UNHCR
The UN Refugee Agency

AMANA WA SALAMA NARRATIVE REPORT

1. Context :

Since April 2023, the armed conflict between the Rapid Support Forces (RSF) and the regular Sudanese armed forces has triggered a dramatic and accelerating humanitarian crisis across several regions of Sudan, most notably in Darfur. Civilians—especially women, children, and the elderly—are enduring extreme levels of violence, vulnerability, and forced displacement, with little to no access to safety and basic services.

Testimonies gathered along Chad's border areas reveal grave and repeated violations of international humanitarian law and human rights, including physical and psychological abuse, sexual violence, arbitrary detention, torture, kidnappings, family separations, and hostage-taking accompanied by ransom demands.

The narratives documented under the Amana Wa Salama project (15 May – 30 September 2025) underscore the disproportionate impact on women and girls, who face sexual violence, arbitrary detention, family separation, forced displacement, and severe harm to their physical and psychological integrity. These violations occur against a backdrop of deliberate destruction of civilian infrastructure and the collapse of community-based protection mechanisms, leaving survivors in a state of profound insecurity and trauma.

2. Statistics and Profiles of Documented Cases

Between May and September 2025, a total of 64 cases of severe human rights violations were documented. Of these, 92.19% of victims were female and 7.81% male, including 58 adult women aged 18 to 65, two minors aged 13 and 17, and five men aged 25 to 70. These cases represent profound infringements on fundamental rights, including the right to life, security, dignity, health, education, and protection against torture and inhumane treatment.

The humanitarian consequences are staggering. At the designated sites of Iridimi, Goudrane (Wadi Fira), and Oure-Cassoni (Ennedi East Province), most respondents face very limited access to drinking water, latrines, education, and public health services, due to inadequate infrastructure and scarce resources.

Victim profiles reveal extreme vulnerability: many are responsible for unaccompanied children or dependent relatives, while 73 individuals sustained gunshot wounds. Others suffer from chronic physical pain, post-traumatic stress disorders, unwanted pregnancies, or have recently abandoned infants, compounding parental burdens - particularly in single-parent households predominantly headed by women.

Access to essential services such as drinking water, latrines, education, and healthcare remains alarmingly insufficient in Iridimi, Goudrane, and Oure-Cassoni, heightening protection risks. This situation calls for urgent reinforcement of community-based protection mechanisms, accountability for perpetrators, and a coordinated multisectoral response to safeguard dignity and safety of affected populations.

Refugee testimonies consistently identified the Rapid Support Forces (RSF) as the primary perpetrators. The majority of incidents involve gender-based violence (GBV), disproportionately targeting women and girls (99% of cases). Among these violations:

- Rape: 15%
- Physical assault: 11%
- Sexual assault: 4%
- Psychological and emotional violence: 70%

Thus, 99% of victims are female, compared to 1% male.

Economic Violence Collective 44%

Violation

3. Illustrations of Documented Sub-Categories of Violations

Physical assaults, kidnappings, and hostage-taking: Several individuals interviewed—including men, as well as some women and girls—reported being abducted, held captive, and subjected to acts of torture perpetrated by the Rapid Support Forces (RSF), under brutal and inhumane conditions.

Rapes, including gang rapes: The majority of women and girls aged 18 to 65 disclosed being victims of sexual violence in areas between Zamzam, Chagara, and Tawila. Most of these assaults involved gang rapes, involving two to ten perpetrators. Survivors's testimonies consistently identify all aggressors as member of RSF.

Sexual assaults: Several cases of sexual assault were reported by women and girls aged 18 to 32. These attacks were carried out in groups by RSF members, with the number of assailants often ranging between two and ten individuals, and sometimes more.

One testimony that illustrates the gravity of these violations:

> *"I was fleeing the armed conflict in northern Sudan when I was intercepted, along with two other young girls, by Janjaweed elements between Zamzam and Tawila. I was forcibly detained for three days. During this detention, I suffered repeated rapes committed by two of these men, every day."*

Today, Mrs. M.A.D. suffers from severe trauma, acute stress, and lives in a state of constant fear.

