



GENDER ALERT NO. 3

“LAST AND LEAST”: GENDER DIMENSIONS OF FOOD INSECURITY IN SUDAN

 UN
WOMEN 

 FOR ALL
WOMEN
AND GIRLS

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ACRONYM LIST

ACRONYM	Full Name
AAP	Accountability to Affected Populations
AOR	Area of Responsibility (GBV AoR)
CMR	Clinical Management of Rape
CSO	Civil Society Organisation
FHH / MHH	Female Headed Household / Male Headed Household
FPP	Famine Prevention Plan (Sudan)
FSL	Food Security and Livelihoods (Cluster)
GBV	Gender Based Violence
GIHA WG	Gender in Humanitarian Action Working Group
HCT	Humanitarian Country Team
HNRP	Humanitarian Needs and Response Plan
IASC	Inter Agency Standing Committee
ICCG	Inter Cluster Coordination Group
IDP	Internally Displaced Person
IM (OCHA IM)	Information Management (OCHA)
IPC	Integrated Food Security Phase Classification
MOE / MOH	Ministry of Education / Ministry of Health
MSF	Médecins Sans Frontières
PEP	Post Exposure Prophylaxis
PDM	Post Distribution Monitoring
PSEA / SEA	Protection from Sexual Exploitation and Abuse / Sexual Exploitation and Abuse
PLW	Pregnant and Lactating Women (plural also written PLW)
RSF / SAF	Rapid Support Forces / Sudanese Armed Forces
SADD	Sex and Age Disaggregated Data
SEARO	Sexual Exploitation and Abuse Risk Overview
SRHR	Sexual and Reproductive Health and Rights
SHF	Sudan Humanitarian Fund

UNSC / AU	United Nations Security Council / African Union
UN WOMEN	United Nations Entity for Gender Equality and the Empowerment of Women
UNHCR / UNICEF / WFP / FAO / OCHA	UN Refugee Agency / UN Children's Fund / World Food Programme / Food and Agriculture Organization / Office for the Coordination of Humanitarian Affairs
UXO	Unexploded Ordnance
VSLA	Village Savings and Loan Association
WAG	HCT Women's Advisory Group
WASH	Water, Sanitation and Hygiene
WLO	Women Led Organisation

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EXECUTIVE SUMMARY

Sudan faces one of the world's most severe food-insecurity crises, with women and girls experiencing the greatest impacts. Conflict has displaced more than 11 million people and devastated farms, markets and infrastructure, creating severe food insecurity across multiple areas. Within the alarming national hunger totals, female-headed households (FHHs) are disproportionately affected: they are around three times more likely than male-headed households to face extreme hunger, the majority cannot meet basic

food needs, and fewer than two per cent can reliably secure sufficient food.¹ Severe hunger among these households has nearly doubled over the past year. As the crisis deepens, household headship by women has become a strong predictor of hunger. This analysis draws on a rapid gender assessment combining desk review and qualitative inputs from women across affected regions, applying an intersectional lens throughout.²



21.2
Million
people are acutely
food insecure



30.4
Million
people require
humanitarian assistance

In September 2025, at the peak of the lean season, an estimated 21.2 million people—45 per cent of the population faced high levels of acute food insecurity (IPC Phase 3 or above), including 375,000 people in IPC Phase 5 (Catastrophe) and 6.3 million people in IPC Phase 4 (Emergency).³ Overall humanitarian needs are estimated at 30.4 million people.⁵ Famine has been officially declared in parts of North Darfur (e.g. Zamzam camp) and the Nuba Mountains, with 17

additional localities at risk as the lean season peaks.⁶ Prices of staple foods have surged sorghum and other basics cost approximately 430 per cent more than pre-conflict levels eroding purchasing power.⁷ Insecurity, besiegement and attacks on supply routes prevent millions of people especially in hard-to-reach areas from accessing assistance, while markets are frequently non-functional due to blockades, looting and repeated attacks on vendors' supplies.⁸

¹ Gender Snapshot: Women, Food Insecurity, and Famine Risk in Sudan, GiHA Working Group, July 2025. Available from: <https://reliefweb.int/node/4167305>

² See methodology note on page 7

³ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159787/>

⁴ OCHA. Humanitarian Needs and Response plan 2025: Sudan. <https://humanitarianaction.info/plan/1220/document/sudan-humanitarian-needs-and-response-plan-2025>

⁵ IPC. Sudan Acute Food Insecurity Alert. July 2025. Available from https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_July2025.pdf

⁶ IPC. Sudan Acute Food Insecurity Alert. July 2025. Available from https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_July2025.pdf

⁷ OCHA. Humanitarian Needs and Response plan 2025: Sudan. Available from <https://humanitarianaction.info/plan/1220/document/sudan-humanitarian-needs-and-response-plan-2025>

⁸ Conflict-related sexual violence - Report of the Secretary-General (S/2025/389). Available from <https://docs.un.org/en/S/2025/389>

Attack on Al Fasher

On 26 October 2025, after more than 530 days of siege, the Rapid Support Forces (RSF) seized control of Al Fasher, the capital of North Darfur and the last major city held by the Sudanese Armed Forces (SAF) in the region. The takeover marked a catastrophic escalation: Unconfirmed satellite imagery and eyewitness reports indicate large-scale destruction, civilian killings and mass displacement. The siege begun in May 2024 had already cut off food, water, medicine and communications putting thousands of people at risk.

On 28 October, the RSF stormed the Saudi Maternity Hospital, the last functioning health facility in the city, killing several people, including patients, pregnant women and their companions.⁹ More than 6,000 pregnant women were left without access to life-saving maternal health care.

Approximately 250,000 people trapped in El Fasher had been surviving under siege conditions prior to the assault.¹⁰ Following the city's fall, at least 71,000 people fled in one week, with families walking for days through desert terrain toward Tawila, Melit, Al Malha and Al Dabba. Reports indicate that the journey itself has become a corridor of death marked by rape, kidnapping, extortion and execution with compounded risk for women and girls. Thousands remain missing and unaccounted for.¹¹

In Tawila Locality, more than 652,000 IDPs are sheltering nearly 40 percent of all IDPs in North Darfur with over 300,000 women and girls now at acute risk of hunger, disease and gender-based violence.¹² Makeshift camps lack adequate shelter, water and sanitation, heightening protection risks. Limited

humanitarian access, due to insecurity and blackouts, continues to impede life-saving assistance.

Protection risks for women and girls have escalated at the intersection of conflict and food insecurity. Reports indicate the use of sexual violence as a tactic of war,¹³ exacerbating the crisis and compounding hunger. Families may keep girls at home to avoid risks associated with collecting water or rations, increasing deprivation. With many protection services shuttered, survivors have limited access to care. Interviews describe women being attacked en route to markets and distributions, hiding or burying food to deter theft, and adopting negative coping strategies such as skipping meals and resorting to child/early marriage and children's labour.¹⁴ Reports also suggest starvation is being used as a tactic of war, with homes, crops, food stocks and markets looted, and critical infrastructure (water and electricity) destroyed.¹⁵ Intersectional factors—including disability, age, ethnicity and displacement—intensify risks; displaced women, women with disabilities, widows/older women and unaccompanied or separated children are particularly exposed.

These gendered inequalities are visible in daily food and nutrition practices. Women and girls often eat last and least; field interviews indicate mothers and daughters skipping meals so that men and younger boys can eat.

National data show

73.7%

of women do not meet minimum dietary diversity, signalling extremely poor diets and heightened malnutrition risk.¹⁶

⁹ [https://news.un.org/en/story/2025/10/1166210#:~:text=in%20August%202025,-Reported%20massacre%20at%20hospital%20in%20Sudan's%20EI%20Fasher%20leaves%20460.\(@whosudan\)%20October%2029%2C%202025](https://news.un.org/en/story/2025/10/1166210#:~:text=in%20August%202025,-Reported%20massacre%20at%20hospital%20in%20Sudan's%20EI%20Fasher%20leaves%20460.(@whosudan)%20October%2029%2C%202025)

¹⁰ <https://reliefweb.int/report/sudan/sudan-catastrophic-humanitarian-situation-deteriorates-following-el-fasher-assault>

¹¹ <https://www.unfpa.org/news/women-flee-atrocities-sudan%E2%80%99s-el-fasher-only-face-new-crisis-overcrowded-camps>

¹² <https://reliefweb.int/report/sudan/displacement-and-humanitarian-needs-snapshot-tawila-north-darfur-29-october-2025#:~:text=Prior%20to%20the%20escalation%20in,2025%20Multi%2DSector%20Needs%20Assessment>

¹³ In 2024, OCHA reported that 3% of Sudan Humanitarian Fund (SHF) allocations went directly to WLOs according to a GiHA WG analysis of all SHF funding 2024

¹⁴ <https://www.unocha.org/publications/report/sudan/sudan-humanitarian-fund-annual-report-2024>

¹⁵ Gender in Humanitarian Action (GiHA) WG mapping of WLOs, 2025

¹⁶ GiHA Gender Snapshot July 25. Available from <https://reliefweb.int/node/4167305>

