



Je suis vulnérable,  
assistez-moi et protégez-moi  
contre l'exploitation sexuelle.

# ANNUAL REPORT 2016

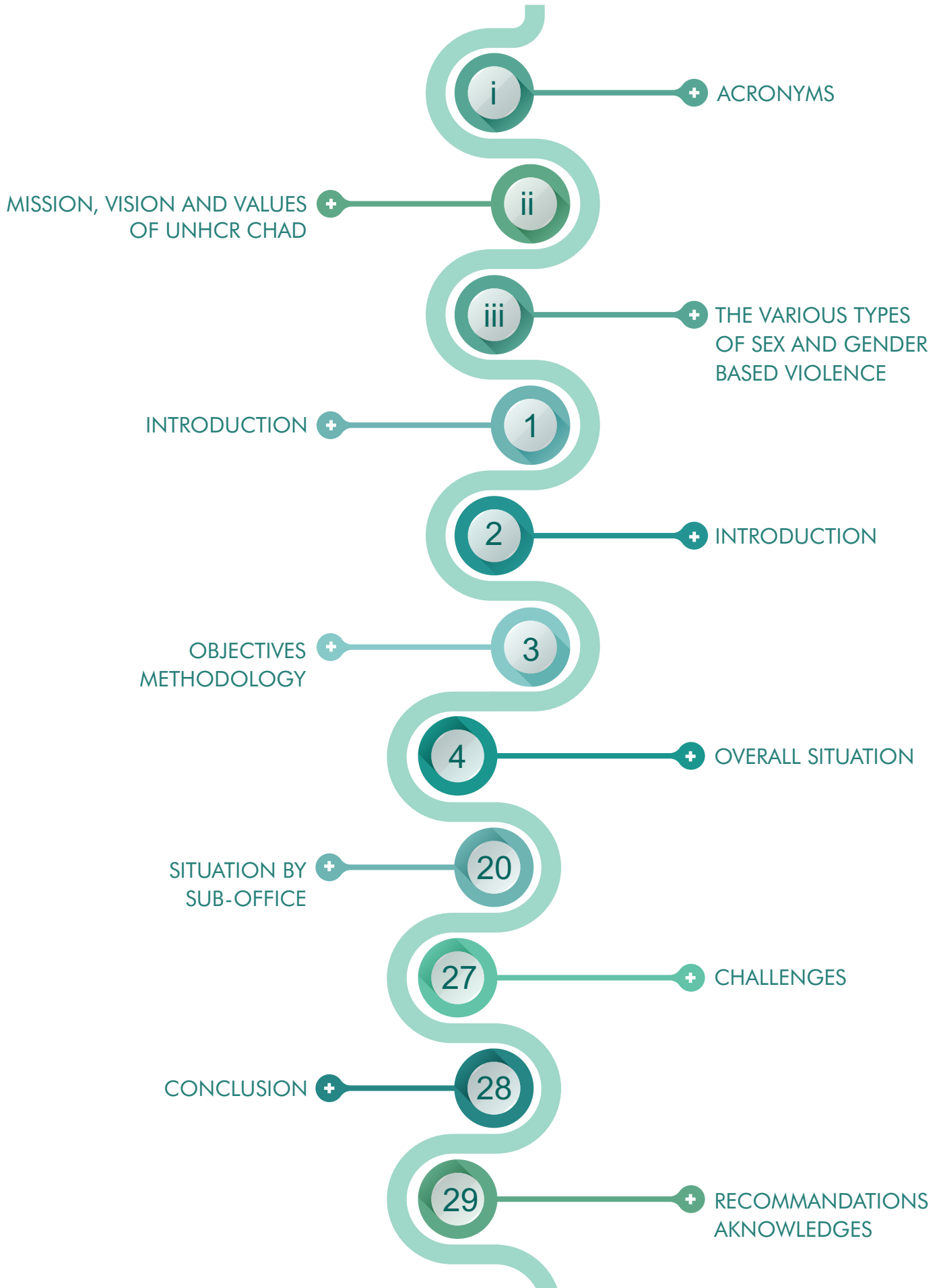


**UNHCR**  
The UN Refugee Agency

The 2016 Annual Report On SGBV  
Incidents Among Refugees In Chad



# PLAN



# ●●●● Acronymes

<b>ADES</b>	: Agence de Développement Economique et Social
<b>AGDM</b>	: Age, Gender and Diversity Mainstreaming
<b>AME</b>	: Association des Mères Educatrices
<b>APLFT</b>	: Association pour la Promotion des Libertés Fondamentales au Tchad
<b>CNARR</b>	: Commission Nationale d'Accueil et de Réinsertion des Réfugiés et des Rapatriés
<b>COOPI</b>	: Cooperazione Internazionale
<b>CRT</b>	: Croix Rouge Tchadienne
<b>CNPT</b>	: Comité National Para-Olympique du Tchad
<b>CSSI</b>	: Centre de Support en Santé Internationale
<b>DPHR</b>	: Détachement de Protection des Humanitaires et des Réfugiés
<b>FLM</b>	: Fédération Luthérienne Mondiale
<b>GBVIMS</b>	: Gender Based Violence Information Management System
<b>GSP</b>	: Global Strategic Priorities
<b>GTGDH</b>	: Groupe Thématique Genre et Droits Humains
<b>HCR</b>	: Haut Commissariat des Nations Unies pour les Réfugiés
<b>IMC</b>	: International Medical Corps
<b>IST</b>	: Infections Sexuellement Transmissibles (Sexually-Transmitted Diseases)
<b>JRS</b>	: Jesuit Refugee Service
<b>LGBTI</b>	: Lesbian, Gay, Bisexual, Transgender and Intersex
<b>MGF</b>	: Mutilation Génitale Féminine (Female Gender mutilation)
<b>MICS</b>	: Enquête par grappes à indicateurs multiples (Multiple-Indicator Cluster Survey)
<b>NFI</b>	: Non Food Items
<b>OMS</b>	: Organisation Mondiale de la Santé
<b>PEP</b>	: Post Exposure Prophylaxis
<b>PoC</b>	: People of Concern
<b>SECADEV</b>	: Secours Catholique de Développement
<b>SGBV</b>	: Sexual and Gender Based Violence
<b>SIDA</b>	: Syndrome de l'Immuno Déficience Acquise (AIDS)
<b>SMSPS</b>	: Santé Mentale et Soutien PsychoSociale (Mental Health and Psychosocial Support)
<b>SNU</b>	: Système des Nations Unies (United Nations System)
<b>SOP</b>	: Standard Operating Procedures
<b>UNFPA</b>	: United Nations Funds for Population Activities
<b>UNICEF</b>	: United Nations Children's Fund
<b>VBG</b>	: Violences Basées sur le Genre (Gender-based Violence)
<b>VIH</b>	: Virus de l'Immunodeficiency Humaine (HIV)

# •••• Unhcr Chad : Mission, Vision and Values

## MISSION

To support the government of Chad in providing international protection and in seeking durable solutions for refugees and other persons of concern to UNHCR, in collaboration with national and international organizations, while taking into account other populations affected by the presence of the refugees. To that end, UNHCR public action in Chad will include effective resource mobilization, strong support for and coordination of emergency response, mid- and long-term programming, and respect for basic human rights; and contributing to the restoration of human dignity of refugees and other affected persons. This represents a practical expression of international solidarity with Chad that continues to receive and to offer asylum space to an important number of refugees. This implies as well putting at the disposal of the refugees the means and capacities necessary for their self-sufficiency, for the reduction of dependence on humanitarian assistance, thus being able to contribute to the development of Chad.

