conflict was with landlords resulting from refugees inability to pay their rent during periods of unemployment.

Refugees living in self-made shelters reported being at risk of rape and break-ins at night due to the fragile material and construction.

Participants also highlighted that a lack of cooking energy forced them to search for firewood in the bush which exposed women to SGBV. In Al Radoum settlement refugees raised the general feeling of insecurity in the absence of police. They cited rape, fights and theft as common crimes for which host community perpetrators were never arrested.

Recommendations by Refugees:

- Improve physical security by establishing police posts in settlements (especially in Al Radoum), by building reception centres in border points (such as Um Dafoug, Songo and Kafia Kingi), and by ensuring basic services (such as wet feeding and transport) for new arrivals at those centres.
- Provide land to refugees for farming in settlements and for building their shelters in Nyala town.

Registration and Documentation

Refugees described the lack of regular registration of new arrivals as a major issue caused by the lack of reception and registration centres in many settlements. The high number of unregistered refugees forced the registered ones to share the already insufficient assistance they received.

Refugees moving from one settlement to another to stay together with relatives were not able to register in the new settlement, and so they too had to depend on others sharing food and other limited resources.

Issuance of birth certificates was cited as a major concern by participants in Beliel and Abu Ajura settlements. Children born there did not receive birth certificates and some participants were not even aware of how to get them.

Urban refugees expressed their concern about not having legal identification documents such as ID cards or foreigner numbers and reported issues renewing documents with COR. They reported that this lack of documentation reduced their chances of finding employment or starting a business.

Recommendations by Refugees:

- Build registration/reception centres in Buram and Damso localities and improve registration services to ensure that all newly arrived refugees have access to basic rights..

- Issue an ID card and foreigner number to every adult refugee to avoid issues associated with irregular statuses.
- Address issues which prevent the issuance of birth certificates.

Food Security and Livelihoods

Both urban refugees and participants in the settlements Al Radoum, Beliel and Abu Ajura underscored the lack of livelihood support as their main concern. Some who found work as casual laborers on host community farms were not paid the promised wage for their work which led to conflict. Theft by employers was linked to a lack of legal documents such as ID cards, foreigner numbers or work permits which prevented them from accessing formal wage and self-employment. Women who worked as maids in town reported incidents of SGBV in the houses of their employers.

Recommendations by Refugees:

- Ensure that COR and UNHCR issue the legal documents required for refugees to access their basic rights.
- Offer vocational trainings in areas identified by refugees (such as car repair, hair dressing, and tailoring) to allow refugees to earn a living.
- Advocate for farmland, seeds, tools and training to be given to refugee farmers to improve self-sufficiency.

Education

Refugee children in South Darfur attend host community schools, however there are very low enrolment rates. Participants cited various location specific reasons for low enrolment. Boys and girls in Beliel settlement were confronted with a lack of trained teachers and basic school materials, and water. Children in Al Radoum were said to drop out because of a lack of space in the classrooms and lack of school meals. In addition, the need to help with household income generation led children to work as shoe shiners or water sellers instead of going to school.

Unlike in the settlements, some refugee children in Nyala town could not go to public schools because they were living too far away. They therefore had to pay school fees to attend private schools in their proximity.

Recommendations by Refugees:

- Improve access to quality education by recruiting trained teachers, providing regular pay, providing school supplies and by building more classrooms in Abu Ajura, Beliel and Al Radoum.

Water, Hygiene and Sanitation

Lack of water was a key concern for many participants as it led to fighting at water points. In settlements such as Abu Ajura, long walks to distant water sources exposed women to harassment and SGBV.

Participants also flagged poor latrine coverage. In Abu Ajura they reported that three to five families had to share one latrine. In Beliel settlement many household latrines were unavailable because rains had destroyed them.

Poor hygiene in all settlements was attributed to the absence of regular soap distributions, and male participants complained about health issues resulting from not receiving personal hygiene kits.

Recommendations by Refugees:

- Build household latrines and repair damaged latrines to improve hygiene.
- Provide soap, hygiene kits and mosquito nets regularly to all settlements to reduce health risks.
- Distribute jerry cans allowing for refugees to safely consume water.

Health

Refugee women and men described the health clinics in Beliel, Abu Ajura and Al Radoum as frequently lacking essential medicines. The clinic in Beliel has been rebuilt with local shelter materials after its destruction and was considered an inappropriate structure.

The frequent unavailability of the ambulance to Nyala worried participants in Al Radoum and Abu Ajura settlements.

In Nyala town several concerns were raised about the main hospital. In the afternoons, only limited hospital staff seemed to attend, and refugees worried they would not find timely help in case of an emergency. South Sudanese refugees flagged a language barrier in accessing health with their limited Arabic language skills.

Adult refugees complained about not receiving all the drugs prescribed in the hospital, forcing them to buy from private pharmacies which they could not afford.

In Al Radoum, no adequate facility exists for animal slaughter, and slaughter waste has become a public health hazard.

The holes left in the ground from brick production which filled with water were seen as a danger for children and a breeding ground for malaria spreading mosquitoes.

Recommendations by Refugees:

- Make all essential drugs available in all clinics in the settlements.
- Establish interpretation services at the hospital in Nyala.
- Increase the quota for health referrals to Khartoum.
- Build a permanent clinic in Beliel settlement.
- Provide ambulance services in Al Radoum and Abu Ajura.



A refugee collects plastic sheeting, kitchen set and blanket at the distribution at Nivasha efragee settlements in Khartoum, Sudan

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KEY FINDINGS KASSALA STATE

Ismael Hassan, 35 years old, Eritrean refugee, and his mother at Shagarab camp in Gedaref, East Sudan.

KASSALA STATE

Total



100 K
Refugees



FGDs



Consulted



12



15



11



12



4



4

MIXED

6

95

134

109

124

37

29

60

Age Groups

Age Group	FGDs	Consulted
10 - 13 Years	13	115
14 - 17 Years	16	134
18 - 25 Years	11	115
26 - 59 Years	11	113
60 and above	5	66
Other	5	45

Country of Origin

Country of Origin	FGDs	Consulted	Mixed
South Sudan	-	-	-
Eritrea	37	373	164
Ethiopia	27	215	138
Central African Republic	-	-	-
Chad	-	-	-
Syria	-	-	-
Other	-	-	-

Ethnicity

Ethnicity	FGDs	Consulted
Arab	-	-
Aranga and Tama	-	-
Congolese	-	-
Dajo	-	-
Dinka	-	-
Fertit	-	-
Fur	-	-
Kament	19	150
Masalit	-	-
Nuer	-	-
Shuluk	-	-
Tigre - Tigrinaga	18	184
Tigrinaga	-	-
Mixed (Ronga, Kara, Hawsa)	-	-
Mixed	27	254
Other	-	-



Distribution of Theme

	41
	-
	-
	23
	-
	-
	-

Top Ten Issues

Lack of, Inadequate/Distant access to energy sources	23 (15%)
Lack of/Inadequate food	22 (14%)
Lack of/Inadequate access to livelihoods	19 (12%)
Lack of/Inadequate access to livelihoods	17 (11%)
Lack of mental health and psychosocial support services	15 (10%)
Lack of access to education	13 (8%)
School dropout	12 (8%)
Lack of equipment, services in the health facilities	11 (7%)
Lack of/ Inadequate/ Expensive medicines	11 (7%)
Lack of access to water	10 (7%)



Kassala State

There are about 100,000 refugees and asylum-seekers from Eritrea, Ethiopia, Somalia and South Sudan in East Sudan (as of 31 December 2019), who mainly live in nine refugee camps.

For this year's participatory assessment, a total of 578 refugees and asylum-seekers were consulted in Kassala State's three Shagarab camps. 63 focus group discussions took place with Eritrean and Ethiopian refugees. Age groups included children of 10 to 13 and 14 to 17 years, youth from 18 to 25 years, 26 to 59-year olds, elderly people (60+), and groups comprising individuals with disabilities and unaccompanied and separated children.

Key informants, i.e. refugee leadership, livelihood committees and representatives of women's groups had separate consultations. Semi-structured discussions with Somalis and site visits at camp locations, such as water distribution points, schools and reception areas, also informed the assessment.

UNHCR was joined in the assessment by the MoE, MoSW, COR, FNC, WFP, UNFPA, WHH, WeDCO, SRCS, PIS, HAI, SORD, TOD and SOD (see participating partners at pages 80,81).

Discussions were organized around themes of physical security, essential services, livelihoods, food security and energy.

The top three concerns for both male and female participants were health, water and physical insecurity in this order. Persons with specific needs said physical insecurity concerns were their greatest priority followed by food and health. Eritreans were concerned about inadequate access to medical services as a priority concern while Ethiopians were more worried about their safety and security.

Root causes named by refugees and asylum-seekers for poor health included inadequate WASH services and the prevalence of disease-carrying mosquitos. Refugees described health services as insufficient and referral systems as dangerously slow or entirely non-functional.

Physical Security

Fear of kidnap, abduction, physical violence and sexual harassment was a common issue for participants in the camps. Youth raised this issue of insecurity more strongly than adults.

Girls and women with no access to home latrines were at heightened risk of SGBV as they were compelled to leave their homes to relieve themselves in areas without proper lighting at night. Survivors of violence in Shagarab camps highlighted they could not report the crimes due to weak police reporting systems and requests for bribes.

Access to water was another major issue and source of conflict between refugees waiting at water points.

Recommendations by Refugees and Asylum-seekers:

- Improve reporting and ensure accountability of law enforcement to address physical insecurity.
- Address infrastructure issues which lead to physical insecurity by building more latrines and installing more lights in the camp (particularly solar-powered ones) to make the camps safer at night.
- Include refugees in these improvements by establishing a community security committee, allow refugees to build the latrines, train refugees to manage solar-powered light systems, and in general improve overall participation of refugees through two-way communication via community leaders, home visitors, community volunteers, meetings and information boards.

Health, Water and Education

Health stood out as a serious concern in East Sudan, and was the top priority for elderly people, boys and girls. Participants reported they could not afford drugs and medical examinations in the camps and that poor sanitary conditions and disease-carrying mosquitos affected overall community health. Delays in medical referrals in Shagarab made participants worry about what would happen to them when they faced medical complications. This fear was aggravated for people unable to access identification documentation which is required to travel to receive health services.

The discussions showed a significant need and serious gap in the availability of psychological care and clinical mental health services.

Participants shared their concerns about the shortage of medicines, the lack of laboratory facilities and the limited capacities of medical staff. Some urgent medical cases could not be transported to adequate facilities because no ambulance had been available.

Elderly participants and children highlighted a lack of potable water, and women shared that they often experienced SGBV when fetching water. Low water pressure and frequent leakages increased the gap between the available water and refugee and asylum-seeker needs.

Many refugees and asylum-seekers, especially girls and boys, raised limited schooling and high dropout rates as key issues leading to illiteracy, delinquent behaviour (such as violence and theft) and early marriages. They were worried about an insufficient number of kindergartens and primary schools, inadequate infrastructure, overcrowded classrooms, and lack of electricity, textbooks and uniforms. The majority also said school and exam fees were unaffordable to most.

Newly arrived refugees flagged that they were required to bring educational certificates from their country of origin to enrol in secondary school. This requirement was impossible for many due to their status as refugees fleeing persecution.

