UNHCR
The UN Refugee Agency

ADVOCACY NOTE

UNHCR/ Insa Diatta/ November 2023

Sudan refugee's emergency in Chad a protection crisis? - GBV perspective

Gender-Based Violence during their journeys to safety to Chad

Gender-Based violence (GBV) has been a constant feature since the start of the conflict. As of late July 2023, the Combating Violence Against Women Unit ('CVAW') of Sudan had documented cases of rape and sexual violence. According to the CVAW, the cases it has registered likely **represent approximately 2%** of actual numbers[1]. In August, the CVAW warned **an upscale in the type of conflict-related sexual violence (CRSV) faced by women in Sudan** [2]. UNICEF has warned that a grave violation against a child is reported at an average rate of over one per hour[3]. Human Rights Watch reported that the Rapid Support Forces (RSF), an independent military force, and allied militias in Sudan raped several dozen women and girls in West Darfur's capital, El Geneina, and those

1 REDRESS & SOAS University of London. RUINING A COUNTRY, DEVASTATING ITS PEOPLE, September 2023. Accountability for serious violations of international human rights and humanitarian law in Sudan since 15 April 2023.
2 BBC Arabic: Sudan Conflict- Is sexual violence being weaponized against women?
3 UNICEF: Severe violations of children's rights an 'hourly occurrence' in Sudan, warns UNICEF.

UNHCR/ Insa Diatta/ November 2023

fleeing to Chad between late April and late June 2023[4] . In addition to cases perpetrated by parties to the conflict and reported by other sources, UNHCR and its partners report increased intimate partner violence and a high risk of sexual exploitation and abuse.

The overall access for survivors to specialized GBV services such as medical care in several areas, including Post-Exposure Prophylaxis, remains very limited[5]. During focus group discussions (FGD) conducted[6] with Sudanese refugee women, they all reported fighters looting homes, killing family members and sexually assaulting women and girls, while others have shared reports of sexual harassment and violence during their journeys to safety. This is consistent with above reports.

4 Human Rights Watch, Darfur: Rapid Support Forces, Allied Militias Rape Dozens
5 Protection Brief Sudan, September 2023
6 Various FGD conducted by UNHCR and its partner HIAS since the beginning of the influx in spontaneous refugee sites close to border posts Borota, Koufroun, Goungour, Wandalou et Adre as well as in the refugee camps of Ouaddai , Wadi fira and Sila + FGD conducted by senior GBV officer of UNHCR regional Bureau WCA during emergency mission to Chad in October 2023;

Gender-Based violence in Sudan before the conflict

- Amongst respondents of CVAW and UNFPA 2020 GBV assessment, although prevalence data does not exist, **19% of respondents for this study perceived sexual violence as the most common incident happening in their community.**
- **Domestic violence is reported to be prominent in Sudan** and attitudes towards domestic violence do not consider it a severe violation of women's right.
- Female Genital Mutilation (FGM) is widespread with tribal affiliation as a key determinant of prevalence.
- The legal framework is reported to be ineffective in addressing GBV cases.
- **34% of girls in Sudan are married before the age of 18** and 12% are married before their 15th birthday (source: Girls not brides – child marriage atlas)
- Chad ranks low in the 2021/2022 **Gender Inequality Index** (141 out of 191 countries)

Gender-Based violence risks at border areas and refugee camps in Chad

As fighting continues in Sudan, the conflict has created "the world's fastest-growing displacement crisis[1]" with **450'636** refugees crossing the border to Chad as of the 17th of November 2023, 86% of registered being women and children[2]. As highlighted earlier, Gender-Based violence was prominent against women and girls **before the conflict** and GBV risks escalated **during the conflict and while fleeing to safety to Chad**. Although GBV incidents have been reported to UNHCR Chad and its partner (see box on GBV statistics), GBV is severely under-reported. In an emergency context, there are no GBV prevalence data neither, however it is safe to assume that many Sudanese refugee women and girls newly arrived in Chad were victims in their lifetime of a form of Gender-based violence either before the conflict or while fleeing hence in need of services. Noting the heightened risks of sexual violence since the conflict started. In addition to above analysis, it is important to analyze **the GBV risks faced by new refugee women and girls in Chad[3]** and the impact of current underfunding situation to have a better picture of UNHCR and its partners GBV response capacities.

