



# CARE Rapid Gender Analysis on Power and Participation (RGA-P)

## Sudan

Kassala State– Wad Alheliw Locality;  
Wad Eissa, Shalataib (Wad Karory), Wad  
Bau villages

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The views in this Rapid Gender Analysis are those of the author alone and do not necessarily represent those of the CARE or its programs, or the MOFA Luxembourg, or any other partners.

Cover page photo: Women Group in Wad Eissa Village.

Image: Hawaa Ahmed Hussein

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## Abbreviations

COR	Commotion of Refugee
FGDs	Focus Group Discussions
GBV	Gender Based Violence
IYCF	Infant and young child feeding
KIIs	Key Informant Interviews
MOFA	Ministry of Foreign Affairs
NGO	National Non-Governmental Oragnization
OCHA	United Nations Office for the Coordination of Humanitarian Affairs.
WHH	Welthungerhilfe
PHCC	Primary Health Care Centre
RGA-P	Rapid Gender Analysis-Power
CMAM	Community based management of acute malnutrition
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
WFP	World Food Program
WLiE	Women Lead in Emergencies

## Executive Summary

This Rapid Gender Analysis on Power and Participation (RGA-P) was carried out to understand women's participation in both formal and informal structures, and the barriers to and opportunities for supporting women's meaningful participation and leadership during the health and WASH protracted crisis in Kassala State. This RGA P was conducted in Kassala, a state in East Sudan, which borders Ethiopia and Eritrea and has a population of 2,8 million with a population of 1,271,780 below the age of 18.<sup>1</sup> Annually, Kassala state is affected by natural crisis, floods, droughts and subsequent desertification, as well as man-made crisis. Refugees from Tigray and Eritrea settled in Kassala, making the state susceptible to higher rates of trafficking, smuggling and violence.<sup>2</sup> Kassala state is one of the states with the country's worst social indicators on malnutrition. Women and adolescent girls are exposed to high rates of female genital mutilation (FGM), high risk of kidnapping and high rates of child early marriage; with FGM and gender based violence (including FGM and early child marriage) all normalized within society. The prevalence of FGM in Kassala is at 40 %<sup>3</sup> and children as young as six years are being engaged to be married.

As part of the RGAP, a training was conducted with staff and partner staff on Women Lead in Emergencies (WLiE). The training helped staff to appreciate the approach as well as the methodology. Following the training, a team of sixteen staff members (15 female and 1 male) participated in the primary data collection in three villages. Focus group discussions (FGDs) were conducted with groups of women and men. Key informant interviews (KIIs) were held with women leaders, community leaders, government officials as well as one of the agencies that has been implementing in the area. Secondary data collection was also done to triangulate and validate findings.

**Women in the three villages visited have limited decision making power and voice**, both within the home and in public spaces. Some of the barriers to participation cited by women included lack of education, harmful social norms and practices that limit women and girls' mobility and participation in public, and limited access and control over resources.

In the three villages where this RGA P focused, Wad Eissa, Shalataib, and Wad Bau villages, **findings indicated there are no women participating in the key local level governance structure, referred to as the Popular Committee**. Men occupy all the leadership positions and where women's names were included in the membership list, it was often tokenistic without the women's own awareness of their role. Apart from the popular committee, there is a community level "father's group" that supports education in Wad Bau, there were no other visible formal or informal decision-making structures.

**Only one active women's group was identified** in Wad Elisa, but no other women's groups or associations were identified in the rest of the three villages. The group in Wad Eisa had been formed as a result of interventions lead by a German NGO, Welthungerhilfe (WHH), in the area. The other villages had had limited interactions with outside organizations both national, international and even the government.

The **entry points to enhancing women's participation and leadership** during the health and WASH protracted crisis in Kassala State can be through the engagement of the traditional and trained midwives, the female teachers, and the mothers' groups. CARE under the health and nutrition project are looking to form mothers and fathers' group. This will help bring women together and create safe spaces for women to work together. In the three villages, there are trained midwives, and in Wad Bau there are three female teachers. These women already have the respect and support of the women, and these women can conduct awareness sessions and facilitate discussions with groups of women, regarding their concerns and how they can come together and take the lead in addressing issues that affect them. As teachers are often from outside the

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<sup>1</sup> UNICEF, 2022, Situation in Kassala

<sup>2</sup> *ibid*

<sup>3</sup> *ibid*

village and stay only for a few months at a time, this can be an effective starting point for engaging women but a more sustainable approach will need to be considered as well. Through the father's groups, men and boys can be engaged, to mitigate GBV risks, that could emerge, due to women's participation in decision making regarding different community issues. According to one of the male leaders, men have been resistant of women participating in decision making platforms, and social norms are not open to women speaking in front of men.