The consequences for maternal and child health are severe. Malnourished mothers are more likely to give birth to malnourished infants, and health workers report rising rates of severe acute malnutrition among babies, alongside pregnancy complications linked to hunger. The collapse of health services—an estimated 80 per cent of hospitals and clinics are non-functional—has critically reduced access to maternal and emergency care. Pregnant and lactating women face acute malnutrition; for example, in two Médecins Sans Frontières (MSF) supported facilities in Nyala, 26 per cent of pregnant and breastfeeding women seeking care were acutely malnourished.¹⁷

Despite these challenges, Sudanese women are not only affected by the crisis—they are also frontline responders and essential agents of community survival. Across the country, women-led organisations (WLOs) are sustaining communities where formal systems have failed: running communal kitchens for displaced families, organising local food drives and distributions, and providing psychosocial support and healthcare to women and children. In Darfur, one initiative converted schools into soup kitchens serving thousands, while a network of 38 women's associations in Gedaref collectively hosted and supported displaced families using their own limited resources. Yet these groups remain under-resourced and under-represented in decision-making. In 2024, WLOs reportedly received less than three per cent

of humanitarian funding in Sudan, constraining their life-saving efforts.¹⁸ ¹⁹A Gender in Humanitarian Action (GIHA) Working Group mapping identified 89 WLOs active in the response, of which 14 are members of the Food Security and Livelihoods (FSL) Cluster.²⁰ One WLO operating 60 community kitchens across eight states was forced to close more than half due to funding shortfalls.²¹ Women aid volunteers also face significant security risks, and social barriers often mean women leaders are not taken seriously by male authorities.²² Still, women leaders persist, driven by solidarity and community need.

Humanitarian actors should prioritise women and female-headed households in food assistance; prevent and respond to gender-based violence; restore essential health and nutrition services; and resource women-led organisations as critical partners in the response. Without such measures, the crisis will continue to exact a higher toll on women and girls and entrench gender inequalities. Conversely, centring women's voices in humanitarian decision-making and providing targeted, flexible funding to women's groups can save lives now and enable early recovery. Community leaders caution that without peace and broader economic support, current aid is only a "painkiller" on a profound wound. This is not only a food-security crisis—it is a gender emergency—requiring an urgent, inclusive and gender-transformative response.

¹⁷ Interview, August 2025

¹⁸ In 2024, OCHA reported that 3% of Sudan Humanitarian Fund (SHF) allocations went directly to WLOs according to a GiHA WG analysis of all SHF funding 2024

¹⁹ <https://www.unocha.org/publications/report/sudan/sudan-humanitarian-fund-annual-report-2024>

²⁰ Gender in Humanitarian Action (GiHA) WG mapping of WLOs, 2025

²¹ GiHA Gender Snapshot July 25. Available from: <https://reliefweb.int/node/4167305>

²² Interview, August 2025

Priority Recommendations

1. Ensure gender-responsive aid delivery



- ◆ Design distributions to be safe, accessible and inclusive.
- ◆ Provide tailored assistance for women-headed households (WHHs), pregnant and lactating women (PLW), persons with disabilities, and unaccompanied or separated children.
- ◆ Use community-based targeting with transparent criteria and accessible complaints and feedback mechanisms.

3. Resource women-led organizations (WLOs)



- ◆ Allocate 10–15% of humanitarian funding directly to WLOs, with multi-year, flexible arrangements.
- ◆ Establish rapid small-grant windows and mentorship/partnership models with international actors.
- ◆ Provide security, duty-of-care and safeguarding support for women responders.

2. Strengthen women's leadership and participation



- ◆ Ensure 40–50% representation of women in decision-making bodies, community committees and coordination structures at all levels.
- ◆ Create safe, accessible spaces for consultation and two-way feedback with diverse groups of women and girls, including those with disabilities and from minority communities.
- ◆ Provide childcare, interpretation and transportation stipends to reduce participation barriers.

4. Scale up protection and GBV/SEA safeguards



- ◆ Expand survivor-centred gender-based violence (GBV) services, including case management, psychosocial support and legal aid.
- ◆ Deploy women GBV and prevention of sexual exploitation and abuse (PSEA) focal points/monitors across sectors.
- ◆ Ensure availability of clinical management of rape (CMR) and post-rape care, with trained staff, supplies and confidential referral pathways.
- ◆ Integrate PSEA standards into all partner agreements, trainings and monitoring.

5. Improve safety in sites and services



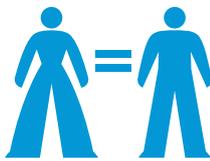
- ◆ Upgrade settlement and camp layouts, lighting and wayfinding; ensure gender-segregated, safe and accessible WASH (water, sanitation and hygiene) facilities.
- ◆ Establish community-led safety audits with women and adolescent girls.
- ◆ Negotiate and maintain humanitarian corridors; strengthen market and site security in coordination with protection actors.

7. Protect and educate girls



- ◆ Implement school feeding, fee waivers and accelerated learning for out-of-school girls and boys, prioritising adolescent girls.
- ◆ Ensure safe learning environments, with increased recruitment and deployment of women teachers and counsellors.
- ◆ Provide gender-responsive WASH and menstrual health and hygiene (MHH) in schools and learning centres.

6. Address structural gender inequalities in livelihoods



- ◆ Support women's rights to land, water and productive assets through legal aid and administrative support.
- ◆ Provide context-appropriate agricultural inputs, cash/voucher assistance, micro- and small-enterprise support, and safe market spaces.
- ◆ Systematically integrate GBV risk mitigation and safeguarding into all economic recovery programmes.

8. Mainstream gender across humanitarian action



- ◆ Apply a gender lens in needs assessments, planning, budgeting and implementation across all clusters/sectors.
- ◆ Collect, analyse and use sex-, age- and disability-disaggregated data (SADD/DDD) and track gender-specific outcomes.
- ◆ Establish clear accountability to affected women and girls, including measurable targets, routine reporting and independent feedback channels.

Severe hunger drivers and Scale

FSL/Protection

IPC 4 IPC 5

7,300,000 700,000

- ◆ 8,000,000 in IPC 4-5; 700,000 in IPC 5.
- ◆ Sieges and destruction -- especially around El Fasher and across Darfur -- cutting women/children off from food, income, and safe movement.

Health / SRHR collapse

Health/SRHR

>80%
Facilities Shut

Maternal risk (Darfur clinics)

- ◆ 28% high-risk pregnancies
- ◆ 45% miscarriage history

Diagnostics, referral and psychosocial care are critically under-resourced.

Protection/GBV and PSEA

Protection/GBV AoR

7.2
SEARO risk (/10)

IASC SEARO rank

- ◆ 6/37 (higher is worse)
- ◆ 12.2M+ women and girls at GBV risk

CRSV intersects with food access on routes to distributions, markets, water points and fields.

WASH and Disease **WASH/HEALTH**

- ◆ Attacks on power/water systems and flood damage have triggered cholera outbreaks.
- ◆ Women and girls face heightened violence while queuing or walking long distances for water.

Education **Education**

74%
Girls out of school

Girls out of school
2,500,000 affected

Drivers: child marriage, domestic labour, unsafe routes

WLOs: last-mile aid, underfunded

Coordination/Funding

Community kitchens closed 64%

900/1,400

WLOs run kitchens, safe spaces, PSS and last-mile SRH referrals in areas others cannot reach -- yet direct funding remains <2%.

Livelihoods collapse

FSL/Early Recovery

STAPLE PRICES 300-500% spikes (some areas)	CASH CONVERSION 10-20% loss to access cash
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Women -- backbone of subsistence and petty trade -- have lost income/assets; FHHS are the hungriest and least able to recover.

Note: Figures reflect sources cited in the report's footnotes

Updated: Sept 2025 . Sudan Gender Alert (Draft)

Who is most at risk (intersectional lens)

FHHS, widows, and unaccompanied girls

- ◆ Food access and income collapse
- ◆ Unsafe queues



Women with disabilities and older women

- ◆ Mobility barriers
- ◆ Exclusion from distributions and services

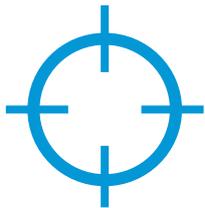


PLW and adolescent girls

- ◆ Malnutrition
- ◆ Anaemia, pregnancy-related complications
- ◆ Denial of CMR/SHRR

Risk factors

- ✓ Food access
- ✓ Mobility barriers
- ✓ Safe Movement
- ✓ SHRR denial



Women in besieged or enclave localities

(Darfur, Kordofans, Khartoum peripheries), including ethnically targeted groups



Refugee/returnee women and urban IDPs

- ◆ No land access
- ◆ Need non-agricultural livelihoods

2. INTRODUCTION

This analysis triangulates women’s testimonies and key-informant interviews with secondary literature on gender and food security in Sudan. It applies an intersectional lens to identify who is most at risk and why, and translates findings into operational recommendations mapped to existing humanitarian architecture Sudan’s Famine Prevention Plan (FPP), the Inter-Agency Standing Committee (IASC) Scale-Up, and the 2025 Humanitarian Needs and Response Plan (HNRP). The aim is to enable clusters to act rapidly within current plans rather than create parallel processes.