## VISION

- UNHCR is an organization that effectively saves lives in collaboration with partner organizations. It works for the restoration of human dignity, hope and self-worth of refugees and other disaster-affected populations that need humanitarian solidarity.
- UNHCR considers the refugee situation as a temporary human condition, a problem that needs solving. UNHCR is an organization that actively seeks all means to facilitate access to durable solutions and the restoration of the dignity of the affected person.

## VALUES

1. Respectful and equitable treatment of refugees and other persons of concern to the Organization;
2. Respect, defence and promotion of the fundamental human rights, social justice and human dignity, without any social discrimination;
3. Prevention of and combat against any form of exploitation or abuse against refugees and other persons of concern to UNHCR. We also shall be forbidden from abusing power over the beneficiaries and over the public by virtue of the resources entrusted to us;
4. An ethical and professional conduct that honours and translates in practical terms the fundamental principles of the United Nations Charter, a testimony before the persons of concern, before the government of Chad, before all national and international partners and before the general public;
5. Respect for national and local laws, culture and customs, as well as observance of our personal, individual and private obligations, as befits staff under the employ of the United Nations;
6. Preventing and sanctioning sexual violence between colleagues, between or against persons of concern to the organization;
7. Acknowledging and fostering the value and contribution of each individual through understanding, respect, discretion, confidentiality and team spirit.

*NDJAMENA, 2015*



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*In the context of its mandate and its work of protecting refugees in Chad, the issue of gender-based violence is of permanent concern to UNHCR. In collaboration with civic society, national and international NGOs, the United Nations agencies and government technical services working with our organization to protect these refugees, UNHCR remains committed to continuously educate and to promote access by victims to remedies and rehabilitation. This scourge, which undermines human dignity, can only be combated through the participation of all, especially through solidarity with the most vulnerable people, in particular children, disempowered women and other groups in need of community support.*

*No one is aware of the real scale of the problem, especially given the prevailing social values and constraints, which determine the level of open denunciation and the level of access of victims to services where these are availed. In other words, as this report attempts to present the current state of this problem, it is recognizably a non-exhaustive attempt to characterize the problem, so the figures are merely indicative of a reality that is certainly deeper.*

*Therefore, more than a report, this document is a permanent appeal to the continuity of our action in favor of the victims: they all need our understanding, our support, our humanism, and finally the protection that we, as a community, can bring them.*

CANHANDULA

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# Defining the types of sexual and gender-based violence

(see *SGBV intervention guidelines, UNHCR 2003*)

1. **Rape:** (Even slight) penetration of the vagina, anus or mouth with a penis or part of the body. It includes forced fellatio, digital penetration as well as penetration of the vagina or anus with an object.
2. **Sexual assault:** Any form of non-consensual sexual contact that does not lead to or is not accompanied by penetration: kissing, caressing or touching of the genitals and buttocks against the will of the concerned person. This type of incident does not include rape, which involves penetration of the vagina, anus or mouth with a penis or part of the body, in a non-consensual manner.
3. **Female genital mutilation/excision (FGM):** Any procedure involving the partial or total ablation of the external female genitalia or any other injury to the female genitalia for reasons other than medical.
4. **Physical assault:** physical violence that is not sexual in nature. Example: Hitting, slapping, smothering, cutting, pushing, burning someone, shooting at someone or using other weapons, acid attacks causing pain, injury.
5. **Child marriage and/or Forced marriage:** marriage of a person against his/her will and/or without his/her consent. It should be noted that all cases of marriage of children under the age of 18 are considered as forced marriages, as are other traditional practices such as servitude and bondage.
6. **Denial of resources, opportunities or services:** denial of access to resources/economic goods or means of subsistence, education, health or other social services to which the person is entitled, such as: preventing a widow from accessing her inheritance, extortion of money earned by a close partner or family member, preventing a woman from using contraceptives, preventing a girl from going to school, etc. Reports of widespread poverty should not be recorded as violence in this context.
7. **Psychological/emotional abuse:** inflicting psychological or emotional suffering or injury. Examples would be: threats of sexual or physical violence, intimidation, humiliation, contempt, harassment, unwanted attention, remarks, gestures or writings of a sexual or threatening nature, destruction of objects of sentimental value; etc.
8. **Sex for survival/Sexual exploitation:** Forced sex trade in exchange for material resources, services and assistance, usually targeting highly vulnerable women or girls unable to provide for their or their children's essential needs.
9. **Trafficking in human beings:** human trafficking; Sale or trade of human beings, recruitment, transport, transfer, facilitation or reception of persons with the use of force or coercion, kidnapping, fraud, abuse of power or of vulnerability to obtain the consent or control of another person for the objective of exploitation, forced sexual activity, forced labor or services, slavery or similar practices, servitude or removal of organs.

## Summary

Vulnerable refugees, especially children and women, are exposed to sexual and gender-based violence (SGBV) on a daily basis. The increasingly difficult socio-economic situation, the downward trend in the resources allocated to refugee protection and assistance programmes, including reductions in food rations over the last five years, are factors that aggravate refugees' vulnerability and exposure to SGBV.

The negative effects of SGBV on the refugees' physical, mental and psychological health demand that rapid, coordinated and effective interventions be carried out by all actors so as to affect favourably the protection environment.

This annual report elaborates on the incidents of SGBV among the refugees in Chad during 2016 as well as the different prevention and response actions against SGBV undertaken by UNHCR and partners.

The data in this report were collected by UNHCR and various partners in the 19 camps hosting a total of 393,161 Sudanese, Central African, Nigerian, Congolese and other nationalities for the period 01 January to 31 December 2016.

Despite the slight decrease in the number of observed incidents in 2016 among the refugee population compared to 2015, the results of the analysis of the data remain worrying.

UNHCR recorded a total of 1,247 incidents of SGBV during 2016, an estimated rate of 0.31% of all refugees in Chad. However, we feel that these figures are underestimated because of lack of information related to several other underlying socio-cultural norms.

Women and girls remain the most affected by this type of violence given the social status ascribed to them by the communities, their gender, their weak physical and legal defense capacity and their major involvement in the search for "even negative" coping mechanisms for the subsistence of their households.

Indicators show that women remain less represented and less active in the various community management structures (about 30%). Also they have very limited participation in the community strategic decision making processes. They instead opt for the understandable choice of dedicating themselves to income-generating activities for the subsistence of their household rather than participate in the voluntary activities of community management mechanisms.

It is therefore vital that UNHCR and partners review the community-based protection approach in order to build on, and enhance the contribution of refugees to their own protection.

As to the relative importance of the typology described under III (Definitions), physical violence remains the SGBV most encountered in the refugee camps, followed by psychological violence. These forms of violence are usually perpetrated on women by their spouses or on children by their parents and neighbors.

