



ACTION AGENDA FOR REALIZING TREATMENT AND SUPPORT FOR WOMEN AND GIRLS IN DARFUR

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Physicians for Human Rights
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PHYSICIANS FOR HUMAN RIGHTS

Physicians for Human Rights (PHR) was founded in 1986 on the idea that health professionals, with their specialized skills, ethical commitments, and credible voices, are uniquely positioned to investigate the health consequences of human rights violations and work to stop them.

Since 2004, PHR has documented the systematic displacement, killing and human rights abuses perpetrated against the communities of North, South and West Darfur, and displaced Darfuri communities residing in eastern Chad, in its reports *Assault on Survival* and *Nowhere to Turn*. Between 2004 and 2006 PHR also developed and delivered specialized training to doctors and lawyers in Khartoum and Darfur in the documentation of sexual violence and torture, and conducted training in support for survivors.

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Note: This briefing paper makes use of reports published by the Government of Sudan, the United Nations, and the African Union, in addition to interviews conducted with UN and NGO personnel in the field during 2003-2010, as well as articles from academic journals and the international media. It was written in February and March 2010. Recommendations are current as of 15 March, 2010.

Introduction

In March 2009 the Government of Sudan expelled 13 international NGOs providing essential humanitarian assistance in Darfur, and closed three Sudanese NGOs supporting human rights and development. In the past 12 months the humanitarian community and UN Country Team in Sudan have made significant efforts to rebuild programming in the three Darfur states. Many new actors – particularly regional and Islamic NGOs – have arrived to fill the vacuum left by the expelled groups in the life-saving sectors, and four of the expelled agencies have returned to resume their work.

The damage done to the trust built up by the humanitarian community and the local population, the loss of specialized programming – particularly health coverage and projects targeting livelihoods and reconciliation in rural areas – and the disruption of relief operations in the critical April-May period prior to the 2009 rainy season, must all be viewed as ongoing challenges.

Disruption of Programming for Women and Girls in Aftermath of 2009 Expulsions

Multi-sectoral programming addressing the vulnerability and needs of women and girls has been affected seriously by the disruption in programs and services. Since the initial humanitarian response to the Darfur crisis began in 2003, international and national NGOs have worked to improve the coverage and effectiveness of their relief programming. They have developed projects specifically focused on addressing gender concerns, integrated gender analysis into program development and design, and monitored the impact of programming. The range of women-specific concerns spans all areas of humanitarian programming: specialized health needs; different levels of education; cultural issues concerning sanitation and hygiene services; and not least, the widespread incidence of sexual violence across Darfur.

The emergency stop-gap operation following the 2009 expulsions, and consequent efforts to re-establish pre-expulsion programming levels, have as yet been unable to rebuild the base of gender expertise in the humanitarian community prior to 2009. There is an urgent need to improve the coverage of relief distribution to target women effectively, expand programming into rural areas, and encourage the main-streaming of gender concerns by NGOs and UN agencies. Even prior to the expulsions, the breadth and consistency of women-focused programming had suffered a number of setbacks in 2008, including the closure of many women's centers, the suspension of psycho-social programming in some instances, and increasing obstacles for NGOs to communicate with other agencies.

Diplomatic Action and Resources Needed to Support Programming for Women in Darfur

In order for treatment and support of women and girls to become a reality in Darfur, there must be a commitment to expending the necessary resources, and establishing a consistent message among diplomatic actors and donor governments to recognize these services as part of core programming in Darfur. The increase in engagement by the international community in critical events such as the upcoming Sudan elections and the continuing Darfur Peace Accords must not be permitted to divert attention from the unmet needs of women and girls.

PHR is acutely aware that a lasting peace and comprehensive justice for the survivors of the conflict in Darfur are essential for the long-term health, well-being and dignity of those who have suffered atrocities and who continue to live in displacement and uncertainty.