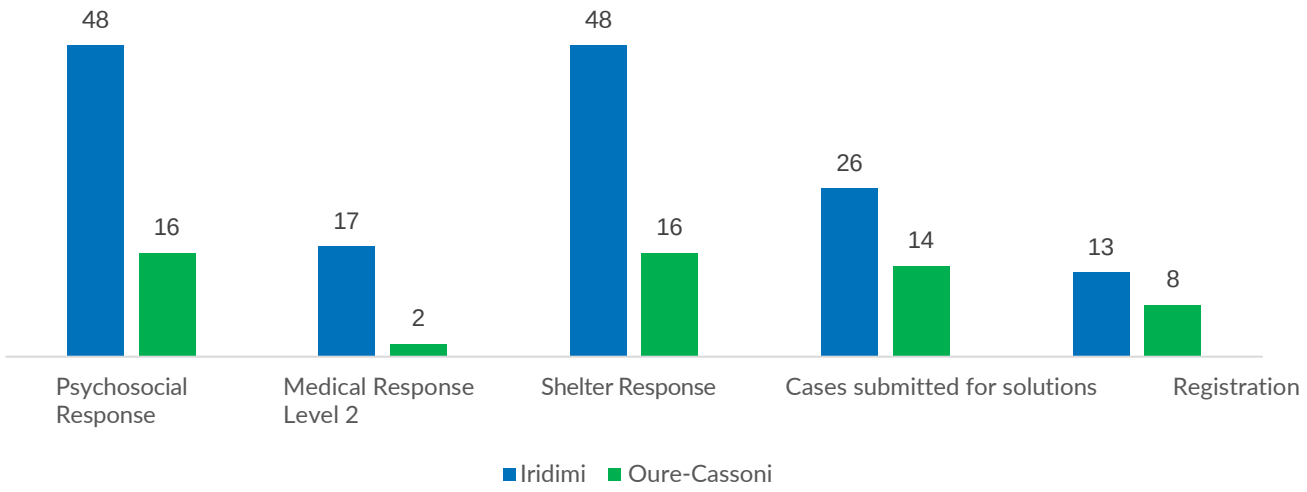
Psychological and emotional violence: Most individuals interviewed reported enduring psychological violence at the hands of the RSF, either during the conflict in Sudan or during their flight. Testimonies reveal that adults and children were forced to witness killings, massacres, rapes, and beatings, causing profound psychological trauma.

These experiences have led to devastating mental health consequences, including post-traumatic stress disorder (PTSD), depression, anxiety, and difficulties in adaptation. Common symptoms include loss of self-confidence, relational problems, and severe sleep disturbances.

Some refugees arriving in Tiné, Oure-Cassoni, Iridimi, and Goudrane exhibit deep emotional shocks, requiring daily medication and, in extreme cases, restrictive measures imposed by relatives to manage aggression, due to the absence of adequate psychosocial support.

4. Integrated Response to Survivors' Needs in the Iridimi, Goudrane and Oure- cassoni settlements

Response by settlement



- **Psychosocial Support:** 100% of GBV survivors received psychosocial assistance, ensuring emotional stabilization and initial trauma care.
- **Medical Support:** only 29.68% of survivors—primarily those subjected to rape and physical assaults accessed medical treatment upon arrival at Tiné or the Iridimi site. Unfortunately, most interventions occurred beyond the critical 72-hour window, significantly reducing their effectiveness.
- **Emergency Shelter Assistance at Iridimi Site:** 100% of documented cases relocated to Iridimi, Goudrane, and Oure-Cassoni sites were provided with emergency shelter.
- **Cases Submitted for** third-country or locally adapted solutions**:** 40 cases of violence survivors, 25 from Iridimi/Goudrane and 9 from Oure-Cassoni—were referred to the Durable Solutions Panel..
- **Food Assistance:** 100% of identified households benefited from food distributions provided by the World Food Programme (WFP).
- **Distribution of Eco-Friendly Charcoal:** 25% of households— specifically **16 families from Oure-Cassoni**—received eco-friendly charcoal to reduce reliance on firewood and mitigate protection risks.
- **Water Supply:** Households at Iridimi and Goudrane received 10.07 liters per person per day, while those at Oure-Cassoni had access to only 6 liters per person per day.
- **Mental Health and Psychosocial Support (MHPSS):** Through the coordinated efforts of WHO, UNICEF, IOM, and UNFPA, 14 psychologists were deployed to Wadi Fira and Ennedi Est for two months under UNHCR leadership. Their intervention reached over 22,000 individuals between June and July 2025, delivering psychological first aid, structured follow-up for 900 cases, and identifying significant mental and emotional disorders requiring specialized care.