Students with disabilities reported that school buildings lacked barrier-free toilets and wheelchair accessible spaces. There was also no school bus for students with disabilities, and visually impaired students did not have any school materials accessible to them.

Elderly participants and youth were concerned about the lack of space and the quality of their housing. They found it did not offer privacy and enhanced the risk of SGBV as it was meant for individuals and not families. Due to poor or insufficient material used for its construction, for instance insufficient grass for the roof or untreated wooden poles, housing did not last long, and roofs leaked in the rainy season.

Recommendations by Refugees and Asylum-seekers:

- Improve access to health by ensuring that drugs are made available for free and that enough medical doctors are available to meet the community's basic health needs.
- Include refugees within health systems by establishing a refugee committee to monitor and report on the availability of medicines.
- Address barriers to health referrals requiring travel by ensuring that COR issues refugee identification in a timely fashion without the need to pay fees.
- Involve refugees in systems to improve access to water by forming refugee committees to monitor water points and empowering them to help with physical infrastructure maintenance and construction.
- Allow refugees to engage more in the management of schools through parent teacher associations to improve education.
- Address concerns with shelter by empowering refugees to help with maintenance and construction, by building family-sized shelters and providing better quality household items.

Livelihoods, Food Security and Energy

Food was among the most important concerns flagged, particularly by adults and elderly participants. Refugees reported they could not feed their families and children dropped out of school to work for food. WFP's time-based reduction or termination of food assistance was a major issue. Further, refugees were unable to buy enough food due to limited livelihoods and Sudan's economic crisis. Some single women-headed households felt compelled to sell alcohol or engage in survival sex work.

Many participants made it clear that they want to work to earn a living. This was one of the important findings of the assessment and especially obvious among adult Eritreans. Lack of job opportunities inside the camps coupled with restricted freedom of movement aggravated this situation. Further, refugees did not have access to enough energy sources and continued to rely on unsustainable firewood.

The existing livelihood initiatives faced some criticism. Refugees stated that new arrivals were not included, facilitators were reportedly not qualified, and beneficiaries were not consulted during the selection and planning of such activities.

Participants shared their difficulties obtaining work permits required for formal employment. The lack of livelihoods combined with insufficient services, such as health, made dangerous irregular onward travel to Khartoum and beyond attractive, especially to young adults aged 18 to 25 years.

Recommendations by Refugees and Asylum-seekers:

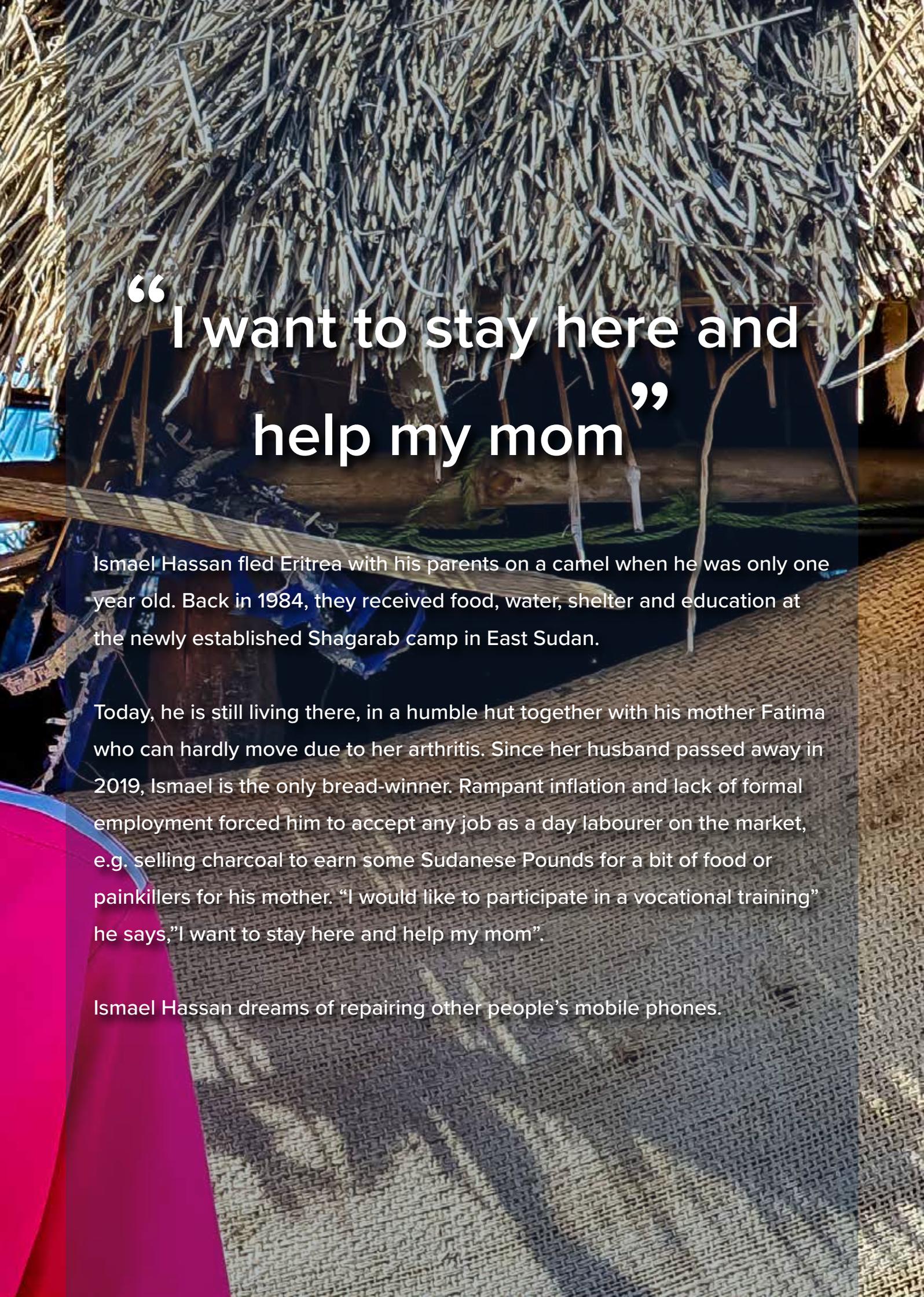
- Address food insecurity by increasing the value of the food vouchers and by providing food assistance beyond two years after refugee arrival.
- Empower refugees to meet their own livelihood needs by facilitating training (in areas that refugees identify as needed) and advocating for legal work options for refugees outside of camps.
- Continue to provide energy-efficient stoves.
- Address dangerous irregular onward movement by sensitizing refugees about the protection risks of being smuggled.



Donkey cart with refugees in front of a UNHCR-funded Health Centre, at Um Gargour Camp in Gedaref state, Sudan

© UNHCR/ROLAND SCHÖNBAUER



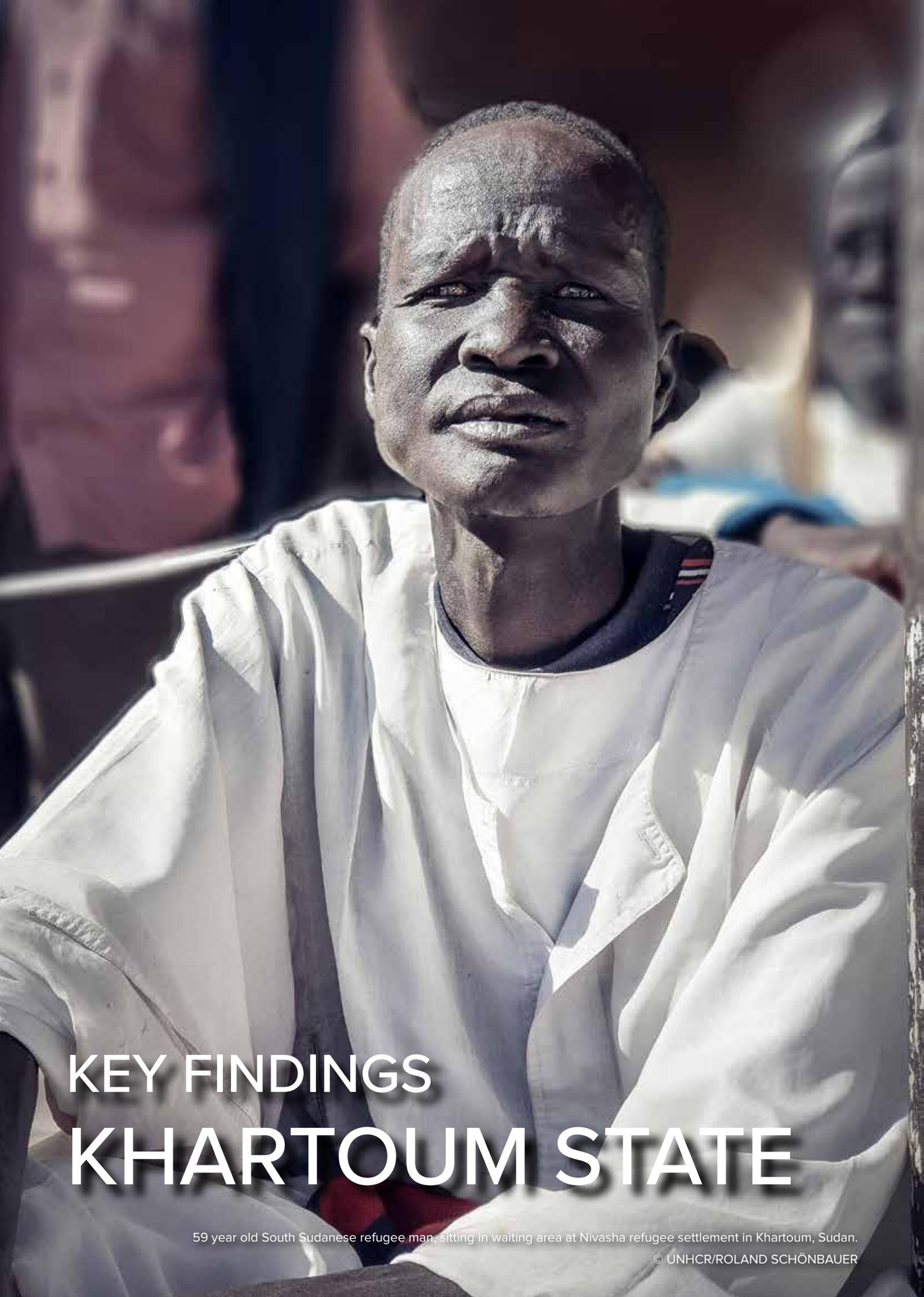
A photograph of a traditional thatched hut with a roof made of dried grass or straw. A person's hand is visible, holding a long wooden staff. The scene is set in a rural, possibly refugee, environment.

“ I want to stay here and help my mom ”

Ismael Hassan fled Eritrea with his parents on a camel when he was only one year old. Back in 1984, they received food, water, shelter and education at the newly established Shagarab camp in East Sudan.

Today, he is still living there, in a humble hut together with his mother Fatima who can hardly move due to her arthritis. Since her husband passed away in 2019, Ismael is the only bread-winner. Rampant inflation and lack of formal employment forced him to accept any job as a day labourer on the market, e.g. selling charcoal to earn some Sudanese Pounds for a bit of food or painkillers for his mother. “I would like to participate in a vocational training” he says, “I want to stay here and help my mom”.

