

Recovery, Return and Reintegration (RRR) Sector

Mission Guidance Package

Um Dukhun locality, Central Darfur

18 – 25 January 2017

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Background and rationale

Spontaneous return of IDPs in Darfur has already taken place in locations where conditions have improved. However, return and host communities still suffer from a lack of access to basic services, shortage of economically and environmentally viable livelihoods, as well as limited access to land and environmental assets. Addressing these needs requires early recovery activities that focus on a more holistic approach to sustainable assistance that integrate relief, rehabilitation and development. To achieve this, interventions by different sectors need to be coordinated and bring together efforts and expertise of humanitarian and development actors in selected areas of return.

This inter-agency assessment mission is part of the first phase of Sudan Multi-Sector Response Framework to promote sustainable return (see attached Framework for more information). Its objective is to provide necessary information for the prioritisation of specific activities, as well as to ensure an integrated and multi-sectoral approach by the various sectors and partners.

Um Dukhun locality

Um Dukhun is a locality of Central Darfur state, bordering the Central Africa Republic and Chad. Um Dukhun town is 22 Km from CAR borders and part of the town is in side T-Chad.

Tribal tension erupted several times between 2013 and 2016. The tension between Misseriya and Salamat tribes between 2013 and 2014 in Um Dukhun locality and surrounding villages resulted in the displacement of many individuals to Chad, mostly from Salamat tribe. In the first quarter of 2015, many were reported as returning from Abu Gadam and Tesee refugee camps in Chad into Moradaf and surrounding villages. Quick assessments conducted in early June 2015 (TGH, HAC and WES) and at mid-June 2015 (TGH, IMC, TEARFUND, HAC and WES), estimated a total of 2,850 returnee households. In October 2015, the number of new arrivals increased up to 5,994 households (figures from verification, TGH, local leaders and HAC).

Some of the returnees lived in Moradaf before the conflict, whilst others were originally living in Surrei, Abu Garadil, Magan, Sereif and Um Dukhun town and surroundings (Um Dukhun locality), nonetheless these areas were not considered conducive to return. An mission conducted by UNHCR and COR in December 2015 and IOM DTM registration was led in March 2016, certifying that the population had increased up to 5,849 households (46,359 individuals) in Moradaf. Following the IOM DTM registration mission in Moradaf, TGH and UNHCR coordinated to conduct a Joint Verification Assessment exercise in Moradaf (28th April-2nd May 2016).

During January-March 2016, significant new population influx concentrated in Um Dukhun locality in Garaia and Beltebei villages. IOM DTM registration mission took place in Garaia and Beltebei, releasing figures of registered 2,882 returnee households in Garaia and 1,565 returnee households in Beltebei village. In April, other villages such as Sereif, Salali and Um Jakaw also witnessed returns: estimated by 1,050 returnee households. Lately in June 2016, HAC reported new arrivals in Abu Garadil area (973 households newly arrived but only 42 households are reportedly to be real new returnees, the rest came from Garaia area).

As of October 2016, and based on the registration information shared by IOM on returnees, figures by village are:

- **Muradaf:** 9,900 individuals/ 1,712 HH with ration cards from Chad. Total returnee population including those w/o ration cards – 46,359 individuals / 7,849HH
- **Garaiya:** 2,951 individuals / 907 HH with ration cards from Chad. Total returnee population including those w/o ration cards –16,742 individuals / 2,882 HH

- **Beltibi:** 824 individuals / 150 HH with ration cards from Chad. Total returnee population including those w/o ration cards – 9,344 individuals / 1,565 HH
- **Abujardil:** Approximately 900HH of the 2,882HH have reportedly moved seasonally from Garaiya, however Abujardil is their village of origin. An unknown number may possess ration cards.