5. Rapid Assessment of Refugee Women's Needs

A rapid assessment conducted from September 18 to 23, 2025 at the Iridimi and Goudrane sites (Wadi Fira) identified critical protection and empowerment needs for refugee women and girls. This assessment, carried out jointly by UNHCR and its partners (NIRVANA, CRT), forms part of the Amana Wa Salama Project, which seeks to deliver an integrated response for survivors of violence, including psychosocial support, material assistance, and relocation to safe areas with durable solutions.

Discussions during the assessment revealed urgent gaps in protection, access to essential services, and socio-economic opportunities for refugee women, particularly for survivors of gender-based violence (GBV).

Findings indicate that start-up capital requirements vary by activity type, and based on these insights—combined with best practices observed in the operation and region—the following recommendations were formulated:

- Simple and individual income-generating activities (IGAs): 100,000 to 150,000 FCFA (≈ $160–250 USD)
- Collective IGAs in solidarity groups (small group businesses, collective gardening, solidarity savings groups): 250,000 to 500,000 FCFA (≈ $500–1000 USD)
- Small trade (reselling food items, clothing, condiments): 100,000 to 150,000 FCFA (≈ $160–250 USD)
- Light crafts (sewing, hairdressing, weaving, small repair workshops): 100,000 to 150,000 FCFA (≈ $160–250 USD)
- Food processing (fried snacks, peanuts, flour, local juices, vegetable drying): 80,000 to 120,000 FCFA (≈ $130–200 USD)
- Micro-livestock (poultry, goats, sheep): 150,000 to 250,000 FCFA (≈ $250–400 USD), depending on species and number of animals.

6. Reinforcing Amana Wa Salama workforce

During the reporting period, UNHCR, in collaboration with the Chadian Red Cross (CRT), recruited 19 staff members, including 16 Protection Assistants and 3 Psychosocial Assistants. These new team members underwent comprehensive training on critical protection themes, such as interview techniques, fraud prevention, and safeguarding against sexual exploitation and abuse (PSEA).

As part of this capacity-building initiative, several operational tools were developed, including:

- The Amana Wa Salama Project Protection Assessment Form
- Standardized interview script
- A Kobo data collection form
- Standard Operating Procedures (SOPs)

The training was complemented by practical exercises in the form of role-playing, ensuring immediate operational readiness for field deployment.
Each staff member was equipped with a laptop and an internet package upon signing their contract. This investment in human resources aims to strengthen the Amana Wa Salama team's ability to in document human rights violations affecting refugees during the Sudan crisis and their flight to Chad- a need that remains urgent given the scale and the complexity of the situation on the ground.
These agents were effectively deployed at the beginning of October and distributed as follows:

Provinces	UNHCR Offices/Border Crossing Point	Sites	#Protection Assistants	# Psychosocial Assistants	Total
Wadi Fira	Iriba	Iridimi/Goudrane	05	01	**06**
	Guereda	Marassabre	03	00	**03**
	Tine	Tine	03	01	**04**
Ennedi-Est	Amdjarass	Oure Cassoni	05	01	**06**
Total			**16**	**03**	**19**

The newly deployed staff have commenced their activities and are progressively assuming full ownership of their roles. To support this critical start-up phase, UNHCR and the Chadian Red Cross (CRT) have established a joint monitoring mechanism, ensuring close oversight and timely guidance.
In this context, a weekly coordination meeting has been instituted to guarantee the effective operationalization of project personnel and to enable the identification and gradual correction of observed gaps. The frequency of these meetings will be reviewed and adjusted as needed, based on evolving operational requirements and activity progress.

