CARE Rapid Gender Analysis
Um Rakuba Camp and Tunaydbah Settlement, Eastern Sudan
22 April 2021
Author

Christina Haneef, Emergency Response Specialist – Gender in Emergencies, CARE Canada

Acknowledgements

This RGA has benefitted from the valuable contributions from Moges Tefera (Country Coordinator, Program Design and Quality), Hanan Elhaj Musa (Response and Capacity Building Coordinator) and the data collection team, at CARE International Sudan (CIS), Everjoy Mahuku (Regional Gender in Emergencies Coordinator – ECSA) and Laura Tashjian (Global RGA Co-ordinator)

The views in this RGA are those of the author alone and do not necessarily represent those of the CARE or its programs, the Government of Sudan or any other partners.
# Contents

Abbreviations ...................................................................................................................... 2

Executive Summary ............................................................................................................. 3
  Introduction ......................................................................................................................... 5
  Background information ...................................................................................................... 5
  The Rapid Gender Analysis objectives ............................................................................ 6

Methodology .......................................................................................................................... 6

Demographic profile ............................................................................................................. 7

Findings and analysis .......................................................................................................... 8
  Gender Roles and Responsibilities ................................................................................... 8
  Access to services and resources ..................................................................................... 9
  Decision making and participation .................................................................................... 13
  Capacity and Coping Mechanisms .................................................................................. 14
  Safety and Protection ....................................................................................................... 15

Recommendations .............................................................................................................. 18
  Overarching recommendations ....................................................................................... 189

Recommendations for further analysis ............................................................................ 19

Recommendations .............................................................................................................. 19

References ............................................................................................................................. 222
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>CIS</td>
<td>CARE International Sudan</td>
</tr>
<tr>
<td>COR</td>
<td>Commission for Refugees</td>
</tr>
<tr>
<td>CVA</td>
<td>Cash and Voucher Assistance</td>
</tr>
<tr>
<td>FGD</td>
<td>Focus Group Discussion</td>
</tr>
<tr>
<td>FHH</td>
<td>Female Headed Household</td>
</tr>
<tr>
<td>GBV</td>
<td>Gender-based Violence</td>
</tr>
<tr>
<td>IGA</td>
<td>Income generating activities</td>
</tr>
<tr>
<td>INGOs</td>
<td>International Non-Governmental Organisation</td>
</tr>
<tr>
<td>IRC</td>
<td>International Rescue Committee</td>
</tr>
<tr>
<td>KII</td>
<td>Key Informant Interview</td>
</tr>
<tr>
<td>MHPSS</td>
<td>Mental Health and Psychosocial Support</td>
</tr>
<tr>
<td>NRC</td>
<td>Norwegian Refugee Council</td>
</tr>
<tr>
<td>RGA</td>
<td>Rapid Gender Analysis</td>
</tr>
<tr>
<td>SDG</td>
<td>Sudanese Pounds</td>
</tr>
<tr>
<td>SRH</td>
<td>Sexual and Reproductive Health</td>
</tr>
<tr>
<td>U.N.</td>
<td>United Nation</td>
</tr>
<tr>
<td>UNHCR</td>
<td>United Nations High Commissioner for Refugees</td>
</tr>
<tr>
<td>WASH</td>
<td>Water, Sanitation and Hygiene</td>
</tr>
<tr>
<td>WFP</td>
<td>World Food Programme</td>
</tr>
</tbody>
</table>
Executive Summary

Since 9 November 2020, Ethiopian and Eritrean asylum seekers have been arriving in Eastern Sudan, fleeing a military escalation in the Tigray region in northern Ethiopia. Eastern Sudan is facing multiple challenges including high levels of food insecurity, flood recovery, increased militarisation on the Sudan and Ethiopia border, as well as the COVID-19 pandemic and the impacts of mitigation and containment measures. As of 17th April (latest situation report), the UN Refugee Agency (UNHCR) and the Government’s Commissioner for Refugees (COR) registered 62,850 individuals who have crossed the border into Eastern Sudan. It is estimated that 36% of the arrivals are female and 64% are male. Further estimations show that 27% of the arrivals are children (0-17years); out of which 8% are below 5 years. Elderly (+60years) comprise 4% and Adults (18-59 years) 69% of the arrivals. Of those who arrived, data as of January 2021, showed 15,056 are women and girls of reproductive age and 1,365 currently pregnant women.

Primary data collection, through FGDs, KIIs and Individual Stories, took place between 16-18th February 2021, in Um Rakuba camp and Tunaydbah settlement.

RGA objectives were to:

- Better understand, the main needs, priorities and coping strategies of women, men, girls and boys, as well as at-risk groups in Um Rakuba camp and Tunaydbah settlement
- Identify how CARE and the wider humanitarian community can adapt and design targeted services and assistance to meet these needs, ensuring we do no harm.

Key findings

Gender roles and responsibilities:

- Female headed households are greatly impacted, now having to take on multiple roles in the absence of their husbands. Youth (girls and boys) have increased their roles in domestic tasks as a result of being at home due to a lack of education opportunities.
- Lack of income-generating opportunities and a lack of capital were identified as among the most significant challenges for men and women. There are increased barriers for income generating opportunities for women and girls, due to higher risks of sexual harassment noted in marketplaces.

Access to services and resources:

- Location, design, positioning and privacy of WASH facilities (including latrines, water sources and showers) are creating access barriers for women, girls, the elderly and pregnant women, as well as creating safety concerns for women and girls. Menstrual hygiene kits are insufficient for the needs of women and girls in the camps.
- Boys and girls expressed a strong need to continue their education but are facing barriers to access schooling, particularly for older children. Lack of clothes was noted as a key barrier for girls to attend the primary schools in Um Rakuba.

• All focus groups expressed the need for increased quantity and quality of food (including better nutrition and diversity of foods). Some women and girls are reducing their food intake to two meals per day; a concern compounded by pre-existing food insecurity and levels of malnutrition noted in Tigray – particularly for pregnant and lactating women.

Decision-making and participation:

• Community structures have replicated those in Ethiopia. While women and men are said to be represented, women noted it was sometimes hard to raise their voices, particularly due to young age or their status in the community.

Capacity and coping mechanisms:

• Men spoke of negative coping strategies, due to increased stress, such as consumption of alcohol or drugs, lack of income causing men, women, boys, and girls to sell their assets and relief items (including girls selling sanitary pads). Existing data highlights women and girls being forced to engage in survival sex in the camps which is of high concern.

Safety and Protection:

• Grave safety and protection concerns are being reported from the Tigray region of Ethiopia, including rapes, sexual violence and other forms of GBV, as well as barriers to lifesaving medical care and GBV response services including MHPSS services. In Sudan, women and girls raised fears of violence and sexual assault in the camps; particularly when using WASH facilities and collecting firewood. Boys raised concerns over trafficking rumours and sexual harassment. Domestic violence was seen to be increasing in households, with stress being noted an exacerbating factor.
• Unaccompanied and separated children living together raises protection concerns and the need for family reunification.
• The need for women police officers, lighting, electricity, and women and girls’ representation in community safety and security mechanisms was expressed.