## Introduction

CARE Sudan conducted an RGA-P in Kassala State in November 2022. This Rapid Gender Analysis on Power and Participation (RGA-P) is part of the Women Lead in Emergencies (WLiE) component of CARE's health and nutrition project "The provision of quality and sustainable Primary Health Care and community health promotion services to vulnerable communities especially women in Kassala State" in Kassala State. This project is funded by MOFA Luxembourg to address the health, nutrition, and COVID-19 gaps and contribute to the reduction of mortalities and morbidities among the targeted people.

In Kassala state, 63% of the total population do not have access to basic sanitation, 23% lack access to handwashing facilities with soap and water, and 40% have no access to basic drinking water services. Malnutrition poses an immediate danger to people's health, limiting physical and cognitive development, and makes children more susceptible to disease. Kassala State is at a high risk of flooding and disease outbreaks, such as cholera, malaria, dengue or chikungunya, etc. which almost happens yearly. Health services in Wad Alhilaow locality are extremely limited, and most services have collapsed due to the COVID-19 pandemic and Sudan's ongoing economic woes especially for people who live outside of Kassala town, such as the Aroma locality or Wad Alhilaow locality. Kassala shares a border with Ethiopia and Eritrea both subject to conflict and natural disasters and as a result Kassala state is host to many refugees displaced from both countries.

In order to strengthen women's right to raise awareness on the needs and priorities, health, nutrition and otherwise, of women and girls, CARE proposed to implement the WLiE model to support crisis-affected women to participate more and in more meaningful ways in community and public life in three communities in Kassala State. The project is being implemented in partnership with a national partner Rira, a women led organization. Rira will be supporting the implementation of the project activities by distributing medicines and essential food supplies. In this RGA-P, Rira will be supporting CARE team in collecting data in the three targeted villages. It was important for CARE to partner with a woman led organization in this project to have an example of women from Kassala State in the field leading and responding to the communities' health and nutrition needs. The RGA-P was conducted in three villages of of Wad Alheliw Locality- Wad Eissa, Shalataib and Wad Bau.

### **Objectives of the Rapid Gender Analysis on Power & Participation (RGA-P)**

This is the first RGA-P conducted in Kassala State; Wad Alheliw Locality; Wad Eissa, Shalataib, and Wad Bau villages. An RGA-P assesses the impact of gendered power relations and women's/girl's participation and leadership within the targeted communities and areas of implementation. The RGA-P has three main objectives to: (1) analyze crisis-affected women's/girl's access to and influence within different kinds of decision-making forums and processes; (2) provide practical and promising entry points for women's/girl's to participate more and in more meaningful ways in decision-making in Wad Eissa, Shalataib, and Wad Bau villages for use by both the project team/partners and participating women's/girl's groups; and (3) identify gaps for further assessment and analysis to build a more comprehensive understanding of women's/girl's participation and leadership in Wad Eissa, Shalataib, and Wad Bau villages over time. Meaningful participation means that women can become members in the public community-based groups including be part of leading positions, to actively take part in public and humanitarian decision-making if they choose, feel able to freely voice their opinions, and have actual influence over the decisions that are taken.

## **Background to the lack of women's participation in community groups and its impact on accessing quality and sustainable Primary Health Care<sup>4</sup>**

Sudan is a country that is still undergoing transition following the 2019 revolution that saw the overthrow of Al Bashir regime. In Sudan, there is estimated 10.1 million people in need of health services whom 65% of them are women<sup>5</sup>. In the targeted three villages, there are 3 Primary Health CARE centers within the whole of the Wad Alheliw Locality, one located in each of the targeted project villages. Each health center consists of a medical assistant and a trained midwife. The medical assistant is usually a man, and the midwife a woman. Women stated that they don't favor being a medical assistant because of the lack of appropriate residence, transportation, and water contamination. Due to lack of educated females who completed college in these villages, the medical assistant usually is brought from outside the village. The lack of basic services along with the patriarchal system in the community which does not favor women who are not married nor for women to work alone with a male, have led these villages to become an unattractive place for female medical officers to work in these villages. The midwives are usually trained in nutrition and immunization along with the midwife training.