This paper provides a practical roadmap towards the realization of immediate and medium-term treatment and support for Darfuri women, including approaches to strategic planning, humanitarian access, and a model for re-establishing – or in many cases, introducing – programming focused on women and girls. The realization of this treatment and support, however, will not be achieved without sufficient funds, experienced, specialist staff, and a continuing commitment from concerned governments and the UN system to support this programming, both now, and moving forward.

Geographic Coverage: Reaching Non-Urban Communities

Once a commitment is made to women and girls' programming, the most difficult issue to be reconciled before planning can begin is the issue of geographical coverage. The humanitarian community faces significantly greater risk, cost, and infrastructure-related obstacles in order to reach communities in rural areas, which has an unavoidable impact on IDP access to these services. According to the UN Country Team's analysis of the most recent census, approximately 50 per cent of Darfur's populations live in urban or peri-urban areas on the main roads between the three Darfur state capitals. This provides a compelling incentive to boost current efforts to increase coverage to these communities.

At the same time, the 50 per cent figure brings to light the stark reality of under-served populations in Darfur and the necessity of building rural programming strategies into humanitarian planning. Strategies focused on the needs and accessibility of camp-based and urban populations complete only half of the picture. In order to address the humanitarian crisis in Darfur, the challenges of building programming for the other half must be met.

Coordination

As the largest bilateral donor to the humanitarian operation in Darfur, the US Government should:

- Provide \$1 million funding to the Gender-based violence (GBV) sub-cluster in order to implement the cluster roll-out activities.
- Provide \$1.5 million funding for the sub-sector lead's staffing costs in Khartoum and in North, South and West Darfur states.
- Support the sub-cluster's development of a multi-year strategy for GBV relief and emergency programs across Northern Sudan.

The Need for Coordination and Multi-Year Planning

In Darfur, programming has often been supply-driven, with an emphasis on providing relief on the basis of the humanitarian community's immediate capacity, rather than strategic planning around the immediate and long-term needs of displaced Darfurians. In order to realize treatment and support for women and girls, multi-year planning will be essential – as will the commitment of resources necessary to reach and serve non-camp populations. In the latter case, this programming need not reinvent what has already been developed: the World Food Program reaches millions of beneficiaries throughout the three Darfur States, and many health, livelihoods, and education projects have been successfully established in rural areas prior to the March 2009 expulsions – though fewer remain. Building and expanding women-focused projects will require substantial coordination, on both the State level and from Khartoum, and funding must be secured in order to prevent further interruptions to this programming.

Effective coordination is a pre-requisite for all programming in a protracted crisis, and it is essential that the necessary coordination mechanisms are put in place as early as possible. This was a widely-recognized deficiency in the early response to the Darfur crisis, which the UN took steps to address in 2009 with the introduction of the Cluster system. This system increases accountability and streamlines the coordination of multiple humanitarian actors working in the same sector by mandating the best-placed UN agency as 'cluster lead' for that area of programming, and sub-dividing the different components of that cluster's programming activities into sub-clusters. Of the nine clusters, each has a number of sub-clusters, with a mandated UN agency acting as 'sub-cluster lead'.

UNFPA and the Protection and Human Rights Cluster

In the Protection and Human Rights cluster, the UN Population Fund (UNFPA) serves as the sub-cluster lead for Gender-based Violence, an area of programming that incorporates a wide array of gender concerns, and coordinates with the humanitarian community, IDP populations, and government line ministries to increase services for survivors of sexual and gender-based violence, as well as to prevent further violence. This work involves the cooperation of several UN agencies, including UNHCR, UNICEF and UNDP, and a number of international and Sudanese NGO actors involved in health outreach, livelihoods programming, literacy and education projects, and community reconciliation initiatives.

As sub-cluster lead, UNFPA has responsibility for the strategic planning necessary to facilitate an environment in which the incidence of sexual and gender-based violence is reduced, which includes increasing the socio-economic status of women and girls, and working with communities to address women's empowerment more broadly. This planning must incorporate several cross-cutting issues, and ensure that each is attended to, with sufficient staff and technical resources available for all. The culture of trust established between the humanitarian community and beneficiary populations prior to the 2008 project closures and 2009 expulsions must be repaired; efforts to mainstream gender concerns into agency programming must be renewed; the engagement and capacity-building of line ministries must continue; accessibility to medical treatment and supplied must be improved; and access to justice must become a reality for survivors.