The FPP prioritises 167 localities (7.59 million people) and recognises that food insecurity disproportionately affects women and girls, correlating directly with heightened gender-based violence (GBV) risk.²³ It calls for safety audits around Food Security and Livelihoods (FSL) operations, application of the IASC GBV Guidelines, linkage to Women and Girls’ Safe Spaces and Women’s Centres, and the design of cash/commodity interventions that minimise GBV risk. The IASC Scale-Up for Sudan commits all clusters to surge capacity and to mainstream GBV and Prevention of Sexual Exploitation and Abuse (PSEA). The HNRP requires targets and indicators disaggregated by sex, age and disability. This Gender Alert complements these frameworks by highlighting the gendered pathways through which famine harms women and girls and by converting framework commitments into actionable asks for clusters and the Inter-Cluster Coordination Group (ICCG).

The Humanitarian Country Team (HCT) Women’s Advisory Group (WAG)—22 Sudanese women leaders linking the HCT to clusters and community-based women-led organisation (WLO) networks—and the Gender in Humanitarian Action Working Group (GiHA WG) are the principal channels through which women’s evidence and priorities feed into collective products

and operational coordination. This Alert draws on their insights to ensure recommendations are rooted in the structures that can implement them.

Methodology

This third-edition Gender Alert is based on a rapid gender analysis that integrates:

- ◆ **Secondary desk review:** A comprehensive review of existing data and reports from United Nations entities, international and national NGOs, and civil society organisations (CSOs), including plans and cluster-level updates. Where available, sources provided sex- and age-disaggregated data and analysis of gender dynamics across the response.
- ◆ **Targeted qualitative inputs:** Remote interviews conducted from August–September 2025 with 46 informants (42 women, 4 men)—including women activists, community leaders, networks, farmers’ groups and representatives of WLOs—from regions classified in Integrated Food Security Phase Classification (IPC) Phase 4 (Emergency) and Phase 5 (Catastrophe): Kassala, Gedaref, Al Jazeera, El Fasher, South Kordofan, Khartoum/White Nile, Blue Nile, Red Sea, Port Sudan and North Darfur. Additional inputs were gathered from key clusters and coordination mechanisms (Health; Sexual and Reproductive Health and Rights, SRHR; GiHA; WAG; FSL; Information Management [IM]/OCHA) and agencies leading famine prevention and integrated response (OCHA, World Food Programme [WFP], Food and Agriculture Organization [FAO], and UN Women).

An intersectional lens was applied throughout to examine how gender interacts with age, disability, displacement status and geography to shape people’s exposure to risk, access to assistance and coping strategies across sectors.

²³ https://www.unocha.org/attachments/5eae6aae-4fb9-4c62-bb9e-262ca02f3809/2024_Sudan%20Famine%20Prevention%20Plan_April%202024.pdf

3. GENDERED IMPACTS OF FOOD INSECURITY

Sudan's severe food insecurity is profoundly gendered. Pre-existing inequalities in food access, health, income and safety mean women and girls experience the sharpest impacts across clusters—particularly food security and nutrition, health and sexual and reproductive health and rights (SRHR), water, sanitation and hygiene (WASH), livelihoods, protection and education. Using an intersectional lens, this section highlights how women-headed households (WHHs), pregnant and lactating women (PLW), adolescent girls, women and girls with disabilities, and older women face layered risks, drawing on field voices to illustrate these impacts.

3.1 Food Insecurity gendered impact in Sudan

Catastrophic hunger now affects at least 25 localities with an estimated 21.2 million people—45 percent of the population—faced high levels of acute food insecurity (IPC Phase 3 or above), including 375,000 people in IPC Phase 5 (Catastrophe) and 6.3 million people in IPC Phase 4 (Emergency). Sieges and the systematic destruction and looting of homes, farms, markets and infrastructure—especially around El Fasher and across Darfur—are primary drivers.²⁴ These conditions sever access to food and income, restrict movement and

increase exposure to protection risks.²⁵ As one woman in Khartoum shared: “I bury my phone to avoid looting. If it rings, armed men might jump over the wall.”²⁶

Women and girls—especially those in WHHs, PLW, adolescent girls, women and girls with disabilities, and older women—are disproportionately affected. WHHs are deteriorating fastest: roughly three-quarters cannot meet basic food needs compared with about half of men-headed households, and only about 1.9 per cent of WHHs are food secure (versus 5.9 per cent of men-headed households).²⁷ This gap has widened markedly over the past year, and household headship by women has emerged as a strong predictor of hunger.²⁸

Why women and girls are hardest hit

- ▶ Inequitable access to livelihoods and assets (pre-crisis and current): Even before the war, women generally had less secure access to land, inputs, credit and income opportunities.²⁹ Many WHHs—often widows or where spouses are absent due to conflict—had fewer assets to buffer shocks.³⁰ Most have now exhausted savings, sold livestock and belongings, and rely on aid or community solidarity.³¹

²⁴ IPC. Sudan Acute Food Insecurity Alert. July 2025. Available from https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_July2025.pdf

²⁵ Starvation as Weapon of War – The Impact on Women and Girls, Sudanese Women Rights Action, May 2024. Available from: <https://suwra.org/blog/2024/05/20/report-sudan-starvation-as-weapon-of-war-the-impact-on-women-girls/>

²⁶ The Hell on Earth: The Systemic Attacks on Civilians in Sudan's War, August 2025. Available from: <https://suwra.org/blog/2025/08/12/report-the-hell-on-earth-the-systemic-attacks-on-civilians-in-sudans-war/>

²⁷ GIHA Gender Snapshot July 25. Available from: <https://reliefweb.int/node/4167305>

²⁸ Ibid

²⁹ FAO, 2021: <https://openknowledge.fao.org/items/e3923d42-6564-4f30-affb-ccc234956de5>

³⁰ Ibid

³¹ Interview, Aug 2025

- ▶ Intra-household food allocation norms: In periods of scarcity, prevailing norms often prioritise men and boys for larger portions or earlier meals, while mothers and daughters eat last.³² Interviews consistently reported women skipping meals so that children can eat, with adolescent girls frequently receiving the smallest shares—undermining their long-term health. National data indicate 73.7 per cent of women do not meet minimum dietary diversity (fewer than five food groups), signalling very poor diet quality.³³ In contrast, while men’s dietary diversity has also worsened, it is comparatively better on average, partly due to relatively greater access to communal meal points or rations linked to movement and roles outside the home.
- ▶ Compounding protection risks: Movement to access food, water or markets exposes women and adolescent girls to heightened risks of harassment and violence. Households report hiding or burying food to prevent theft, and adopting negative coping strategies (e.g., skipping meals, withdrawing girls from school, early/child marriage, or hazardous work for children).

Consequences for nutrition, health and SRHR

Women’s nutritional deprivation has severe ripple effects. Malnourished mothers are more likely to have malnourished infants;³⁴ health workers report rising severe acute malnutrition among babies and pregnancy complications linked to hunger.³⁵ Services have collapsed—an estimated 80 per cent of facilities are non-functional—curtailing access to maternal, newborn and emergency care.³⁶ Community clinics led

by women in Darfur report acute maternal risks, with high proportions of pregnancies classified as high-risk and a significant share with a history of miscarriage.³⁷ One humanitarian worker noted: “Malnutrition among babies and pregnant women is widespread; some women experience miscarriages related to hunger.”

Mental health and psychosocial wellbeing

Across interviews, women described profound psychological distress after exposure to violence, displacement and the daily strain of feeding families during famine. Symptoms commonly reported include insomnia, anxiety and low mood. As one mother said, she “cannot sleep at night, consumed by worries about food and by traumatic memories.”³⁸ Formal mental health and psychosocial support (MHPSS) is scarce: clinics offering counselling have closed, and dedicated MHPSS within humanitarian programming remains limited. Community support groups—often facilitated by women—operate but are overwhelmed by need. Without expanded, trauma-informed MHPSS integrated across sectors, cumulative stress erodes coping capacity, undermining caregiving and participation in recovery and community decision-making.

Conflict and displacement as drivers

The ongoing conflict has destroyed livelihoods and markets, with disproportionate impacts on women and girls. Before the war, many women produced food through small-scale farming—often on marginal land—or through informal labour, while men more often controlled larger farms and livestock. With agriculture collapsing and markets decimated, women’s already fragile livelihoods have been largely erased (see Livelihoods section).