Women are not part of any decision-making processes even in issues related to women/girls needs or even during an acute malnutrition or health phase. These villages have a shortage in CMAM (community based management of acute malnutrition) supply from WFP (World Food Program) from 3 months back. The common disease around these areas is Dengue Fever. There is no GBV (Gender Based Violence) referral system in these areas and the most common form of GBV is early marriage. It starts from age 6 for girls and 13 for boys. Most of the populations in these villages lack waterpoints and drink contaminated water. Considering the intersection between age, sex and access to clean water, poor young women are mostly affected and need to be part any decision-making process that involve WASH, Health or nutrition.

In the three villages, there is only one community group that exists, the "People's Committee"/ or Popular committee group, which was established by previous regime which was overturned during the Sudan revolution in 2019. There are new groups that emerged such as the Resistance Committee and the Services and Change Committee. However, in the three villages that the team visited there was no mention of these groups. The People Committee (based on the official list from Wad Elhilew Locality) consists of 12 members whom 2 of them are women. The Head of the committee is elected every two years and there are four leadership positions within the committee: Head, Deputy Head, Treasurer, Secretary. In reality, these positions are all occupied by men in the three villages. The structure at village level was different, in Wad Eisa, there was a committee of 7, consisting of representatives from the seven villages. This committee was comprised of males. At village level, according to the leaders, there is also a village committee that comprised four members. More information on this committee will be obtained during programming.

In the three villages that the team visited, the main source of livelihood is pastoralism. Women are considered responsible for collecting firewood and water while the men are mainly farmers and pastoralists. Women are not expected to be part of any decision-making processes in the villages. Within the People's Committee there are two women registered though they are not given a role/title and are listed at the bottom of the list.

There is one school in Wad Bau and two schools in Wad Eissa as mentioned by the Senior Supervisor of Education in Wad Alheliw Locality. However, there are no mentioned schools in Shalataib. There are 4 female teachers in Wad Bau and 2 female teachers in Wad Eissa, and the overall condition of schooling is poor. There are high rates of school dropout by both girls and boys, with only 10% of school age youth completing the six grades. The schools need rehabilitation, and the teachers find it difficult to reside in these villages especially female teachers.

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<sup>4</sup> Extracted from the secondary data gathered verbally in Wad Alheliw Locality, November 2022

<sup>5</sup> Humanitarian Need Overview, OCHA, November 2022



Shalataib village will partially face a famine in March and April due to the failed harvesting season. It is a very poor village. Their last interaction with an INGO was during the 1984 and 1990 famine crisis by CARE.

There are several organizational humanitarian interventions in Wad Eissa and Wad Bau. In Wad Bau: Rira (NNGO) worked in Sanitation (latrines) in 2019. CARE 2022: Health and Nutrition. In Wad Eissa: WHH: 2017, Health and Nutrition, formation of women groups and IYCF and agriculture, Muslim Aid: 2021, Nutrition (CMAM), UNHCR and COR: in schools and clinics, Regular support, UNICEF: 2021 Water treatment, CARE: water treatment, and Rira: Sanitation (Latrines).

## Demographic profile

The total population in Kassala state is 2.36 million with estimated 560,000 thousand in need<sup>6</sup>. There are estimated 110,000 refugees<sup>3</sup>. Information on approximate population number in the three villages was unavailable either in state or local governance institutions. The village leaders in Wad Eisa and Wad Bau, estimated that they were about 100 to 150 households in each village with a few female headed households. Hence, it is difficult to ascertain the number of females and males in each village or female headed households. According to the health officer in Wad Alheliw Locality, the mortality rate of mothers during childbirth is 0%. The number of young women who are in a childbearing age (from teen age to 20s) are as follow: Wad Bau (407), Shalataib (189), Wad Eisa (234).

The three villages belong to the “Al-lahaween” ethnic group and all of them are Muslims communities. women’s role in this tribe is to bring water, make household activities, and in some cases help in farming if it is not outside the village. Women are not allowed to go outside the village by themselves.

