WOMEN’S LIVELIHOODS AND ESSENTIAL HEALTHCARE IN SUDAN

A community-centred humanitarian and early-recovery initiative

PROPOSED FUNDING REQUEST
US$80,000
Illustrative 12-month planning budget

Purpose
To help vulnerable women strengthen household income while improving access to safe, respectful, essential healthcare for women, mothers and children through locally delivered services and referrals.

Prepared as a donor-facing concept note
November 2026

1. Executive Summary

Women and girls in Sudan face overlapping humanitarian pressures: displacement, disrupted markets and livelihoods, food insecurity, protection risks, and limited access to functioning health services. This concept note proposes an integrated 12-month programme that combines practical livelihood recovery with community-based access to essential healthcare. The programme will be adapted to the security, access and service conditions of selected locations before implementation.

The proposed US$80,000 budget is an **illustrative planning estimate**, not a supplier quotation or a confirmed grant award. Final activities, locations, participant numbers and costs must be validated with local women-led organisations, health authorities and qualified humanitarian partners.

2. Humanitarian Context and Rationale

Recent UN reporting describes a severe and continuing crisis. UNICEF reported that 33.7 million people in Sudan required humanitarian assistance in the first half of 2026. UNFPA's 2026 country fact sheet highlights major gaps in reproductive-health services, including for pregnant women. UN Women reported in October 2026 that more than 17 million women and girls needed humanitarian assistance. These figures show why women-centred, locally accessible support remains urgent. [1][2][3]

The programme responds to two connected needs. First, women who have lost income or productive assets need safe opportunities to rebuild livelihoods and participate in local markets. Second, women and families need accessible primary healthcare information, basic services and referral pathways, including maternal and reproductive-health care delivered by qualified providers.

3. Overall Goal and Objectives

Goal: Strengthen the resilience, economic participation and health access of vulnerable women and their households in selected communities in Sudan.

Objectives:

• Support women to restart or strengthen small, locally appropriate income-generating activities.
• Improve access to essential primary healthcare information, services and referrals, with emphasis on women's and maternal health.
• Strengthen the role of women-led community groups in identifying needs, sharing information and connecting households to available services.
• Promote safe, inclusive and accountable delivery, with clear feedback and safeguarding procedures.

4. Proposed Participants and Reach

The programme will prioritise women facing economic hardship, displacement or barriers to healthcare, including women-headed households, pregnant and breastfeeding women, women with disabilities and women in underserved host communities. Selection will be transparent, needs-based and non-discriminatory. No participant will be required to provide public testimony or images in exchange for assistance.

Illustrative reach: 200 women receiving livelihood support or training; 500 women and family members reached through health information, outreach or referral support; and 10 local women-led groups or community focal points engaged. These are planning targets only and must be revised after a local needs assessment.

5. Main Activities

A. Women's livelihood recovery

• Conduct a rapid, participatory market and skills assessment with women and local organisations.
• Provide practical business, financial-literacy and market-readiness training suited to local conditions.
• Offer small, transparent start-up or recovery grants, or in-kind productive inputs, based on assessed feasibility and safeguarding checks.
• Link participants to local suppliers, buyers, savings groups and peer networks where safe and practical.
• Provide light-touch mentoring and follow-up to understand whether supported activities remain viable.

B. Essential healthcare access

• Work through licensed health providers and recognised local partners to organise community health information sessions and outreach.
• Support referrals to functioning primary healthcare facilities for antenatal and postnatal care, family planning information and services, immunisation, nutrition screening and treatment, and other essential care available locally.
• Where permitted and feasible, help reduce practical barriers to accessing care, such as transport or referral coordination.
• Share accurate information on available services, opening arrangements and referral options; do not substitute unqualified volunteers for clinical staff.

C. Community engagement, protection and accountability

• Engage women-led organisations in planning, implementation and monitoring.
• Provide confidential feedback and complaints channels that are accessible to women and people with disabilities.
• Train staff and volunteers on safeguarding, prevention of sexual exploitation and abuse, confidentiality, informed consent and safe referrals.
• Use do-no-harm approaches and avoid collecting unnecessary sensitive personal data.