Urgent needs that have been identified so far include:

1. Lack of water sources in the three villages (Moradaf, Garaiya and Beltebi) & the returnees travel by foot to acquire water from the nearest market, located 30 minutes away.
2. Lack of nutrition and primary health care (PHC) in the three villages (Moradaf, Garaiya and Beltebi).
3. Lack of education in the three villages (Moradaf, Garaiya and Beltebi).

There have also been two food security assessments by WFP and a DTM exercise by IOM, which will be annexed to this mission's final report to help give a coherent overall picture.

Mission objective

This assessment aims to:

1. **Identify needs, capacities, social structure, land tenure and movements of the return and host population.**
2. **Collect necessary information to plan and design joint humanitarian, recovery and development interventions** to support sustainable return in selected areas in Um Dukhun.
3. **Share and discuss return response plan and plans for interventions with local authorities and community members and ensure accountability to and equal participation of community members in project design and implementation.**

Methodology

The mission, its preparation and follow-up relies on the methodology listed below:

- During the preparation phase RRR conducted a desk review and key informant interviews to mission to formulate and adapt adequate assessment tool
- Briefing of mission and response plan objectives as well as SHF concept notes for the area with, local authorities, community representatives and (I)NGOs on the ground.
- Community meetings and mixed focus group discussions with community leaders and representatives.
- Technical sub-group discussions and key informant interviews on relevant themes (water, health, education, youth, food security and livelihoods, shelter and non-food items) following the group discussions.
- Female focus group discussions (if possible).
- General observations and overview of living condition.
- Mission de-brief with all mission participants, INGOs.

- Drafting, review, publication of report.
- Informing of government, local authorities and relevant community leaders of mission findings.

The mission will include the following villages in its assessment:

Date	Destination
18 January	Zalingi - Mukjer
19 January	Mukjar – UmDukhun
20 January	Um-Dukhun -Baltabei- Seref East and West - Um Jakaw- UmDukhun.
21 January	UmDukhun-Garaaya, Kalgo, Alban Jadeed, Jermilian and Iraida, Angarat Elsinan)
22 January	UmDukhun- Soreah – Moraya, Umdajo east and West , Almadina Almunora, Hajar abiat - UmDukhun.
23 January	UmDukhun- Magan, Selele UmDukhun
24 January	UmDukhun - Mukjar
25 January	Mukjar- Zalingi

Cross-cutting issues

All activities will address crosscutting issues, such as the environmental impact of return and subsequent interventions, as well as promoting gender equality across the entire response.

Gender equality programming

The integrated multisector pilot project in Um Baru has committed to promoting gender equality across the entire response right from the beginning. This proposed initiative contributes to the HCT country level vision towards developing concrete actions in implementing gender equality programming across the phases of humanitarian action.

To achieve this this mission will use sex and age disaggregated data (SADD) wherever possible, avoid using neutral words that hide the distinct roles based on gender and age/age groups and identify specific identities (i.e. women, men, girls, pregnant and lactating women, older women; elderly man, adolescent boys). The aim is to highlight gender dimensions of impact on different groups of women, girls, boys and men to illustrate distinct needs, risks and coping mechanisms and capacities as well as how the women and men across age/age groups in the community relate with each other.

For more details and information please see in the Annex a Tips to integrate Gender in Programming document.

Environmental impact

The mission will look into the state of the environment in areas of return and pay attention to avoid any negative environmental impacts of future return and interventions.

Assessment guidance

Mission findings will directly inform Part 2 (Kick-start) of the Return Response Framework which will begin the actual interventions to address immediate needs and gaps to allow the return of displaced people and make it possible for those that have returned already to stay.

It relies on funding from Humanitarian Funds (such as SHF) with each of the IASC sectors committing funds for projects in the selected return area (covering WASH, ES/FSL, Education, Health, Protection). Ideally this is intended to be of further use to UNAMID's planning of QUIP and CLIPs interventions in the locality, if applicable.

In order to inform these initiatives, this assessment mission (meetings with community representatives, focus group and key informant discussions) should be structured around the following guiding topics:

Dynamics and demography of return

When - and how often - were people displaced (dating back to 2003)? Where did people go to / return from? Where is their place of origin?