The Sudanese Government considers the three villages as a host community for the refugees<sup>7</sup> who are settled in the one refugee camp called Shagarab Camp. Wad Alheliw Locality is divided into 2 administrative units Shagarab and Hammdayeet. Wad Eissa, Shalataib, and Wad Bau are administratively affiliated with Shagarab. The People’s Committee is a legal entity, certified by the locality administration. The “Omda and Sheikh” is the Legislative authority, their opinion is highly respected and considered. Women are not allowed to become “Omda or Sheikh” and lack any visible or meaningful participations in these structures. Being “Omda or Sheikh” is a family inheritance, there is no election.

## Methodology

To carry out this RGA-P, sixteen members of staff participated in the primary data collection. They were 12 CARE officers and four from CARE’s national partner “Rira”. The team were joined by a government official for data collection. The assessment team carried out primary data collection on the 8<sup>th</sup> and 9<sup>th</sup> of November 2022. The assessment team received training on conducting an RGA-P, and pre- and post-assessment briefings. The research followed a qualitative method by collecting data through focus group discussions (FGDs), key informant interviews (KIIs), community mapping exercises, individual stories and observations<sup>8</sup>.

- Focus Group Discussions: Five all female FGDs - two in Wad Eissa, with one group under 17 years old, two in Wad Bau, with one group under 17 years old, and one in Shalataib; and three all men FGDs (one in each village)
- Key Informant Interviews: Four government officials- one in Kassala city, and three in Wad Alheliw locality; one female teacher in Wad Bau village; and one woman from Shalataib village
- Community mapping with community leaders in the three villages
- Individual Storytelling with two midwives (Shalataib and Wad Bau)

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<sup>6</sup> Voices from Sudan, 2021

<sup>7</sup> Secondary data, KII with Health Officer from Wad Alheliw Locality.

<sup>8</sup> See Annex 1: tools used for data collection for full details

- Observational notes from each community

CARE's analysis triangulated data from 23 primary assessment tools with secondary data review (see list of references). A validation of the findings will be led by CARE and will be done with the community as well as government officials familiar with the context. The report findings will also be validated and corrected with women's groups participating in Women Lead in Emergencies once activities begin.

This research has several limitations. There is no quantitative data available as a result of a limited data from official government institutions. There are inconsistencies in the information gathered directly in the community and the official documents in Wad Alheliw Locality, for example, The People's Committee consisted of two female members in the official documents in Wad Alheliw Locality but women were not part of this group in reality. There were no actual formal or informal women groups to gather more first-hand information on the barriers to women's participation or in decision making and public leadership. Furthermore, some of the members of the team had limited capacity for conducting qualitative research. For most of the members, this was the first time that they had been involved in a primary data collection process. This is the first time that such an assessment has been conducted in Kassala. Research will continue and the RGA will be updated when new findings are available.

## Women's Participation and Leadership in Wad Eissa, Shalataib, Wad Bau villages.

**Women are not part of the formal governance structure (People's Committee) nor are women present in any informal decision-making spaces and there are no women in any leadership positions.** Women are not consulted regarding any matter discussed in the People's Committee or for any community level decisions. The People's Committee are structures created by the previous regime and is the only real governance structure in the communities. Women in the community do not participate in the meetings. Midwives attend the meetings, though they have no influence on decisions made.

**Although female teachers are well respected in the three villages, they do not have any influence on decision making within the villages,** as many of the teachers are from outside communities. Female teachers are the only women who are voicing their opinion and taking lead in initiatives to combat harmful social norm such as early marriage. "What will the kids do after they get educated?" a question that is usually asked by the community when a female teacher, Arafa Abdallah in Wad Bau, trying to persuade the parents to send their kids to school.

**Other women leaders in these communities are the traditional and trained midwives.** However, the traditional midwives are more trusted in these villages than the trained midwives, although they had not received any basic training. One of the traditional midwives (name withheld) noted they (as midwives) had only received awareness trainings on nutrition on maternal feeding habits "*Feeding a pregnant woman to protect herself and the fetus.*" From different sources, it seems as though midwives are the only ones can travel outside their villages without any disparagement from men or other social stigmas and are still respected. In an interview with a trained midwife from Shalataib, she illustrated that she received trainings and was consulted on issues related to primary health care. Unlike the traditional midwives, the trained midwives had received training in primary health care, and topics covered included female genital mutilation (FGM), child nutrition, food diversity for pregnant women and lactating women.