Rape, exploitation and sexual assault account for 14.9% of all SGBV cases recorded in 2016.

UNHCR and partners have stepped up efforts to monitor, counter and raise awareness about female genital mutilation. Although the practice persists, there is a significant reduction in cases recorded in 2016, ie 1.2% of all SGBVs identified, as compared to 2015. Despite this downward trend, this practice continues to mostly affect refugee girls.

The challenges identified in 2016 with regard to the overall response, namely adequate security and confidentiality of the victims, access to legal and psychosocial services, continued in 2016 to affect the quality of services available to, and provided to victims. Thus, only 1.28% of victims in need of safe houses had access to the service, 6.49% of victims had access to legal services, 26.06% were attended to by the police, 30.15% had access to material support, 39.69% consulted for medical care and 78.9% consulted the psychosocial services.

The situation described in this report reinforces the need for UNHCR and partners to actively pursue in 2017 activities around SGBV identification, response and prevention in refugee camps in order to reduce and provide enhanced protection to refugee women, men, girls and boys.



# ●●●● Introduction

*It is globally agreed that sexual and gender-based violence (SGBV) represents a violation of fundamental and basic human rights. One of UNHCR's main strategic objectives is the prevention and response to such violence within a multisector and inter-institutional approach, based on the promotion of ownership of the strategy by the community itself.*

It is globally agreed that sexual and gender-based violence (SGBV) represents a violation of fundamental and basic human rights. One of UNHCR's main strategic objectives is the prevention and response to such violence within a multisector and inter-institutional approach, based on the promotion of ownership of the strategy by the community itself.

Sexual and gender-based violence in the refugee camps in Chad, is a serious problem that hinders the exercise of social, legal, cultural, health and safety protection rights.

In collaboration with the Government of Chad and partners, UNHCR continues to execute a five-year (2012-2016) multi-faceted strategy to combat SGBV. This strategy sits on three main axes:

- Data collection, collation and analysis as the basis for reliability of information;
- Knowledge management and building capacity (expertise of partners, UNHCR staff and refugees);
- Strategic partnership and coordination with other UN agencies, non-governmental and governmental organizations and the refugee community.

In turn, these axes revolve around three intervention pillars that are: Identification, Prevention and Response.

Chad has a total of 393,161 refugees. By nationality there are: some 312,000 Sudanese in the East (79.4%), 71,000 Central Africans in the South (17.9%), 8,600 Nigerians in the Lake Region (2.1%),

298 Congolese DRC (0.07%) and 1,069 of other nationalities (0.2%).

Youth dominates the demographic composition of the refugee population in Chad and children aged 0 to 17 years account for the bulk of this population, ie 58.54%. Women make up 55.88% of the total refugee population.

The analysis of the incidents of SGBV reported in 2016 indicates that despite the UNHCR's five-year strategy and the existence of a strategy to combat sexual and gender-based violence, their non-effective implementation contributes to aggravating gender inequalities and the attendant violence within communities, including refugees.

Other major determinants of the persistence of certain sexual and gender-based violence incidents are the socio-economic conditions, cultural norms and taboos and the misinterpretation of certain religious and legal texts in Chad. Promiscuity, unemployment and the dearth of education opportunities, drug and alcohol consumption, all have exacerbated the protection risks of the refugee population in Chad.

This report will be elaborating systematically on: (i) The SGBV trend emerging from the analysis of monthly statistical reports of refugee camps; (ii) The level of achieved performance indicators in 2016 contrasted with the results framework used; (iii) Basic performance indicators for the 2017 prevention and response program and those for the 2018 planning; and (iv) Strategic approaches for improving the quality of available services.

## •••• Aims and Objectives

### 2.1. Main objective/Aim

The overall objective of this analytical report is to improve the management of data and information on the treatment of SGBV cases among refugees in the UNHCR operation in Chad.

### 2.2. Specific objectives

- To illustrate trends in incident cases of SGBVs in 2016;
- To provide an analysis of data of SGBV victims/survivors, disaggregated by age, sex and nationality as well as the typology of violence;
- To show the level of UNHCR and partners' interventions in the areas of: identification, response and prevention, and how these align with its five-year strategy;
- To make recommendations for the improvement of the SGBV programme among refugees in Chad for the near future.

## •••• Methodology

The data collected come from the various UNHCR partners in 2016 and are in accordance with clearly established and assigned responsibilities in the camps and these follow the established standard operational procedures (SOPs).

This data collection is carried out using the incident file and the standard monthly SGBV/UNHCR report form (2003) in all refugee camps and in the Ndjamenan urban environment.

Data management is an essential component in the implementation of the prevention and response strategy.

The monthly report form allows the collection and recording of SGBV incidents slightly disaggregated by age, sex, as well as data on legal, sanitary, psychosocial and security protection response. It also facilitates the collection of actions by community groups, the involvement of communities in prevention, the availability of SOPs and the capacity building activities of the various actors.

The data collected are entered in the form and then analyzed through Microsoft Excel software.

The completed form is centralized in UNHCR offices in the field and compiled before sending to the Representation in Ndjamenan for quality control, overall analysis and report writing.