What is the number of returnees (# of women, men, boys and girls) that live in those villages? Number of HH with specific needs (headed by single adult/children, pregnant and breastfeeding; elderly, disabled, orphans/unaccompanied children, etc.)

Who is returning? Did the entire family return (or FHH/boys with no adult; girls with no adults)? If not, is there intention to reunite the whole family or is it to protect ownership of the land? For those still unable to return to their home village, what are the main obstacles to their return?

How have the roles and responsibilities of family HH/community members affected due to displacements? If it is a FHH, is the decision-making power with the woman or is the husband somewhere else and still in charge of the decision to return?

What are the different vulnerabilities of women, men, boys and girls? What are they vulnerable to, and why?

How are the relations between returnees and the local population?

Access to land

Who is holding the land ownership? Do people have proof / official documentation of ownership?

Are returnees able to access their villages and land?

Is farm land available and in productive use?

Livelihoods and natural resources

What are the main livelihoods and income-generating activities for men and women, and does everyone have equal access to the market? What were livelihoods and livestock assets before the displacement, and has the displacement affected who controls what?

What is the minimum number of livestock necessary to return? If it is not about animals, what are viable livelihood alternatives? What does community think about plan to establish Village Community Banking Association and provision of loans?

Which are the most important natural resources for people's livelihoods? What is the state of the natural resources? Why is the condition of these resources the way it is? Are there natural resource management committees present in the area? Are they functional? What does the community (women and men) think about plan to establish Pastoral Field Schools?

How do (male/female) farmers and pastoralists currently manage their use of land, water and natural resources? Are there migratory routes? Is there any land conflict issues (potential), if yes the cause of such conflict.

How much time do women, men, girls and boys spend on unpaid work (fetching water, cooking, collecting firewood, caring for children, washing clothes etc.)?

Shelter and non-food items

What's the living and housing condition? What is needed to improve shelter immediately and permanently? Do women and men express different needs?

What type of construction materials people are using for construction of houses? What would people be willing to offer participating in housing construction?

WASH

We know that water is a limited resource. How is the water supply infrastructure, and what are the community's water, sanitation and hygiene practices? How do they vary for women, men, boys and girls?

Are there any existing water boreholes, hand pumps and the numbers or constructions of new boreholes? Where are good options for upgrading pumps (to solar pumps)? What is the state of latrines?

Are water points and sanitation facilities and access to them safe? Can people (especially women and children) use them safely? Are water points, toilets and bathing facilities located and designed for privacy and security?

Do returnees people have equal access to wash and sanitation facilities without discrimination?

Health

Has there been any report of an outbreak of and/ or negative effect on any of the following diseases/ health conditions/services (Acute Watery Diarrhea, Malaria, Acute respiratory infections, Measles)? Are women, boys and girls affected differently?

Reproductive health issues (e.g. deliveries, ante-natal care, and family planning) and immunization (especially measles and penta 3)

Since return, which kinds of issues are affecting health services (lack of access, no medical supplies, lack of emergency medical referral system. lack of medical staff (male/female)).

Are there any health clinics to be rehabilitated or to be constructed (according to the number of the beneficiaries)?

What is needed for sustainable access to essential health services? What is needed in terms of rehabilitation and basic structural repairs of Orchi primary health care center (PHC)?

Food Security and Nutrition

What are the main sources of food and are men and women equally able to access essential food supply in the markets? Who receives and collects food distribution? Who decides how it is used?

Does food security impact differently for women, girls, boys and men? Who eats first in the HH/ who eats last? Cases of malnutrition?

Do people have food stocks? What are the priority actions necessary to improve food security?

Do single FHH, girls/boys headed HH and elderly women/men receive adequate food? What are the barriers? Does the food assistance meet their specific needs?

What nutrition interventions were in place in the community? How were they organized and did they affect women, girls, boys and men differently?