Under the new Child Act of 2021, FGM, Child Marriage and GBV are prohibited, however, these practices are still prevalent in these villages. The trained Midwives also encouraged pregnant women to go to the Primary Health Care Center (PHCC) for treatment. However, based on an interview with a woman from Shalataib, women don't like going to the PHCC because it is manned by a male medical assistant and there is no privacy. The midwife also explained how limited her influence is in the community, as she is not originally from that village where she works now. One of the main differences between trained and traditional midwives, is that

the traditional midwives are permanent residents in the village while the trained midwives are not. According to the two midwives who were interviewed, the main barriers to women's public participation and leadership are cultural norms, limited education for girls, and the control by men of all aspects of life.

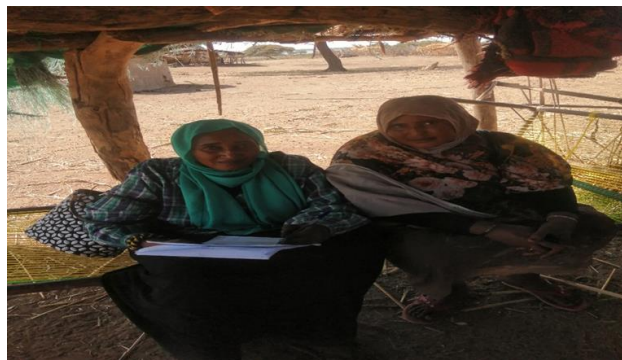


Figure 1: an interview with a traditional midwife in Wad Bau (left) and an interview with a trained midwife in Shalataib (right). Photo taken by Hawa Hamed

## Governance, decision-making and accountability structures in Wad Eissa, Shalataib, and Wad Bau villages

**Sudan is currently going through a governance reform**, following the ousting of the Al Bashir regime. There is a breakdown in governance structures, with village government such as in Wad Bau, having limited to no contact with their locality for whom they are accountable. In Wad Bau, the community leaders, informed the assessment team that they had selected one leader to represent them. There is only one decision making structure in the villages which is the People's Committee, which is a hold-over from the previous regime, under Al Bashir. Whilst there have been changes at national level, there has been little or no change in these villages.

From the focus group discussions with women and men, **it was noted that women were not part of the leadership, nor were they consulted.** However, according to the information provided by the government official in Wad Alheliw Locality, these People's Committees should have two females Representative but the FGDs and KIIs didn't reflect that, as there were no actual female representatives from the People's Committee in any of the three villages. In some instances, women's names are added to the official paperwork to be in line with legal quotas, however often the women do not know their names are even on the list nor are they

**The villages do not have formal or informal women's groups.** Formal groups refer to groups that have a constitution that states their mandate and guides operation. There are limited to no community groups in general within any of the villages visited.

**Most of the community related decisions are taken by the People's Committee chief** and he is the one consulted on every matter regarding the village. The "Omda" or the traditional leader's opinion is respected and taken under consideration, but he is not the official village leader; the People's Committee Chief is. Most of the interviewed women didn't mind men taking the leadership positions within the People's Committee or making decisions for the entire village. However, women were not consulted on any matter discussed within the People's Committee, hence, it is difficult to estimate whether women don't really mind not being part of the People's Committee or they just never had the opportunity to be part of the Committee and its decision making process so it became to them a standard and a norm.

**One space where critical decisions are made in these villages is at the health center** which is led by a male medical assistant. As noted above, medical assistants are primarily males as trained female medical assistants are less interested in working in the village as they are not from the community, there is limited transportation, clean water and other infrastructure challenges. The authority of the medical assistant is

limited to health-related issues and is hired by the Locality. Although the medical assistant doesn't have power in the formal decision-making process in the community, they do influence the health decision and attitudes in the villages. The villages are poor and lack basic services and women do not prefer to go the health center because it is led by male assistant. Women might feel more comfortable having a female assistant, but they do not know how to raise this issue to the Locality because the People's Committee doesn't reflect the needs of women.

In Wad Baud, there is a "father's group" which is an active and influential in the community, however, there are no women in this group and there is no equivalent "mother's group" that exists. The father's group works with the school administration and is made up of men who provide support to the school. When asked why women were not part of the group, the men felt that women did not have the capacity to advise, as they "lacked capacity, were not educated and had less experience" Some villages don't have schools such as Salataib, but the other have around 1 to 4 schools per village. According to of the key informants, children from Shalataib, attend school in the next village. This has resulted in poor attendance in school for the children from this village especially the girl child. The leadership of Shalataib had raised this issue with the responsible authority

**Schools' teachers have limited influence.** In Wad Bau village, there are three female teachers, and no male teachers identified. However, education in this village is not regarded with importance, as a result when the team visited Wad Bau, the school was closed due to poor attendance. Teacher's voices are not respected nor listened to in these communities. The authority of the teacher is limited to school related issues and even in that, they don't have an impact on society to decrease the school dropouts or combat early marriage for girls.