Recommendations (Please refer to the end of the report for detailed recommendations)

• **WASH**: Ensure services are accessible, safe, and appropriate for women, children, the elderly, and persons with disabilities. Specifically, through consultations with the aforementioned groups, and adaption of design considering privacy, signage and accessibility needs. Provision of menstrual hygiene materials for women and girls across both camps to meet the needs.
• **Immediate action for WASH and Camp Management** leads is to co-ordinate to identify a lighting solution within the camps that can incorporate communal WASH facilities and health services.
• **Food security / Nutrition**: Urgent nutritional support to be made available and accessible for pregnant and lactating women.
• **Cash and Livelihoods**: Support to men and women to provide basic needs and IGAs.
• **GBV and SRH**: All humanitarian actors to mitigate current, and reduce future, risks, by ensuring women and girls are consulted at all stages of sector programming; representation of women in community structures; availability of updated GBV referral information.
• **Psychosocial support**: Ensure women, girls, men, boys and affected groups are aware of available services, and barriers are reduced to ensure equal access.
• **Education**: Reduce barriers for girls and boys to attend the available primary schools and increase access for other children and youth to engage in education and extra-curricular activities.

**Further analysis** is recommended to better understand the status of women and girls’ meaningful participation and leadership; access to information; feedback and complaints mechanisms; and Sexual and Reproductive health needs.
Introduction

Background information

Since 9 November 2020, Ethiopian and Eritrean asylum seekers have been arriving in Eastern Sudan, fleeing a military escalation in the Tigray region in northern Ethiopia. Tigray shares an international border with Sudan, where people have been fleeing across the river that separates the two nations. Refugees are arriving in three locations along the border with Ethiopia in Eastern Sudan, Hamdayet in Kassala State, Ludgi and Abderafi in Gedaref State, and to a lesser extent into Wad Al Mahi locality in Blue Nile State.

Eastern Sudan is already facing multiple challenges that will compound the situation of arrivals from Tigray. Food insecurity is a concern; with an estimated 1.9 million, of the forecasted 13.4 million people-in-need in Sudan (for 2021), being in East Sudan. This is compounded by the floods, in 2020, which left Gedaref as one of the most affected states in the country; with extensive damage to crops and land, as well as to livestock, and the forestry and fishery subsector. Increased militarization on both sides of the border of the disputed area between Sudan and Ethiopia also creates increased risk and insecurity to communities, as well as concerns for safety of refugees in the transit sites.

Sudan also continues to be impacted by the global COVID-19 pandemic. As of 22 April 2021 the total number of confirmed COVID-19 cases were 33,599, with 2,289 confirmed COVID-19 deaths. All 18 states have reported cases, with Khartoum, Al-Gezira, and Gedaref amongst the hardest-hit. More than 6,300 cases of COVID-19 had been registered in Tigray until October 2020, although significant underreporting is likely. The Sudan Humanitarian Response Plan was revised in July 2020 to reflect the changes brought about by COVID-19 mitigation and containment measures; which resulted in the number of people in need being 9.8 million.

---

4 Pre-crisis (as of 4th November 2020), there were 95,929 refugees and asylum seekers in Tigray of whom 99.9% (95,916) were from Eritrea (UNHCR 20/10/2020). This means that Tigray hosted 54% of the total Eritrean refugees in Ethiopia (178,315). ACAPS, Secondary Data Review, Ethiopia, The pre-crisis situation in Tigray. 22 February 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/20210223_acaps_secondary_data_review_ethiopia_pre-crisis_situation_in_tigray.pdf
11 UNHCR, Ethiopia situation (Tigray Region), Regional Update #12. 15-28 February. https://reliefweb.int/sites/reliefweb.int/files/resources/Ethiopia%20%28Tigray%29%20situation%20EXTERNAL%20regional%20update%20%2312%20%28%20February%20.pdf
The Rapid Gender Analysis objectives

The objectives of this RGA were to better understand:

- The main needs, priorities and coping strategies of women, men, girls and boys, as well as at-risk groups in Um Rakuba camp and Tunaydbah settlement.
- Identify how CARE and the wider humanitarian community can adapt and design targeted services and assistance to meet the needs of women, men, girls and boys, as well as at-risk groups, ensuring that we ‘do no harm’.

Methodology

Rapid Gender Analysis is built up progressively: using a range of primary and secondary information to understand gender roles and relations and how they may change during a crisis. It provides practical programming and operational recommendations to meet the different needs of women, men, boys, and girls, at at-risk groups to ensure we ‘do no harm’. Rapid Gender Analysis uses the tools and approaches of Gender Analysis Frameworks and adapts them to the tight timeframes, rapidly changing contexts, and insecure environments that often characterise humanitarian interventions.

This RGA took place between 16-18th February 2021 in Um Rakuba Camp and Tunaydbah Settlement. Secondary data collection took place in parallel and continued until the report was finalised on 22nd April 2021 to ensure the most updated data was included as part of the analysis.

The RGA will be updated as the crisis continues, noting the importance of ongoing and up-to-date gender analysis, as well as when the need is identified for more in-depth information to support specific individuals or groups being impacted by the crisis.

Table 1 summarises the primary data collection methods used. Secondary data was gathered through U.N. situation reports and updates, U.N and I/NGO assessments and news reports. Informal discussions were also held with: two male staff members at the Commission of Refugees (COR) in Gadaref town; and four female health service providers in Um Rakuba Camp and Tunaydbah.

<table>
<thead>
<tr>
<th>Data collection tool</th>
<th>Um Rakuba</th>
<th>Tunaydbah</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>Focus Group</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Discussion</td>
<td>1 adult men’s group with 8 participants</td>
<td>1 adult women’s group with 9 participants</td>
</tr>
<tr>
<td></td>
<td>1 youth boys’ group with 13 participants</td>
<td>1 youth girls’ group with 9 participants</td>
</tr>
<tr>
<td>Key Informant</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Interview</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individual Story</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total number of</td>
<td>22</td>
<td>22</td>
</tr>
<tr>
<td>individuals</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The assessment process had several limitations including:

- The time allocated for the data collection was short which allowed for one day of consultations in each location.
- National fuel shortages created limitations in terms of movement within and between the camps.
- Existence of sex and age disaggregated secondary data was limited, which impacted triangulation of primary data collected through the RGA.

Demographic profile

As of 17th April (latest situation report), the UN Refugee Agency (UNHCR) and the Government’s Commissioner for Refugees (COR) registered 62,850 individuals who have crossed the border into Eastern Sudan. It is estimated that 36% of the arrivals are female and 64% are male. Further estimations show that 27% of the arrivals are children (0-17years); out of which 8% are below 5 years. Elderly (+60years) comprise 4% and Adults (18-59 years) 69% of the arrivals. Of those who arrived, data as of January 2021, showed 15,056 are women and girls of reproductive age and 1,365 currently pregnant women.