³² UNICEF technical note Advancing Gender Equality for Optimal Nutrition in Adolescent Girls and Women (2024) on page 4 ‘it is common for adolescent girls and women, especially in low-resource settings, to eat last, eat little, and consume the least nutritious foods’. Available from: https://www.unicef.org/media/162531/file/Technical-Note_Nutrition_Gender_Equality-2024.pdf.pdf

³³ GIHA Gender Snapshot July 25. Available from: <https://reliefweb.int/node/4167305>

³⁴ WHO/UNICEF/WFP joint communication. Sudan’s children trapped in critical malnutrition crisis (30 May 2024): notes that as much as 30% of child malnutrition begins in utero, underscoring the intergenerational link between maternal and child undernutrition. Available from: <https://www.who.int/news/item/30-05-2024-sudan-s-children-trapped-in-critical-malnutrition-crisis-warn-un-agencies>

³⁵ Interview, August 2025

³⁶ The Hell on Earth: The Systemic Attacks on Civilians in Sudan’s War, August 2025. Available from: <https://suwra.org/blog/2025/08/12/report-the-hell-on-earth-the-systemic-attacks-on-civilians-in-sudans-war/>

³⁷ Analytical Report – Reproductive Health Clinics in Darfur, Bihiyat Community Feminist Foundation, June 2025

³⁸ Interview, August 2025

Displacement has further intensified food insecurity. Families fleeing violence—primarily women and children—left behind farms and food stocks and sought refuge in already impoverished communities. In crowded IDP sites and host villages, food rations are often infrequent and insufficient. In this context, the burden of food insecurity falls heavily on women and girls. Pregnant and lactating women (PLW), women and girls with disabilities, unaccompanied and separated girls, and older women are frequently not prioritised during distributions. They may be unable to navigate congested queues safely or may lack the documentation required for registration. As one aid worker observed, “Women face significant safety risks when accessing food or markets,” reflecting insecurity and gaps in protection measures at distribution sites.³⁹ In Eastern Sudan, for example, pregnant women queue for rations without any accommodation, and some leave empty-handed.⁴⁰ These gender-blind gaps in aid design and delivery further heighten women’s vulnerability to hunger.

Challenges in areas of return

Since late 2024, an estimated 1.3 million people have returned to areas deemed “safer,” only to find destroyed shelters, intermittent electricity, scarce safe water and overstretched health facilities.⁴¹

In Aj Jazirah, damaged irrigation systems and a gutted main hospital constrain harvests and access to basic care, increasing GBV risk as women and girls travel farther to reach food, water and services.⁴² Across return areas, women-headed households (WHHs) face significantly higher risks of severe food insecurity than men-headed households (MHHs). Reduced food and

income limit women’s mobility, hinder access to assistance and livelihoods, and increase exposure to GBV.

Coping under siege and in hard-to-reach areas

In besieged and remote locations, women and adolescent girls are often tasked with high-risk strategies to secure food. Field reports describe women foraging wild leaves and berries to make soup.⁴³ In parts of Darfur and Kordofan where markets are blocked and aid cannot reach, women undertake dangerous treks across front lines in search of food, facing heightened risks of violence (see Protection section). In one North Darfur locality under siege, families survived for weeks on wild grasses and animal feed, with women and children experiencing acute malnutrition.⁴⁴ In Gedaref, humanitarian staff reported miscarriages associated with severe hunger and cases of infants born with complications potentially linked to maternal malnutrition and micronutrient deficiencies.⁴⁵

Despite these conditions, women continue to lead community-based coping efforts. In many villages, women organise communal cooking groups, pooling limited food to ensure children receive at least one meal a day.⁴⁶ In White Nile State, women introduced a rotation system in which each household contributes when able, sustaining the wider community day by day.⁴⁷ Some communities have revived traditional nafir mutual-aid networks, with groups of women jointly collecting wild foods or gleaning remaining crops and sharing the yields equitably. These solidarity mechanisms demonstrate women’s resilience and leadership, yet they are under severe strain and cannot compensate for the scale of the crisis.

³⁹ Interview, September 2025

⁴⁰ Interview, August 2025

⁴¹ <https://www.unhcr.org/news/press-releases/urgent-support-needed-over-1-3-million-war-displaced-sudanese-begin-return-home> (released 25 July 2025)

⁴² <https://www.unhcr.org/news/press-releases/urgent-support-needed-over-1-3-million-war-displaced-sudanese-begin-return-home>

⁴³ Interview, August 2025

⁴⁴ Interview, August 2025

⁴⁵ Interview, August 2025

⁴⁶ Starvation as a weapon of war, May 2024, Available from: <https://suwra.org/blog/2024/05/20/report-sudan-starvation-as-weapon-of-war-the-impact-on-women-girls/>

⁴⁷ Interview, August 2025

Structural barriers to women's food access

Looting and blockades

- ◆ Parties to the conflict have used starvation tactics that directly undermine women's and girls' food security.⁴⁸ Reports indicate systematic looting or destruction of crops and food stocks, and deliberate blockades that prevent relief from reaching civilians.
- ◆ Cross-line and cross-border assistance has been obstructed through checkpoints and seizures, including from humanitarian warehouses, creating siege-like conditions for communities.⁴⁹
- ◆ Repeated attacks on power and water infrastructure have crippled municipal supply in several cities; in besieged areas, destruction of water towers has contributed to cholera outbreaks.^{50 51}
- ◆ These tactics leave families with no safe access to food. As documented in El Fasher, civilians are "stranded with nothing to feed themselves because food commodities have been destroyed and aid is prevented from entering affected areas."⁵²
- ◆ The impacts are highly gendered: women—especially women and girls with disabilities, older women, and those with limited mobility—are least able to flee or to compete for scarce supplies. As one woman shared, "Families left women with disabilities behind; they said they could only carry children."⁵³

Market collapse and price spikes

- ◆ Conflict and economic contraction have devastated local markets, making food physically scarce and financially out of reach. Many markets have been pillaged or shut, and supply chains are disrupted.
- ◆ Even where food is available, purchasing power has collapsed. Prices of staples—such as sorghum—are estimated to be about 430 per cent above pre-conflict levels,⁵⁴ while cash scarcity has pushed people into costly black-market conversions (10–20 per cent).⁵⁵
- ◆ This inflation disproportionately harms women, who often have the least control over income and assets. Without cash or viable livelihoods, many women-headed households (WHHs) cannot afford adequate food.
- ◆ The market collapse has also erased petty trade and casual labour opportunities on which women previously relied, further reducing their access to food and essential items.

Climate shocks

- ◆ The 2025 rainy season brought additional flash floods on top of last year's devastation. Since late August 2025, heavy rains triggered localised flooding and new displacement in Red Sea (Tawkar), Blue Nile (Ed Damazine) and River Nile states, as riverbanks overtopped and markets and homes were inundated.⁵⁶

⁴⁸ <https://www.ohchr.org/en/press-releases/2024/06/using-starvation-weapon-war-sudan-must-stop-un-experts>

⁴⁹ Starvation as a weapon of war, May 2024, Available from: <https://suwra.org/blog/2024/05/20/report-sudan-starvation-as-weapon-of-war-the-impact-on-women-girls/>

⁵⁰ The Hell on Earth: The Systemic Attacks on Civilians in Sudan's War, August 2025. Available from: <https://suwra.org/blog/2025/08/12/report-the-hell-on-earth-the-systemic-attacks-on-civilians-in-sudans-war/>

⁵¹ North Kordofan–Blue Nile–White Nile Women's Organizations Consultations, HCT WAG & GiHA WG, July 2025

⁵² Ibid

⁵³ Interview, August 2025

⁵⁴ IPC. Sudan Acute Food Insecurity Alert. July 2025. Available from https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_July2025.pdf

⁵⁵ Starvation as a weapon of war, May 2024, Available from: <https://suwra.org/blog/2024/05/20/report-sudan-starvation-as-weapon-of-war-the-impact-on-women-girls/>

⁵⁶ <https://reliefweb.int/report/sudan/dtm-sudan-flash-alert-rain-and-flooding-tawkar-tawkar-town-red-sea-update-001-30-august-2025?utm>

- ◆ These impacts compound the 2024 floods, which displaced an estimated 180,800 people nationwide, damaged farmland and essential services, and undermined the 2024/25 harvest and recovery prospects.⁵⁷
- ◆ Flood-related WASH system failures continue to drive disease transmission. Between 1 January and 11 August 2025, reported cholera/acute watery diarrhoea cases reached 48,768 with 1,094 deaths (case-fatality ratio 2.2 per cent), affecting all 18 states—further compounding food insecurity and caregiving burdens that fall disproportionately on women and girls.⁵⁸
- ◆ Women farmers—often cultivating marginal plots with limited inputs and finance—are least able to absorb repeated climate shocks, leaving households with even fewer buffers through the lean season.⁵⁹

3.2 Loss of women’s livelihoods and structural barriers



60%

of farmers in the traditional rainfed sector are women yet they rarely control land or key resources.

The conflict and resulting food insecurity have devastated livelihoods across Sudan, with women facing distinct hardships due to pre-existing structural inequalities. Women are central to Sudan’s agriculture—nearly 60 per cent of farmers in the traditional rainfed sector are women—yet they rarely control land or key resources.⁶⁰ In many areas, customary norms (particularly in parts of the east) limit women’s rights to own or inherit farmland, leaving them dependent on male relatives for access.⁶¹ Although women cultivate as intensively as men, they generally lack land titles, irrigation water rights and essential inputs (seeds, tools, fertiliser), constraining productivity. These barriers, compounded by conflict and recurrent climate shocks, have destroyed the crops and livestock on which women’s livelihoods depend. National cereal production reportedly fell to about 46 per cent below pre-war levels in the first year of fighting as planting and harvest cycles were disrupted.⁶² In conflict-affected zones, many fields remain abandoned due to insecurity and displacement. Even in relatively calmer areas, output has collapsed. A sorghum farmer in Al Jazirah noted that her community’s harvest was under one-fifth of pre-conflict levels and that households slaughtered breeding cattle for lack of fodder—erasing future livelihood assets.⁶³ Such distress strategies (consuming seed stocks or culling breeding animals) undermine recovery prospects.