Ismael Hassan dreams of repairing other people’s mobile phones.



KEY FINDINGS KHARTOUM STATE

59 year old South Sudanese refugee man, sitting in waiting area at Nivasha refugee settlement in Khartoum, Sudan.

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KHARTOUM STATE

Total

397 K
Refugees



FGDs



Consulted



7



3



14



8



1



2

MIXED

-

70

35

148

58

5

24

-

Age Groups

Age Group	FGDs	Consulted
10 - 13 Years	5	58
14 - 17 Years	5	47
18 - 25 Years	3	29
26 - 59 Years	19	177
60 and above	3	29
Other	-	-

Country of Origin

Country of Origin	FGDs	Consulted	Male	Female	MIXED
South Sudan	7	86	48	38	-
Eritrea	7	70	58	12	-
Ethiopia	27	215	77	138	-
Central African Republic	3	27	21	6	-
Chad	-	-	-	-	-
Syria	3	28	28	-	-
Other	9	70	43	27	-

Ethnicity

Ethnicity	FGDs	Consulted
Arab	-	-
Aranga and Tama	-	-
Congolese	3	26
Dajo	-	-
Dinka	-	-
Fertit	-	-
Fur	-	-
Kament	-	-
Masalit	-	-
Nuer	-	-
Shuluk	-	-
Tigre - Tigrinaga	-	-
Tigrinaga	2	15
Mixed (Ronga, Kara, Hawsa)	-	-
Mixed	17	174
Other	13	125



Distribution of Theme



14



-



8



-



-



13

Top Ten Issues

Lack of/Inadequate access to livelihoods	4 (16%)
Physical protection risks, Safety, Security	4 (16%)
School dropout	3 (12%)
Child abuse and/or exploitation	2 (8%)
Child labour	2 (8%)
General lack of services	2 (8%)
Issues with registration	2 (8%)
Lack of access to health facilities	2 (8%)
Lack of documentation	2 (8%)
Lack of information sharing	2 (8%)

48%

5%

Khartoum State

Khartoum State hosts about 397,000 refugees and asylum-seekers from a range of countries, including South Sudan (the majority), Eritrea, Ethiopia, Yemen and Syria (as of 31 December 2019). They live in residential areas of the Sudanese capital and many of the South Sudanese live in underserved “open areas”.

For the participatory assessment, a total of 350 refugees and asylum-seekers of 10 nationalities were consulted through 36 focus group discussions. These discussions were held separately for women and men divided up into different nationalities: South Sudan, Eritrea, Ethiopia, CAR and the Democratic Republic of Congo. In addition, women from Yemen, Congo and Syria had their own focus group discussions. Discussions also brought together specific age groups, including children of 10-13 and 14-17 years, youth aged 18-25 years, older participants aged 26-59 years and elderly persons (60+).

The assessment was conducted by UNHCR, COR, MUTAWINAT, ALMANAR, NADA, BALADNA and BPWO (see participating partners at pages 80,81).

The discussions were focused on themes of physical security, SGBV, health and nutrition, as well as communication with communities.

The top concerns raised by participants were physical security, access to documentation, access to work permits and discrimination by health care providers. Another issue highlighted was the need for humanitarian agencies to proactively engage with communities to inform them about opportunities and their rights.

Physical Security, Registration and Documentation

In 2019, police continued and often intensified their practice of targeting foreigners in immigration roundups to fine those without legal residency. Roundups, including of Eritrean school children, across Khartoum were highlighted by participants. Refugees and asylum-seekers faced significant barriers in accessing required work permits and refugee identification. Participants reported incidents when they presented valid documents, such as refugee identification cards or alien cards, to police during roundups but these were not recognized or were even destroyed by law enforcement officers who would proceed to fine the refugees. Eritreans, when rounded up for working without work permits, were subjected to a fine of up to 50,000 SDG. Refugees of different nationalities complained that police had physically and verbally abused them on the streets of the capital, but also in detention where they ended up for lack of documentation.

Syrians and Yemeni refugees flagged that this led them to register with UNHCR and COR as they felt increasingly treated as strangers. According to them, the Islamic notion of brothers and sisters, hitherto their protective shield, was no longer available to them. Refugees from these countries used to be treated as brothers and sisters,

by being allowed to enter and remain in the country and treated as nationals in terms of freedom of movement, choice of residence and access to health and education. Access to employment was also substantially easier for refugees of these nationalities.

In 2019, Syrian women complained they could not get work permits. Confronted with verbal abuse, harassment and a general feeling of insecurity on the street, they said they refrained from going out which left them isolated with their children.

CAR refugees felt discriminated against and were affected by the lack of documentation, including birth certificates, and an inability to register as refugees at COR in Khartoum.

South Sudanese, consulted in Jebel Awlia and Sharg An Neel, reported similar registration and documentation-related risks, but were more concerned about their physical protection, safety and security. They reported a lack of support to unaccompanied children and other persons with specific needs, and incidents of SGBV, robberies and gang activities in their areas of residence.

UNHCR's hotline and legal assistance services, which has resulted in the release of many asylum seekers and refugees from administrative detention, were largely unknown among focus group discussion participants.

Recommendations by Refugees and Asylum-seekers:

- Advocate with COR and the government for increased access to refugee registration and identity documents to help refugees avoid being detained, arrested, fined or compelled to pay bribes.
- Advocate with law enforcement to promote respect for the rights of refugees and asylum-seekers.
- UNHCR to advocate for Syrians to be given access to refugee IDs to avoid discrimination and harassment.
- UNHCR and COR to work on the recognition of documents obtained by Eritreans in East Sudan as providing legal residency in Khartoum.
- Advocate for issuing work permits to help refugees find regular employment without fear of fines.
- UNHCR to provide more information about its helplines and other available support to make its services easier to access.
- Increase police presence in Jebel Awlia and Sharg An Neel to fight gang violence and SGBV in these areas hosting South Sudanese refugees.
- Establish solar-powered lighting in open areas to prevent crimes at night.

Health and Nutrition

The main issue raised by participants was financial barriers for medical services. Additionally, a lack of knowledge about the benefits of professional health care and prenatal and birth assistance, combined with the costs have led pregnant refugees to avoid accessing them.

Some participants reported being charged higher fees than local patients. More generally, many refugees and asylum-seekers reported not being treated equally by health personnel. Sudanese were often given priority over them. Services they received were frequently considered inadequate. Refugees were concerned about malnutrition among elderly and children, lack of latrines and a lack of midwives. The most frequently cited health issues were waterborne diseases, malaria and respiratory problems.

Recommendations by Refugees and Asylum-seekers:

- Refugees and asylum-seekers should be given the same treatment as Sudanese patients, both quality-wise and without a higher cost.
- Conduct more information campaigns with communities about available health services.
- Agencies to conduct more field visits with mobile clinics and to distribute mosquito nets.

Communicating with Communities

Throughout the assessment participants said they expected better information from UNHCR and other agencies. They highlighted they did not trust humanitarian actors to respond in a timely and appropriate manner to issues they raised with them. Participants had very limited knowledge about complaint mechanisms.

Congolese refugees flagged they received information through someone in the community who had a cell phone to call UNHCR or by personally attending UNHCR's Khartoum Office.

Ethiopian women highlighted that while approaching the Office directly was a main source of information for them, they also said they did not feel comfortable to talk openly for fear of being overheard by others at the counter. Thus, their access to information was extremely limited. They also shared their experience of being sent in circles between different humanitarian actors and COR.

Eritreans aged 10-25 years believed that information was not shared widely. They expressed a certain degree of distrust towards humanitarian agencies, which was also shared by Yemeni refugees and South Sudanese youth. While aware of the community leaders currently tasked with spreading information, the participants expressed the need for more and direct information about their rights and opportunities.

Syrian participants perceived UN agencies as non-responsive to complaints and questions. They would prefer more two-way communication online.

Recommendations by Refugees and Asylum-seekers:

- Engage community outreach volunteers for all age groups to make information more widely accessible.
- UNHCR should open a window with more privacy to receive complaints and questions, including about SGBV, to help survivors come forward.
- UNHCR should improve its outreach to communities to make opportunities and their rights better known.
- UNHCR should improve the responsiveness of its helpline.



People queuing for the distribution at Nivasha refugee settlement in Khartoum, Sudan.

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KEY FINDINGS KORDOFAN STATES

Awak Deng, 50 years old, South Sudanese refugee, at Nivasha refugee settlement in Khartoum, Sudan.

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KORDOFAN STATES

Total
106 K
Refugees



MIXED

29

29

64

50

16

20

-

346

349

633

503

189

200

-

Age Groups



10 - 13 Years

22

356

14 - 17 Years

36

339

18 - 25 Years

43

497

26 - 59 Years

71

639

60 and above

36

389

Other

-

-

Country of Origin



MIXED

South Sudan

207

2,211

1,111

1,001

99

Eritrea

-

-

-

-

-

Ethiopia

-

-

-

-

-

Central African Republic

-

-

-

-

-

Chad

-

-

-

-

-

Syria

-

-

-

-

-

Other

1

9

-

9

-

Ethnicity



Arab

-

-

Aranga and Tama

-

-

Congolese

-

-

Dajo

-

-

Dinka

80

879

Fertit

8

77

Fur

-

-

Kament

-

-

Masalit

-

-

Nuer

58

686

Shuluk

61

569

Tigre - Tigrinaga

-

-

Tigrinaga

-

-

Mixed (Ronga, Kara, Hawsa)

-

-

Mixed

1

9

Other

-

-



Distribution of Theme



239



42



35



30



21



17



48

Top Ten Issues

Physical protection risks/
Safety/ Security

84 (20%)

Child labour

65 (15%)

School dropout

64 (15%)

Issues with registration

57 (13%)

Lack of birth registration

43 (10%)

Lack of support for
unaccompanied and
separated children

34 (8%)

Lack of documentation

23 (5%)

Abduction/Kidnapping/Trafficking

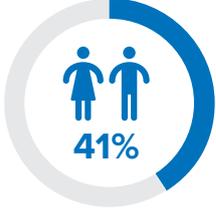
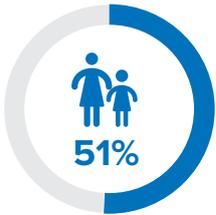
20 (5%)

Lack of participation

17 (4%)

Lack of/Inadequate food

16 (4%)



North Kordofan

North Kordofan hosts a population of 8,600 refugees (as of 31 December 2019), all of them being South Sudanese and living in El Obeid's two settlements, Um Rawaba and Ar Rahad.

This assessment was conducted by representatives of UNHCR, MoE, MoHSD, WES, COR, HAC, WVI, GAH, SCI, UNICEF and WFP (see participating partners at pages 80,81).

A total of nearly 500 refugees were engaged through 45 focus group discussions which brought together men and women of different age groups, including the elderly (60+), boys and girls in different age brackets.

Formal leaders and representatives, including established community committees in North Kordofan, met the team in separate discussions. In addition, key informant interviews, participatory observations and site visits help inform this assessment

The key issues raised by participants included violence, SGBV, poor healthcare and education systems and protection gaps stemming from a lack of registration and documentation.