At the very start of the crisis, women, men and children had been crossing the border at the rate of 4,000 per day. To accommodate their arrival, the Government of Sudan established five refugee camps: three near the border with Ethiopia for new arrivals (Hamdayet, Village 8, and Wad Al Mahi) and two long-term camps, called Um Rakuba and Tunaydbah. As of 10th April 2021, 41,181 people had been relocated, with 20,572 at Um Rakuba Camp (about 43 miles from the border) (which reached its full capacity in 30 January) and 20,609 in Tunaydbah settlement (currently no sex or age disaggregated data is available for each of the camp/settlements). As of March 2021, data showed that the number of new arrivals stabilised with around 30-50 individuals per day crossing the border into Eastern Sudan.

Confirmation of four COVID-19 cases in Um Rakuba in January raised concerns, with humanitarian actors and health workers working to put in place isolation centres and testing. However due to the high needs in the camp COVID-19 is not always a high priority. Overcrowded conditions, with camps exceeding their intended capacity makes social distancing challenging, as well as there being a shortage of water, soap

---

26 Relief International. Sudan Tigray Crisis: Here’s how Relief International is Responding. 8 January 2021. https://www.ri.org/tigray-crisis-heres-how-relief-international-is-responding
and latrines would impact the community’s ability to adhere to COVID-19 preventative measures.\textsuperscript{27} We know that COVID-19 has different and disproportionate direct and indirect impacts on women, men, girls, boys and different at-risk groups.\textsuperscript{28} COVID-19 itself, as well as the guidance put in place to mitigate the spread of the disease, would have compounding impacts on already vulnerable populations in the camps.

**Findings and analysis**

The following sections highlight the RGA findings specifically from Um Rakuba camp and Tunaydbah settlement, to highlight the current situation for women, men, boys and girls and specific at-risk groups. Key populations noted by respondents as being particularly vulnerable to the current crisis, include: unaccompanied girls and boys and particularly girls with children; pregnant and lactating women; the elderly – particularly those living alone without families; female-headed households whose husbands have been left behind in Ethiopia; and people living with a disability or chronic illness/health problem. The specific impacts on these groups are discussed within the findings.

**Gender Roles and Responsibilities**

**Division of (domestic) labour**

*Female headed households are greatly impacted, now having to take on multiple roles in the absence of their husbands. Youth (girls and boys) have increased their roles in domestic tasks as a result of being at home due to a lack of education opportunities.*

A number of respondents spoke of men having to stay behind in Ethiopia and women, therefore, arriving to the camps alone with their children. One respondent spoke of walking for five days, only to arrive at the entry point among thousands of other people.\textsuperscript{29} For women, who are now on their own, the level of work increased; having to take the full responsibility for children, domestic work and not having their husband for support.\textsuperscript{30} For men, there was a lack of daily activities due to losses of jobs and education, and there being no activities for youth [Individual story, 18 year old male, Tunaydbah].

For girls in both locations their main activity is domestic work in the home, including taking care of children, collecting water and firewood. This is a change from their lives in Ethiopia where, in addition to supporting families with domestic work, they were also students in school and supported their families with income generating activities. In Um Rakuba, girl respondents spoke of previously having a social life, playing with friends, and being exposed to different cultures and learning from one another [FGD, girls]. Boys, in both locations, expressed frustration that before the crisis they were students, with many of them at boarding schools. Now they lack access to education and learning opportunities. This is on top of schools being closed in Ethiopia, for almost a year, due to the COVID-19 pandemic.\textsuperscript{31} In both locations, boys help their families collect water and firewood, and others, who have


\textsuperscript{29} Individual story with 48-year-old woman, female headed household

\textsuperscript{30} Individual story with 48-year-old woman, female headed household

\textsuperscript{31} CARE, Rapid Gender Analysis, Tigray Crisis (April 2021)
been separated from their families, share domestic chores among themselves. For the groups of boys, living together, they expressed missing their families; their mothers and sisters, and would usually depend on them for domestic work.

Earning an income

*Lack of income-generating opportunities and a lack of capital were identified as among the most significant challenges for men and women. There are increased barriers for income generating opportunities for women and girls, due to higher risks of sexual harassment noted in marketplaces.*

Prior to arriving in Sudan, men had a variety of occupations from government employees, informal workers to farmers. Now, in both locations, men said they are engaged in daily labour activities, working with organisations in the camps, doing manual labour, as security guards, or as community mobilisers [FGDs, men]. As Tunaydbah is located closer to the nearby market and village, this has also provided some opportunities for work [FGD, Men, Tunaydbah]. In a Norwegian Refugee Council (NRC) assessment (November 2020) it was noted by traders in Doka town (nearby to Um Rakuba), that it was harder for women (both refugee and host community) to shop in the marketplace because of higher risks of sexual harassment. This highlights a barrier for women to engage in opportunities, as men may do."32

Women noted their engagement with NGOs as volunteers, as well as selling tea, coffee, food, soft drinks and vegetables [FGD, Um Rakuba]. Observations by the data collection team noted that this took place largely outside, and close to, the shelters. Both men and women respondents expressed that now in the camps they depend on relief items and the biggest problem is a lack of income, jobs and a lack of capital to start a business. Pre-crisis data showed that with regards to income, women were disadvantaged compared to men, with 43 per cent of women living in monetary poverty compared to 22 per cent of men."33

Girls in both locations spoke of selling tea, coffee, food, and soft drinks. Girls in Um Rakuba were also engaging in hair dressing and mobile food e.g., selling Anjera (local Ethiopian bread). Boys in both locations noted a lack of job opportunities and income and a reliance on relief items. However, in Um Rakuba some boys were engaged in helping the owners of small businesses e.g., selling vegetables, male salons, mini shops. In Tunaydbah, boys only mentioned part time daily labour being available.

Access to services and resources

- **Location, design, positioning and privacy of WASH facilities (including latrines, water sources and showers) are creating access barriers for women, girls, the elderly and pregnant women, as well as creating safety concerns for women and girls. Menstrual hygiene kits are insufficient for the needs of women and girls in the camps.**

- **Boys and girls expressed a strong need to continue their education but are facing barriers to access schooling, particularly for older children. Lack of clothes was noted as a key barrier for girls to attend the primary schools in Um Rakuba.**

- **All focus groups expressed the need for increased quantity and quality of food (including better nutrition and diversity of foods). Some women and girls are reducing their food intake**

---


to two meals per day; a concern compounded by pre-existing food insecurity and levels of malnutrition noted in Tigray – particularly for pregnant and lactating women.