Inflation, market collapse and women’s purchasing power

An economic crisis has further eroded access to food. Currency depreciation and hyperinflation (rising from an estimated 66 per cent in 2023 to around 170 per cent in 2024) have made available food unaffordable.⁶⁴

⁵⁷ Sudan Crisis Response Plan 2024-2025, IOM December 2024

⁵⁸ https://www.who.int/emergencies/disease-outbreak-news/item/2025-DON579?utm_ (accessed 14th Sept 2025)

⁵⁹ Other structural factors exacerbating women’s food insecurity include the collapse of social safety nets and the overwhelmed humanitarian response capacity.

⁶⁰ <https://sudan.un.org/en/262793-enhancing-capacities-women-agriculture-sudan> (accessed 14th Sept, 2025)

⁶¹ https://sudan.un.org/sites/default/files/2021-12/Sudan-PBF2021-Thematic_Brief_5-land_tenure.pdf

⁶² https://www.fao.org/newsroom/detail/sudan-cereal-production-down-by-over-40-percent-likely-exacerbating-hunger/en?utm_ (accessed 14th Sept 2025)

⁶³ Interview, August 2025

⁶⁴ Sudan Economic Update May 2025, The Economic and Social Consequences of the Conflict: Charting a Path to Recovery, World Bank Group

By July 2025, average prices of sorghum and millet were reportedly more than eight times their March 2023 levels.⁶⁵ In North Darfur, one displaced woman explained that a sack of millet once priced at about 100,000 SDG now costs roughly 15,000,000 SDG.⁶⁶ As another mother in Khartoum stated, “The cash aid I received cannot buy even one kilo of rice in today’s market.”⁶⁷ Hyperinflation disproportionately harms women, who typically have fewer savings and assets to buffer price shocks. While some male-dominated businesses can stockpile or transact in hard currency, many women-owned micro-enterprises have closed because they cannot afford inventory or transport. In urban areas, the collapse of formal employment—including in education and health where many women worked—has left families without income. As men are displaced, conscripted or unemployed, women are increasingly the main providers in their households, often without the resources to fulfil this role.

Disrupted income sources and role shifts

Prior to the crisis, many women sustained households through petty trade (tea, prepared foods, handicrafts) or service work (health, education, domestic and care services). With intensified conflict, these opportunities have vanished or become precarious. In towns across Darfur, for instance, street vendors lost their customer base as violence emptied public spaces. “Now, no income-generating options remain except reliance on charity or aid,” a women’s group leader reported. Across regions, women’s financial autonomy has been eroded—yet women continue to improvise income where possible, despite significant risks.

Local coping and adaptation

In relatively safer rural areas, women have expanded *jubraka* (home gardens), cultivating vegetables, legumes and groundnuts near homesteads. These micro-gardens are lifelines for community nutrition in states such as White Nile and South Kordofan and can scale with modest inputs. In Gedaref, a women’s farming collective reportedly increased yields several-fold with access to tools and training.⁶⁸ Many women also engage in very small-scale trade or services—baking flatbread, roasting groundnuts, mending clothes, or laundry—for minimal income that can still purchase porridge, oil or medicine. In some locations, women and adolescent girls undertake daily labour in agriculture or construction (e.g., weeding or harvesting on larger farms in Gedaref), often for low wages and under unsafe conditions. A few women resort to illicit or stigmatised activities to survive (such as brewing alcohol), which may generate income but carries legal, safety and protection risks. In cities such as Port Sudan and Omdurman, some women with secondary or tertiary education attempt freelance work (e.g., tutoring, translation), but demand has fallen sharply.

Urban displacement and the limits of agricultural inputs

Displaced women in urban settings often lack land or tools to engage in farming. As one displaced woman in Khartoum observed, “Most urban IDPs are not farmers and have no land... giving out seeds and ploughs does nothing for them.”⁶⁹ These households need alternative, tailored support—small grants, basic equipment for micro-enterprises, vocational

⁶⁵ https://www.fao.org/giews/food-prices/regional-roundups/detail/es/c/1742263/?utm_ (accessed 14th Sept 2025)

⁶⁶ Interview, August 2025

⁶⁷ Interview, August 2025

⁶⁸ Interview, August 2025

⁶⁹ Interview, August 2025

training, apprenticeships, or inclusion in cash-for-work programmes—rather than agricultural inputs. Currently, such options remain limited, leaving many women-headed households (WHHs) dependent on assistance or at risk of adopting harmful coping strategies.

Protection risks linked to loss of income

As livelihoods collapse, risks of exploitation and abuse increase. Reports indicate that some women and adolescent girls face pressure to exchange labour or sex for food, shelter or money—a form of sexual exploitation and abuse (SEA) driven by hunger and the lack of safe income opportunities.⁷⁰ Interviewees described cases of adolescent pregnancy linked to exploitation near markets.⁷¹ Survivor-centred approaches are essential: livelihood programmes must integrate GBV risk mitigation (safe access routes to aid and markets, lighting in displacement sites, safe sanitation, confidential referrals, women-only safe spaces and complaint/feedback mechanisms). In Red Sea and Gedaref, for example, a UN Women programme supported more than 1,000 internally displaced women to rebuild livelihoods through skills training (e.g., tailoring, food vending, petty trade) and small start-up grants—demonstrating a scalable model for targeted, protection-sensitive economic recovery.⁷²

Women as economic actors in recovery

Traditionally male livelihood roles have also been severely affected, with many men formerly engaged in farming or wage labour now displaced or out of work. Women are managing farms, households and businesses—often as primary earners—while resources dwindle. Humanitarian and early-recovery efforts should therefore engage women not only as

people at heightened risk, but as key economic actors and heads of household. Programmes should place women farmers, traders and entrepreneurs at the centre of livelihood recovery by ensuring equitable access to credit, tools, quality inputs, storage, transport and markets; facilitating membership in producer groups and cooperatives; and removing administrative and legal barriers to women’s land and asset ownership. Without deliberate measures to expand women’s economic participation, recovery will be slower and post-crisis gender inequalities will deepen.

3.3 Protection risks for women and girls amid Sudan’s food-insecurity crisis

The overlapping crises of conflict and famine in Sudan have triggered a surge in protection risks for women and girls. In the chaos of war—marked by the breakdown of law enforcement, mass displacement and impunity—women and girls are acutely vulnerable to violence and exploitation.



Over **12.2 million people** (the vast majority women and children) are now estimated to be **at risk of GBV—**

an **increase** of approximately **80 per cent** since the conflict began in 2023.⁷³

⁷⁰ Futures on Hold: How War and Displacement Are Impacting Young Sudanese Women, WRC/GRYN/Hopes & Actions, May 2025. Available from:

⁷¹ Interview, August 2025

⁷² <https://africa.unwomen.org/en/stories/news/2025/08/empowered-to-empower-building-women-resilience-amid-conflict-and-displacement-in-sudan> (Accessed 14th Sept 2025)

⁷³ UNFPA Sudan Emergency Situation Report No. 21 - June 2025. Available from: <https://reliefweb.int/node/4166823>

GBV has reached alarming levels, with frontline responders reporting widespread rape, abuse, coercion and child marriage. The desperation of hunger is directly fuelling harmful coping mechanisms and GBV, meaning that for many women the threat of violence is as life-threatening as the lack of food. Demand for GBV services increased by 288 per cent in 2024, while survivor access to care remains severely constrained across displacement settings and borders.⁷⁴

Key protection risks linked to food insecurity

“Survival sex” and sexual exploitation

With livelihoods destroyed and families starving, women and adolescent girls are being coerced into exchanging sex for food, money or safe passage. An aid worker explained:

“all the negative coping mechanisms you can think of including child marriage, child labor, extortion, survival sex, skipping meals, are happening.”⁷⁵

Such transactional sex for survival is widespread amid the famine; even some aid workers or men in authority have exploited hungry women. For instance, field interviews described an aid distributor who coerced several teenage girls into sex in exchange for food rations, allegedly impregnating an adolescent girl and threatening to withhold aid if they refused.⁷⁶ This gross exploitation illustrates a breakdown in accountability and protection in the aid-delivery system.

Child marriage

Families in desperate need are resorting to child marriage as a hunger coping mechanism. Parents who can no longer feed all their children are marrying off daughters as young as 12 or 13, hoping the marriage will ensure the girl is fed or will bring some dowry resources for the family. “Girls are being married off just so families can eat,” said one interviewee in eastern Sudan. Assessments confirm a sharp rise in child marriages under these conditions.⁷⁷ In some cases, armed groups themselves force marriages on girls: in RSF-controlled areas of Darfur, girls have been abducted and forcibly married, or families are pressed into accepting dowries after access to food and essentials is cut off.⁷⁸ Such arrangements are survival strategies for the family but violate girls’ rights and put them at grave risk. Child marriage almost always ends a girl’s education and exposes her to early pregnancy (dangerous in crisis conditions) and intimate-partner violence. Interviewees across different states observed “a lot of teenage girls disappearing into marriages” since the food crisis worsened.