If boys and men are separated from families do they have cooking skills? Can they prepare food for themselves?

Are specific needs of pregnant and lactating women? Are there specific cultural, religious beliefs that affect their nutrition levels?

Social organisation and education

What are the specific risks of women, men, boys, and girls? What factors increase these risks for women, girls, boys and men? How do people cope with it (gender & age specific)?> how can these risks be mitigated? (age /gender specific)

What resources or support are they relying on? How can programme support the best coping mechanisms? Are there any informal networks for coordination and support to address women and girls?

What are the existing decision-making structures in communities/family? Do women and men both participate in decisions? Are returnees able to participate in community affairs and access available services without discrimination? Do they face particular problems? What are the mechanisms/institutions available to settle disputes or conflicts?

Do women, girls, boys and men have safe and equal access to public spaces and education? Are there certain times/place or certain groups that have increased risks?

What factors affect safe and dignified access to assistance and services? (ask women and men separately?) Can people safely report and seek redress for complaints (including SEA?)

Are there any women or youth groups? Are there women and/or youth centres that can be supported or need to be constructed?

What is the state of schools? How can we improve access to and quality of education? What is needed for training of staff? Do returnee children access education on an equal basis with the rest of the population? Do they face particular obstacles?

Is there need for demarcation of the village, and how would people accept such an activity?

Annexes

Annex 1 - The Sudan Multi-Sector Return Response Framework

Spontaneous return of IDPs in Darfur has already taken place in locations where conditions have improved. Since the beginning of 2011, more than 280,000 displaced persons have returned voluntarily and permanently to their places of origin across Darfur¹. However, return and host communities still suffer from a lack of access to basic services, shortage of economically and environmentally viable livelihoods, as well as limited access to land and environmental assets. In addition to return processes, it is also expected that a significant number of IDPs will opt to remain in or near to the towns, cities and peri-urban areas to which they were displaced.

Continued marginalisation of IDPs, without the prospect of a durable solution, risks becoming another obstacle to long-term peace stability, recovery and reconstruction; it is possible and necessary, to support these vulnerable population groups to become more resilient to future shocks and stresses. This requires early recovery activities that focus on a more holistic approach to sustainable assistance that integrate relief, rehabilitation and development. To achieve this, interventions by different sectors in places of return and local integration need to be coordinated under a single planning umbrella to ensure coherent assistance for affected people.

The Framework

This framework for an integrated response, developed by the RRR Sector, brings together efforts and expertise of humanitarian and development actors in selected areas of return. The protracted nature of Sudan's displacement has demonstrated that it is not sufficient nor efficient to implement humanitarian and development activities in isolation, but that a sustainable response in support of return and reintegration requires closer cooperation between all stakeholders involved (DRA/VRRC, HAC, UN, sectors, implementers, CBOs and line ministries).

The response framework combines the efforts of different actors supporting sustainable return, and links strategic objectives under the HRP, DDPD, DDS and UNDAF. The main expected outputs are:

- **Output 1:** Safety and security at return sites through strengthened community-based protection networks, construction of police posts, and community policing. (DDPD Articles 49, 50 and 51; DDS PI Obj. 9; PII Obj. 6, HRP Obj 2)
- **Output 2:** IDPs and refugees are informed on conditions in the areas of origin to make a free and informed, voluntary, choice to return to their areas of origin in safety and in dignity. (DDPD Articles 51; DDS PII Obj. 6, HRP Obj 2)
- **Output 3:** Returnees are provided with NFIs on arrival, and where needed with transitional and more permanent shelters; advocacy for adequate land management. (DDPD Articles 50 and 51; DDS PI Obj. 10; PII Obj. 6, HRP Obj 2 & 4)