1 UN News: Sudan conflict creates world's fastest-growing displacement crisis
2 UNHCR Chad, EMERGENCY SITUATION IN CHAD, Update on arrivals from Sudan as of 17 November 2023
3 Through focus group discussions with refugee women and girls, meetings with GBV actors and desk review of all assessments and reports made since the beginning of the influx by UNHCR and its partner HIAS.

GBV statistics

- **The number of GBV incidents reported to UNHCR and its partner HIAS has multiplied by 6 from April 2023 to November 2023**
- **100% of the cases received psychosocial basic support,**
- **UNHCR and its partners are working to set-up a coordinated GBV information management system for partners providing case management services.**
- **The reported cases represent a very small fraction of the actual number of incidents. Refugee's women during FGD mentioned that reporting was inhibited by: (1) limited access to services, (2) too worried about basic needs and doesn't see reporting GBV as a priority, (3) not ready to disclose and (4) community stigma.**

- **GBV risks at the border's areas**: **58% of newly arrived refugees are still living** in dire conditions at spontaneous border sites exposing women and girls at heightened GBV risks. Due to high costs of logistics in Chad and limited funding, the rapid progress of the influx not allowing enough time to identify & construct new refugee sites with essential basic infrastructures and the rainy season, the relocation of refugees take time despite all efforts. The precariousness of shelters & WASH facilities, the absence or insufficient lighting, the limited access to food and lack of livelihood, limited access to water and firewood which obliges refugee's women and girls to walk long distances outside of sites have a multiplying effect **on the high risks of GBV, and negative coping mechanisms**. Humanitarian teams are working in support of the Chadian Government and local authorities to provide reception, protection, Community-Based interventions, critical & life-saving services, and address to most urgent needs to refugees at the border.
- **GBV risks in the refugee camps:** a total of 185 456 individuals (41% of new arrivals) have been relocated away from spontaneous border sites to the seven exiting refugee camps, where extension areas have been set up and basic amenities constructed, as well as to four newly established camps. Focus group discussions with refugee women and girls in these camps have brought out following issues **as main GBV risks areas**:

    - **Insufficient drinking water:** with the current funding level, in average, refugees are receiving in average 5 to 7 liters of water/person/day (l/p/d). In both situations, **it is far below the UNHCR standard of 20 liters of water/person/day.** Whether it is at the water point where there are high tension and violence or outside the camps in the community, **GBV risks are heightened (sexual and physical violence**).
    - **Insufficient food and firewood:** Chad ranks very low in the 2022 Global Hunger Index (117 out of 121 countries). The country is also among the world's most vulnerable to climate change and suffers from rapid desertification and environmental degradation, ranking last out of 182 countries in the 2020 Notre Dame Global Adaptation Index on climate change vulnerability[4]. On the 21st of November 2023, faced with reduced funds and skyrocketing humanitarian needs, WFP raised alarm that it will soon be forced to stop its food and nutritional assistance to 1.4 million people affected by the humanitarian crisis in Chad including Sudanese refugees[5] . Although new refugee women acknowledged that they received food, they also mentioned that the quantity is not sufficient, and the distribution is not at a certain frequency. Without any livelihood activity, the situation leads many to find "solutions" which can be negative coping mechanisms. In addition, in order to cook, they must walk long distance outside the camps to fetch firewood as this is not distributed neither are energy saving stoves provided. The P21 data on risks of GBV is very illustrative and confirm the exposure of Sudanese refugees to GBV[6].

4 WFP Chad country Brief May & June 2023
5 WFP press release of 21st November 2023 on Chad situation
6 According to P21 data, an interagency protection monitoring system, 33% of refugees interviewed say they don't feel safe due to the risks of GBV especially when looking for firewood or fetching water

Overview of Sudan refugees' response funding situation for Chad

Chad now hosts the largest number of refugees fleeing the conflict in Sudan, including over 450,636 new refugees counted in eastern provinces. New arrivals urgently need protection, including relocation to safety away from the border, specialized services for children and survivors of violence, primary health care and first aid, psychological support, shelter, toilets, clean water, food, and basic necessities such as mattresses, soap and cooking utensils.