# The Main Results

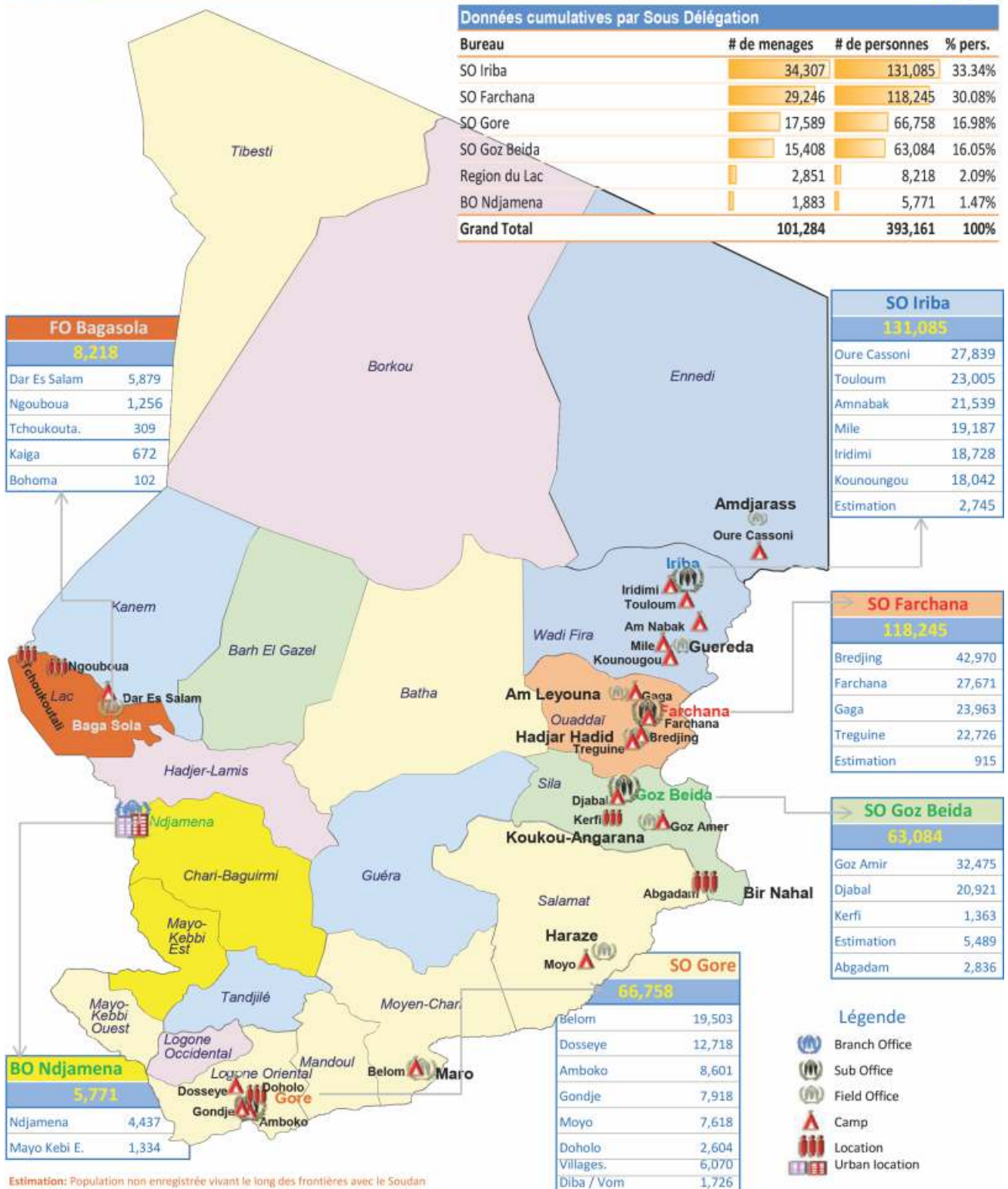
This annual report presents results for the period January to December 2016 and covers all the 19 refugee camps in Chad: Dossey, Amboko, Gondjé, Doholo and Belom (under Sub-Office Gore in the South of the country), Oure Cassoni, Iridimi, Touloum, Amnabak, Mile and Kounougou (under the Iriba Sub-Office in the East), Djabal, Goz Amir and Moyo (under the Sub-Office Goz Beida in the East), Bredjing, Treguine, Farchana and Gaga (under the Farchana Sub-Office in the East), Dar-es-salaam camp (Bagasola Field Office in the West) and Ndjamena for the urban refugees and asylum-seekers.



## Cartographie de la population des personnes concernées par le HCR au TCHAD (A la date du: 31/12/2016)



Données cumulatives par Sous Délégation			
Bureau	# de menages	# de personnes	% pers.
SO Iriba	34,307	131,085	33.34%
SO Farchana	29,246	118,245	30.08%
SO Gore	17,589	66,758	16.98%
SO Goz Beida	15,408	63,084	16.05%
Region du Lac	2,851	8,218	2.09%
BO Ndjamena	1,883	5,771	1.47%
<b>Grand Total</b>	<b>101,284</b>	<b>393,161</b>	<b>100%</b>



Estimation: Population non enregistrée vivant le long des frontières avec le Soudan

- Légende**
- Branch Office
  - Sub Office
  - Field Office
  - Camp
  - Location
  - Urban location

## PILLAR I: IDENTIFICATION

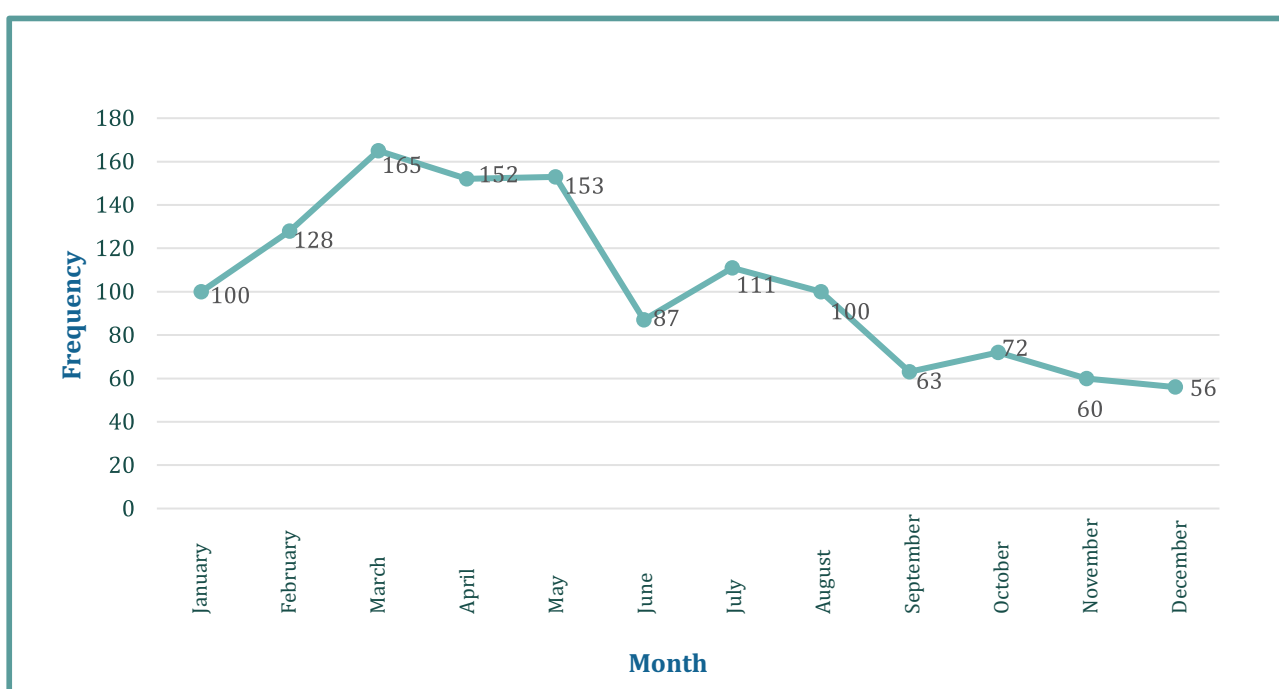
This pillar was strengthened in 2016 with the promotion of the community-based protection process.

In 2016, UNHCR in Chad recorded a total of 1,247 incidents of SGBV, an incident rate of 0.31% for the entire refugee population in Chad (estimated at 393,000 by December 2016 (UNHCR statistical report 2016). This rate has considerably reduced, as compared to 2015 (0.41%), whereas the overall figure for refugees has increased by 5,28 % between 2015 and 2016.