Sexual exploitation and abuse at aid distribution

Disturbingly, women and girls face risks even when accessing humanitarian aid—situations that should be protective. Reports from interviews and assessments describe harassment and assault at food-distribution sites that lack gender-sensitive measures. In chaotic aid queues, women have been groped, pushed or

⁷⁴ Futures on Hold: How War and Displacement Are Impacting Young Sudanese Women, WRC/GRYN/Hopes & Actions, May 2025. Available from: <https://share.google/rIldSSJFQFQDBKI2U>

⁷⁵ Interview, September 2025

⁷⁶ Interview, August 2025

⁷⁷ The Invisible Wounds: Psychological and Gender-Based Violence in Darfur Dec 2024, Internal Source & North Kordofan–Blue Nile–White Nile Women’s Organizations Consultations HCT WAG & GiHA WG, July 2025

⁷⁸ Interview, August 2025

beaten by men desperate for supplies or by opportunists taking advantage of disorder.⁷⁹ One displaced woman from Gedaref recounted that

“if you complain about men touching you in the aid line, they will push you out with no food.”

Because of such dangers, some families keep their girls at home instead of sending them to collect rations, even if it means less food for the household.⁸⁰ These abuses harm and traumatise women and deter them from accessing life-saving assistance—a devastating outcome when starvation looms.

Mobility restrictions and under-reporting

Across Sudan, insecurity and social restrictions severely limit women's mobility, compounding protection risks. Women and girls often cannot move freely to safer areas or to access help; active fighting, checkpoints and the threat of attack make travel dangerous. Even within camps or urban neighbourhoods, curfews and fear of violence keep women and girls “locked down” in unsafe environments. In Al Jazeera, dozens of villages became large prisons for civilians, who were prevented from leaving their homes. The fear of violence on the roads forced thousands to take refuge in their homes without access to food or healthcare.⁸¹ This increases dependence (including on potentially exploitative intermediaries for food or protection) and leaves survivors with little chance to report abuse or reach services. GBV is grossly under-reported in the current crisis. Survivors fear retaliation and stigma if they speak out, and with the near-total collapse of law enforcement, many expect that perpetrators will face no punishment.⁸² “There are no functional GBV referral

pathways now,” explained one activist from South Kordofan, noting that many networks that used to link survivors to care have broken down.⁸³ As a result, the vast majority of survivors are effectively suffering in silence, with no access to justice or proper support.

Conflict-related sexual violence (CRSV)

Conflict-related sexual violence has been used as a tactic of war alongside sieges and ethnic targeting (across Darfur),⁸⁴ with documented deaths resulting from CRSV.⁸⁵ This intersects directly with food insecurity: assaults and threats occur along the routes women and girls must travel to survive—to food distributions, markets, fields, water points and firewood sites—turning basic provisioning into a high-risk activity.⁸⁶ Families respond by reducing women's and girls' movement, which in turn cuts off access to rations, cash work and petty trade, deepening hunger.

This fear-driven “protective seclusion” has knock-on effects: girls miss distributions and school; households forgo women's income from markets and fields; and families adopt negative coping (e.g., child marriage to “transfer” risk and food costs, or sending boys instead, exposing them to other harms). CRSV is also severely under-reported due to stigma, retaliation risks and collapsed reporting pathways; survivors who became pregnant through rape, and are now raising children, remain largely invisible and unserved in current programming, with little access to clinical management of rape (CMR), psychosocial care or livelihood support tailored to their situation.⁸⁷ Programmatically, this requires bringing assistance closer to where women are; scheduling women-only or protected distribution windows; safe access routes

⁷⁹ Interview, August 2025

⁸⁰ Interview, August 2025

⁸¹ The Hell on Earth: The Systemic Attacks on Civilians in Sudan's War, August 2025. Available from: <https://suwra.org/blog/2025/08/12/report-the-hell-on-earth-the-systemic-attacks-on-civilians-in-sudans-war/>

⁸² The Invisible Wounds: Psychological and Gender-Based Violence in Darfur Dec 2024, Internal Source

⁸³ Interview, Aug 2025

⁸⁴ The Invisible Wounds: Psychological and Gender-Based Violence in Darfur, Bihyriat, Dec 2024

⁸⁵ The Hell on Earth: The Systemic Attacks on Civilians in Sudan's War, August 2025. Available from: <https://suwra.org/blog/2025/08/12/report-the-hell-on-earth-the-systemic-attacks-on-civilians-in-sudans-war/>; SUWRA has counted over ten cases of women and girls who died due to conflict-related sexual violence—either directly from these attacks or afterwards because of their injuries.

⁸⁶ Sudan's child rape and sexual violence crisis, March 2025, UNICEF. Available from: https://www.unicef.org/sudan/reports/sudans-child-rape-and-sexual-violence-crisis?utm_

⁸⁷ Ibid.

and escorts where appropriate; female crowd managers/guards; and guaranteed referral to CMR and women-friendly spaces—so that seeking food no longer exposes women and girls to conflict-related sexual violence.

Gaps in Protection from Sexual Exploitation and Abuse

Sudan ranks sixth globally on the Sexual Exploitation and Abuse Risk Overview (SEARO) index, underscoring extreme SEA risk. SEA is perpetrated by aid workers, government staff, vendors, local leaders and community members. The humanitarian response itself shows critical protection gaps. Assessments indicate that many registration and distribution sites are neither safe nor accessible for women and girls.⁸⁸ Basic safeguards—well-lit distribution points, separate queues or spaces for women, the presence of women staff and effective crowd control—are often absent, creating opportunities for harassment and abuse. Community feedback indicates that women do not feel secure at aid delivery points, undermining their access to food assistance. In addition, there are significant shortcomings in prevention of sexual exploitation and abuse (PSEA) mechanisms intended to prevent and respond to abuse by aid actors. In many agencies, PSEA focal points are not present, not adequately trained or not trusted by the community.⁸⁹

Women described SEA and harassment at checkpoints and at aid/permit lines in Khartoum, South Kordofan and Al Jazirah; distributions were reported as violent and male-dominated. Frontline monitors

note that some aid workers have limited awareness of, or training on, PSEA codes of conduct, leading to weak enforcement. There have been cases where survivors did not know how or where to report incidents involving an aid provider, or feared retaliation or loss of aid if they reported. These gaps highlight the urgent need for stronger accountability within humanitarian operations—particularly as women and girls become more dependent on aid. It is unacceptable that seeking food or water exposes women and girls to new dangers; yet without stronger PSEA implementation, this remains a reality in Sudan's crisis.

Protection needs to be treated as lifesaving—on par with food, water and medicine. Severe hunger has created a scenario in which virtually every survival activity carries risk of gender-based violence (GBV), from fetching water to standing in a food line. Women and girls are employing their own coping strategies (travelling in groups, sending male relatives when possible, and, in extreme cases, arming themselves), but these are stop-gap measures. Without stronger security, accountability and dedicated GBV risk mitigation, women and girls will continue to pay a horrific price. The humanitarian community in Sudan is intensifying protection and PSEA efforts alongside food aid. Combined actions—monitoring, safe reporting, survivor services and integration of protection principles into all aid delivery—are critical to ensure that women and girls can access relief without further harm, and that survivors of violence are not left without support. Addressing these protection risks is integral to saving lives and upholding dignity in Sudan's hour of need.

⁸⁸ Khartoum–South Kordofan–Al Jazirah Women-Led Consultations, HCT WAG & GiHA WG, July 2025

⁸⁹ Inter-Agency Risk Assessment (IARA) on Sexual Exploitation and Abuse (IARA SEA) in Sudan CDF Sudan and Sudan PSEA Network – Strategic Advisory Group (SAG)

3.4 Girls' education

The war-driven hunger is devastating girls' education in Sudan. As of July 2025, over half of all primary schools remain closed.⁹⁰ UNICEF reports that 74 per cent of school-aged girls cannot return to the classroom.⁹¹ In hunger-affected communities, extreme household food insecurity is driving harmful coping strategies that directly interrupt schooling—most notably increased child marriage, used to secure dowries or reduce the number of mouths to feed⁹²—pulling adolescent girls out of school and cutting short their education.

At the same time, household survival needs are pushing girls out of school. In food-insecure families, daughters are kept home to cook, fetch water and firewood, care for younger siblings or forage for wild foods—hours of essential labour that translate into hours lost from the classroom.⁹³ “In our village the severe hunger has caused a collapse of girls' education,” one community leader explained.⁹⁴ Faced with acute shortages, parents prioritise immediate survival over schooling and withdraw girls to shore up

household food security. Any effective response must therefore do both: ease hunger pressures so girls can stay in school, and rebuild a safe, functioning education system.