In these villages, **religious leaders do not have any influence or power.** Other government structures such as police officers were not present in these villages.

**Decision making is dominated by men in all situations,** in the household and in the public sphere, given the patriarchal norms of Sudanese society.

## Women's organizations and groups

**One women's garden group was identified in Wad Eissa,** apart from that no other women's groups, or organizations were identified. Previously, there had been a women's VSLA in the same community (a result of IGNO programming) however that VSLA is no longer operational.

One of the leaders and members of the garden group had previously been selected to participate in the Popular Committee, however, due to public pushback about her serving on the committee she removed herself from the process.

## Barriers to women's participation and leadership in decision-making in Wad Eissa, Shalataib, and Wad Bau villages

**Social norms and practices are a key barrier which prevent women from participating and voicing their opinion in public.** Women are not allowed to go outside their villages without a male guardian, unmarried women are not respected the same as married women, women are expected to obey men's opinions, to manage household chores and childcare responsibilities, and other factors that limit their freedom of movement and expression.

**Women's lack of access to education** was noted as a barrier by both men and women interviewed. This is irrespective of national figures that show higher female literacy as compared to men. In all the three villages, few girls transition to secondary school, as there was no secondary school in the village. If children want to access secondary schools, they must travel outside the villages and families are not comfortable with sending

their girl children outside the villages and girls are expected to get married and move in with their husband at a young age and assist with household chores.

**Women's own perspectives on their role in the community can also be a barrier.** Some of the women who participated in the FGD noted they did not feel the necessity for participating in decision making and were acceptable of the status quo. They think their husband's opinion is the ideal opinion. A woman from Shalataib village stated that she never heard of a woman being consulted in a public matter or through the People's Committee members. Women are not aware as to what is discussed in these meetings or the outcomes of these meetings. This was more noticeable in villages, that had limited interaction with outside world. **In Wad Eisa, women were more open to having women participating in decision making having seen some of the benefits as a result of the inclusion of the female leader.**

At household level, women have some decision-making power on household issues, though limited to no power on issues regarding marriage or education. "Women speak but men don't listen to them", as stated by Kadamallah Musa, a woman from Wad Bau village, **women's opinion can be voiced but not necessary listened to.**

In Wad Eisa, due to patriarchal traditions, women are expected not to talk in front of men and publicly in the community. Men consider women who talk in front of other men as disrespectful. **According to one male leader, even if you would want your wife to actively participate in decision making there is pressure from other men to dissuade your wife,** as such, men do not encourage their wives to take up leadership positions or participate in public forums.

**Other factors that might contribute to the low participation of women in public and leadership positions are the high rates of GBV.** Based on the FGDs and KIIs with women, early marriage and FGM are a common phenomenon in the three villages with girls being engaged to be married at the age of six or seven. They might continue to live with their parents, go to school, but they will be married. In Wad Bau, the leaders indicated that when the girl turns 14 or 15, she is expected to move in with the husband. There is pressure for young girls to get married, if a girl child does not get married, she becomes isolated or stigmatized, called a "bairas" (meaning "girls who did not marry in early age"). In Wad Bau, one of the fathers who had wanted her daughter to progress with her education, received pressure from the family and community, and agreed to her child's early marriage. There is little or limited value placed on education in these villages.

**Household responsibilities lead women to have less time available to participate in leadership and decision-making roles in the community.** Women are also responsible for the household chores, including childcare, water and firewood collection. Young girls, unlike young boys, are also expected to support with household chores. Older women are also expected to contribute with the household responsibilities.

## Risks from supporting women's participation and leadership in Wad Eissa, Shalataib, and Wad Bau villages

One potential risk identified is **social stigma against women** for speaking in public or taking on any public leadership role. As a result, many women said they feel more comfortable staying quiet and not taking on public leadership roles. There is also the risk of **social stigma against men** who do support their wives in this way. During one FGD, male respondents referenced a case where sanctions were applied against the husbands and families of a woman who ran as a candidate for a public leadership position. This stigma may also lead to **increased risk of gender-based violence**, as social norms dictate that women should not speak in public and that a man should not allow his wife to actively participate in public discussions.