UNFPA is designed to perform its coordination function at both a federal and state level, with a lead GBV coordinator in Khartoum, and GBV coordinators in each of the Darfur states supported by a GBV Associate. State-level work is further supported by a UNDP GBV coordinator in each state, bringing the total number of specialist international staff working on GBV issues up to seven, with three associate national staff. In 2009, the beginning of the 'roll-out' process for the GBV sub-cluster provided a 2009-2010 strategic plan for UNFPA staff, as sub-cluster lead. The goal of this strategy was to increase the capacity of the humanitarian community to reduce the vulnerability of displaced women and girls, mitigate immediate risks of attack (both outside and within the community), and improve availability of medical care and access to justice where incidents have taken place.

The most immediate action that can be taken to realize treatment and support for women and girls is to ensure the necessary funding and technical needs of the cluster that directs this programming. Specifically, *this means providing the \$2.5 million funding required by UNFPA for GBV Coordinators and the sub-cluster roll-out process.*

Impact of Failure to Support UNFPA Programming for Women and Girls

Of the four specialist GBV staff positions required for UNFPA's coordination efforts, one (in South Darfur) has been vacant for nearly 12 months, due to lack of funding. This gap is despite the recommendation of the 2007 UN Inter-Agency Assessment Mission, dispatched specifically to address gaps in GBV programming in Darfur, which highlighted the need for State Coordinators. In addition to this key absence in 2009, funding has not been committed for any of the four UNFPA GBV coordinator positions for 2010, and previous funding committed for GBV associates will end in June 2010.

In the absence of US funding for GBV coordination in Darfur UNFPA programming has been covered in a piecemeal fashion by available funders between 2003-2010: UNFPA Sudan Country Office funds, together with some humanitarian funds from the UNFPA Head Office in New York, have contributed to staff and operational costs. External funding from the Spanish Agency for International Cooperation for Development (AECID), the Italian Development Cooperation, and the UN Common Humanitarian Fund (CHF), has also contributed to program funds, supporting national support staff, supplies such as rape treatment kits, and trainings for police and hospital staff. However, the lack of committed funds to the GBV sub-cluster, and the resultant impact on the productivity of coordination operations and sub-cluster programming, is an entirely avoidable disruption.

The US Government can secure sub-cluster operations by providing the needed funding to the UNFPA Darfur GBV program, thus reducing the ongoing administrative burden on UNFPA staff to identify funds and report to multiple donors on their activities. This funding commitment will allow for UNFPA strategic planning – to increase treatment and support and facilitate broader initiatives to reduce vulnerability and mitigate risk – and should form the basis of a multi-year strategy for GBV programs in the Darfur states. In light of forthcoming events in Sudan during 2010-2012, such as the 2010 elections and 2011 referendum in South Sudan, ***careful planning is required in order to prepare for the outbreak of future emergencies,*** to prevent the occurrence of sexual and gender-based violence at previous levels, and to improve access to treatment and support for survivors should violence break out.

Humanitarian Access

The US Government should:

- Strengthen the Tripartite Reporting Mechanism on Darfur.
- Negotiate the implementation of a rapid-reporting system between State and Federal offices of the Humanitarian Aid Commission.
- Commit to the full deployment of UNAMID by June 2010, including civilian staff and all necessary technical equipment.

Addressing Obstructions to Humanitarian Access

The second stage in securing programming for women and girls is negotiating sufficient and sustainable humanitarian access for humanitarian agencies and UN Missions to reach those in need of treatment and support. The ability of the humanitarian community to access, implement, and monitor throughout the Darfur states varies considerably depending on: the area; the capacity of the agencies working in that area; relations with State line ministries, such as the Humanitarian Aid Commission and the National Intelligence and Security Services; and offensive operations conducted by the Sudanese Armed Forces, rebel factions, and tribal groups in the locality.