¹ Source: RRWG, IOM and VRRC

- **Output 4:** Basic services for education, WASH and Health are available, and malnutrition rates are reduced at return sites. (DDPD Articles 49, 50 and 51; DDS PII Obj. 4, 5 & 6, HRP Obj 3&4)
- **Output 5:** Livelihoods and income-generation activities improved and diversified; protection of livestock assets is assured; water harvesting techniques are adopted and utilised widely; and access to agricultural land and markets is significantly improved. (DDPD Articles 49, 50, 51 & 52; DDS PII Obj. 1, 2, 3, 6, 7& 8; PIII Obj.2, 3, 5, 6 & 7.), HRP Obj 4)
- **Output 6:** Coordination and capacity building in Return, Reintegration and urbanization concerns. (DDPD Articles 49, 50, 51 and 52; DDS PII Obj. 6, 7 & 8, HRP Obj 2& 4)

The response consists of three interlinked and overlapping phases that cover immediate needs as well as mid and longer-term elements necessary to allow people to permanently return to their place of origin. The response will also address crosscutting issues, such as the environmental impact of return and subsequent interventions, as well as promoting gender equality across the entire response.

Phase 1 – Planning

The planning phase is led by the RRR and includes a desk review of all ongoing projects and existing plans, consultations with national partners present in the target area, the conduct of a community environmental action plan (along the lines already developed by UNEP) and an inter-agency assessment mission to provide necessary information for the prioritisation of specific activities, as well as to ensure an integrated and multi-sectoral approach by the various sectors and partners.

Phase 2 – Kick-start

This phase starts the actual interventions: it addresses the immediate needs and gaps to allow the return of displaced people and make it possible for those that have returned already to stay. It relies on funding from the Sudan Humanitarian Fund (SHF) with each of the IASC sectors committing funds for at least 1 project in the selected return area. This phase includes interventions such as the strengthening of protection networks (e.g. through construction of woman/youth centres); field missions to verify voluntariness, safety and dignity of return; the provision of NFIs; improvement of water point/yards and the installation of solar pumps; the provision of minimum basic services (mobile clinics and school rehabilitation), nutrition; and the protection of livestock assets (vaccination and animal services), provision of seeds and fuel efficient stoves, as well as capacity building and coordination

Phase 3 – Recovery and sustainability

The last phase addresses longer-term needs and relies on resource mobilisation from funds, bilateral and multi-donor sources, such as DCPSF and UNDF, donor programmes and further GoS contributions to the DRDF. Interventions will build on the outcomes of phase 2 and include transitional shelters and housing using alternative materials and techniques, continuation of capacity building of relevant local and governmental authorities concerned with land governance (e.g. the Darfur Land Commission), increasing access to improved and sustainable water, sanitation and hygiene services in public facilities (integrated water resources management); solar systems, construction of health and education facilities and training of staff, and other additional activities that will be identified and developed together with local and ministerial counterparts and Commissions. UNDP's Youth Volunteers can provide business management training, while environmental awareness and usage of alternative materials/techniques can be provided by UNEP and UNOPS.

Implementation and Coordination

This framework will allow relevant stakeholders to identify and address specific, locality based, short-term needs, while at the same time planning for longer-term reconstruction and development support and generating local and national ownership of activities undertaken.

For phase II, the IASC sectors will allocate funds in their respective SHF sector envelopes for 1 project in their technical area of expertise. In order to guarantee the highest standards of implementation, the technical component of each project will remain under its relevant IASC sector. During this phase the RRR sector lead and members will start planning and advocating for resources to support phase III.

The coordination of these multi-sectoral return and reintegration interventions, ensuring complementarity between them and connecting them to efforts of the government will be done through the RRR Sector. RRR will serve as a network and coordination platform where relevant sector coordinators will attend to ensure a smooth implementation and holistic approach to return and reintegration. The RRR Sector will, moreover, be responsible for coordinating analysis on return and reintegration data, trends and needs using a multi-sectoral and early recovery approach.

Phase 2 - Delivering towards six outputs

The following activities under the 6 outputs should be prioritised and implemented under Phase II. These are based on the Baseline Survey conducted by COOPI and various mission reports, as well as feedback from the returnee/host communities and actors working in the area.