Physical Security and Sexual and Gender-Based Violence

Refugees were overwhelmingly concerned with a lack of physical security caused by a near total lack of protection from violent crimes committed against them by host communities.

SGBV frequently occurred when women and girls were forced to collect firewood or water outside of camps. Women and girls were also widely affected by domestic violence and early marriage. Poverty drove women and girls into survival sex work and alcohol selling which further exacerbated their physical vulnerability.

Participants experienced a lack of assistance by police officers and law enforcement when responding to incidents of violence against refugees. When coupled with stigma, this led to severe underreporting of these crimes.

Other physical protection risks were linked to the lack of livelihoods. In the absence of access to arable land, adults and children felt compelled to accept hazardous and harsh working conditions in gold mines or on remote farms where they often fell prey to SGBV, exploitation and abuse.

Recommendations by Refugees:

- Ensure the police are offering protection to refugees by establishing posts and monitoring reporting systems to encourage appropriate follow-up.

- Sensitize host communities and police officers on SGBV issues.
- Improve security at water points and expand the availability of distribution points to lower tension and violence around accessing this resource.

Child Protection and Education

Refugee children reported many incidences of labour exploitation, mental, physical and sexual abuse, and child sex work.

Participants said that poverty was the main factor exposing children to these risks because it forced them to leave school to support their family by whatever means they could find.

Unaccompanied and separated children and children forced to flee violent domestic situations shared stories of forced recruitment by armed groups or gangs in the absence of support for their foster families. These extremely vulnerable children are often kidnapped into forced agricultural labour.

Refugees noted that schools were poorly run with little resources. Hunger in schools affected the most vulnerable students.

Recommendations by Refugees:

- Provide services for vulnerable families to keep children in school, work with WFP to feed children who attend school, and improve the quality of education.
- Provide resources for children with disabilities so that they can attain an education.

Registration and Documentation

A lack of registration was a further major concern which participants felt resulted from difficulties organizing registration in remote and dispersed locations. In many places South Sudanese refugees were said to be unregistered for the past five years. As with the rest of the Kordofan States, a lack of registration was seen as acutely affecting new arrivals and newborns as unregistered refugees did not get food assistance from WFP. However, this issue affected all populations as a lack of registration was a major barrier preventing access to all services.

Limited access to refugee documentation also prevented freedom of movement and contributed to human trafficking and smuggling.

Recommendations by Refugees:

- Expand registration and subsequent documentation efforts to make sure all refugees are given their basic rights.

Health and Sanitation

Participants were concerned with a high number of refugees, particularly pregnant women, elderly persons and children, facing the issues of lack of midwives, primary and reproductive health care, referral systems and malnutrition.

Because of insufficient sanitation facilities, refugees had to resort to open defecation adding to the health hazards.

Recommendations by Refugees:

- Build health facilities to ensure sufficient access to health services.
- Provide medicine, especially malaria drugs, to save lives.

Communicating with Communities

Again, most refugees felt that there was a notable lack of information communicated to them. They did not know who they themselves could contact to obtain basic services or to report protection issues. This was seen as giving space to community leaders to extract bribes from refugees in order to act as brokers on their behalf or to ensure that they were given NFIs during distributions.

Additionally, women and children did not feel they had a voice in existing community structures, and so their needs were nearly never considered.

Recommendations by Refugees:

- Develop functional two-way communication systems which allow for refugees to receive and report on protection issues, and for confidential reporting of fraud and other issues.
- Two-way communication channels requested include community groups representative of the entire population, helplines, complaint mechanisms, community outreach and other regular consultation.

Conflict Resolution with Host Communities and Durable Solutions

Accessing scarce resources, in particular water and farming land, led to conflict with the host community. The sale of alcohol by refugees also caused refugees to be seen negatively and brought in violent host community members.

In discussions on voluntary return to areas of origin in South Sudan, refugees highlighted that while worried about their security, their primary concern was having their property and land restored. As with other South Sudanese refugees in the Kordofan States, they were not up to date on South Sudan peace talks.

Recommendations by Refugees:

- Resolve land issues to resolve conflicts.
- Expand basic services to meet the demand for safe potable water and basic services and reduce the sense of competition.
- Increase livelihoods opportunities for refugees to make them self-sufficient, including cash for business start-up kits.
- Provide support for joint host-refugee activities such as sports and by building community centres for joint activities.
- Establish joint community committees between refugees and hosts.



UNHCR holds a focus group with young unaccompanied minors at Shagarab refugee camp in Gadaref during the anti-trafficking campaign in East Sudan
© UNHCR/HUSSEIN ERI

South Kordofan

South Kordofan hosts about 31,000 South Sudanese (as of 31 December 2019) refugees living in over sixteen settlements.

The assessment was conducted by UNHCR, MoA, MoE, MoHSD, WES, COR, HAC, ALMANAR, CIS, GAH, WVI, MADAR, MUTAWINAT, SCI, SRCS, OCHA, UNICEF, UPO and WFP (see participating partners at pages 80,81).

A total of 83 focus group discussions and interviews involving 777 refugees took place in four settlements in Kadugli locality (Hajar Al Nar, Hajar Al Mak, Kalimo and Al Shair) and six settlements in Abu Jubayhah locality in the Eastern Corridor of South Kordofan (Dar Batti, Umm Kowaro, Al Leri town, Sirajiya, Al Tartar, and Abu Jubayhah town).

The consultations brought together men and women of different age groups, including the elderly (60+), as well as boys and girls in different age groups.

Formal leaders and representatives, including established community committees and members of the minority Nuer ethnicity in Al Leri locality, met the team in separate discussions.

Semi-structured interviews were held at reception centres in El Amira and Al Leri with newly arrived families and people with specific needs. In addition, this assessment reflects key informant interviews, participatory observations and site visits.

The main themes discussed were physical protection and SGBV, child protection (including unaccompanied and separated children), education, registration and documentation, health, WASH, communicating with communities, conflict resolution with host communities and durable solutions.

Key issues raised included violence, especially SGBV, deficient health services and schooling, and the effects of limited registration and available documentation not being recognized by all authorities.

Other physical protection risks were linked to the lack of livelihoods. In the absence of arable land, adults and children felt compelled to accept hazardous and harsh working conditions in gold mines or on remote farms where they were exposed to SGBV, exploitation and abuse.

Physical Security and Sexual and Gender-Based Violence

In the discussions, refugees raised one concern over and over again, namely physical protection and lack of safety.

A root cause identified by the participants for their physical insecurity was that the host community could freely

commit crimes against refugees with no repercussions.

High levels of conflict over scarce resources further fuelled tension with the host community, as well as the brewing and selling of alcohol by refugees.

For example, refugee leaders alerted assessors of threats, looting and robbery of nine donkeys by nomads during the rainy season in Sirajiya and Al Tartar in the Eastern Corridor. Refugees also complained about lack of police presence. Violent crimes, when reported to the authorities, did not seem to lead to any consequences for the perpetrators, further exacerbating discrimination and violence against refugees by some members of the host communities.

SGBV against women, girls and children was also a widely held concern for participants. Most prevalent incidents included early and forced marriages, sexual assaults and domestic violence.

Sexual abuse and violence, assault of women collecting firewood and fetching water from artificial lakes and water points, charcoal burning and harsh working conditions in mills and gold mines were shared concerns in different locations.

Extreme poverty exacerbated risks to vulnerable refugee women by driving them into dangerous and illegal activities for survival. They cited brewing and sale of alcohol, survival sex and casual labour in gold mines as exposing them to sexual exploitation, abuse and violence.

Participants reported that police were often reluctant to open an SGBV case if the perpetrator was from the host community or affiliated to the armed forces. Many crimes remained unreported because the survivors feared stigmatization and revenge.

Recommendations by Refugees:

- Address physical insecurity by establishing police posts nearby areas where South Sudanese refugees live.
- Provide access to the justice system to fight impunity for perpetrators of crimes committed against refugees.
- Install solar-powered streetlights in settlements to increase security after dark.
- Raise awareness about SGBV issues among refugees, host community, local authorities and health cadres.

Child Protection and Education

Refugee children highlighted concerns about psychological abuse, SGBV and survival sex. Most refugee children are not in school because of a need to work to attain basic livelihoods for themselves and their family. Children said that their work was harsh and exploitative. Many boys and girls are subjected to harsh and hazardous conditions when working as water sellers, helping with farming, harvest or herding cattle. Many children from Dar Batti settlement in Al Leri were even working working in gold mines in Talawdi locality. For children and adults alike the potential

collapse of the mines was a major worry.

Other children were driven out of their homes by domestic violence which made them join gangs of street children exposing them to extreme protection risks.

Unaccompanied and separated children shared stories of forced recruitment by armed groups in the absence of support from their foster families. In their discussions, the children cited examples of boys and girls that had been kidnapped, rented or even sold for cattle herding.

Recommendations by Refugees:

- Avoid extreme protection risks to children (and in particular unaccompanied and separated children) by providing dedicated support to vulnerable and caretaker families to allow children to stay in school.
- Support access to quality education by hiring and training qualified teachers, building schools near refugee settlements (specifically a secondary school in Dar Batti refugee settlement), providing school supplies, resources for children with specific needs (such as hearing impaired and blind students), and advocating for a school feeding programme with WFP.

Registration and Documentation

Refugees cited a lack of access to registration as an important concern. In Al Tartar in the At Tadamon locality in the Eastern Corridor, refugees have not been registered. Refugees also reported other unregistered refugees in Dar Batti, Sirajiya Umm Kowaro and Abu Jubayhah. Lack of access to registration affected new arrivals and newborns as unregistered refugees did not get food assistance from WFP.

To aggravate the situation, lack of refugee registration documents (like photo-slips) limits their freedom of movement, especially outside the state, and increases the risk of engaging smugglers and human traffickers. In nearly all discussions adult women and men said that not being able to access documentation prevented their most basic rights, such as residency, access to assistance, and the right to work.

Recommendations by Refugees:

- Ensure timely registration of new arrivals to ensure food and other assistance.
- Ensure immediate access of new arrivals to NFIs and food.
- Issue birth certificates to all newborns as a basic first step for their documentation.
- Issue ID cards for refugees that are recognized and allow freedom of movement outside the state.

Health

Refugees noted that the ambulance provided by UNHCR to the Ministry of Health to facilitate medical referral from primary to secondary health care facilities for Al Leri was not always available. Further, refugees were concerned with slow and difficult authorization procedures in Al Leri which delayed the urgent transportation of patients.

In the Eastern Corridor, refugees cited a lack of medicine as a persistent challenge. For example, during malaria outbreaks essential medicines were constantly out of stock, increasing the mortality of refugees, including children.

Recommendations by Refugees:

- Build health facilities to ensure sufficient capacity for health services.
- Provide health services, including by sending medical doctors to health facilities in Al Leri, Sirajiya and Umm Kowaro settlements.
- Provide medicine, especially malaria drugs, to save lives.
- Distribute mosquito nets to new arrivals and refugees in Al Tartar in At Tadamon.

Water and Sanitation and Hygiene

The refugees highlighted that a lack of potable water forced them to rely on polluted and contaminated water for their household needs. Because of insufficient sanitation facilities, they had to resort to open defecation adding to the health risks.