While food, water and health remain immediate priorities, the education crisis—especially for girls—is a critical mid- to long-term concern. Food insecurity and conflict jeopardise not only girls' present survival but also their futures. A holistic, gender-responsive humanitarian response must keep girls connected to learning and lay the groundwork for reconstruction of the education system. If neglected, the effects will reverberate for generations, reversing gains in women's empowerment. Community leaders warn that without significant intervention, an entire generation's health, education and livelihoods will be irreparably damaged. They frequently note that humanitarian aid right now is just a bandage; without peace and economic recovery, “all these programs are only painkillers” addressing symptoms of a deeper wound.⁹⁵

⁹⁰ UNICEF Humanitarian Situation Report No. 33, September 2025

⁹¹ Gender alert: No excuse: Calling for an end to gender-based violence in Sudan, Dec 2024, UN Women. Available from: <https://www.unwomen.org/en/digital-library/publications/2024/12/gender-alert-no-excuse-calling-for-an-end-to-gender-based-violence-in-sudan>

⁹² Interview, August 2025

⁹³ https://humanitarianaction.info/plan/1220/document/sudan-humanitarian-needs-and-response-plan-2025/article/31-education-1?utm_

⁹⁴ Ibid

⁹⁵ Interview, August 2025

4. ROLE OF WOMEN-LED ORGANISATIONS

4.1 Frontline relief and services

Women-led organisations (WLOs)—from national NGOs to small grassroots groups—continue to deliver life-saving assistance where international actors have limited presence. They run community kitchens and food distributions, operate safe spaces and basic psychosocial support (PSS), and broker last-mile referrals to sexual and reproductive health and rights (SRHR) and protection services. In Darfur and other affected states, coalitions of women’s associations have established communal kitchens that reach households not covered by formal assistance, while local groups in Kordofan identify acutely malnourished children and support caregivers with nutrient-dense feeding practices. “When everything fell apart, it was the women’s groups that didn’t run away,” a local leader noted.⁹⁶ By April 2025, sixty five per cent (900 of 1,400) of community kitchens had closed.⁹⁷

4.2 Leadership, coordination and advocacy

An assessment of 58 WLOs (2025) found that GBV is a core mandate for 87.9 per cent; 9.4 per cent deliver health/PSS; 1.7 per cent SRHR; 3.6 per cent WASH; and 12.2 per cent shelter/relief. All serve women and girls; most target internally displaced persons (IDPs)

(57), many reach women with disabilities (50), and 44 each focus on older women, refugees and youth.⁹⁸

The Humanitarian Country Team (HCT) Women’s Advisory Group (WAG)—a platform of 22 diverse women leaders from across Sudan—links the HCT and clusters to community-based networks and relays operational priorities from WLOs. In parallel, the Gender in Humanitarian Action Working Group (GiHA WG) functions as the operational backbone for gender integration across clusters, generating joint analysis and supporting cluster teams to apply gender and GBV risk-mitigation standards. Together, WAG and the GiHA WG provide structured entry points for WLO perspectives into Inter-Cluster Coordination Group (ICCG)/HCT processes and collective products. A recent GiHA WG mapping identified more than 89 WLOs actively engaged in the response,⁹⁹ providing a shared contact and capacity picture for clusters and donors and formalising channels to bring local evidence into planning. The GiHA WG also developed a gendered famine situation brief that has raised awareness across clusters and donors and sharpened advocacy on the gender dimensions of the crisis, including concrete asks on safe distributions, SRHR access and direct funding to WLOs.¹⁰⁰

⁹⁶ Interview, August 2025

⁹⁷ Futures on Hold: How War and Displacement Are Impacting Young Sudanese Women, WRC/GRYN/Hopes & Actions, May 2025. Available from: <https://share.google/r/lldSSJFQFQDBKl2U>

⁹⁸ Frontline Resilience: Mapping the Role and Needs of Women-Led Organizations in Sudan (2025).

⁹⁹ GiHA WLO Mapping, 2025

¹⁰⁰ GiHA Gender Snapshot July 25. Available from: <https://reliefweb.int/node/4167305>

Barriers WLOs face (and what to fix)

- ◆ **Under-funding:** <3% of humanitarian funding reaches WLOs directly;¹⁰¹ most rely on volunteers and one-off small grants.
 - ▶ **Fix:** earmark 10–15% of pooled and bilateral funds for WLOs.
- ◆ **Access constraints:** Insecurity and bureaucratic impediments block delivery to high-risk localities
 - ▶ **Fix:** negotiate corridors/clearances with WLO input and resource last-mile logistics.
- ◆ **Security risks:** Women responders face threats and targeted attacks.
 - ▶ **Fix:** include WLO staff in security planning, insurance and protective measures.
- ◆ **Registration barriers:** Informal/unregistered groups cannot access direct funding.
 - ▶ **Fix:** enable consortium/sub-grant pathways and provide capacity support while registration is pursued.
- ◆ **Exclusion from coordination:** WLOs are often tokenised or absent from cluster fora.
 - ▶ **Fix:** guarantee at least 40 per cent women’s representation (including WLOs/WAG) in cluster, ICCG and HCT planning and decision-making.¹⁰²
- ◆ **Compliance burden:** Complex proposals/reporting exclude smaller actors.
 - ▶ **Fix:** simplify due-diligence and reporting proportional to risk; provide mentoring on grants and finance.

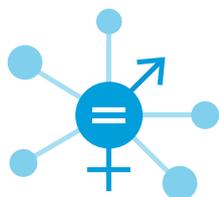
As UN Women’s Sudan Representative, Salvator Nkurunziza, said: “women-led organisations are reaching last-mile communities and saving lives yet remain underfunded and excluded from key decision-making.” He and others have called for predictable funding

and integration of WLOs into coordination structures. Most urgently, under-funding is forcing kitchens and services to close; timely, direct support will prevent service collapse and lock in the community-level capacity that the response depends on.

¹⁰¹ OCHA 2024 SHF funding report. Available from: <https://www.unocha.org/publications/report/sudan/sudan-humanitarian-fund-annual-report-2024>

¹⁰² Khartoum–South Kordofan–Al Jazirah Women-Led Consultations, HCT WAG & GiHA WG, July 2025

THE IMPORTANCE OF SUPPORTING SUDANESE WOMEN-LED ORGANIZATION (WLOs)



Local knowledge and networks

WLOs hold deep community trust and access where others face barriers



Keeping families safe

WLOs feed and protect families in hard-to-reach areas



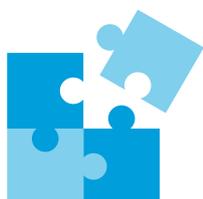
Small grants, big results

Rapidly turn funds into meals, safe spaces, and referrals with minimal overhead



Protection gains

Funding WLOs ensures gender-sensitive distribution and GBV/PSEA safeguards



System Fit

Through WAG/GiHA WG, WLOs connect to clusters and ICG delivery

Act now!

Underfunding is forcing kitchens and services to close. Immediate support averts collapse

5. RECOMMENDATIONS

1) Ensure Gender-Sensitive Aid Delivery

Recommendation	Rationale	Responsible Actor(s)	Timeframe	Risk Mitigation
Design safe, accessible distributions (lighting, crowd control, separate women's queues/days, female staff/volunteers, complaints channels with female focal points, PSEA in place).	Safer, gender-sensitive distributions increase women's access to aid and reduce GBV/SEA risks.	Food Security, Camp Management, Protection/GBV, WASH clusters; INGOs; WLOs; local authorities.	0–30 days (immediate)	Site safety audits; GBV/PSEA briefings; independent monitors; sex-disaggregated attendance/incident tracking.
Target FHHs, PLW, people with disabilities, and unaccompanied children for prioritized assistance.	These groups face higher hunger risk and barriers to access.	Food Security/WASH/Protection clusters (WFP, UNICEF, UNHCR via GiHA WG/ICCG); donors; INGOs/WLOs; local authorities.	0–30 days	Verify beneficiary lists; simple, inclusive registration; PSEA/GBV codes of conduct at distributions. Tailor assistance to the specific needs of those with reduced mobility (e.g. home delivery or other aid delivery mechanisms)
Calibrate rations/cash to local prices and needs; increase package size where FHHs/adolescent girls are most at risk.	Hyperinflation and price spikes erode purchasing power; FHHs have worse consumption and coping.	Food Security/Nutrition cluster; donors; partners (via ICCG).	0–30 days and ongoing	Frequent price monitoring; adjust transfer values; monitor intra-household use to ensure girls/young children receive an adequate share.
Provide culturally appropriate fortified foods and female dignity kits (MHM, contraception).	Female-specific nutrition, hygiene and SRHR items meet distinct needs and dignity requirements.	Food Security/Nutrition cluster (WFP, UNICEF); health authorities; INGOs/WLOs; donors.	0–30 days	Quality control to standards; supply-chain monitoring; stigma-aware communication; distribution tracking.

Improve camp/settlement design: gender-segregated, well-lit WASH and safer shelter layouts; priority tokens for PLW and people with disabilities.	Design features and prioritisation reduce violence/harassment and access barriers.	Shelter/WASH; Protection; Camp Management clusters; local authorities; donors.	30–60 days	Engage women in design; maintain lighting; safe power; crowd-flow plans; PSEA in construction teams.
Apply a gender lens across all sectors (planning, assessments, WASH and nutrition programming).	Integrating gender prevents 'do no harm' failures and improves effectiveness.	All clusters through ICCG/GiHA WG; HCT; INGOs; WLOs.	Begin 0–30 days; then ongoing	Train sector leads in gender analysis; collect/use SADD; GBV mainstreaming checklists; AAP to affected women.