### I. Monthly trends in the number of incidents of SGBV among refugees reported in 2016 in Chad.

During the reporting period, the monthly trend of incidents of gender-based sexual violence is as follows:

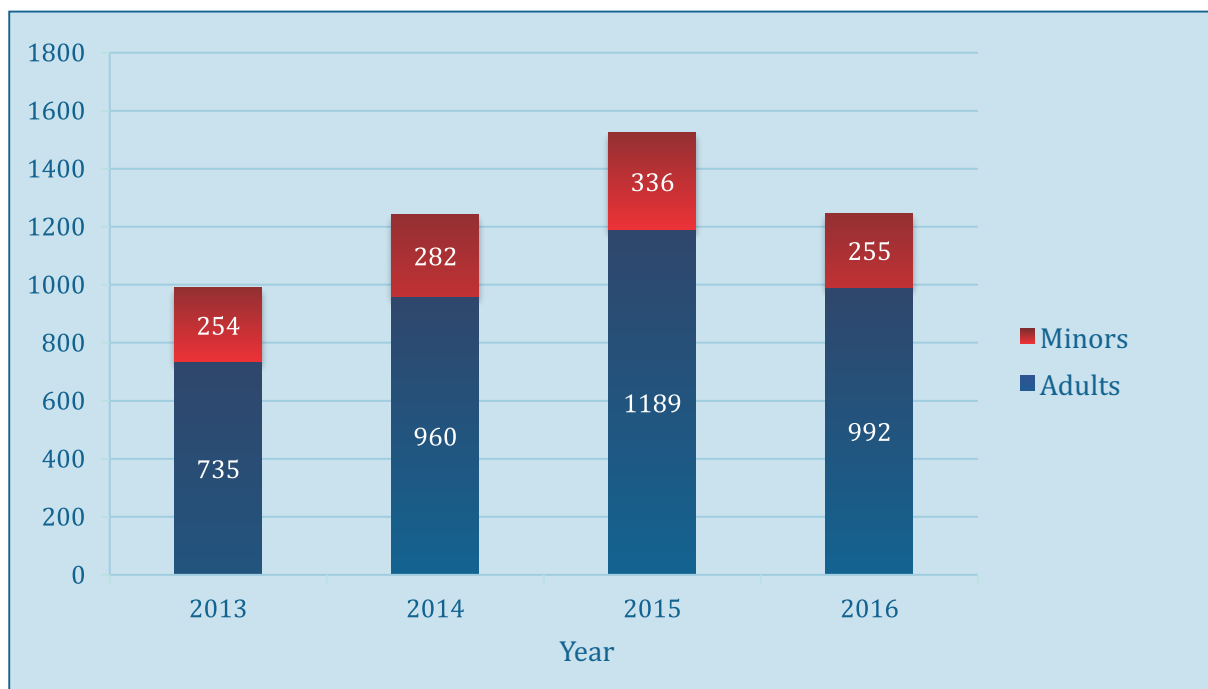
**Figure 1: Monthly Evolution of SGBV cases in 2016**



From the graph above, an average of 104 SGBV cases were reported each month in refugee camps in Chad.

Indicator: 0.31% (being the rate of incidents identified during the year)

**Graph 2: Evolution of the SGBV cases among the refugees in Chad over 4 years (2013, 2014, 2015 and 2016)**



Incidents of SGBV among refugees have not necessarily changed over the past 4 years and despite intensified awareness campaigns to strengthen the identification and gradual improvement of denunciation rate, it is believed that the situation is and will remain underestimated given the refugees' reluctance to report such cases.

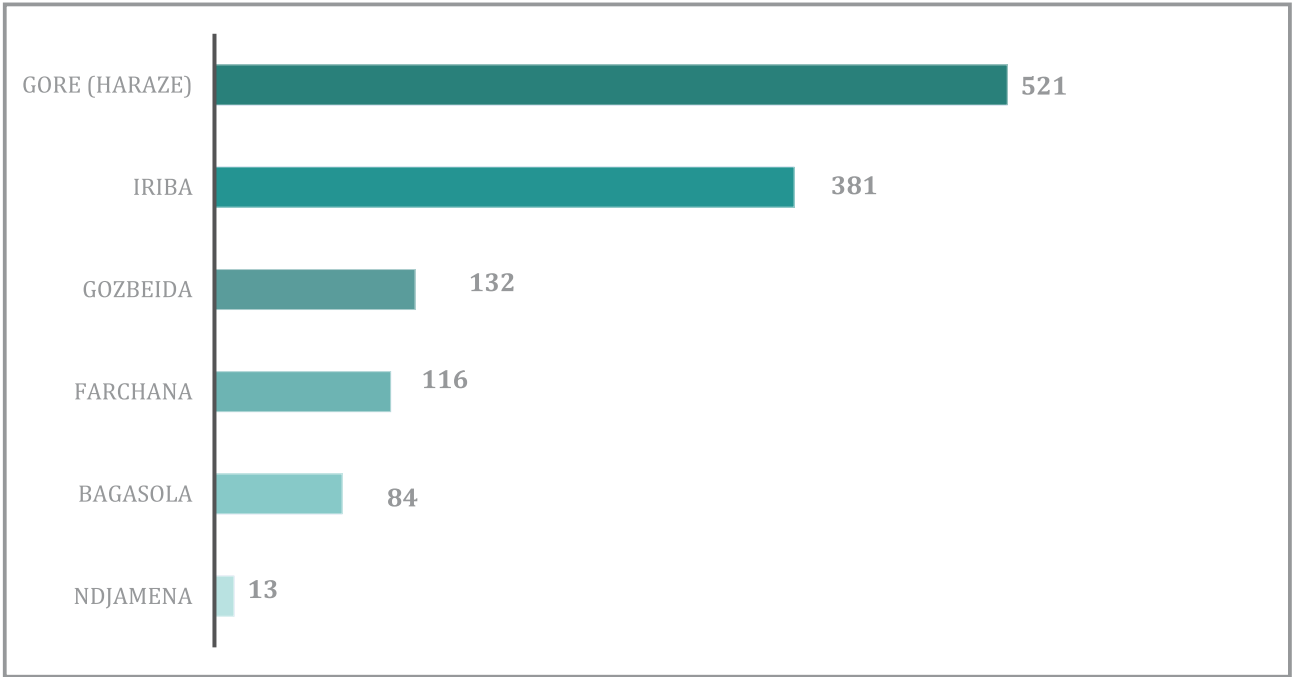
On the other hand, we observed several variations in the overall refugee statistics in Chad. There was an increase in the number of refugees in 2014, including the influx of Nigerian refugees into the Lake area. This figure was revised downwards in 2015 at the end of the biometric registration exercise, which in turn explains the trends in the table below:

Year	Number of refugees	Total SGBV cases	Incident rate
2013	434,479	989	0,22%
2014	464,572	1242	0,26%
2015	372,438	1525	0,41%
2016	393,161	1247	0,31%

## 2. Incidents of SGBV in 2016 by Office.

Sub-Office Goré remains the one with the largest number of cases (ie 42% of all cases). The Ndjama office recorded the smallest number of cases, accounting for 1% of all identified cases. Ndjama encounters great difficulty in mobilizing the urban refugee population, which is scattered among the Chadian population.