A lack of access to water caused conflict with host communities in settlements, while refugees in Al Tartar and At Tadamon were forced to use extremely limited resources to purchase water privately.

Recommendations by Refugees:

- Build enough appropriate latrines to reduce protection and health risks linked to open defecation.
- Repair hand water pumps and facilitate construction or rehabilitation of water yards to reduce protection risks and conflicts with hosts when collecting water, especially in Dar Batti and Sirajiya settlements.
- UNHCR and COR to advocate for free access to water for refugees in Al Tartar and At Tadamon.

Communicating with Communities

Refugees reported receiving little or no information on services, rights, and other relevant issues. For example, refugees were unaware that protection and assistance services were free of charge. Refugees were concerned that some community leaders took advantage of information gaps to defraud refugees by demanding money to act as facilitators for basic services like food rations during the distribution or reporting protection issues to UNHCR and

partners. In short, the community was concerned that a lack of two-way communication between UNHCR and the community allowed community leaders to profit as brokers of services.

Participants were unaware of channels or unable to reach service providers directly. Generally, refugees felt ill-informed and lacked trust in the agencies. They wanted a complaint mechanism and timely feedback on their grievances.

Some refugee committees were not seen as representative or legitimate. Women, children and youth flagged they did not feel involved in decisions affecting their lives.

Community leaders complained that UN agencies, UNHCR and partners frequently consulted communities or their representatives about concerns they have, but then developed and implemented projects without further involvement of the concerned community.

Recommendations by Refugees:

- Ensure accountability to affected populations by fostering genuine engagement throughout all stages of activities. This engagement should go beyond inputs from community leaders to be inclusive of all members of the community.
- Establish a free hotline to reach service providers, as well as complaints and feedback mechanisms.
- Share information on the rights of refugees as well as on services provided to them in a proactive format.
- COR, UNHCR and partners to hold regular coordination meetings with refugees in the settlements to better understand the information needs of different groups and individuals.

Conflict Resolution with Host Communities, Durable Solutions and Livelihoods

Participants reported that access to arable land, water and other basic services, and the brewing and sale of alcohol were sources of conflict with the host community.

South Sudanese refugees noted the relationship with the host community was volatile. In Umm Kowaro, Sirajiya and Al Tartar, fights were reported at water points, and men from the host community harassed refugee women selling alcohol. In Dar Batti settlement, refugees shared their positive experience with a joint reconciliation committee of 30 members of both communities, including women's representatives, in resolving disputes and tensions.

In Kadugli, refugees felt discriminated against by service providers. Despite living together, they reported not being included in the National Social Health Insurance System. Generally, refugee women stated they are not allowed to attend social events with the host community.

In discussions on voluntary return to areas of origin in South Sudan, refugees highlighted that the restitution of their

land and property was their main concern, followed by safety and security. They said they were not fully aware of the South Sudan peace talks.

Besides being a source of conflict with host communities, a lack of arable land also meant that refugees were unable to meeting their basic livelihood needs.

Recommendations by Refugees:

- Resolve land issues to eliminate conflicts and provide opportunities for refugees to become self-reliant.
- Expand basic services to meet the demand for safe potable water and reduce the sense of competition which leads to conflict.
- Provide food assistance to refugees every month as they are unable to meet their basic livelihood needs through agriculture because of a lack of arable land.
- Increase livelihood opportunities for refugees to make them self-reliant, including cash for business start-up kits.
- Provide support for joint host-refugee activities, such as sports, community centres and joint-committees, as a way of lowering intercommunity conflict.



South Sudanese refugee Veronica Dak, a 38-year-old mother of six, used to have cows and goats on her farm back home. Thanks to a sewing machine she received through a development project, she has become a tailor and shares her skills with women and girls at Khor

Al Waral camp in White Nile, Sudan.

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West Kordofan

Some 61,000 South Sudanese refugees live in 17 settlements throughout West Kordofan (as of 31 December 2019).

UNHCR, MoHSD, COR, GAH and IRW carried out the participatory assessment in five West Kordofan settlements (El Fula, Al Meiram, Kharasan, El Muglad, and Ghubaish) through 80 focus group discussions involving 945 refugees (see participating partners at pages 80,81). Further, formal leaders and representatives, including established community committees, met the team in separate interviews.

Semi-structured interviews and discussions with newly arrived families at reception centres in Al Meiram and Kharasan, and with people with specific needs also informed this assessment, as have key informant interviews, participatory observations, and site visits.

The main themes discussed were physical protection and SGBV, child protection, including unaccompanied and separated children, education, registration and documentation, sanitation, health, communicating with communities, conflicts with the host community and durable solutions.

The key issues raised by participants included violence, SGBV, deficient health services and schooling, and the numerous protection issues resulting from a lack of access to refugee registration and documentation.

Key issues which were continuously raised by participants included impunity for crimes committed against refugees by the host community, exploitation of children and discrimination by members of the host community and lack of livelihoods. In the absence of access to arable land, adults and children felt compelled to accept hazardous and harsh working conditions on remote farms and in cattle herding areas where they often fell prey to SGBV, exploitation and abuse.

Physical Security and Sexual and Gender-Based Violence

Physical insecurity was consistently raised by refugees. SGBV, assault and verbal harassment were regularly endured by people collecting firewood or fetching water.

In West Kordofan, refugees complained about a lack of police, which further exacerbated discrimination and violence against refugees by members of the host communities. In El Fula and El Muglad, refugee youth groups reported that they were exposed to physical threats and robbery on a regular basis.

Women and girls were most affected by SGBV. Early childhood marriage was a common issue and female participants also flagged verbal insults from the host community when collecting firewood or carrying water from water sources far away from their settlements.

Extreme poverty was driving South Sudanese refugee women into dangerous activities for survival. They cited the brewing and sale of alcohol, survival sex and casual labour that exposed them to sexual exploitation, abuse and SGBV. Participants reported that police are often reluctant to open an SGBV case if the perpetrator is from the host community or affiliated to the armed forces. Many crimes remained unreported also because the survivors feared stigmatization and revenge.

Additionally, making charcoal or harsh working conditions in mills, agriculture, and cattle herding were shared concerns in different locations.

Recommendations by Refugees:

- Increase physical security by establishing police posts nearby areas where South Sudanese refugees live to boost security, and by installing solar-powered streetlights in settlements to increase security after dark.
- Provide access to the justice system to fight impunity for crimes committed against refugees.
- Raise awareness about SGBV among refugees, host community, local authorities and health cadres.
- Repair water pumps and maintain water yards to reduce physical protection risks and conflicts with host community members when collecting water.

Child Protection and Education

Refugee children highlighted psychological abuse and incidents of sexual abuse, exploitation and survival sex. Many boys and girls reported being exposed to harsh and hazardous conditions when selling water, farming, harvesting and herding cattle.

Many families were found vulnerable to the exploitation of their children for lack of livelihood alternatives. Consequently, the assessment found that most refugee children do not attend school. Other children fled violence in their home but became homeless and had to join street gangs to survive.

A lack of actual care by foster families mean that unaccompanied and separated children were often forcibly recruited into armed groups. In their focus group discussions, they cited examples of boys and girls that had been kidnapped, rented, or even sold for cattle herding.

Recommendations by Refugees:

- Provide dedicated support to vulnerable and foster families to prevent children from joining gangs.
- Provide education, uniforms and stationery for free or through cash assistance.
- Hire qualified teachers, build and equip schools near refugee settlements.
- UNHCR to advocate for school feeding with WFP to fight school dropouts.
- Provide education opportunities for children with specific needs such as the hearing impaired and the blind

Registration and Documentation

Refugees in different discussions cited a lack of registration as an important concern because it prevented access to basic services. This issue was acute for new arrivals and newborns as unregistered refugees did not get food assistance from WFP.

In West Kordofan, UNHCR/COR photo slips were not recognized by several authorities preventing refugees from essential public services such as education, health and housing. To make things worse, the lack of recognition of these documents limited refugee freedom of movement, especially outside the state, and increased the risk of use of smugglers and human trafficking.

The refugees complained they were required to stay for long periods in reception or transit centres in Al Meiram and Kharasan before obtaining registration.

Nearly all discussions involving adult women and men raised a lack of documentation as an issue because documentation is essential for establishing a legal identity and accessing other solutions down the line. Participants reported that almost no newborns received a birth certificate in West Kordofan.

Recommendations by Refugees:

- Ensure timely registration of new arrivals and provide immediate access to NFIs and food.
- Issue birth certificates to all newborns as a basic first step for their documentation.
- Issue refugee identification cards that are recognized and allow freedom of movement outside the State.

Sanitation and Health

Participants highlighted a high number of refugees (particularly pregnant women, elderly people and children) dying from preventable deaths due to malnutrition and a lack of access to healthcare. The ambulances provided by UNHCR to the Ministry of Health to facilitate the medical referral from primary to secondary health care facilities for Al Meiram and Kharasan of West Kordofan were frequently unavailable.

Refugees felt that they should be included in the National Social Health Insurance System which host communities' benefit from.

Because of insufficient sanitation facilities, refugees had to resort to open defecation adding to the health hazards.

The root causes named for insufficient basic services, such as water, were lack of infrastructure, resourcing and maintenance.

Recommendations by Refugees:

- Provide access to lifesaving healthcare by building health facilities, providing essential medications (in particularly those for malaria), and establishing a health partner to ensure referrals to appropriate health services.
- Give refugees access to national health systems.

Communicating with Communities

As with South Kordofan, refugees reported that they had almost no information from service providers or means to contact them. This lack of two-way communication was giving space for refugee leaders to charge fees to facilitate access. Refugee leaders were thought to encourage a lack of communication as a way to increase their power within the community.

Participants were unaware or unable to reach out to the service providers directly. During a discussion with older refugees in Ghubaish, an elderly woman highlighted that nobody had ever sat with them to listen to their concerns before. It was her first time to meet with humanitarian agencies: “We have a lot of concerns to share,” she said, “but we do not know how to talk to them.”

Generally, refugees felt ill-informed and lacked trust in the agencies. They wanted a complaint mechanism and timely feedback on their grievances.

Some refugee committees were not seen as representative or legitimate. Women, children and youth flagged that they did not feel involved in decisions affecting their lives.

Community leaders complained that agencies, UNHCR and partners consulted communities or their representatives about concerns they have, but then developed and implemented projects without further involvement of the concerned community.

Recommendations by Refugees:

- Involve the communities (including representatives of all age groups) in all stages of activities.
- Establish a free hotline to reach service providers.
- Establish complaints and feedback mechanisms in the settlements.
- Share information on the rights and obligations of refugees as well as on services provided to them in a proactive format.

Conflicts with The Host Community, Durable Solutions and Livelihoods

As with South Kordofan, participants said access to scarce resources (in particular, water) and tensions around the brewing and sale of alcohol increased tensions with host communities.

In decision-making related to voluntary return to South Sudan, refugees were primarily interested in restitution of their land and property, and then safety and security. Refugees did not report having a good understanding of the South Sudan peace talks.

In terms of livelihoods refugees were looking for services to help them become self-sufficient.

Recommendations by Refugees:

- Address tension and violence with host communities by resolving land issues and expanding access to drinking water.
- Develop community-based conflict resolution structures such as joint-community centres, sports activities and committees.
- Increase livelihood opportunities for refugees to make them self-reliant, including cash for business start-up kits.