**WASH:** Respondents across focus groups in Um Rakuba said that there was good water supply, however girls and women noted that: there were still some areas within the camp that lacked water supply; girls had to wait for a long time in queues; and that water sources were far from their residence. Women said there were some queues established specifically for women, pregnant women, and the elderly to access water. Access to water in Um Rakuba camp is currently dependent on water trucking. Bladders are available however these are often positioned in high places, making access difficult particularly for the elderly. National fuel shortages are affecting how regularly the bladders can be filled.

Regarding WASH facilities, women, and girls in Um Rakuba spoke of needing to shower inside their shelters, and not use the public facilities, as they are not covered and are far from the shelters. However, it was noted through observations from the data collection team in Um Rakuba, that the camp was very crowded with an overall lack of space and tents located tightly together, resulting in a lack of privacy.

When women and girls do access public latrines and showers, they will go in pairs or groups [FGD, women, girls, Um Rakuba]. The distance to latrines was also seen as a barrier for the elderly and the sick [FGD, girls, Um Rakuba] with showers and latrines not being in a central location for the community [KII, male, community leader, Um Rakuba]. Open defecation was noted due to shortage of latrines, lack of signs to separate male and female latrines and the design not being suitable for everyone [FGD, boys, Um Rakuba]. Women noted that children open defecate because they are afraid of the large hole dug for the latrine.

In Tunaydbah, all focus groups noted there was a lack of water, and irregular supply. The water points were said not to be accessible for vulnerable people due to a lack of drainage causing it to be muddy [FGD, boys, Tunaydbah]. Men were concerned that the water could be contaminated if someone wanted to, and therefore they needed guards and locks at the water points [FGD, men, Tunaydbah]. There are latrines in Tunaydbah but this was not seen as sufficient for the population size and they are full [FGD, boys, girls, men, Tunaydbah]. Similarly to Um Rakuba camp, open defecation was spoken of as being common practice, with women and girls going outside of the camp for this. Boys spoke of the latrines being too close to where people were living, and women said there were access issues for the elderly, pregnant women, children, and persons with disabilities. In both camps, issues around the safety of latrines were highlighted (see section on safety below). Respondents across both camps highlighted the need for hygiene promotion and better handwashing practices; due to people disposing of rubbish and sanitary pads in the latrines, and while soap was available in some hygiene kits, this was not sufficient and was expressed as a need.

**Menstrual hygiene:** Women and girls expressed the need for sanitary pads. Sanitary pads have been included in hygiene kits that had been distributed to women and girls, however (at the time of data collection) there had only been one distribution, the quantity had not been enough and not all girls received the items [FGD, Girls, Um Rakuba and Tunaydbah]. It was also noted that some youth (boys) bought the sanitary pads from girls and sold them on at a higher price to make a profit, as a way to meet their basic needs.

---

34 Observation by CARE data collection team
35 Observation by CARE data collection team
36 Observation by CARE data collection team
According to other sources from January 2021, there were plans to ensure additional procurement of sanitary napkins over 6 months for 16,000 women and girls as part of the overall response.37

**Education:** As of February 2021, 17,097 children (ages 5-18) are in need of assistance to continue their education, with this figure expected to rise to 28,210 by June 2021.38 Boys and girls in both locations expressed their frustration and the impact the crisis has had on their schooling. There are two schools in Um Rakuba camp for primary aged girls and boys from Grade 1-10, (aged 6 to 13 years of age39), which are open in shifts. The schools are located at the edge of the camps and therefore creates barriers to access, for those who need to travel [FGD, women, girls, boys, Um Rakubah]. There are no options for secondary school or higher education, however it was noted that there are agencies working to address this gap.40 Respondents in Tunaydbah noted that there was no education or learning facilities available in the settlement due to the camp being newly established [FGD, men, boys, girls, Tunaydbah]. Secondary data shows that 19 temporary learning spaces had been planned to be developed within February.41

**Clothes and non-food items (NFIs):** A big concern across respondents, was lack of clothes, with people arriving with few personal belongings, no distributions taking place, and lack of resources for the community to buy clothes. A specific concern raised by women, girls, and boys in Um Rakuba, was that the lack of clothes was impacting girls’ ability to access the schools. Access issues would be particularly true for mothers with newborns where clothes are regularly soiled, and water is limited. Further, lack of protective shelters and clothes creates problems with the fluctuating weather conditions [FGD, boys, Um Rakubah]. Mosquito nets were noted, as a needed NFI, by one health provider, specifically for pregnant women [Tunaydbah]. It has been noted that an increasing number of persons with disabilities have approached protection desks (which have been established in in all locations of the response)42, requesting services, such as hearing aids, crutches or cash assistance, currently unavailable at any site.43 With estimates showing that 95% of persons with disabilities in Ethiopia are living below the poverty line44, it is essential that persons identifying with a disability in the camps have access to the needed support to reduce barriers and the compounding impacts these barriers could have on access to basic needs.

**Food security / nutrition**

A need across all focus groups in both locations was the need of increased quantity and quality of food (including better nutrition and diversity of foods). One coping strategy mentioned by women and girls in Um Rakuba, was reducing their food intake to two meals per day. Boys in Tunaydbah noted that people are “eating what they get, and not what they want” [FGD, boys, Tunaydbah] and having to eat less meals per day [Individual story, 18-year-old man, Tunaydbah]. Even before the conflict, 600,000 people were already facing acute food insecurity in Tigray.45 Reports from Tigray indicate rising hunger, as the conflict

41 Education partners will complete 19 temporary learning spaces in the month of February. This includes ten primary schools supported by NRC, five early childhood spaces supported by SCI four secondary schools supported by Islamic Relief cited in UNHCR, Ethiopia situation (Tigray Region) Regional Update #10. 13 January – 1 February 2021. https://reporting.unhcr.org/sites/default/files/Ethiopia%20situation%20regional%20update%201%20February%202021.pdf
42 UNHCR, Ethiopia situation (Tigray Region) Regional Update #12. 15-28 February 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/Ethiopia%20&Tigray%20situation%20EXTERNAL%20regional%20update%201%20February%202021.pdf
exacerbates an already fragile context, marked by COVID-19, desert locust and the ongoing lean season, with malnutrition likely to have increased significantly. In addition, the nutritional status of children and pregnant and lactating women is being reported as “alarming”. This indicates that refugees crossing into Sudan are likely to already be facing concerning levels of food insecurity. Further, pre-crisis data showed that 24% of women lived in food poverty compared to 11% of men. Medair noted people are relying on basic food resources being provided by WFP, which is having an impact on young children in the camp: with reports indicating more than 100 children with acute malnutrition.