In order to mitigate the risks identified by both men and women, there is need to **raise community awareness on the importance of women's participation** in decision making and leadership. In particular, men should be

engaged from the onset to build their understanding and awareness on the importance of supporting women's public participation and leadership in the community and the benefits to come from it.

## Promising directions for Women Lead in Emergencies in Wad Eissa, Shalataib, and Wad Bau villages

**In each of the communities visited, the traditional and trained midwives as well as female teachers** are women who are playing key public roles and are well respected by the community members. While women in these positions may not have much decision-making power in the community, working with these women to raise community awareness about women's leadership and act as role models or mentors for other women in the community.

The **VSLA and nutrition groups** that were previously established could be restarted and the still operational **garden group** could be effective entry points for forming women's groups. Following the structure of the "father's group" a "**mother's group**" could also be formed to support women's entry point into active public participation roles.

The **Popular Committee is expected to have two positions filled by women.** To hold the Committee accountable to this and enable women to effectively participate in those roles, one entry point would be to build community awareness on this fact and work with women to build their knowledge on the roles and responsibilities of members on the committee.

**Addressing key challenges affecting the community**, such as access to clean water or education could be entry points for women to raise through collective action in order to build community trust and respect towards them as leaders.

In Wad Eisa, a woman leading a community garden project was selected to be a member of the Popular Committee.

However, due to public pressure and resistance against her public role, she did not participate in the Committee meetings.

She explained that she had been selected for this role as she was educated, had the support of her husband, and was trusted and respected by other women in the community.

## Key issues affecting the Community

The three villages included in this RGA-P are currently dealing with many socio-economic challenges; two key issues raised by community members included access to clean water (cited for Wad Bau community in particular) and access to education, in Shalataib and Wad Eisa in particular. In Wad Bau, the community must collect water from the river which is dangerous and unsanitary. Community members have reached out to the authorities to ask that a borehole be dug, but there has been no response on this issue. In Wad Eisa, there is no secondary school, so children have to travel to the nearby refugee centre to attend school. These are possible issues that could be discussed with the women's groups as possible starting points for reflection sessions or for the development of their action plans.

## Gaps and areas for further research

There are several areas where we can further research to have a deeper understanding of the root causes of women lack or low participation.

- Greater understanding on how the Popular Committee functions to support learning by women on how members of the committee are elected and what the roles and responsibilities are for leaders.
- Socially constructed gender roles is an area in need of further analysis. Information collected from this research was often contradictory, such as whether women or men are more educated and whether women were allowed to work outside the community or not.

- FGDs and KIIs with the service providers operating in these villages would be helpful to better understand how they engage with the community, such as whether women are consulted on service provision decisions and if not, how they can be more engaged.
- In contrast to the rest of Sudan, religious leaders do not hold any influence over the decision-making processes in these villages. It will be helpful to conduct a KII with religious leaders from these areas to understand why the community don't include them and why they don't have any power.
- Greater understanding of the additional factors of marginalization faced by women in the community, such as disability, age, etc. is important to understand to better support their engagement in project activities and in the community.

## Conclusions

This RGA-P is the first of its kind conducted in Kassala State. Women's access to participating in public spaces and within any decision making or leadership roles is extremely limited as a result of discriminatory and patriarchal social norms that restrict women's rights. Gender based violence, including early marriage and FGM, are violations of women's rights and further restrict women's ability to participate in decision making in the community. Social stigmas against men who support women in leadership roles needs to be addressed in order to engage more men as allies of women participating in public spaces. Engaging with men as allies to build acceptance and awareness of women's rights and the benefit of having women active in public decision making and leadership roles will be critical.

While there are limited governance structures functioning within these three villages of Kassala State, the People's Committee which does function and make critical decisions for the community is a space where women can be supported to access and influence. Creating women's groups and supporting them to co-create and implement action plans on issues of importance to them, along with engaging male allies, may provide the solidarity, security and support needed for women to push back against strict social norms that limit and restrict their rights.

## References

1. Voices from Sudan 2020. A Qualitative Assessment of Gender Based Violence in Sudan. UNFPA. 2020.
2. Humanitarian Needs Overview. Humanitarian Program Cycle 2023. Sudan. OCHA. November 2022.