South Sudanese refugee and his son wait to have their iris scans during registration at Khor Al Waral camp in White Nile, Sudan, using UNHCR's biometric identity management system (BIMS).

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A refugee lady carries plastic sheeting, kitchen set, soap and blanket from the distribution point to her dwelling at Nivasha several refugee settlement in Khartoum, Sudan.

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KEY FINDINGS WHITE NILE STATE

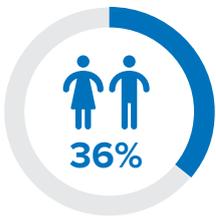
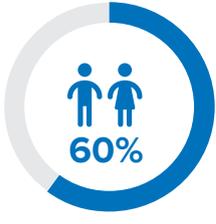
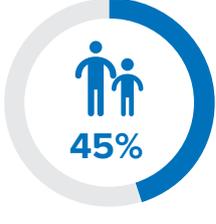
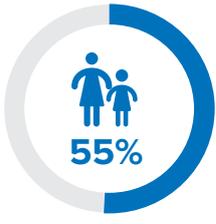
Shiluk refugee women in traditional clothes welcome the arrival of UNHCR's Assistant High Commissioner for Operations George Okoth-Obbo at Khor Al Waral camp in White Nile, Sudan.

© UNHCR/ROLAND SCHÖNBAUER

WHITE NILE STATE

Total
249 K
Refugees

	FGDs	Consulted	MIXED
	18	197	173
	18	175	173
	27	86	173
	9	76	173
	9	76	173
MIXED	18	173	173



Age Groups

Age Group	FGDs	Consulted
10 - 13 Years	18	207
14 - 17 Years	18	203
18 - 25 Years	18	213
26 - 59 Years	18	212
60 and above	18	162
Other	27	173

Country of Origin

Country of Origin	FGDs	Consulted	MIXED
South Sudan	117	1,170	173
Eritrea	-	-	-
Ethiopia	-	-	-
Central African Republic	-	-	-
Chad	-	-	-
Syria	-	-	-
Other	-	-	-

Ethnicity

Ethnicity	FGDs	Consulted
Arab	-	-
Aranga and Tama	-	-
Congolese	-	-
Dajo	-	-
Dinka	-	-
Fertit	-	-
Fur	-	-
Kament	-	-
Masalit	-	-
Nuer	39	360
Shuluk	72	750
Tigre - Tigrinaga	-	-
Tigrinaga	-	-
Mixed (Ronga, Kara, Hawsa)	-	-
Mixed	6	60
Other	-	-



Distribution of Theme

	77
	57
	48
	52
	50
	54
	27

Top Ten Issues

Physical protection risks/ Safety/ Security	75 (15%)
Issues with registration	57 (11%)
School dropout	57 (11%)
Lack of/Inadequate food	56 (11%)
Lack of/Inadequate shelter	52 (10%)
Risk of SGBV for women during firewood collection	51 (10%)
Early marriage	50 (10%)
Lack of communication with community	35 (7%)
Inadequate soap distribution	34 (7%)
Inadequate number of latrines	33 (7%)

Sources: UNHCR, COR

White Nile State

White Nile State hosts some 249,000 registered refugees from South Sudan (as of 31 December 2019). They live in nine camps and among the host community in urban and rural areas.

This assessment consulted a total of 1,170 refugees. The assessment consulted refugees in each camp and those living in two localities (Khor Al Waral, Al Jameya, Um Sangour, Al Kashafa, Al Redis I, Al Redis II and Jouri in As Salam locality and Dabat Bosin and Alagaya camps in Aj Jabalain).

UN agencies, NGOs and line ministries participated in this assessment, including UNICEF, WHO, WFP, PIS, GAH, NADA, ASMAR, CAFA, MUTAWINAT, HOPE, RODHA, FBDO, CDF, MC, RAIRA, SRCS, ADRA, KTTC, CAFOD, MoE, MoHSD and FNC. (see participating partners at pages 80,81).

A total of 117 focus group discussions brought together men and women of different age groups, including the elderly (60+), boys and girls in different age brackets, single women headed households and unaccompanied and separated children. Some 13 groups per camp discussed topics of physical protection, education, communicating with communities, WASH, health and nutrition, livelihoods, food security and energy as well as shelter and NFIs. Regular and semi-structured interviews complemented the focus group discussions.

The key issues of the discussions included violence, especially SGBV, deficient health services and schooling. Refugees were also frustrated because they had no chance to pursue their desire of working because of limited livelihood options. In addition, provision of safe drinking water was described as insufficient which caused tensions around water points.

Physical Security, Sexual and Gender-Based Violence, Child Labour, Refugee Registration and Birth Registration

Refugees in all nine camps raised physical assaults and threats from the host community as a serious issue, particularly for women and children.

SGBV and harassment of women and girls, mostly by the host community during firewood collection, were cited in almost all camps, with a marked increase in reports of rape cases in Khor Al Waral and the two Al Redis camps. In Khor Al Waral and Al Redis, refugees reported a complete absence of any action against the perpetrators in most cases. Survivors and their families did not feel safe when reporting SGBV and wanted psycho-social, medical support, as well as legal aid for survivors.

Refugees felt that security personal protecting camps were ineffective. When they brought crimes in, or outside Al Redis 1, Um Sangour and Khor Al Waral camps to their attention, security staff were not responsive. Girls in the

latter two camps feared sexual harassment by youth when they went to shops in the ill-lit camps at night. Women and girls in Al Kashafa, the two Al Redis camps and Um Sangour camps expressed fears of rape and sexual harassment at common unisex latrines.

Young girls, that dropped out of school and helped sell tea at the market, were also at heightened risk of abuse.

In most of the camps, the residents voiced their fear of theft when their shelters remained unlocked while they were out.

The most pressing child protection issue cited was exposure to exploitation and abuse when working to support families. Girls faced early or forced marriages as an additional risk bringing their education to a premature end. Many unaccompanied and separated children expressed concern over the neglect and abuse they faced from foster families. In Alagaya and Dabat Bosin camps, boys and girls were also killed or injured in traffic accidents along the highway that passes through the camps.

Incomplete or slow registration was cited as a problem in several camps as it prevented refugees from accessing their rights and services. In Alagaya, Dabat Bosin, Um Sangour and Jouri, they reported that not all new arrivals had undergone the initial registration which affected their access to food and other services. In all nine camps, refugees cited a high number of children and babies born in the past four years who had neither been registered nor received birth certificates. Participants from Khor Al Waral and Dabat Bosin camps reported slow biometric registration procedures that left refugees waiting for long periods in the sun, including women with little children. Refugees in all camps said that the replacement of lost or damaged cards took too long for such a simple procedure.

Recommendations by Refugees:

- Address SGBV by empowering women and girls economically so that they do not have to collect firewood in dangerous settings outside the camp.
- Address physical issues leading to SGBV by providing gender-divided latrines and installing solar-powered lighting.
- Sensitize law enforcement personnel, community leaders, women's groups, host communities and teachers on SGBV prevention and response.
- Address impunity for crimes committed against refugees by establishing community-based complaint mechanisms for reporting of SGBV and abuse, and by hiring and training more security staff.
- Support SGBV survivors' access to legal aid, medical and psychosocial support.
- Provide families with alternative energy to reduce the need for dangerous firewood collection outside camps.
- UNHCR and COR should launch a campaign for the registration of unregistered children and ensure that the Civil Registry is able to work in a timely way when registering and issuing birth certificates.
- UNHCR and COR should speed up the replacement of lost or damaged refugee identification cards and the registration of new arrivals, starting with providing them shelter assistance.

- Address child protection issues by ensuring that children out of school and unaccompanied and separated children are referred to protection services, and by ensuring that children who are arbitrarily detained are given legal services.
- Promote livelihood projects and supports for youth and caregivers to avoid forced labour in exploitative conditions.

Education

Refugees in all camps reported that a large number of children, especially girls, are not attending school. Causes named included the limited capacity of schools, inadequate number of secondary schools, lack of awareness among parents about the importance of education, and the need to work to support their families. The introduction of school fees by school administrations and parent-teacher associations also caused children to be taken out of school.

Children in school flagged a lack of basic educational materials such as notebooks, textbooks, pens and rulers. They also raised the issue of a lack of drinking water in most of the schools, which obliged them to carry water bottles from home.

In Alagaya camp refugee girls attending the local secondary school complained about sexual harassment by members of the host community, and some girls had dropped out for this reason. Girls were generally concerned about their safety in school.

Recommendations by Refugees:

- Build additional schools, including permanent secondary schools, extend existing buildings, equip them properly and provide enough school materials, including uniforms, shoes and bags every school year.
- Provide safe drinking water and gender-divided latrines at the school compounds.
- Increase incentives for teachers instead of charging parents a fee.
- UNHCR and COR to discuss with WFP whether school meals could be provided as an incentive to stay at school.
- Support adolescents with literacy classes and vocational training.

Communicating with Communities

Some refugees said they depended on rumours and would prefer more systematic, direct information sharing. In particular women, individuals with disabilities and older refugees felt communication from service providers was not effective.

Recommendations by Refugees:

- Agencies should give an overview of services available along with the respective providers.
- Service providers to use two-way communication modalities such as regular meetings or discussions.
- Involve refugees in all phases of protection activities.

Water, Sanitation & Hygiene

Refugees in all camps said that there was not enough access to water due to, among other things, short pumping hours, broken tap stands and sharing of water resources with the host community. Overcrowding at water points often led to conflict among refugees or between refugees and host community members.

In the absence of family latrines, participants reported using common latrines until they were full. Once full, they were forced to resort to open defecation which increased public health hazards.

Recommendations by Refugees:

- Increase pumping hours and water tanks in joint use with host communities, maintain essential equipment properly and repair broken tap stands.
- Add water points in Alagaya, Al Kashafa, Khor Al Waral and Al Redis II camps to cover all blocks, as requested by women participants.
- Assign security guards to the water points.
- Support water storage by distributing more jerry cans of larger size.
- Establish household latrines in all camps (except Al Jameya) and restore unusable latrines.
- Provide camps that are usually affected by flooding during the rainy season with proper drainage to increase hygiene and reduce health hazards.

Public Health and Nutrition

Limited access to medicines, including malaria drugs, was cited as a main concern in all camps. Participants were also worried about inadequate laboratory equipment and health personnel (except in Al Kashafa and Khor Al Waral). They complained about the spread of malaria, respiratory infections and other diseases particularly during the wet season which they attributed to lack of mosquito nets, irregular spraying and nearby ponds. Referral of medical cases to Al Kashafa or Kosti hospital also gave rise to concern as there were not enough ambulances.

Recommendations by Refugees:

- Upgrade the health facilities in the camps and provide specialised doctors.
- Provide sufficient drugs, particularly for malaria and skin diseases.
- Organize regular cleaning campaigns, fumigating for mosquitos in all camps and distributing mosquito nets ahead of the rainy season.

- Organize regular cleaning campaigns, fumigating for mosquitos in all camps and distributing mosquito nets ahead of the rainy season.
- Provide at least one ambulance per camp to facilitate urgent referrals.

Livelihoods, Food Security and Energy

The most commonly cited concern was insufficient and unvaried food rations distributed by WFP. Further, given the distance between some of the distribution points and refugee homes, many had to give away a part of their ration to pay for transportation.