“I depend on relief items and selling some of the relief items. I reduce my meals per day; depend only on eating rice, lentil, Anjera (local bread). There is no diverse food. Vegetable and fruits are available in the nearby village market, but they are very expensive, I can’t afford to buy them”

[63-year-old woman, Tunaydbah]

While there are midwifes available, there are no vitamins or specific nutritional support for pregnant women [FGD, women, Um Rakuba]. Across both locations pregnant women noted the need for nutrition services and nutritious food [22-year-old, pregnant woman, Tunaydbah; 30-year-old, pregnant woman, Um Rakuba; KII, male, community leader, Um Rakuba].

“Before we were living in a secure place and in peace in our house. I had good follow up of my pregnancy, had vitamins and medicine in my origin…Currently my husband has no work or income, and is worried about living without money and with expectations of our new baby arriving in 3 months. There is no nutrition assistance for the pregnant women” [Individual story, 22-year-old, pregnant woman]

Health / SRHR

Respondents across Um Rakuba and Tunaydbah noted that there were free health services through the Ministry of Health and a number of U.N. and INGOs available however, there is a shortage of supplies, in part, due to fuel shortages in Sudan. The use of traditional herbal medicines was noted across all FGDs in both locations, and this was sometimes used to mitigate this shortage.

UNFPA estimates that, of the newly arrived refugees in Sudan, more than 700 are likely to be pregnant, and there may be around 150 survivors of gender-based violence in need of assistance. With regards to sexual and reproductive health, only respondents in Um Rakuba referred to this; with girls and women noting a shortage of services and treatment. Two respondents (male and female) in Um Rakuba noted that there were no abortion services available. While this was not expanded on further by respondents, this is likely, in part, due to legal barriers to access abortion services in Sudan. Such barriers can lead to women and

---

50 This estimate is based on the Minimum Initial Service Package for Reproductive Health in Crisis calculations wherein around 2 percent of women of reproductive age are expected to experience sexual violence, cited in, https://www.unfpa.org/news/ethiopian-refugees-sudan-die-need-protection-reproductive-health-care#
51 In Sudan, abortion is legal during the first 90 days after an assault, but a police report must be filed and a judge must determine a rape occurred based on evidence collected from doctors and police, which can include DNA samples from the alleged perpetrator. These lengthy legal proceedings limit access. Cited in Devex, Sara Jarving. The price women and girls are paying for Ethiopia’s war. The price women and girls are paying for Ethiopia’s war. 16 February 2021. https://devex.shorthandsstories.com/the-price-women-and-girls-are-paying-for-ethiopia-s-war/index.html
girls seeking illegal abortions, which have been noted to have led to unsafe or incomplete abortions in the camps. According to UNFPA, the nearest referral health facility able to provide post-rape treatment or emergency obstetric care is about 40 minutes from Um Rakuba.

While respondents did not refer to other services, data from UNFPA highlighted that in both Um Rakuba camp and Tunaydbah there are efforts to increase access to facilities to ensure safe delivery, and provision of SRH equipment and supplies.

Access to information

A market assessment in November 2020 reported that, Ethiopian refugees estimated that only half of families had access to a mobile phone, and most had not had either a functioning SIM card or a method to recharge. At the time of data collection, in both camps, there was no electricity, and network for phone and internet is only available at higher ground, which would be a barrier for those less physically able. It was not clear from the RGA the level of phone ownership between men and women, however studies have shown a large gender gap between adult men being 20% more likely to own a phone than adult women in Ethiopia. This coupled with lack of electricity and internet is likely to increase barriers to certain information and connection for women. It was also noted to be an obstacle to humanitarian response, early in November.

A woman respondent said that she had lost her mobile and cannot afford to buy another; this has meant she is out of contact with her husband who remained in Tigray [Individual Story, female headed household, 48 years old].

Decision making and participation

Community structures have replicated those in Ethiopia. While women and men are said to be represented, women noted it was sometimes hard to raise their voices, particularly due to young age or their status in the community.

There are community committees in Um Rakuba camp, which have replicated a similar set-up to the committees in their place of origin. Leaders are selected by the community and have a chairperson, assistant, secretary and 15 members; of which men and women are noted to participate in equal numbers [KII, male, community leader, Um Rakuba]. The committees have been known to conduct public open dialogues with community members and discuss key issues, including security [KII, male, community leader, Um Rakuba].

52 Devex, Sara Jerving. The price women and girls are paying for Ethiopia’s war. The price women and girls are paying for Ethiopia’s war. 16 February 2021. https://devex.shorthandstories.com/the-price-women-and-girls-are-paying-for-ethiopia-s-war/index.html


56 Observation by CARE data collection team

57 Brookings, Leora Klapper, Mobile phones are key to economic development. Are women missing out? 10 April 2019 https://www.brookings.edu/blog/future-development/2019/04/10/mobile-phones-are-key-to-economic-development-are-women-missing-out/

A woman, who is now a female headed household in Um Rakuba when asked about her participation in community-level decision making processes said: “Yes. I was a member in community committees in my country. Currently in the camp I am playing a good role in community awareness - mediating community family issues and domestic violence if it happens.” The respondent expressed that she would engage in any protection structures in the future to serve her community [Individual story, female headed household, 48 years old]. However, another woman in the same camp noted that while she was well known in the community and able to ‘raise her voice’, “There is no place for women to complain and raise their voice if anything happens to them.” [Individual story, female].

Women respondents who were either newly arrived in Tunaydbah, pregnant women or women perceived to be too young (22 years old) noted that they were not involved in community decision making, however they felt they could be in the future. This is reflective of social norms that do not value women as decision-makers and underestimates a women’s role within the community.\(^{59}\)

**Capacity and Coping Mechanisms**

*Men spoke of negative coping strategies, due to increased stress, such as consumption of alcohol or drugs, lack of income causing men, women, boys and girls to sell their assets and relief items (including girls selling sanitary pads). Existing data highlights women and girls being forced to engage in survival sex in the camps which is of high concern.*

In addition to the income generating activities described above, respondents spoke of other mechanisms as a way of coping since they arrived in the camp/settlement. Men have established smoking clubs and women have started making local brewed alcohol [Um Rakuba]. This was also as men noted that their increased stress is causing them to consume more alcohol and / or drugs.

A market assessment by NRC in November 2020, showed that the devaluation of the currency has had impacts on Ethiopian refugees. Some refugees entered Sudan with Ethiopian Birrs (local currency) and tried to exchange them at the border on entry to Sudan. However, they discovered that the devaluation of the Sudanese Pound (SDG) meant a poor exchange rate for them. Some refugees had to sell some of their assets (phones, jewellery etc.) to meet their basic needs.\(^{60}\) In this current RGA, all respondents (girls, boys, women, and men) in Um Rakuba spoke of selling some of their relief items to meet their basic needs or to start small businesses and this was also expressed by a Community Leader in Um Rakuba camp. Of concern was girls speaking of selling sanitary pads to meet their basic needs or needing to share with other girls.

For social support, boys in both locations – particularly those unaccompanied, reported supporting one another to complete domestic chores, as they are learning how to look after themselves, in the absence of their families.