2) Involve Women in Decision-Making and Leadership

Recommendation	Rationale	Responsible Actor(s)	Timeframe	Risk Mitigation
Ensure 40–50% female membership in relief committees, camp management and distribution bodies.	Inclusive committees improve targeting and accountability.	HCT/ICCG (GiHA WG); cluster coordination bodies; camp committees; government; donors; INGOs; WLOs.	0–30 days	Transparent selection; orientation on PSEA/GBV; track/report gender balance; provide capacity support.
Institutionalise women's representation in HCT/cluster forums (via GiHA WG) and support the HCT Women's Advisory Group (WAG).	Formal channels ensure women's priorities inform strategy and operations.	HCT; GiHA WG; WAG; UN agencies; donors; government.	0–30 days	Monitor participation; translation/interpretation; safe, confidential feedback loops; resource follow-up on recommendations.
Hold community meetings at accessible times/venues and provide childcare; establish women-only feedback mechanisms (FGDs, suggestion boxes, hotlines).	Logistical adjustments and safe channels raise women's participation and reporting, incl. PSEA.	Cluster leads/NGOs; local councils; WLOs; GiHA WG; donors; AAP focal points.	0–30 days	Secure transport if needed; PSEA-trained childcare; confidentiality protocols; act on feedback and publicise changes.

3) Support and Fund Women-Led Organisations (WLOs)

Recommendation	Rationale	Responsible Actor(s)	Timeframe	Risk Mitigation
<p>Allocate 10–15% of humanitarian funding directly to WLOs; donors/OCHA funds to publish quarterly WLO allocation dashboards (amounts and counts). Create fast-track flexible small-grant windows; provide in-kind support (vehicles, fuel, office/communications).</p>	<p>Baseline: SHF 2024 = 3% to WLOs, far below proportional need; WLOs are effective last-mile responders but under-resourced.</p>	<p>Donors (bilateral, pooled funds/SHF); HCT/ICCG; UN agencies; INGOs (sub-grants); government.</p>	<p>30–60 days</p>	<p>Simplified grant guidelines; financial oversight; asset management and insurance; maintain PSEA-compliant vetting.</p>
<p>Pair WLOs with UN/INGOs in mentorship or consortia for joint programming and PDM (post-distribution monitoring).</p>	<p>Partnerships build capacity/compliance and extend reach to at-risk women.</p>	<p>INGOs; UN agencies; donors; ICCG partnership fora; WLO networks.</p>	<p>30–60 days</p>	<p>Clear roles; equal voice; joint PSEA obligations; mitigate power imbalances; shared learning.</p>
<p>Ensure safety/insurance and security training for women volunteers and staff.</p>	<p>Women responders face conflict and GBV risks and need safeguards.</p>	<p>Donors; ICCG (Protection); INGOs; authorities; WLOs.</p>	<p>0–30 days</p>	<p>Include women in security assessments; rapid-response funds; PPE/insurance; incident reporting and support.</p>

4) Improve Safety and Integrate Protection

Recommendation	Rationale	Responsible Actor(s)	Timeframe	Risk Mitigation
Negotiate humanitarian corridors/ceasefire days and improve market/camp safety (lighting, security presence; women-only spaces).	Safe access routes and protected spaces reduce exposure to violence while seeking aid/food.	UNSC/AU/international mediators; RSF/SAF; Protection/Camp Management/Shelter/WASH clusters; donors.	0–30 days and ongoing	Neutral monitoring; publish distribution logs; regular safety inspections; 24/7 lighting; community site management.
Deploy female GBV/PSEA monitors at distributions; vet all food distribution plans through Protection cluster	On-site oversight and protection review reduce GBV/SEA and conflict risks in aid delivery.	Protection/GBV cluster; Food Security cluster; NGOs; police; donors.	0–30 days	Situational-awareness training; streamlined review workflow; ensure cluster capacity; enforce scheme changes.
Scale up GBV response: mobile clinics with female staff, confidential referral pathways, dignity kits; confidential reporting channels (hotlines, SMS, complaint boxes).	GBV is surging; survivor-centred services and reporting are essential and lifesaving.	Health and Protection clusters; GBV AoR; NGOs; donors; local health authorities.	30–60 days	Privacy safeguards (locked consultation, data protection); ethics/PSEA training; sustained psychosocial care.
Integrate PSEA standards across FSL and WASH operations (codes of conduct, staff training/vetting, daylight scheduling, presence of female aid workers, consultation with women).	Cross-sector PSEA mainstreaming makes aid delivery protective across activities, not only at distributions.	FSL and WASH clusters with Protection/GBV; ICCG PSEA task force; all implementing partners.	0–30 days and ongoing	Mandatory inductions; anonymous reporting channels; regular audits; corrective actions; publicise standards to communities
Ensure Clinical Management of Rape (CMR) services are available and accessible (PEP kits, emergency contraception, STI treatment) via fixed and mobile teams.	Access to CMR is time-critical and life-saving for survivors in conflict settings.	Health cluster; GBV AoR; MoH; NGOs; donors.	30–60 days (scale and sustain)	Confidential referral pathways; trained female staff; secure supply chains; survivor-centred protocols.

5) Address Structural Gender Inequalities (Relief and Recovery)

Recommendation	Rationale	Responsible Actor(s)	Timeframe	Risk Mitigation
Prioritise women farmers/pastoralists for seeds, tools, livestock and climate-smart inputs; support home/jubraka gardens.	Women are a major force in agriculture and household nutrition; inputs boost food supply and income.	Agriculture/Livelihoods clusters (FAO, WFP, UNDP); donors; IFIs; ministries; WLOs.	30–60 days	Market capacity checks; beneficiary verification; follow-up on utilisation; theft/loss mitigation.
Secure women’s land and water rights via cooperatives and joint titling; provide legal aid.	Tenure security enables investment, productivity and resilience.	Government land/water authorities; FAO; UNDP; NGOs; donors.	60–90 days (policy reform)	Engage traditional leaders; protect against dispossession; publicise joint title programmes.
Facilitate women’s access to credit/microfinance (VSLAs, guarantee schemes) and micro-grants for enterprises; create safe women-only market spaces/centres.	Finance and safe trading spaces restore women’s incomes and reduce exploitative coping.	Donors; IFIs; microfinance institutions; UNDP; local authorities; NGOs/WLOs.	60–90 days	Fair loan terms; financial literacy; GBV-risk mitigation (lighting, transport); market oversight to deter price gouging.
Integrate livelihoods with GBV risk mitigation and market monitoring; enforce zero-tolerance SEA and gender balance in aid committees.	Coupling income recovery with protection reduces exploitation; balanced committees reduce bias.	HCT/ICCG; all clusters; PSEA task force; government; INGOs/WLOs.	0–30 days and ongoing	Codes of conduct; anonymous hotlines; swift sanctioning; membership audits; publish SADD beneficiary lists.
Offer cash-for-work programmes tailored to women (e.g., food production, baking, tailoring, petty trade) with childcare support to enable participation.	Cash-for-work plus childcare helps FHHs and mothers rebuild income without pulling girls from school or resorting to negative coping.	Livelihoods/Early Recovery; NGOs; UNDP; local authorities; donors; WLOs.	30–60 days (pilot, then expand)	Fair wages; safe worksites (lighting/transport); childcare staffed by PSEA-trained carers; monitor for unintended labour burdens.

Support local NGOs to document GBV and link to justice/peace processes.	Documentation underpins accountability and informs transitional justice.	Protection/GBV cluster; legal NGOs; justice ministries; UN (UNDP, OHCHR); donors.	30–60 days	Secure data storage; confidentiality; trained investigators; coordination with HR bodies; do-no-harm protocols.
Advocate to curb war profiteering and price gouging that drive inflation.	Inflation erodes food access, hitting women who manage household food.	ICCG/Conflict Analysis; donors; government trade/finance ministries; AU/UN mechanisms.	30–60 days	Market monitoring; public reporting; targeted sanctions/legal action against profiteers.

6) Keep Girls in School During Severe food Insecurity Conditions (Education)

Recommendation	Rationale	Responsible Actor(s)	Timeframe	Risk Mitigation
Provide daily school meals and/or cash transfers conditional on girls' attendance; waive fees and accept flexible documentation for displaced girls.	Offsets hunger costs to households and remove financial/documentation barriers to re-enrolment.	Education Cluster (UNICEF, partners); MoE; NGOs; donors.	Prioritise immediate rollout	Transparent targeting; safeguards to prevent misuse; coordinate with Food Security for supply; monitoring and evaluation on attendance.
Establish safe temporary learning spaces with gender-segregated WASH and MHM kits; recruit and train female teachers from local communities.	Safe, supportive environments and female role models increase girls' attendance.	Education Cluster; WASH; Protection/GBV; NGOs; MoE; donors.	Phase in 0–60 days	Site safety checks; lighting; PSEA in staffing; teacher support/mentoring; community engagement.
Deliver accelerated learning and life-skills programmes; integrate GBV referral/protection awareness in schools and community sensitisation.	Helps girls catch up and know how to seek help amidst heightened risks.	Education and Protection clusters; GBV AoR; NGOs; MoE; donors.	Start 0–30 days	Privacy/confidential referral; trained focal points; culturally appropriate messaging; monitor unintended effects.

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