Under the United Nations-Government of Sudan 2004 *Moratorium on Restriction (Darfur Emergency Program)*, the 2007 *Joint Communiqué on the Facilitation of Humanitarian Assistance*, and the 2008 *Status of Forces Agreement*, the Sudanese Government has committed to allowing humanitarian and peacekeeping operations within the Darfur states, without abdicating its sovereignty over the area and its 7.8 million inhabitants. Despite this paper commitment in Khartoum, however, further action is needed in order to resolve ongoing obstructions to humanitarian programming and monitoring in the Darfur states, and to prevent the incidence of future obstacles.

The most recent issues detailed by the UN Secretary-General, in his reports on the African Union-United Nations Hybrid Operation in Darfur, include the confiscation of Quick Impact Project Funds (used for projects such as Women's Livelihood Centers and Community Policing Centers), and restrictions on UNAMID and humanitarian agencies' freedom of movement. These obstructions continue to occur despite modest but substantive advances made with Sudanese authorities over the past 12 months, such as the agreement by the government in Khartoum to issue one-year multiple-entry visas to all international aid workers in Darfur.

In many cases, this renewed ad-hoc pattern of obstruction by state agencies such as the National Intelligence and Security Service and Sudanese Armed Forces has directly undercut recent gains. Improvements in the effectiveness of protection activities – vital to monitor the security situation, build confidence among local populations, and provide physical protection. These were made in 2009 with the expansion of UNAMID patrolling (particularly at night), but they could quickly dissipate if Government of Sudan officials continue to deny passage to patrol routes and crucially, IDP camps. The freedom of movement of humanitarian agencies is crucial to re-establishing lost projects and renewing programming in under-served areas, and the authorization of NGOs and UN agencies to conduct independent monitoring missions is an issue of immediate concern.

Diplomatic Efforts Required to Address Disruption of Humanitarian Assistance

Limiting the incidence of bureaucratic disruption, and mitigating its consequences where obstruction by Sudan Government line ministries such as the Humanitarian Aid Commission does occur, should be a priority for the US Government as the largest bilateral donor to humanitarian operations in Darfur. The confiscation or seizure of project assets, denial of access to project areas, non-compliance with the terms of agreements established between the Government of Sudan and the humanitarian community, all hamper the abilities of humanitarian actors to carry out their programming to the standard required. These disruptions distract NGOs from project design, implementation, and monitoring, due to the constant need to negotiate bureaucratic impediments and secure the safety of agency staff and project materials. Within the Protection and Human Rights cluster, there are fears that this obstruction is more prevalent, due to the concentration of rights-focused programming within the cluster, which deals with sensitive issues such as forced return of IDPs, child trauma due to conflict and displacement, and the incidence of sexual and gender-based violence in Janjaweed attacks and during displacement.

Bolster Confidence in and Support to Women-focused Programming

In addition to reducing obstruction, it is also essential to build the confidence of the humanitarian community in order to expand women-focused programming and encourage programming in rural areas. It should be the responsibility not only of the cluster and sub-cluster lead agencies to advocate for the unencumbered operations of the member NGOs, but of the wider UN Country team, and concerned international actors. Encouraging remaining and new NGO actors to take on these new projects necessarily depends on the willingness of agencies to take on new areas of programming, including taking on new staff with the relevant expertise and joining new clusters or sub-clusters, and the agency's confidence that new projects will not have a detrimental effect on their existing operations.

The need for coordinated advocacy on multiple levels in order to strengthen the security and access of NGOs is particularly evident in the case of UNFPA, sub-cluster lead for Gender-Based Violence. The extensive work of the agency with line ministries in each state, such as the Ministry of Health, Ministry of Social Affairs, and the *Wali* (State Governor) Advisor on Violence Against Women, relies upon UNFPA maintaining collegial relations with the Government. UNFPA's capacity-building work with State Ministries in many cases increases protection for NGOs working in the sub-cluster, defusing tensions with local authorities, such as the Humanitarian Aid Commission and Security Services, by building relationships with bureaucrats in other ministries,

and perhaps enabling the agency to work with Ministries to resolve ad-hoc obstructions.