1. **Safety and Security:** The strengthening of protection networks through construction of woman/youth centres and to link with UNAMID Community Policing → **Protection sector**
2. **Voluntary safe and dignified return:** Organise regular field missions to verify and ensure voluntariness, safety and dignity of return, as well as register new returnees. → **RRR/Protection Sectors²**
3. **Short term-assistance:** Provision of improved Community Shelter and Non-food Items → **ES/NFI Sector**
4. **Basic services³:**
 - **Health:** Rehabilitate the current existing Orchi Health Centre and support the provision of basic health services (through a mobile clinic) in coordination with the community, local and State actors → **Health Sector**
 - **Education:** Rehabilitate Orchi Basic School and support with the provision of minimum services and equipment, in coordination with the community, local and State actors → **Education sector**
 - **WASH:** improvement of water point/yards and the installation of solar pumps in coordination with Locality and State actors → **WASH sector**
 - **Nutrition:** Assessment of malnutrition situation and support with NIP → **Nutrition sector**
5. **Livelihood and Income generation:** Protection of livestock assets; irrigation of farming lands; provision of seeds (including winter season vegetables) and tools; support to

² In close coordination with the VRRRC to determine the award of US\$250.00/returning family from the GoS in accordance with DDPD Article 50, para 249 (vii).

³ Check with DRDF Phase 2 reconstruction planning as to their intent to supply basic service facilities.

increase production of crops (Millet, sorghum, vegetables, sesame, etc.) and setup income generating activities such as fuel efficient stoves. Pastoral Field School (PFS) approach could be employed as an entry point for livelihood activities in pastoral and agro pastoral context. Mentor /PFS facilitators training for selected community level extension agents like Community Animal Health Workers (CAHWS) should be planned jointly to cascade and implement the approach; and improve water harvesting techniques (PA)

6. **Coordination and capacity building:** Build coordination, monitoring and organisational capacity of local actors (VRRRC and HAC) on RRR; develop coordination through regular RRR meetings; and, conduct inter-agency assessments and monitoring missions. All of these are aimed at ensuring a multi-sectoral and integrated approach to the Locality development, as well as creating the linkages with recovery and longer-term interventions that will follow the phase II interventions. Close collaboration with UNEP and the Gender Expert will ensure crosscutting issues are incorporated from the onset of the integrated programme through to its completion.

N.B.: All activities will address crosscutting issues, such as the environmental impact of return and subsequent interventions, as well as promoting gender equality across the entire response.

Annex 2 - Tips to integrate Gender in Programming for Projects

The RRR Sector has committed to promote gender equality across the entire response right from the beginning. This contributes to the HCT country level vision towards developing concrete actions in implementing gender equality programming across the phases of humanitarian action. In supporting to reach this, following are suggested tips to ensure the projects are gender sensitive

Use SEX and AGE disaggregated data (SADD) wherever possible. Ensure all data is disaggregated based on sex and age. Do not use absolute numbers that hide the demographic profile e.g. XXX affected people; rather show disaggregated numbers or proportions e.g. XXX affected people of which 80% are women and girls. If exact numbers are not available, use qualitative qualifiers such as “majority”, “vast number” to demonstrate the different groups in the affected population.

Avoid Using NEUTRAL words that hide the distinct roles of based on gender and age/age groups such as “communities”, “vulnerable people”, “affected population”, “pastoralists”, “children” etc. Try and identify the specific identities i.e. are they women, men, girls, pregnant and lactating women, older women; elderly man, adolescent boys?

Criticality of sex and age dis-aggregation in representing data is essential as it is the smallest unit of information essential to facilitate analysis of spectrum of vulnerabilities to enable prioritization and targeting.