Themes	Identified challenges
Persistent insecurity	Refugee women, particularly GBV survivors, live in a constant state of fear, both inside and outside the sites. Routine movements, such as collecting firewood, fetching water, or seeking income-generating activities expose them to risks of abuse and exploitation. The absence of adequate infrastructure including shelters, latrines, public lighting, further compounds their vulnerability, especially for women living alone.
Safety and security	Limited presence of DPHR (only 2 agents at Iridimi), insufficient to meet the security needs of the site.
Protection case management	Absence of systematic Level 2 registration in ProGres, limiting effective follow-up of individual cases.
Limited access to basic services	Medical services, food assistance, drinking water, latrines, education, and shelters are insufficient. Women with reduced mobility or newly arrived face additional obstacles (long queues, lack of registration, etc.). Lack of water points and firewood in Goudrane, Iridimi, and Oure-Cassoni sites increases the risk of violence. Access to medical services, drinking water, food assistance, latrines, education, and shelters remains limited, particularly for women with reduced mobility or newly arrived. The amount of water available per person remains below humanitarian standards (10.07 liters/person/day at Iridimi and 6 liters/person/day at Goudrane, compared to the required 15 liters/person/day). Insufficient functional latrines lead to open defecation and increased health risks.
Barriers to Reporting Violence	Despite the presence of support mechanisms, fear of stigma, social rejection, and reprisals prevents survivors from reporting abuses. Survivors of rape face humiliation and exclusion, particularly from their spouses and communities.
Response to Gender-Based Violence (GBV)	Holistic care for GBV survivors is insufficient, especially for violence experienced in the country of origin or during flight. Absence of PEP kits within 72 hours after rape leads to severe consequences: unwanted pregnancies, sexually transmitted infections, persistent hemorrhages.
Child Protection	Lack of classrooms encourages school dropout, child labor, and early marriages, particularly among girls from vulnerable families.
Legal Assistance	Legal aid remains poorly known and under utilized, especially by GBV survivors. Low responsiveness to emergencies discourages refugees from sharing their experiences
Mental Health and Psychosocial Support	Listening spaces provide initial support, but structured follow-up (support groups, individual monitoring, referral to specialized care) remains limited. Lack of adapted services and fear of stigma push some women to avoid care or resort to dangerous practices. Existing structures are not only overwhelmed but also far from some new settlement areas. Medical staff is largely insufficient compared to patient numbers, and medication stocks are limited, making access to care particularly difficult, especially for new arrivals. Persistent stigma around mental health; absence of formal care structures for complex trauma cases, while many families—especially women and children—have witnessed or been victims of killings, rapes, torture, and degrading treatment, requiring specialized attention.
Economic Empowerment	Women face severe barriers to economic inclusion, including limited access to income-generating activities, vocational training, and formal recognition of their skills. The absence of start-up capital, tailored training programs, and certification documents, combined with language barriers, significantly hinders their ability to integrate into local markets.
Increased Vulnerability of New Arrivals	Households composed mainly of women and children are exposed to harsh weather, abuse, and security risks. Risk worsens with the arrival of the cold season, threatening the safety and health of vulnerable families.

7. Major challenges in protection and access to services

RECOMMENDATIONS

- Strengthen emergency response at the Iridimi and Oure-Cassoni sites, particularly in terms of shelters, water, sanitation and hygiene (WASH), and protection staff (case managers), to prevent further exposure of refugees who have already suffered serious human rights violations.
- Enhance the resilience of survivors through the implementation of income-generating activities (IGAs) adapted to their needs and the local context.
- Strengthen formal and sustainable mental health and psychosocial support (MHPSS) response.
- Ensure confidential access to address the complex, persistent, and sensitive needs of traumatized populations.

Annex :

Table 1: Documented violations by Category

Category	Sub-category / Example	Iridimi	Oure- cassoni	Total
Physical Violence	Murders, torture, excessive use of force, disappearances	20	07	27
Sexual and Gender-Based Violence	Rape as a weapon of war, sexual slavery, exploitation, forced marriage	17	02	19
Children at Risk	Forced recruitment, family separation, detention, forced labor	05	04	09
Violation of the Right to Asylum	Refoulement, lack of fair procedure, arbitrary detention	00	00	00
Socio-economic Violations	Denial of access to food, water, housing, healthcare	04	01	05
Identity-based Violations	Discrimination, xenophobia, statelessness, religious or political persecution	00	01	01
Collective Violations	Forced transfers, attacks on civilians or camps, looting	02	01	03
Total		**48**	**16**	**64**

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LINKS

www.unhcr.org | UNHCR Data Portal - Chad | UNHCR Chad