However, the nature of this work constrains UNFPA's ability to take a public political stance on humanitarian access issues en masse. While access issues are of critical importance for NGOs' abilities to work, many of these agencies also rely on the continued functioning of UNFPAs capacity-building program to train police, physicians, lawyers and other Sudanese professionals on GBV-awareness, without which, survivors of violence could face renewed difficulties in reporting attacks and accessing medical services. Central to the cluster roll-out process is the understanding that no one area of programming should be allowed to jeopardize another – and the successful implementation of all are necessary in order to achieve the cluster's objectives.

Reporting Mechanisms must be Strengthened

In order to reduce obstacles faced by humanitarian actors on the ground, it is important that existing instruments – such as the Tripartite Reporting Mechanism on Darfur – are strengthened, and that accountability at the State level is increased. By introducing rapid-reporting between the Humanitarian Aid Commission headquarters in Khartoum, and the State Commissions in Nyala (South Darfur), El Fasher (North Darfur), and El Geneina (West Darfur), NGOs and UN agencies could immediately report and resolve concerns with the State Commissions by appealing directly to the Federal Commission in Khartoum, rather than having to delay project work for days or weeks before issues are resolved. *The US Government should use diplomatic leverage to ensure that the Government of Sudan take responsibility for managing and acting on information received through such instruments, and further hold the Government of Sudan to account for their effective functioning.*

Independent Monitoring and full UNAMID Deployment are Crucial

It is also essential that UN agencies, the UNAMID Peacekeeping Mission, UN Monitoring Missions, and both International and National NGOs, be able to monitor the humanitarian situation and cluster programming independently. The bilateral assessments led by the Humanitarian Aid Commission have been insufficient in scope and regularity, and restrictions on independent monitoring reduce the frequency and coverage of monitoring, particularly in rebel-held areas where beneficiary needs are equally great, but are outside the reach of State line ministries. UNAMID's capacity to verify reports of fighting, civilian casualties and related humanitarian needs are also of utmost importance, particularly in the context of recent outbreaks of violence in West Darfur.

Whereas the ability of the UNAMID hybrid peacekeeping mission to fulfill its mandate has been hampered by low levels

of police and troop deployment, insufficient technical resources, and varying levels of training pre-deployment, the many impediments to UNAMID access on the ground have further contributed to the volatile security situation in Darfur. In addition to the direct impact of violence on civilians, outbreaks of fighting also affect humanitarian access, restricting NGO operations within the area and obstructing routes through to remote locations in peaceful areas further away. In the case of camp-based populations, impact assessments of night patrols conducted by UNAMID indicate that IDPs view night patrols as crucial to their safety and report increased security as a result of patrols, however, patrols have been obstructed by Sudanese Armed Forces refusing to allow patrols. It is essential that the agreements signed by the Government of Sudan permitting peacekeeping operations be adhered to at the State level, and that the UNAMID mission have sufficient troops and technical resources to fulfill its mandate.

UNAMID's operations are not only vital to the security of conflict-affected populations in Darfur. They are directly relevant to programming focused on women and girls. Multiple units within the Mission, including UNAMID Gender and UNAMID Human Rights, work to implement the four priority areas of its mandate: achieving a comprehensive political solution; a secure and stable environment; enhanced rule of law, governance and human rights; and a stabilized humanitarian situation. The safety of women and girls – specifically through the enhanced capacity of Sudanese institutions – and the prevention of sexual and gender-based violence is one of the Mission's strategic benchmarks for establishing a secure and stable environment, and is similarly echoed in the benchmarks for enhanced rule of law, governance and human rights. Relevant UNAMID units form part of the SGBV sub-cluster, and perform key functions within the cluster roll-out, under the lead of UNFPA.