Provide GENDER ANALYSIS and highlight gender dimensions of impact on different groups of women, girls, boys and men to illustrate distinct needs and risks. Wherever possible, **demonstrate the impact of the displacement and conflict outside the binary of age and sex**, identifying how the multiple factors - women/ pregnant and lactating women; girls/ adolescent girls; men/ elderly single men; boys/ boy heading households- lead to barriers in access to assistance and protection.

The analysis should include the **risks, needs and concerns as well coping mechanisms and capacities**. E.g. the lack of access to food in women headed households (NEED) might lead to women going hungry as they feed their children and elderly (COPING); or it puts them at risk to sexual abuse and exploitation in exchange for food (COPING)

Gender analysis should **demonstrate how the women and men across age/age groups in the community relate with each other**; and clearly highlights the most affected

ACTIVITIES proposed are derived logically from the identified needs in the analysis. They should address aspects of:

- ✓ **Participation:** Are women and men included in the design of the project activities? Are cultural and religious beliefs taken into consideration in developing nutrition programmes? Are women and men from the community involved in this monitoring and review? Do different groups appear to benefit equally from assistance? Are activities planned so as to overcome constraints to women and girls from participating? E.g. *home drops of food & NFI assistance, child care facilities as at venue of training; women trainers in training teams; separate consultation with women and men, boys and girls*
- ✓ **Protection:** How will the activities mitigate risks to GBV and SGBV? Can the project increase exposure to risk and what measures are taken to address this risk. E.g. *economic empowerment projects do not increase risks of violence to women at home; shelters have privacy screens to ensure dignity and safety to women and girls; implementing teams are gender balanced*
- ✓ **Empowerment:** Do the activities contribute to improved relations between women and men in communities? Do livelihood activities contribute to increased role of women in decisions making at households and community level? Are women and men equally involved in WASH committees?

OUTPUT INDICATORS⁴ to have a logical link with activities identified and are sex and age disaggregated. This will assist in tracking the proportion of humanitarian assistance reaching women, girls, boys and men.

- ✓ The indicators should capture the proportion of females and males in assistance e.g. XXX number of boys and YYY girls enrolled in schools;
- ✓ Measure empowerment dimensions i.e. leadership, participation, decision making roles for women and men, boys and girls i.e. XX % of committees have women in decision making positions; Y% of people trained in shelter making are women; Implementing teams are gender balanced (XXX women and YYY men)
- ✓ Where the unit of measure is not 'people' but material based, use gender sensitive qualifiers e.g. XX number of gender sensitive shelters built; make effort to ensure the gender sensitivity within such a shelter with gender sensitive /privacy screens

Questions that may be considered to strengthen gender analysis in identifying needs⁵:

- ✓ Which groups are affected (sex and age disaggregated)? How are they affected? Who has returned and are there members left back? (gender, age)

⁴ Refer to the Sector specific gender indicators suggested for SHF 2016 (OCHA/GenCap Adviser)

⁵ Please note these are illustrative and may not cover all sectors

- ✓ Different roles, responsibilities, practices of women and men, boys and girls in the communities e.g. who fetches water, who is engaged in paid labour? How has this changed from pre-return/displacement?
- ✓ Who has access to what (income, assets, livelihoods resources, information)? – Who owns what? Who has lost what?
- ✓ Who faces barriers in accessing services? What are those barriers?
- ✓ What can they do for themselves? What are the skills/capacities does each group have (roles, activities, training, paid and unpaid roles)?
- ✓ Do women and men participate equally in decision-making? What are decision making structures in community?
- ✓ Which are the groups who are vulnerable? What are the forms of vulnerability and why?
- ✓ Are the vulnerabilities and coping mechanisms different for women and men, girls and boys?
- ✓ Are there any beliefs or practices that may affect the access of assistance to women and men differently?
- ✓ Are there specific needs and concerns shared by women and girls, pregnant and breastfeeding women, young boys? Are there particular risks of SGBV