In terms of negative coping mechanisms, in a UNFPA report (December 2020) respondents noted specific risk factors for young and unmarried women in the camps who have turned to sex work as a survival mechanism, due to lack of alternative livelihoods and food insecurity.\(^{61}\) A report by UNHCR also noted women and girls were engaging in survival sex at the transit centres and camps,\(^{62}\) as well as specific reference to Um Rakuba camp where women expressed that survival sex was the only way to meet their

---


\(^{60}\) Norwegian Refugee Council (NRC). Rapid Market Assessment: Um Rakuba Refugee Camp, Assessment Report November 2020

\(^{61}\) UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrukaba and Village 8 Refugee camps, Gadaref. December 2020

\(^{62}\) UNHCR, Ethiopia situation (Tigray Region), Regional Update #11. 1-14 February 2021. https://reporting.unhcr.org/sites/default/files/Ethiopia%20situation%20regional%20update%201-14%20February%202021.pdf
basic needs, with one woman saying that men pay about $3.50 for sex in the camp.63 In addition to the psychological impacts, this puts women and girls at risk for pregnancy, sexually transmitted diseases and HIV/AIDS, in a context with a lack of SRH services being accessible in the camps.

In both locations of this RGA, a clear need and priority expressed by respondents was for livelihood assets, income, jobs, and work opportunities. Therefore, it seems imperative that action is taken to ensure women and men have opportunities to make an income to meet their basic needs and to avoid women and men turning to negative coping mechanisms to survive. One barrier noted during a discussion with COR, was that the refugees do not have a work permit, and therefore this will hinder their opportunities.64

It was also noted by respondents in a UNFPA assessment, that forced marriage and FGM were not commonly practiced by Tigrayans, however past experience has seen the refugee community integrating and adopting such practices.65

Safety and Protection

- Grave safety and protection concerns are being reported from the Tigray region of Ethiopia, including rapes, sexual violence and other forms of GBV, as well as barriers to lifesaving medical care and GBV response services including Mental Health and Psychological Support Services (MHPSS). In Sudan, women and girls raised fears of violence and sexual assault in the camps; particularly when using WASH facilities and collecting firewood. Boys raised concerns over trafficking rumours and sexual harassment. Domestic violence was seen to be increasing in households, with stress being noted an exacerbating factor.
- Unaccompanied and separated children living together raises protection concerns and the need for family reunification.
- The need for women police officers, lighting, electricity, and women and girls representation in community safety and security issues was expressed.

Gender Based Violence

A statement from Ms. Pramila Patten, the U.N. secretary-general’s special representative on sexual violence in conflict on 21st January 2021, highlighted concern over serious allegations of sexual violence in the Tigray region of Ethiopia, including a high number of alleged rapes in the capital, Mekelle. The statement referred to disturbing reports of individuals allegedly forced to rape members of their own family, under threats of imminent violence and some women reportedly been forced to have sex in exchange for basic commodities. Further, medical centres have indicated an increase in the demand for emergency contraception and testing for sexually transmitted infections (STIs) which is often an indicator of sexual violence in conflict. In addition, there are increasing reports of sexual violence against women and girls in a number of refugee camps."66

63 Devex. Sara Jerving. The price women and girls are paying for Ethiopia’s war. The price women and girls are paying for Ethiopia’s war. 16 February 2021. https://devex.shorthandstories.com/the-price-women-and-girls-are-paying-for-ethiopia-s-war/index.html
64 Discussion with two staff from the Commission of Refugees (COR) at Garadef town (February 2021)
65 UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrakuba and Village 8 Refugee camps, Gadaref. December 2020
An OCHA Situation Report from the Tigray region of Ethiopia (as of 8 March 2021), continues to note the reports from people in Tigray and humanitarians on the ground, of serious violence against civilians, including extrajudicial killing, rapes, and other forms of gender-based violence,\(^67\) including reports of sexual violence being widespread across the region.\(^68\)

These reports, among others, including CARE’s Rapid Gender Analysis for the Tigray crisis\(^69\) and a recent (April 2021) statement on GBV in Tigray by the GBV Area of Responsibility,\(^70\) highlight grave safety and protection concerns of those in the Tigray region of Ethiopia, the emphasis that violations are likely to be under-reported,\(^71\) as well as barriers to life-saving medical care, GBV case management and mental health and psychosocial support (MHPSS), due to many areas in Tigray being inaccessible,\(^72\) displacement of health workers and damage to services.\(^73\) These accounts are further reiterated by refugees in Sudan who have spoken of being caught in the conflict and facing situations including forceful recruitment of men and boys and sexual violence against women and girls.\(^74\) An assessment by UNFPA in December 2020 found that incidents of sexual violence were heard of in Um Rakuba camp however, stigma from society as well as lack of documentation or ID from refugees may prevent survivors from reporting.\(^75\) This indicates that cases are likely to be higher than those respondents hear of, or those which are documented through official reporting channels.

In this RGA, women respondents said that domestic violence is ongoing. They spoke of hearing conflicts between households likely exacerbated due to the stress of the situation, resulting in women needing to seek safety from neighbours nearby.\(^76\) A community leader also noted that violence in the home was a safety concern in the community.

**Safety**

A recurrent safety concern highlighted across the respondents (men, women, girls and boys) was the insecurity, particularly women and girls, faced accessing latrines and WASH facilities.

**Latrines and lighting:** The latrines are made out of a grassy material which does not provide adequate cover. In Um Rakuba camp, there are no locks on the latrines and no lights near the latrines or within the camp in general. Poor or no lighting can contribute to actual or perceptions of insecurity, and in particular increased risk factors of GBV.

---


\(^69\) CARE, Rapid Gender Analysis, Tigray, April 2021. https://careevaluations.org/evaluation/tigray-rapid-gender-analysis/


\(^74\) UNHCR. UNHCR relocates first Ethiopian refugees to a new site in Sudan. 5th January 2021. https://www.unhcr.org/uk/news/briefing/2021/1/5ff4316c4/unhcr-relocates-first-ethiopian-refugees-new-site-sudan.html#:~:text=Some%20800%20people%20crossed%20from%20Abe%20%20Tigray%20from%20neighbouring%20Sudan

\(^75\) UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrakuba and Village 8 Refugee camps, Gadaref, December 2020.

\(^76\) Discussions with community members with the data collection team following a Women FGD
Lighting was also noted to be an issue by a health service provider in Tunaydbah; without light the services have to close after sun set. This would be of particular concern for pregnant and lactating mothers needing medical attention through the night.

While it was noted that organisations designed latrines to be sex-segregated, community members said that this has not been well communicated to the community, and there are no markings to identify male and female latrines. One woman respondent expressed concern of the risks involved in going to the latrines in the evening, and to protect themselves, would go with someone else.77 Girls expressed concern over using latrines due to risks of sexual harassment [FGD, girls, Um Rakuba]. In a UNFPA assessment, women reported physical violence when trying to collect aid distributions or water and expressed the need to protect particularly pregnant women.78

**Community Policing:** Men in both locations highlighted the need for better distribution systems to avoid cheating and conflict between people. Men also shared that other men are moving around the camp with knives which causes feelings of insecurity.