As a leader of international response to the security and humanitarian situation in Darfur, ***the US Government should further encourage troop-contributing and police-contributing countries to boost deployment of the UNAMID force***, which remains well under the authorized levels of military personnel despite the renewal of its mandate until 30 June 2010.¹ In order to fulfill the required strategic objectives, the Mission was authorized to include 26,000 troops, staff officers, military observers, liaison officers, police advisers, and formed police units, in addition to civilian personnel²: the ongoing deployment must be prioritized if security and humanitarian access are to be improved. ***The provision of outstanding equipment, in particular military helicopter assets, remains critical to increasing the mobility and operational impact of the mission in a volatile security environment, and must receive increased attention from the US and all concerned governments.*** Commitments are also needed from concerned governments to boost the number of female troops and police sent by police- and troop- contributing countries;

1. Last reported at 15,553. *Report of the Secretary-General on the African Union-United Nations Hybrid Operation in Darfur*, 29 Jan. 2010. S/2010/50.

2. Including international and national personnel and United Nations Volunteers.

to ensure that military and police personnel stay capable in the field and are replaced on rotation according to guidelines; and to address with the Government of Sudan the speed with which visas are issued for personnel.

Programming

The US Government should:

- Re-introduce a funding mechanism for sexual and gender-based violence projects.
- Commission research on effective service provision models and provide funding for a pilot program of five Women's Livelihood Centers in each Darfur state (15 total).
- Encourage the development of a multi-year funding mechanism for relief, early recovery, and emergency projects on sexual and gender-based violence.

Support for Programming for Women and Girls

The humanitarian community has used a variety of strategies to respond to the needs of women and girls in Darfur. Prior to the March 2009 expulsions, projects directly and indirectly benefitting rape survivors and other vulnerable women and girls were introduced by international and national NGOs, and a number of agencies built up specialist staff to design, implement and monitor this programming. In addition, programming was developed to prevent further incidence of violence, and to address legal, socio-economic and cultural barriers to reducing exposure to violence for women who continued to be displaced.

As noted above, increasing restrictions on entry and travel to the three Darfur states have hampered NGOs and UN agencies working to deliver treatment and support to beneficiaries. Notably, the number of projects in rural areas, including primary health centers, has reduced drastically post-expulsion. Many of the international and national NGOs expelled in March 2009 were working on projects to reduce violence, and a number also provided direct treatment and support projects. As a result, the unmet needs of the beneficiary population have grown post-expulsion, increasing the need for strategic planning within the GBV sub-cluster, as well as new cluster members to fill the void in programming. Sudanese authorities' sensitivity about reports of sexual and gender-based violence - and the need to protect confidentiality and mitigate the harmful social, cultural and economic consequences of such violence on survivors – have limited public reporting on these developments, which may have undercut the sub-cluster's project fundraising activities.

In order to realize treatment and support for women and girls at the program level, the requisite funding and technical resources for NGOs willing to undertake projects should be made immediately available, and secured for the further expansion of successful programming. Research is also needed, in order to assess programming and recommend service provision models that work, along with specific strategies dealing with mental health (also known as psycho-social support), prevention, and to mitigate the stigma experienced by survivors and affected communities. Strategic planning within the sub-cluster is crucial in order to ensure that projects are developed and supported to cover all programming needs, across the diverse displacement situations and geographical areas in Darfur.

Need for Awareness Regarding Removal of Form 8 Requirements in Rape Cases

Following recent gains made by UN agencies working with Sudanese authorities to remove the ‘Form 8’ reporting requirement that previously forced SGBV survivors in Darfur seeking medical care to obtain a police document prior to treatment, the GBV sub-cluster are now able to focus on raising awareness of this change. Sub-cluster lead UNFPA has responsibility to organize training events on the clinical management of rape – which provides guidelines for medical care of survivors, in addition to related psycho-social and legal issues – to NGO staff and Sudanese medical personnel.³ The training of Government of Sudan Police Forces, members of the Sudanese legal community, social workers, and other key personnel provides information about removal of the Form 8 reporting requirement. Training also includes briefings for the individuals and agencies that may deal with survivors on the appropriate protocols for sexual and gender-based violence issues. The sub-cluster also seeks to improve public awareness of these changes, which allow survivors to access medical treatment and psycho-social support even if they do not wish to formally report an attack, through health outreach projects working in local communities.⁴