Livelihoods was a major topic with participants noting considerable interest in participating in livelihood activities, however they said this interest was not matched by availability. In most camps, men complained that women were given preferential treatment in accessing livelihood projects which made men dependent on just a few months of harvest work as their only source of livelihoods.

Women in Alagaya and Dabat Bosin camps who had built small businesses with skills acquired in livelihoods training said that security forces at check points between the camps and Aj Jabalain often tried to prevent them from taking their commercial goods to the camps or asked them to pay informal taxes. Refugees also reported that security forces frequently prevented them from traveling along the main road from Alagaya and Dabat Bosin despite their having movement passes. This restriction on freedom of movement further limited their livelihood opportunities.

Recommendations by Refugees:

- WFP to increase food rations by adding other items, including supplementary feeding.
- Open the vocational and skills training programmes to additional participants.
- Strengthen the partnership with the Ministry of Agriculture to get support for people who participated in related trainings with seeds and livestock.
- Advocate with authorities and host communities for farmland to be given to refugees.
- Provide cash grants through microfinance and start-up kits to innovative and productive individuals who have participated in skills trainings.

Shelter and Non-Food Items

Most refugees said that the NFIs provided were insufficient and distribution frequency was well below needs. Most camps also reported that shelters were constructed with materials distributed a long time ago, and so now are decaying with age. In Al Kashafa, Um Sangour, Jouri, Khor Al Waral and Al Jameya, shelter assistance would be needed to rehabilitate partially damaged shelters. In Alagaya and Um Sangour, many refugees, although registered, did not have access to shelters due to the scarcity of land for camp extensions and they therefore lived with relatives. Lack of privacy due to overcrowding was a frequently cited concern in Alagaya, Um Sangour, Khor Al Waral

and Al Redis 2 camps. Women in most focus group discussions complained about the irregular distribution of soap, plastic buckets, kitchen sets and blankets.

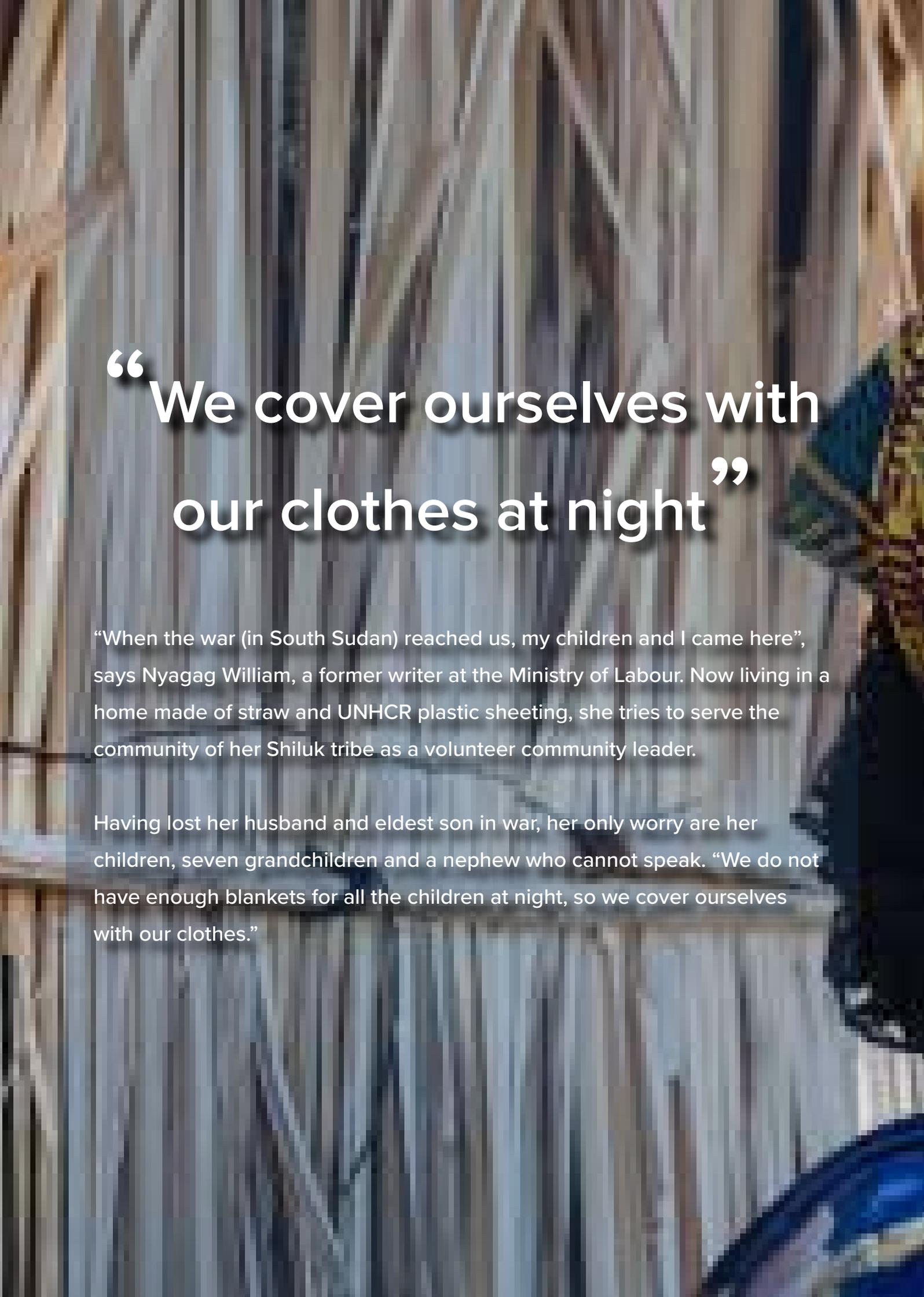
Recommendations by Refugees:

- Advocate with the government and host communities to get more land to reduce overcrowding.
- Increase NFI distributions in most camps.
- Provide durable shelters with lockable doors and windows, lighting and good ventilation.
- Provide beds for individuals with disabilities, elderly or other vulnerable people in Al Kashafa camp.



South Sudanese refugee women at Khor Al Waral camp in White Nile, Sudan have their biometrics taken so that they can be easily identified for the World Food Programme monthly food distribution.

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A person wearing a blue patterned garment is sitting in a room with a thatched roof. The background is slightly blurred, showing the interior of the structure.

**“We cover ourselves with
our clothes at night”**

“When the war (in South Sudan) reached us, my children and I came here”, says Nyagag William, a former writer at the Ministry of Labour. Now living in a home made of straw and UNHCR plastic sheeting, she tries to serve the community of her Shiluk tribe as a volunteer community leader.

Having lost her husband and eldest son in war, her only worry are her children, seven grandchildren and a nephew who cannot speak. “We do not have enough blankets for all the children at night, so we cover ourselves with our clothes.”





IMPACT

Women fetching water at a pump. at Khor Al Waral camp in White Nile, Sudan

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“Now, water pumping works!”

One person was happy to participate again in this year’s assessment. “We didn’t have salt for our meals”, says community leader Nyagag William, a Shiluk refugee in Khor Al Waral Camp in White Nile State. And it wasn’t until last year’s participatory assessment that the issue was addressed.

But salt was not her only worry. “Before”, Nyagag recalls with a sigh, “we sometimes spent four days without water. We had to go and fetch it from the river Nile.” The participatory assessment in 2018 however brought about change she says: “Now water pumping works!”

“We raised many things”, the community leader says. Some things were resolved, but she makes it clear that more needs to be done to address all their needs.



SOLUTIONS RECOMMENDED BY REFUGEES IN SEVERAL STATES

South Sudanese refugee students sit in a crowded class room inside the UNHCR-supported school at Khor Al Waral camp in White Nile, Sudan.

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Solutions Recommended by Refugees in Several States

The participatory assessment serves as a platform for refugees to share the issues that affect them and provides an opportunity to hear their solutions, many of which if followed could resolve longstanding concerns for both refugees and host communities. Participants across Sudan faced many similar issues and put forward common solutions. These common problems and solutions are addressed below.

End Impunity for Crimes Committed Against Refugees

Women and girls felt they could be freely victimized and recommended steps to end immunity for SGBV crimes committed against them. These recommendations focused on developing reporting mechanisms with adequate supervision, increasing the presence of trained security in areas where SGBV regularly occurs, engaging in community sensitization projects and improving physical infrastructure by providing safe housing, solar-powered lighting at night and separate washrooms. Importantly, in many locations SGBV occurred when women and girls were forced to collect firewood. Thus, providing alternative energy sources would prevent women and girls from being exposed to SGBV.

Further, survivors of SGBV said that there were few or no follow-up services to address health and other related protection concerns.

All populations felt a high degree of physical insecurity and asked for better police protection and support in ensuring access to justice.

Better Access to Education

Children and adults were all concerned with the large number of school-aged children who have dropped out. They identified nearly all aspects of the education system as contributing to this serious issue. Schools were too far, overcrowded, falling down, without basic supplies, staffed by underpaid and underqualified teachers, without food or water for students, and without assistance for the children with special needs. Refugees recommended solving these issues to get more children to access their right to education.

Refugees also highlighted that extreme poverty forced many children to work instead of attending school and suggested that support be provided to vulnerable families to mitigate against the need for children to contribute to the household.

To prevent high dropout rates amongst girls, the main recommendation across Sudan was to support girls and their parents in making ends meet, which would in turn prevent them from giving their daughters away into forced early marriage.

Children with disabilities urged more awareness from teachers and highlighted the need for teachers trained in schooling boys and girls with specific needs. Children requested bold action against discrimination from the host community at schools.

Right to Work

Another clear lesson from this assessment is that refugees want a chance to work and be self-reliant. A lack of adequate food and other assistance has meant that nearly all refugees have had to pursue livelihood opportunities, but in absence of livelihood training, work opportunities, access to land, access to travel and work permits, they are forced into extremely dangerous and exploitative work.

There was a strong plea for more livelihood opportunities heard in all focus group discussions, most notably in East Sudan. Youth, but also other groups, called for more vocational training expressing their determination to seize any opportunity to become less dependent on exploitative work. Elderly refugees also wanted to be self-reliant and expressed interest in getting support for small kiosks or other starter-kits.

Refugees in East Sudan were prevented from working because of severe restrictions to their freedom of movement and this drove them into dangerous irregular work and onward movement. In the East, refugees felt that the decreasing food rations provided by WFP combined with restrictions on their right to work forced them to move onward to Khartoum and beyond.

Access to arable land was one of the most recommended solutions for being able to earn a living and improve the food situation in states outside Khartoum.

Let the Community Be Part of the Solution in Accessing Water

Another top concern in most states was water supply. Refugees asked for more water access points and maintenance of existing infrastructure. Importantly, most participants did not want to wait for someone else to do it for them, but wanted the opportunity to address these issues themselves by being empowered with training and materials, and by having community committees established to organize efforts.

Addressing access to water issues would address many protection gaps that refugees experience. It would diminish SGBV risks for women fetching water from remote places. Tension at water points shared with host-communities would be lowered. It would also increase community health and decrease the burden on already stretched health systems.