Despite huge needs, the country is among the 13 UNHCR operations the most underfunded in the world Underfunded Report: The implications of underfunding UNHCR's activities in 2023 | Global Focus

UNHCR has received only 55% of the funding needed for the emergency response in Chad. This means that refugees are missing out on lifesaving assistance, including shelter, essential household items, water and sanitation services.

UNHCR urgently needs US$74 M to provide urgent assistance at the border, support the relocation of refugees to camps, and provide them with lifesaving protection and essential humanitarian assistance. This includes US$11.5 M to support the immediate relocation of 10,000 refugee families from the crowded and underserved spontaneous site in Adre to the newly established camp before the end of the year.

- **Insufficient shelters & latrines/ shower facilities:** As of 25 September, 34,446 family shelters, 163 sheds, and 5,127 latrines and showers have been constructed across Ouaddaï, Sila, and Wadi Fira. Despite these achievements, there are still gaps in exiting refugee camps, where extension areas have been set up, as well as in newly established camps as follow: 16,640 latrines and 21,621 shelters are needed. Noting that 71% of registered households are headed by women, as support mechanisms through families or communities are severed, access to safe shelter which can provide sufficient privacy and security is essential to reduce GBV risks. During FGD, refugee women in camps still living in temporary places (schools, collective shelter, or other) or inappropriate shelter (too small for family size) have reported that **family members are put under significantly higher stress levels leading to increased domestic violence**.

- **Lifesaving & minimum GBV packages:** According to the life-saving criteria of the United Nations Central Emergency Response Fund (CERF), supporting health providers and ensuring a range of appropriate psychosocial interventions are established and accessible are first priorities[1]. Whereas the Inter-Agency Minimum Standards for GBV in Emergencies Programming presents 16 areas of work as the essential Services Package which agencies working on specialized GBV programming need to achieve to prevent and respond to GBV and deliver multisectoral services. With the current funding level, even the first priorities areas (Medical and psychosocial services) are far from having a full coverage not to mention holistic GBV services as per IASC minimum standards.
- **GBV case management standards:** The standard ration GBV cases per social worker should be 20 GBV cases per social worker and 7 GBV cases per GBV case management supervisor . If we refer to the number of cases reported so far, noting that GBV is seriously underreported for reasons explained earlier, the current ratio for UNHCR's partner HIAS stands at 50 GBV case per social worker and 353 GBV cases per GBV supervisor covering the region.

1 CERF (United Nations Central Emergency Response Fund), 2010. CERF Life-saving Criteria.

National system

Chad ranks very low 187 out of 189 countries on the Human Development Index with a high level of poverty (42.3%), ranks high for Fragile State Index (9 out of 179 countries) and low on the 2021/2022 Gender Inequality Index (190 out of 191 countries).

For the moment, National services do not have the capacities and resources to be on ground in the emergency region to provide social services to refugees living in camps and at border areas.

Similarly local civil society such as women-led organizations are underfunded with limited capacities.

For now, GBV in emergency response, prevention and risks mitigation entirely relies on few humanitarian actors who are severely underfunded.

CONTACT

Patrice Dossou Ahouansou
Deputy Representative Protection
UNHCR Chad

Tel.: + 235 619 00 046
Email: ahouanso@unhcr.org

- **GBV coordination:** Partnership and good coordination to address GBV enhances effective response, reduces duplication, ensures standards are met, and increases accountability to affected populations. A GBV Sub-Working Group was set-up to cover the situation in the East of Chad (Sila, Wadi-Fira, Ennedi Est and Ouaddai) under the Refugee Coordination Model, which provides the overarching framework for coordination. Rotating regular meetings are held in various sites to ensure effective response. UNHCR has recruited a GBV officer based in the East to strengthen GBV coordination.