Integrated Referral System and Uninterrupted Access to Support for Women

In addition to securing access to immediate medical treatment, the continuing support of survivors through psycho-social and non-medical services requires an integrated referral system, and uninterrupted access to support. In under-served communities, such as those in rural and rebel-held areas, it will be difficult to build access to the variety of services needed; thus funders should provide long-term support to agencies willing to work in these areas and build upon their programming. The introduction of a service provision model that effectively combines the various empowerment-focused and treatment-focused strategies is also vital in order to proliferate this programming. The Ministry of Social Affairs’ recent authorization of Women’s Livelihood Centers in some camps and settlements has provided skills-building, literacy classes, and income-generation projects to women, which may aid the recovery of survivors, and mitigate their socio-economic vulnerability, whilst benefitting the community more broadly. Women’s Livelihood Centers are also a valuable venue for the transmission of information, helping communities access the information they need to learn about treatment options for survivors, and reaching women and girls who may not have reported the rape or sought treatment due to lack of knowledge.

The US Government should support programming by renewing the funding previously provided to implementing partners working on sexual and gender-based violence projects in Darfur, and supporting research to establish a recommended service provision model that can be replicated in under-served communities. Concerned governments should further encourage the development of a multi-year funding mechanism for relief, early recovery, and emergency projects through the 2010-2012, pre-election to post-referendum period, for projects to *mitigate the risks of sexual and gender-based violence should complex emergencies arise*, and to provide the necessary treatment and support for survivors.

3. The essential components of medical care are: documentation of injuries; collection of forensic evidence; treatment of injuries; evaluation for sexually transmitted infections (STIs) and preventative care; evaluation for risk of pregnancy and prevention; psychosocial support, counseling and follow-up.

4. Women and girls who have survived SGBV need access to medical treatment for multiple acute and chronic physical symptoms and disabilities. Acute symptoms include pain, swelling, bleeding, bruising, lacerations, vaginal bleeding, discharge and pelvic pain; which can lead to difficulty walking and loss of consciousness. Karen Hirschfeld et al, Physicians for Human Rights, Nowhere to turn: Failure to Protect, Support and Assure Justice for Darfuri Women, June 2009.

Summary of Recommendations to the US Government

The following summarizes immediate actions recommended to the US Government as the largest bilateral donor of humanitarian aid to Darfur, in support of the above strategic priorities. These recommendations will complement longer-term strategies that should be developed by all concerned governments, UN bodies, and humanitarian actors in preparation for the 2010-2012 elections and referenda period in Sudan.

The need is evident, and the situation is urgent: the inter-related demands of the GBV sub-cluster – coordination, access, and programming – must all be addressed before treatment and support can be realized. PHR strongly advocates for the prompt and wholesale adoption of this agenda by the US Government.

Coordination

- Provide \$1 million funding to the GBV sub-cluster in order to implement the cluster roll-out activities.
- Provide \$1.5 million funding for the sub-sector lead's staffing costs in Khartoum and in North, South and West Darfur states.
- Support the sub-cluster's development of a multi-year strategy for GBV relief and emergency programs across Northern Sudan.

Humanitarian Access

- Strengthen the Tripartite Reporting Mechanism on Darfur.
- Negotiate the implementation of a rapid-reporting system between State and Federal offices of the Humanitarian Aid Commission.
- Commit to the full deployment, including civilian staff and all necessary technical equipment, of UNAMID by June 2010.

Programming

- Re-introduce a funding mechanism for sexual and gender-based violence projects.
- Commission research on effective service provision models and provide funding for a pilot program of five Women's Livelihood Centers in each Darfur state (15 total).
- Encourage the development of a multi-year funding mechanism for relief, early recovery, and emergency projects on sexual and gender-based violence.