It was noted across the respondents in Um Rakuba that community police were a key point of contact, if there are any issues or concerns. Community Police are selected by the community and work closely with COR and organisations working within the camp. Respondents also mentioned being able to seek assistance from: family members/neighbours, community leaders, elder community committees, community police, COR or the police (both community police or police stations), if there was a safety or security concern.

**Ethno-national tensions:** Male respondents noted safety concerns over different ethnic groups being together [FGD, men, Um Rakuba; FGD, boys, Tunaydbah]. A UNFPA assessment (December 2020) noted that there had been violence between tribes within the refugee community.79 In Um Rakuba camp the main ethnic group is Tigrayan with a small minority community of individuals from the Amhara ethnic group. Due to an understanding of potential tensions between the groups, the data collection team noted that separate spaces had been organised in the camp.80

**Child protection**

Respondents across both locations highlighted concerns over the numbers of, and safety of, unaccompanied children. It was noted that groups of boys were living together, without their families; when the conflict erupted families were either separated or many of the boys fled straight from boarding school, without their families. The International Rescue Committee (IRC) noted that, for children travelling alone, with no protection from an adult, are more exposed to exploitation, trafficking and different types of abuse81 and UNICEF referenced reports of children being visibly traumatised.82 Efforts are being made to place unaccompanied and separated children in foster care or communal centres, while child-friendly spaces and

---

77 Individual Story, 48-year-old woman, female headed household
78 UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrakuba and Village 8 Refugee camps, Gadaref, December 2020
79 UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrakuba and Village 8 Refugee camps, Gadaref, December 2020
80 Observations by CARE data collection team
temporary learning centres have been set up in camps. UNHCR noted that towards the end of last year close to 100 unaccompanied children were still on their own, not yet reunited with their families.83

Girls in Um Rakuba detailed a number of reasons they feel unsafe in the camp. Girls (as well as women respondents) spoke of being afraid to collect firewood due to the reaction of people living around the camp areas. They spoke of being told by community police about cases of violence and sexual assault in the camp and so had been told to restrict their movements within the camp. Girls spoke of being afraid of drunk men and moving in the dark.

Boys in Um Rakuba and Tunaydbah expressed safety concerns when collecting firewood due to hearing rumours of trafficking incidents and sexual harassment. A UNFPA report from December 2020, noted from FGDs that respondents were aware of a network of human traffickers on the Ethiopian side of the border.84

When asked who or where can people go in the community to seek assistance, or to voice safety or security concern, girls and boys in both locations responded similarly to men and women, highlighting family members/neighbours, community leaders, community police, COR or the police (both community police or police stations). It was not clear from the discussions, however, if this was more general knowledge or whether girls and boys would feel confident to approach these services or individuals for support if needed.

Creating a safe environment

In Um Rakuba community police and community safety groups have been established as a way to increase security [KII, male, Community Leader, Um Rakuba]. Women and girls’ safe spaces have been established in Um Rakuba and Tunaydbah.85 However, women and girls expressed the need for women police officers and that women and girls’ representation in community and security issues needed to be increased. In Um Rakuba, respondents across all FGDs noted the need for lighting and electricity, and for all services and facilities to be nearby and made safe for everyone. Women, girls, and boys in Um Rakuba felt that awareness raising, guidance and regular dialogue on safety and security in the camp would help to create a safer environment. In Tunaydbah, similarly all three FGDs (girls, boys, and men) noted awareness raising, guidance and regular dialogue on safety and security in the camp. Men in both locations emphasised the need for strong local security and community police.

Recommendations

Overarching recommendations

This Rapid Gender Analysis report will be updated and revised as the crisis unfolds and relief efforts continue, to ensure more effective and appropriate programming and humanitarian assistance tailored to the specific and different needs of people of all ages and genders.

84 UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrakuba and Village 8 Refugee camps, Gadaref, December 2020
85 Observations by CARE data collection team
a) It is recommended that organisations **continue to invest in gender analysis**, that new reports are shared widely, and that programming is adapted to the changing needs.

b) It is recommended that **CARE employs a full time Gender in Emergencies staff member** to support the Eastern Sudan refugee response to support co-ordination and mainstreaming initiatives with the sectors, as well as specific targeted programming to ensure an inclusive response that mitigates risk and ensures CARE’s response does not unintentionally cause harm to the communities.

**Recommendations for further analysis**

Due to the limited scope of this RGA as well as a rapidly changing situation in the two locations, further analysis would be required, particularly related to:

- Access to information for women, men, girls, and boys in the locations, including preferred ways of receiving information, as well as the availability of and trusted mechanisms for feedback and complaints in the camp/settlements.

- Specific needs with regards to sexual and reproductive health services, particularly for women, girls and those of whom are pregnant and lactating.

- Further assessment is required to better understand the status of women and girls’ meaningful participation and leadership in the communities and identify gaps and opportunities within the current response. An RGA-Power, as part of the **CARE’s Women Lead in Emergency approach** would be a suggested approach, ensuring engagement with women’s groups.

**Recommendations**

The following recommendations highlight the relevant sector responsible, as well as action points.

1) **WASH**: Ensure services are accessible, safe, and appropriate for women, children, the elderly and persons with disabilities. Specifically:

   - Ensure all communal latrines and showers are sex disaggregated and have identifiable labels; identified and communicated with the community.
   - Latrines should be reviewed (and adapted), as well as new latrines designed, with adequate cover to ensure privacy of those using the facilities, locks, and lights (in consultation with the community and broader camp lighting plans).
   - To decrease open defecation by children and reduce feelings of insecurity in children, ensure there are a proportion of latrines that are child friendly.
   - Adapt current designs to increase accessibility and safety for the elderly, people with disabilities and pregnant women. For new facilities, position them in accessible locations and consult with the community on what they need to reduce barriers. Reference: **CBM HHOT tool** and for guidance on **assessment and consultations**.

   - Increase, and make regular, distribution of menstrual hygiene items for girls and women of reproductive age, as well as a system for disposal (if disposable pads) or safe and dignified sanitation facilities if reusable pads. These should be distributed with sufficient supply for each woman and girl, each month.
   - Increase awareness raising for hygiene promotion, coupled with improved handwashing facilities outside the latrines.

---

86 Between data collection and finalizing the report, CARE began construction of showers for people with disabilities.
Immediate action for WASH and Camp Management leads: Co-ordinate to identify a lighting solution within the camps that can incorporate communal WASH facilities and health services.

2) Food security / nutrition: Urgent nutritional support to be made available and accessible for pregnant and lactating women. Specifically:

- Working through the health centers to provide nutritional support at static health facilities.
- Support staff or volunteers to conduct outreach to those who may not be able to access the static health facilities.