6. Expected Results and Indicators

Expected result	Illustrative indicator
Women improve livelihood capacity	200 women complete relevant training or receive livelihood recovery support.
Supported activities show early signs of viability	At least 70% of participating women report that their supported activity is operating or that they have applied the skills gained at follow-up.
Women and families are better connected to healthcare	500 people receive health information, outreach or referral support; referrals are tracked without exposing confidential clinical details.
Community accountability is strengthened	Feedback channels are established and complaints are acknowledged and handled under a documented protocol.

Indicators and targets will be confirmed after baseline assessment. Results will be disaggregated where safe and appropriate, while protecting participant privacy.

7. Implementation Approach and Timeline

Period	Main actions
Months 1–2	Partner due diligence, safety and access assessment, community consultation, market and service mapping, participant selection, baseline.

Period	Main actions
Months 3–4	Training, launch of livelihood support, health information activities and referral arrangements.
Months 5–10	Ongoing mentoring, livelihood follow-up, healthcare outreach/referrals, safeguarding monitoring and feedback review.
Months 11–12	Endline review, learning and accountability sessions, close-out or transition plan, donor report.

8. Illustrative Budget (US$80,000)

This indicative budget is provided for concept development only. It should be revised using local cost checks, partner capacity assessments, safe-access requirements and donor rules before submission.

Budget line	Amount (US$)	Share
Livelihood training, materials and mentoring	14,000	17.5%
Women's livelihood recovery grants / productive inputs	22,000	27.5%
Healthcare outreach, referral coordination and access support	18,000	22.5%
Community engagement, safeguarding and accountability	7,000	8.8%
Staffing and local partner implementation support	10,000	12.5%
Monitoring, evaluation, learning and reporting	4,000	5.0%
Transport, communications and operational costs	3,000	3.8%
Contingency / access-related adjustments	2,000	2.5%
Total	**80,000**	**100%**

9. Risk Management and Safeguarding

Security and access: Conduct regular context checks, use local access guidance, pause activities when conditions are unsafe, and avoid promising service delivery in inaccessible locations.
Healthcare quality: Refer clinical care only to qualified and authorised providers; confirm service availability before outreach and keep clinical decisions with health professionals.
Protection and exploitation risks: Apply a code of conduct, safe recruitment, staff training, confidential reporting and survivor-centred referral pathways. Never publish identifying details without informed consent.
Market and cash risks: Check local market functionality, use transparent selection and payment controls, and monitor unintended effects or exclusion.
Data protection: Collect only necessary information, restrict access and store records securely.

10. Monitoring, Evaluation and Accountability

The implementing partner will establish a baseline and simple results-tracking system. Monitoring will include participant attendance, training completion, livelihood follow-up, aggregate referral data, participant feedback and periodic partner reviews. Healthcare records remain with authorised providers; the project will not collect detailed patient records. A final report will compare results with agreed targets, explain variances and document lessons learned.

11. Sustainability and Exit Strategy

The programme will prioritise locally available skills, women-led groups, practical market links and existing health services rather than creating parallel systems. Before closure, the team will agree on realistic continuation options with community partners, document referral information and connect participants with existing support mechanisms where available. No long-term income or health outcome is guaranteed.

12. Conclusion and Funding Appeal

An investment of US$80,000 would support a locally adapted package of women's livelihood recovery and access to essential healthcare in selected communities in Sudan. By combining economic opportunity with safe health information and referrals, the initiative aims to strengthen women's agency and help families rebuild resilience. Funding should be released against an agreed implementation plan, partner due diligence, safeguarding standards and verified local costs.

References and source notes

[1] UNICEF, *Sudan Humanitarian Mid-Year Situation Report 2026* (reporting period 1 January–30 June 2026; published August 2026): https://www.unicef.org/sudan/reports/unicef-sudan-humanitarian-mid-year-situation-report-2026

[2] UNFPA Sudan, *UNFPA Sudan in 2026* (fact sheet, 30 September 2026): https://sudan.unfpa.org/en/publications/unfpa-sudan-2entity26

[3] UN Women, *Sudan war: Inside the world's worst humanitarian and protection crisis for women and girls* (23 October 2026): https://chile.unwomen.org/en/articles/in-focus/sudan

Important note: This is a proposed project concept, not a claim that funds have been secured or activities are already operating. Before publication or fundraising, insert the implementing organisation's legal name, registration details, verified local partner information, contact details and final approved budget.