In addition to water, nearly all populations felt that there were not enough latrines in their community and that this contributed to poor health in camps and increased risks of SGBV. Simply put, participants wanted more WASH facilities and wanted a larger role for the community in their management.

Upgrade Clinics and Provide Medicines

Inadequate access to health care was another universal concern. Nearly all health facilities lacked essential medicines, and so refugees were only left with unaffordable private options. Ambulances were frequently unavailable and referrals to other locations for more specialized treatment were met with serious bureaucratic delays. In many instances, refugees believed that they faced discriminatory treatment at health facilities that were shared with host communities.

Here too, refugees often wanted to be part of the solution asking to form committees to oversee these issues. Furthermore, they asked for greater health resources to address the issues they raised.

We Want More Information Sharing

Participants in this assessment wanted to be better informed by service providers and have clear channels to raise protection issues with UNHCR. They proposed that clear instructions for accessing available services should be communicated to them in a proactive and systematic way. Different communities expressed preferences for different channels for this communication, but everyone wanted to receive this information directly and not through intermediaries.

Refugees also repeatedly said that they wanted to be involved in the decisions that affect them, beyond being initially consulted. They repeated that they had capacities that could help resolve problems if they were only given a chance.

Improve Access to Birth Certificates, Documentation and Refugee Registration

In many locations refugee children are not having their birth's registered, and so participants called for all babies to receive birth certificates. Further, refugees wanted access to basic documentation, such as identification and work permits, in order to enjoy their most basic rights. In addition, refugees asked that humanitarian agencies advocate for more respect of refugee or asylum-seeker ID documents by Sudanese authorities.

"Register all new arrivals as soon as possible" was a request heard in several states to prevent new arrivals from being left without food or shelter material and dependent on others sharing the limited means they have. Where registration was not possible immediately, refugees suggested to give out food and NFIs to new arrivals without registration. Other groups of refugees saw registration as a key to secure their protection, secure documentation, apply for work permits and move around without fear of arrest and harassment.



METHODOLOGY

Santino Hassan at his self-built family latrine. For the hole, he had to dig a month, the walls for both the latrine and a humble bathroom were erected in a few days, he recalls. He has seven children at Nivasha refugee settlement in Khartoum, Sudan.

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Methodology

UNHCR's participatory assessment aims at including the full diversity of refugee experiences in its own analysis, advocacy, planning and programming. Based on its Age, Gender, Diversity Policy¹, the participatory assessment is a process of building partnership with the refugee men, women and children of different ages and backgrounds by promoting meaningful participation through dialogue.

For this year's participatory assessment, multi-functional teams (MFT) comprised of staff from UNHCR, COR, and relevant local partner organizations engaged communities mainly through disaggregated focus group discussions. In order to triangulate findings, MFTs also interviewed key informants and included participatory observations as well as site visits (spot checks), for instance at water points. MFT members listened to people with specific needs, for instance with disabilities or single women heading a household, in semi-structured interviews and discussions, a modality that was also chosen to capture the perspective of newly arrived refugees.

Themes for discussions in the different states of Sudan were selected based on consultations with communities and the objectives outlined in UNHCR's Multi Year Protection and Solution Strategy for Sudan as well as the Country Refugee Response Plan. Focus group discussions organized around these themes allowed for more detailed discussion of key issues and causes and the exploration of community capacities to address them, as well as their recommended solutions.

The participatory assessment tool is a well-established and field-tested practical guide on how to conduct inclusive and productive assessments. In the different states of Sudan, UNHCR conducted one-day workshops with the members of the MFTs to ensure best practices in interview techniques, data collection and systematization of information would be observed throughout the process. Group discussions with girls and boys were also guided by UNHCR's specific tool for participatory assessments with children and adolescents².

The views and assessments expressed throughout this publication are those raised by the refugees and asylum-seekers through the above methodology. The verification of each statement voiced in some 400 events across the country is not part of the participatory assessment. As the needs expressed were voiced by many refugees in different places, UNHCR considers them plausible and therefore encourages all institutions involved to take the concerns of refugees seriously.

In addition, it is noteworthy that the participatory assessment described was held in October to December 2019. It therefore reflects to some degree the socio-political experience of that time, including an economic crisis and the formation of a new transitional government after the ousting of the previous regime.

¹ <https://www.unhcr.org/afr/protection/women/5aa13c0c7/policy-age-gender-diversity-accountability-2018.html?query=Age%20Gender%20Diversity%20Policy>

² <https://www.unhcr.org/afr/publications/legal/450e920e2/unhcr-tool-participatory-assessment-operations-part-introduction.html?query=participatory%20assessment>

³ <https://www.unhcr.org/afr/protection/children/50f6d1259/listen-learn-participatory-assessment-children-adolescents.html?query=participatory%20assessment>



ACKNOWLEDGEMENTS

A South Sudanese refugee boy smiles at the camera at Khor Al Waral camp in White Nile, Sudan

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Acknowledgements

This report is based on several hundred interviews and discussions held with refugees and asylum-seekers across Sudan in late 2019. UNHCR, the UN Refugee Agency, would like to recognize the crucial contribution made by the refugee women, girls, boys and men who participated in the discussions that form the basis of this participatory assessment. Their willingness to share perspectives on protection risks and propose concrete solutions to their palpable challenges informs our work like no other.

UNHCR is also grateful for the support by the Commission for Refugees (COR) in carrying out this project.

UNHCR would also like to acknowledge the engaged and supportive participation by key authorities and Ministries, by other international organizations and many partner NGOs.



Schoolgirls on their way to school in Um Gargour Camp, East Sudanese home to Eritrean refugees for generations, at Um Gargour Camp in Gedaref, Sudan

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Participating Partners

Organization	
Acronym	Organizations
ADD	Action on Disability and Development
ADRA	Adventist Development and Relief Agency
AHA	African Humanitarian Action
AMVO	Al Manar Voluntary Organization
AL - MASSAR	Al Massar Charity Organization for Nomads Development and Environment Conservation
ARC	American Refugee Committee
ASMAR	Asmar Organization for Peace & Development
ATC	Ahfad Trauma Center
BALADNA	Baladna for Development
BDO	Badin Development Organization
BPWO	Business and Professional Women's Organization
CAFA	CAFA Development Organization
CAFOD	Catholic Agency for Overseas Development
CIS	CARE International Switzerland
CDF	Child Development Foundation
COOPI	Cooperazione Internazionale
DRC	Danish Refugee Council
FBDO	Friend of Peace and Development Organization
GAH	Global Aid Hand
GAA	German Agro Action
HAI	Human Appeal International
HOPE	Hope Sudan
IMC	International Medical Corps
IRCS	International Rescue Committee Sudan
IRW	Islamic Relief Worldwide
JMCO	Jebel Marra Charity Organization
KTTC	Kauda Teacher Training College
LAMIA	Lamia Organization
MALEK	Malek Organization
MC	Mercy Corps
MSF	Médecins Sans Frontières
MADAR	Mubadiroon Organization for Prevention of Disaster & War Impacts
MUTAWINAT	Mutawinat Benevolent Organization
NADA	Nada Al-Azhar for Disaster Prevention and Sustainable Development
NIDO	National Initiative Development Organization
PIS	Plan International Sudan

RAIRA	Raira Organization
RI	Relief international
RODHA	El Ruhama for Development and Humanitarian Aid
SCI	Save the Children International
SAHARI	Sahari Organization for Development
SOD	Sudan Organization for Development
SORD	Sudan Organization for Research and Development
SRCS	Sudanese Red Crescent Society
SPCR	Sudanese Popular Committee for Relief
SUDO	Sudan Social Development Organization
TDO	Trust Rehabilitation and Development Organization
TGH	Triangle Generation Humanitaire
TOD	Talaweit Development Organization
UNICEF	The UN Children's Fund
UNRCO	United Nations Resident Coordinator Office
UNFPA	United Nations Population Fund
UPO	United Peace Organization
WCC	WarChild Canada
WeDCO	Welfare Development and Charity Organization
WFP	World Food Programme
WHH	Welthungerhilfe
WHO	World Health Organization
WVI	World Vision International
Government	
Acronym	Organizations
COR	Commission of Refugees
FNC	Forest National Corporation
HAC	Humanitarian Aid Commission
MoA	Ministry of Agriculture
MoE	Ministry of Education
MoH	Ministry of Health
Mol	Ministry of Interior
MoHSD	Ministry of Health and Social Development
MoSW	Ministry of Social Welfare
RCS	Refugee Counselling Service (COR)
SCCW	State Council for Child Welfare
SCR	Sudanese Civil Registry
WES	Water, Environment and Sanitation Department

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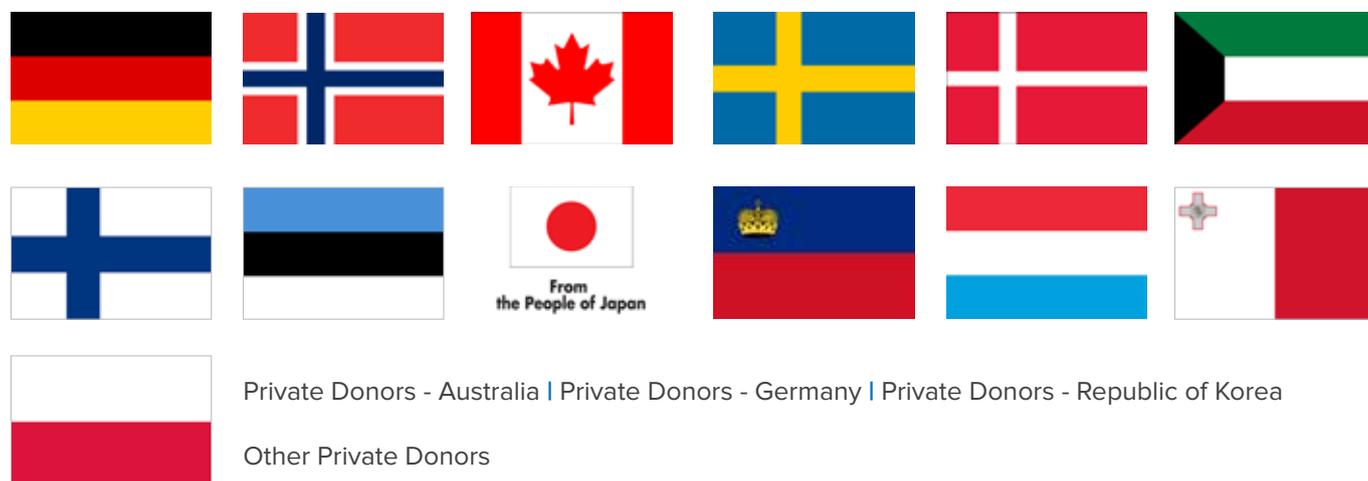
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Refugee



Health



Girl



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Boy



Food Security



Woman



Livelihood



Man



Water, Sanitation and Hygiene



Elderly



Shelter



Focus Group Discussions



Non - food items



Consulted / Participators

Acronyms

CAR	Central African Republic
ID	Identity Document/s
FGDs	Focus Group Discussions
MFT	Multi-functional team
NFI	Non-food items
NGO	Non-governmental organization
PA	Participatory assessment
SDG	Sudanese pounds
SGBV	Sexual and gender-based violence
WASH	Water, Sanitation & Hygiene

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