- **GBV actors present in the emergency response**: currently several actors are contributing to the efforts to provide GBV response and prevention in close coordination with Government agency CNARR. Among actors there is: IRC & MSF (GBV medical service and mental health), UNICEF (case management and psychosocial support for child survivors), UNFPA and its partner ADRAH (Dignity kits and sexual and reproductive health and PEP kits administration), PLAN INTERNATIONAL (material support, dignity kits and GBV prevention) and UNHCR with its partner HIAS (currently the only GBV case management agency covering all the camps in the 4 regions). In addition, various support is also provided by ASTBEF, APSELPA, AADR, KITES, OXFAM, HELP providing services. **All actors are reporting similar underfunding challenges.**

UNHCR'S GBV STRATEGY TO RESPOND TO THE EMERGENCY IN CHAD

The Protection and solutions strategy related to this emergency is structured around three main phases and GBV response and prevention is part of it:
First phase: fixing & pre-registration; provision of emergency assistance, on spontaneous sites at border side. Provide GBV life-saving interventions (Medical and psychosocial services), Community-Based prevention activities and set-up GBV coordination mechanism.

Second phase: Setting up new refugee camps and implementation of refugee relocation exercises ensuring that it respects protection principles. Ensure women and girls have access to information on relocation and participate in the discussions, ensure GBV risks are mitigated when new refugees are settled in the new camps (shelters, etc.), presence of medical mobile service.

Third phase: stabilization of the situation and establishment or strengthening of protection services accessible in the camps. Holistic GBV programming in the camps (Response, prevention, and risks mitigation). Set-up appropriate, quality GBV case management services including coordinated care and multisectoral services. Implement a Community-Based approach. Strengthen GBV coordination including information management. Setting-up Economic empowerment and resilience of GBV survivors and women at risk.

Key advocacy messages

1. Gender-Based violence was prominent against Sudanese women and girls before the conflict and GBV risks including risks of conflict-related sexual violence increased in Sudan since the beginning of the conflict. GBV risks at border areas and in the camps in Chad are also high. Although, there are no GBV prevalence data, **it is safe to assume that most of the Sudanese refugee women and girls in Chad were victim in their lifetime of a form of Gender-based violence** and are in need of specialized GBV services and multisectoral response to build their resilience. UNHCR strategic GBV approach to respond to the emergency is declined in 3 phases however capacities and resources are limited to implement it.
2. **The reported GBV cases to UNHCR and its partner in Chad represent a very small fraction of the actual number of incidents**. Sensibilizations and information campaigns on services are conducted. GBV awareness-raising activities often result in survivors deciding to disclose their experiences of violence. However, the very limited GBV capacities and underfunding mean that **agencies don't have the capacities to provide appropriate, quality case management services including coordinated care and multisectoral response if there is a sharp increase in the reporting of GBV cases.** To respect the principle of "do no harm", it is a matter of life saving to have at the very minimum sufficient health providers and subsequent and measured psychosocial interventions at border areas and in the camps. Currently the coverage of services is very low.
3. The severe underfunding of refugee response in Chad across sectors has created gaps (insufficient & inappropriate shelters, insufficient WASH facilities, lack of street & public lighting, lack of firewood, insufficient food, drinking water quantity per person is far below standards, etc.) which are leading to **high increase of GBV** at the border areas and in the camps exposing refugee women and girls to physical and sexual violence instead of providing them with safety. It is a matter of life saving, along establishing GBV specialized services, to mitigate these high risks through funding critical interventions such as water boreholes, energy saving stoves, safe shelters & latrines, food, public lighting, etc. Otherwise GBV specialized interventions will have little impact when risks are this high.
4. Chad ranks very low 187 out of 189 countries on the Human Development Index with a high level of poverty (42.3%). National services do not have the capacities and resources to be on ground in the emergency regions to provide social services to refugees living in camps and at border areas. Similarly local civil society such as women-led organizations are weak and underfunded. The GBV response entirely relies on few humanitarian actors who also are severely underfunded. To ease the pressure on Chad, ensure sustainability as well as promote localization, in line with the Global Compact on Refugees (GCR) framework, **it is key to work with development actors to strengthen national social services and local civil society especially women-led organizations.**