**Figure 3: SGBV incidents by Sub-Office**



**3. Profile of identified victims**

*- Sex of victims*

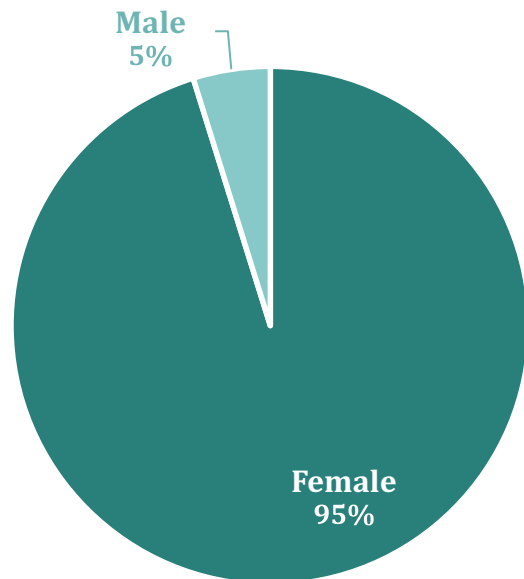
The female gender remains the most affected by sexual violence among refugees in Chad. The diagram below shows that 95% of victims are refugee girls and women. However, 5% of SGBV victims were men and boys, the majority of whom were recorded, in the Goré Sub-Office. In the case of men and boys most cases relate to physical aggression and psychological and emotional violence.

*- Age of victims*

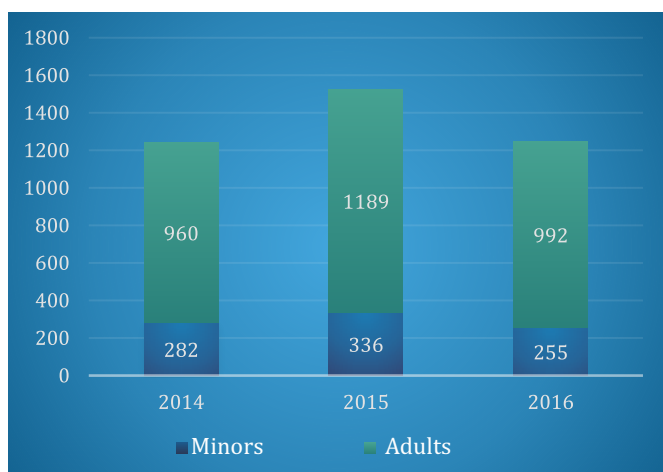
Most victims identified in 2016, ie 992 of the 1,247 cases, were over the age of 18, with minors representing 20.4% of the reported cases.

Compared to 2015, this represents a 1.6% drop. This figure is not insignificant though, if they are taken in the context of all the efforts aimed at promoting a child-friendly protection environment, and reinforces the need to intensify and link child protection interventions with access to basic education.

*Diagram 1: pattern of incidents by gender*



**Figure 4: Distribution of SGBV cases according to age**

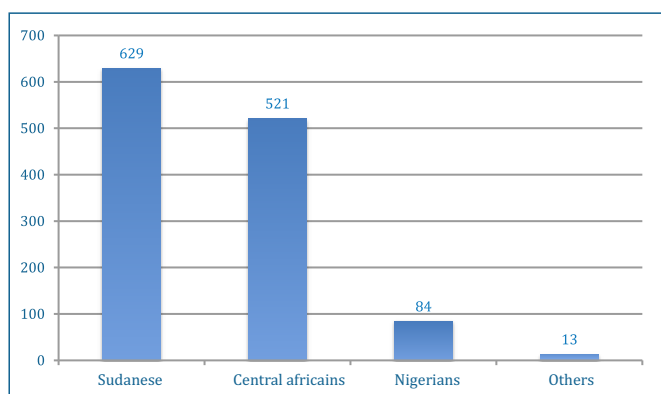


Contrasting the pattern of incidents between the years 2014;2015 and 2016,it is clear that the proportion of cases among minors has remained virtually unchanged from 2014 and 2015,ie 22% All incidents.However,in 2016,this rate fell slightly to 20.4%.

**- Nationality of the victims**

Unlike in 2015,where the majority of the identified victims were Central African nationals (51%),the Sudanese (Iriba, Farchana,Gozebeida) reported more cases in 2016,ie 50.4% of the total population.

**Figure 5:Nationality of victims**



The other category consists of urban refugees composed of several nationalities (Sudanese,Central African Republic, Congolese from DRC and Brazzaville,etc.).

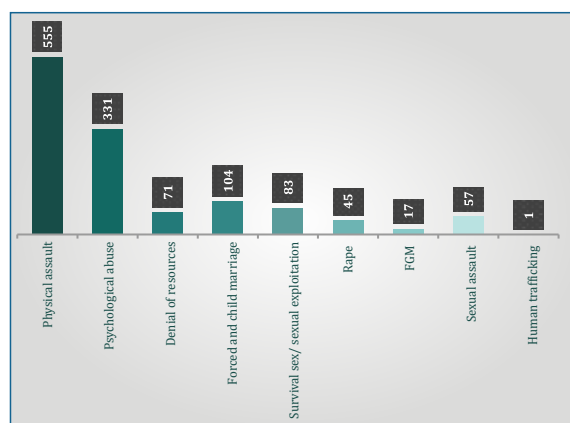
**4.Typology of Incident SGBV cases identified**

A total of 09 types of incidents are collected every month from all refugees, be they under or over the age of 18,and these are:

- Rape
- Sexual assault
- Female genital mutilation
- Physical aggression
- Forced marriage,including child marriage
- Denial of resources,opportunities or services
- Sex for survival/sexual exploitation
- Trafficking in human beings

In 2016, at least one violence has been identified for each type of SGBV incidents among refugees in Chad.

**Figure 6:Types of SGBV incidents identified in 2016**



### 1) Physical Assault

The most reported SGBV cases among refugees in Chad remain physical assault with 555 cases (44.5% of reported/recorded cases) and 93.6% of the victims are women and girls. A total of 89% of the cases affects adults.

In and outside camps, these are recurring phenomena: husbands, ex-husbands, brothers, fathers, brothers-in-law and other close relatives are frequently identified as the perpetrators.

In 2016, several determining factors and risks were listed:

- Excessive alcohol production and in the camps as a non-negligible issue contributing to physical assault, given its effect on personal behaviour.
- Gender inequalities permitting the male to abuse of its position, in turn tolerated because of cultural and social taboos.
- Repeated conflicts between refugees and host populations

### 2) Psychological / Emotional Violence

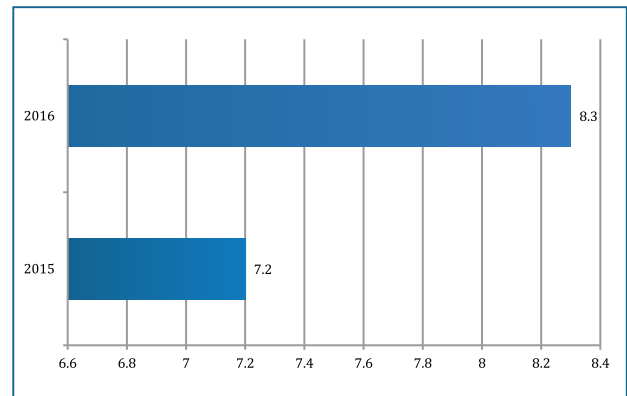
Psychological violence remains the second most reported SGBV among refugees, with 26.5% of recorded cases, second to physical aggression, affecting 93.6% of women and girls. Most of the violence is perpetrated by spouses, parents and neighbors.