Annex 3 - Gender Mainstreaming in Assessment Methodology - Checklist

1. Record the **gender of the respondent & enumerator**
2. Record the **position & role of the respondent** in community
3. **Enumerators are equipped** with GBV referrals, PSS services, legal assistance numbers & other protection networks
4. Questions are asked to **women, girls, boys and men separately**; *ensure that women enumerators ask questions of the females and men for the males*
5. Ensure **Gender Balance** in teams
6. Seek out **women community leaders** (even if informal): key informants to be women and men across age and ethnicity
7. Women, girls, boys and men interviewed are **aware of the purpose methodology and outcomes** of the assessments
8. **Sensitive questions** (for example around protection, GBV, menstrual hygiene, etc.) are –
 - distinct from rest of assessment;
 - done only by enumerators trained on these issues
 - these questions in a safe and confidential environment.

Annex 4 - Gender Equality Measures⁶

Gender Equality Measure	Purpose	Example ⁷
<p>Include Sex & age dis-aggregated data (SADD)</p> <p>Avoid Using Neutral words</p>	<p>Improves Targeting : <i>Who is affected?</i> (Quantity)</p>	<p>XXX affected people of which 80% are women and girls. If exact numbers are not available, use qualitative qualifiers such as “majority”, “vast number” to demonstrate the different Be specific i.e. are the affected people women, men, girls, boys, lactating women, elderly men etc.</p>
<p>Gender Analysis</p>	<p>Recognises different groups bring different needs, concerns & capacities. <i>Why is a specific group targetted</i> (Quality)</p>	<p>Focus on establishing women saving & credit group is based on the analysis that majority of population are female headed and that success rates of having sustainable households level benefits are increased by targeting women;</p> <p>There is increased levels of teenage pregnancy observed due to low levels of knowledge about reproductive health for adolescent boys and girls. This is contributing to increased drop outs primarily for young pregnant girls</p>
<p>Ask for specific needs of particular groups so it can included into programme design to ensure safe and equal access to assistance (e.g. needs of elderly, pregnant women); mitigating protection risks</p>	<p>Adapted/Targeted Assistance</p>	<p>Analysis show that women experience increased time/work burden as they now have to look after children, stand in queues to receive assistance as well participate in IGA, are there specific programmes adapted to ensure that women are involved in home based livelihood opportunities; or that food packages or/and NFIs assistance to them is through home drops?</p> <p>To respond to the increased teenage pregnancies, are their targeted out of school education programmes held for boys and girls? How are specific needs of adolescent pregnant girls/young mothers included?</p> <p>If there are communal WASH facilities set up, how does it ensure personal safety, privacy particularly for women and girls?</p>

⁶ These are adapted from the ADAPT & ACT C Gender Equality Framework laid down as part of the IASC Gender Handbook. This framework is relevant across the stages of the HPC- assessments-programme design- implementation-developing indicators for monitoring

⁷ These examples are intended as practical demonstrations and are informed by country specific discussions as well repeating trends in assessment globally available. It does not target any particular IASC sector operational in Sudan

<p>Identify decision making structures that exist for women and men (HH/Community); and the barriers faced by specific groups (gender and age specific) to meaningfully participate. Use this information to facilitate establishing committees/decision making mechanisms that allows women and men across age//age groups to equally influence decisions about programme design & implementation?</p>	<p>Participation & Empowerment</p>	<p>Hold separate discussions with women, girls , boys and men to understand their concerns and priorities; Focus not only on equity in numbers (proportion of males and females); but how it leads to empowerment and improved gender relations i.e. women and men equally voice their opinions and are heard</p>
<p>Implement analysis that encourages links across the different sectors to offer a holistic response. (Links to the gender analysis)</p>	<p>Coordination across actors/sectors</p>	<p>If girls are low in number attending schools, is the reason for it, absence of segregated toilet facilities in schools particularly affecting adolescent girls? (Education & WASH);</p> <p>Are the cases of malnutrition children mostly from FHH? Is their a link to the fact that women are not able to timely feed their children due to their increase workload outside? Or their access to nutrients? (Health, FSL)</p>