3) Cash and Livelihoods: Support to men and women to provide basic needs and start income generating activities

- An initial study by NRC\(^\text{87}\) found that refugees communicated clearly through their representatives that cash assistance is their preferred and an appropriate modality of assistance. The NRC report did note the potential of increasing risks of sexual harassment. This RGA and other assessments have identified that risks, and incidences, of gender-based violence are being highlighted by communities. Therefore, there is a need to ensure all cash and voucher assistance (CVA) programming is conducted with appropriate GBV assessments and regular monitoring of the risks.

4) Gender-based violence and SRH: All humanitarian actors to mitigate current, and reduce future, risks. Ensure appropriate services and response mechanisms are in place and accessible to all in the camps. Specifically:

- Work with the WASH, Camp Management and CVA teams to ensure risks are mitigated during consultations, design, implementation and monitoring of the above recommendations.
- Identify and update regularly a GBV referral map for each location and ensure this information is available within the community, including access to PSS and legal services (where available).
- Work with the community to identify a safety and security mechanism that works for women and girls, as well as men and boys. This could include ensuring women police officers are present in the camps; ensuring there are women representatives in existing camp and community structures and safety groups; training and awareness raising of current camp committees and community police to ensure understanding of risks and at-risk groups, as well as safe follow-up.
- Actors working on GBV and SRH-specialized programming to ensure availability and access to GBV and SRH services and ensure that awareness of such services reaches those most at-risk in the camps.
- All actors, including government and humanitarian service providers, involved in the response, to advocate for the safe provision of and access to, GBV and SRH services for all, within the camps.
- Meaningful engagement, particularly with women, girls and pregnant and lactating women and girls, would be required to understand their specific needs to advocate for, tailor and adapt services appropriately.

5) Psychosocial support (PSS): Ensure women, girls, men, boys and affected groups are aware of available services and barriers are reduced to ensure equal access.

- Child friendly spaces are a good entry point; ensuring there is trained staff who can provide a safe space for girls and boys to go to if they experience safety concerns in the camp, as well as provide outreach services for those who cannot access the child friendly spaces.
- Make PSS services available for women and men to ensure they have the opportunity to receive support – noting the levels of conflict and violence experienced or witnessed by many in Tigray, as well as ongoing fears and safety concerns in the camps.

\(^{87}\) Norwegian Refugee Council (NRC). Rapid Market Assessment: Um Rakuba Refugee Camp, Assessment Report November 2020
6) **Education:** Reduce barriers for girls and boys to attend the available primary schools and increase access for other children and youth to engage in education and extra-curricular activities.

- Organizations to identify ways to engage youth (girls and boys) who cannot access schooling e.g., clubs and activities, income generating activities, to avoid youth engaging in unhealthy activities such as smoking clubs.
- Provide education opportunities to girls and boys above primary age level in the camps and ensure these are equally accessible.
- **NFI sector:** Distribute clothes to girls and boys to remove this barrier to their education. Distribution of clothes is also required for men and women in the camps.

**Most significant changes expressed by respondents in Um Rakuba and Tunaydbah**

```
“[We] lost our education. We lost our families who were taking care of us, our mothers and sisters were taking care of us and served us. We don't know how to cook. We have lost a good life and a good house and good school. We do not have cash”
- Individual Story, 18-year-old male, Tunaydbah

“When I was in Humira, I was surviving in good life, but when the situation changed everything in my life changed. I was working for the government; I had a good salary and position and social status. I felt safe in my community. Currently in the camp there are no security incidents, but I live alone in an open crowded place. I have new type of living.”
- Individual story, woman (divorced), Um Rakuba

“I was living in peace and security in Humira town. I am 6 months pregnant. We fled Humira 3 months ago, that time I was 3 months pregnant. I was very tired during the journey. I walked until I arrived in Sudan at the entry point of Hamadayet. Some of us received immediate tents, but I sat with relatives until we had our shelter. Then I was transported to the current location which is better than Hamadayet as the place was so crowded. My family depend on relief items to make a living; my husband is helping me a lot in the domestic work and trying to find a job with organisations. After delivery, I will also look for work”
- Individual story, 22 year old pregnant woman, Tunaydbah

“I was a government employee, working in water supply in the accounting department. I was surviving a good life in my house with husband and 4 children (2 boys and 2 girls). But when the situation changed everything in my life changed. I had a job, income, good salary, and social position. I was doing domestic work and taking care of my children, my husband, and my house. I had time for entertainment, and I felt safe in my community and in my house with my husband. My husband was left behind. Currently, I am living with my children in a tent in a crowded place. I walked for about 5 days to reach the entry point and stayed in crowded places with more than 3,000 people. We do not have enough food and enough meals each day. I started to work as a volunteer with CARE, as a hygiene promotor and have responsibility to monitor water trucking.”
- Individual story, 48-year-old FHH, Um Rakuba
```
References

- Brookings, Leora Klapper, Mobile phones are key to economic development. Are women missing out? 10 April 2019 https://www.brookings.edu/blog/future-development/2019/04/10/mobile-phones-are-key-to-economic-development-are-women-missing-out/
- Devex. Sara Jerving. The price women and girls are paying for Ethiopia's war. The price women and girls are paying for Ethiopia's war. 16 February 2021. https://devex.shorthandstories.com/the-price-women-and-girls-are-paying-for-ethiopias-war/index.html

• Relief International. Sudan. Tigray Crisis: Here’s how Relief International is responding. 8 January 2021. https://www.rif.org/tigray-crisis-heres-how-relief-international-is-responding/


• UNFPA, Rapid GBV Assessment, Sudan, Ethiopian Refugees in Eastern Sudan, Omrakuba and Village 8 Refugee camps, Gadaref. December 2020


• UNHCR, Ethiopia situation (Tigray Region) Regional Update #10. 13 January – 1 February 2021. https://reporting.unhcr.org/sites/default/files/Ethiopia%20situation%20regional%20update%201%20February%202021.pdf


• UNHCR, Ethiopia situation (Tigray Region), Regional Update #12. 15- 28 February 2021. https://reliefweb.int/sites/reliefweb.int/files/resources/Ethiopia%20Tigray%20situation%20EXTERNAL%20update%20%20February%202021.pdf


• WFP, East Africa Regional Food Security & Nutrition Update. Regional Bureau Nairobi, March 2021.  
• WHO, Sudan. https://www.who.int/countries/sdn/
CARE works with poor communities in developing countries to end extreme poverty and injustice.

Our long-term aid programs provide food, clean water, basic healthcare and education and create opportunities for people to build a better future for themselves.

We also deliver emergency aid to survivors of natural disasters and conflict, and help people rebuild their lives.

We have 70 years’ experience in successfully fighting poverty, and last year we helped change the lives of 65 million people around the world.