Among Sudanese refugees for example, there is a practice of child abduction by the mother-in-law, with the intention of forcing the widowed mother to submit to the rites of cleansing, which have a psychological and emotional impact on the children and the widowed mother.

### 3) Forced marriage and child marriage

Forced marriage and child marriage accounted for 8.3% of the cases reported in 2016, affecting women and girl refugees in 100% of cases. This rate is a considerable increase over 2015, despite the enactment of Law N029/PR/2015 of 21 July 2015, ratifying Ordinance N006/PR/2015 of 14 March prohibiting child marriage in Chad.

**Figure 7: Forced marriage and marriage of children between 2015 and 2016**

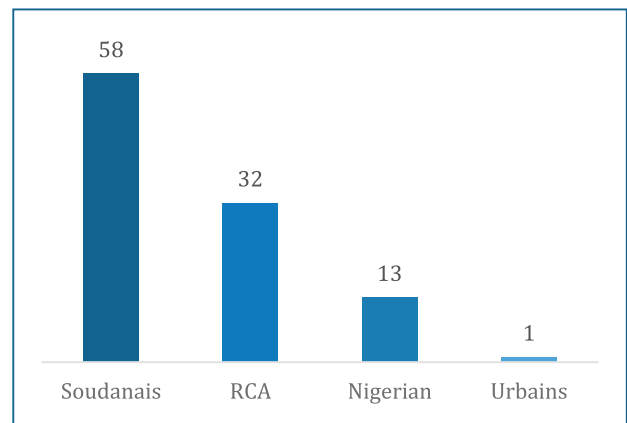


Dowry, initially considered as a customary symbolic act in the context of marriage rites between two consenting adults has taken a more commercial character, as for some families, it becomes a source of episodic income encouraging the exposure of underage girls to child marriage. This situation has been observed in several refugee families in camps or urban areas.

Also, some refugee communities rely on traditional and religious beliefs that organizing child marriage is a guarantee against early and unwanted pregnancies, allowing also the reduction in the number of single mothers.

Some refugee groups also pursue outdated traditional practices of child marriage, as a way of avoiding early unwanted pregnancy and so reduce the incidences of child single mothers.

**Figure 8: Forced marriages and children in 2016 by population group**



Most cases of forced marriage and child marriage have been reported in the Sudanese population followed by Central Africans.



#### 4) Denial of resources, opportunity or service

Cases of denial of resources are mostly observed in polygamous households, and in 2016 these accounted for 5.6% of all SGBV cases and the victims were mostly female.

Refugee women reported this violence that the spouses have prohibited from attending income employment. Some women have seen the confiscation of their corps by their husbands.

#### 5) Sex of Survival and Sexual Exploitation

This typology accounts for 6.7% of the total SGBV reported in 2016 among refugees, affecting mainly women and girls while they seek to meet their basic needs.

During the reporting period, at least 84 cases were identified, 98.8% of which female refugees, minors representing 50% or 42 cases. This represents an increase for the minors.

It is acknowledged that statistical data are largely underestimated because of the challenges of data collection on this type of problem. Most women involved in survival sex or being sexually exploited do not denounce easily because the activity becomes a means of subsistence.

The analysis shows also that negative effects of the reduction of the assistance package on the quality of refugee protection are already felt in some camps.

The different results of the age, gender and diversity (AGDM) participatory assessment carried out with refugees and asylum-seekers over the last 3 years show that most refugees do not succeed in meeting their most basic needs such as food, decent housing, health and schooling, making it difficult for them to integrate socially and enjoy their human dignity.

Because of the limitations and constraints of the national labor market, the national and international texts governing the right to work are either ignored or misinterpreted, leaving refugees with no choice but to remain in the informal sector, which in turn offers no guarantee or social security. This exposes them to different forms of abuse and exploitation by individual employers or municipal authorities.

This type of violence was mainly reported among the newly arrived Sudanese refugees, ie 51.1% with a particular predominance in the Iriba camps.

This again demonstrates the need to develop tailor-made programmes that channel refugees towards positive coping mechanisms.

#### 6) Rape and Sexual Assault

Rape and sexual assault accounted for 8.1% of all incidents in 2016, most of them on refugee women and girls. This represents an increase of 0.6% compared to 2015.

Refugee girls are mostly raped, while women over the age of 18 are rather sexually assaulted and in most of these situations, the stigma, discrimination, family and community rejection follow invariably, making the victim suffered doubly and hence over time reinforcing the reluctance of the victim to denouncing violence.

#### 7) Female Genital Mutilation (FGM)

Statistical analysis shows that 100% of reported female genital mutilation among refugees in 2016 (17 cases) relates to girls under the age of 18.

All of the cases of FGM reported among the refugees in 2016 (17 cases) affect persons under 18 years of age.

UNHCR estimated the incidence rate of FGM at 0.01% (out of 112,977 female refugees under 18 at 31/12/2016).

FGM reported is generally practiced outside the camps. These incidents were mostly observed in the Iriba Sub-Office, with a peak in March 2016.

Already, the 2010 MICS survey (Multiple Indicator Cluster Survey) showed that in Chad, 12.1% of children in the 0-14 years bracket had undergone FGM in one form or another.

Still, the data collected by UNHCR and partners remain underestimated and underreported because of the socio-cultural taboos among the refugees, especially the Sudanese.

## SGBV against women

Refugee women represent the most exposed group to the various SGBV risks. In 2016, they constituted 76.5% of all SGBV cases identified. This indicator demonstrates that the issue of protection of refugee women in Chad remains deficient and deserves prioritization to ensure that refugee women enjoy physical, mental, economic and health stability wherever they are, rural or urban.

Physical aggression and psychological violence on refugee women remain the most reported and perpetrated violence, mostly perpetrated by their spouses. In addition, refugee women often face denial of resources from their loved ones (spouse, family members) as a compounding violence.

## SGBV against girls

Refugee girls are not spared sexual and gender-based violence and face daily the threat of SGBV. In 2016, at least 20.1% of identified SGBV victims were refugee girls.

With at least 65 cases (26% of SGBV cases among girls) reported mainly among Sudanese and Central African refugees, child marriage is the first most reported violence among young girls. The problem is aggravated by poverty compounded in turn by other socio-cultural negative factors.

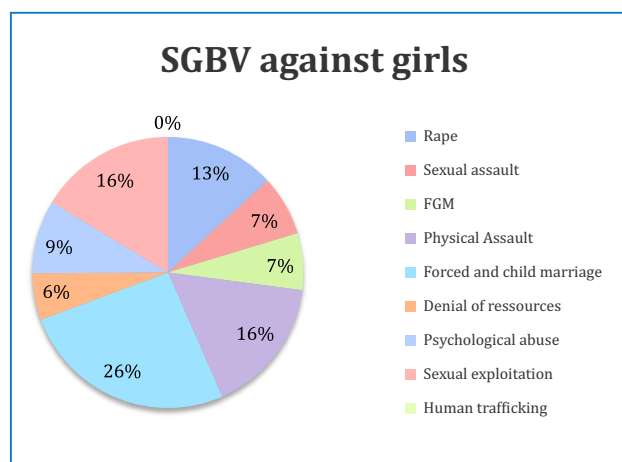
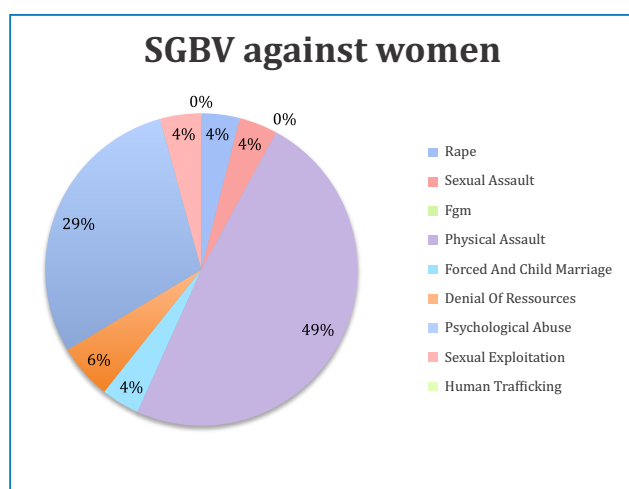
Sexual exploitation is the second most widespread violence against refugee girls (16%) followed by physical assault (16%).

Rape affected 33 girls, or 13% of SGBVs committed against refugee girls.

Psychological violence was identified in 9% of cases.

All reported cases of female genital mutilation during the period under review have affected only girls, with a peak in Iriba during the month of March.

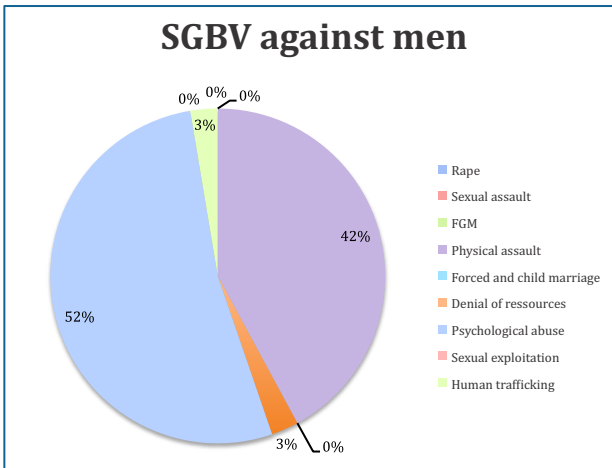
The data collected on the SGBVs on refugee girls reinforce the need for UNHCR and partners, and the refugee community itself, to exert more effort in ensuring a more favorable protection environment for refugee girls.



Despite the promulgation of the legal provisions prohibiting child marriage in Chad (Law N029/PR/2015 of 21 July 2015 ratifying Ordinance N006/PR/2015 of 14 March on the prohibition of child marriage in Chad) refugee girls continue to be the subject of family arrangements for marriage.

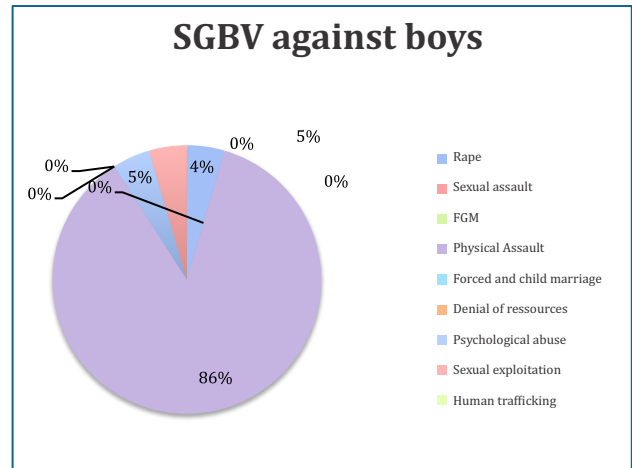
## SGBV against men

Men are not spared from SGBV. At least 38 men were victims of SGBV in 2016, representing 3% of all SGBVs cases, with the most common violence being psychological abuse (52%) followed by physical aggression (42%).



## SGBV against boys

Boys were also affected by physical aggression. One case of rape has been reported among boys. In most cases, SGBVs on boys are even less reported because of the stigma of shame in their family and community, and with friends.



domestic violence <sup>rape</sup>  
 Human trafficking sexual abuse marital rape  
 female genital mutilations/excision physical violence

## PILLAR II. MULTISECTORAL RESPONSE

Since the development of the five-year strategy for the effective fight against SGBV, UNHCR and partners have exerted much effort in the camps despite the financial and material challenges as well as the lack of qualified manpower. Still, there has been a clear improvement in the quality and access to available services.

in the treatment and handling of victims of sexual and gender-based violence UNHCR and partners in Chad implemented a holistic and multisectoral approach. This approach consists of five concurrent responses: clinical management of rape and other gender-based violence, psychosocial support, legal support, material support, security and safety.

In 2016, some 78.9% of the victims received psychosocial support and treatment. In addition, 39.6% of victims had access to medical services, 30.1% were supported materially, 6.4% legally, 26.6% with security arrangements, 16.19% supported with income-generating activities and 1.2% had access to a safe environment.

Overall, the statistical data analysis on access to and use of services available in 2016 indicates that psychosocial care remains the most solicited service once again, followed by medical care.

### 1. Access to medical services

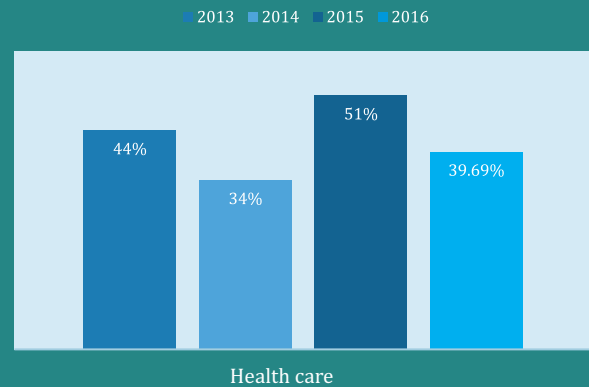
The clinical management of SGBV cases in general and of rape in particular (as per the WHO standard protocol) remains a major problem in Chad and by extension in the refugee population (lack of qualified manpower, scarcity of inputs (pep kit), ignorance of the need to arrive within 72 hours of an incident to a medical structure on the part of the refugees, etc.)

UNHCR, CNARR and humanitarian partner organizations elaborated SOPs for SGBV that also address the challenges of medical management of SGBV in the camps. A free treatment service is available in the health centers in refugee camps (trauma injury management, STI treatment, pregnancy prevention, voluntary testing and pep kit).

From the data analysis, of the 1,247 cases of SGBV identified in 2016, a total of 495 victims had access to health care, i.e 39.69%. Also, of the 45 cases of rape identified only 60% of the victims/survivors were

medically assisted within 72 hours of the incident, as per the protocol for clinical case management of rape, a protocol designed to avoid unwanted pregnancy, sexually transmitted infections (STIs) and HIV/AIDS.

Figure 5: Situation of medical care over the past 4 years



Indicator: # of identified SGBV cases for which survivors received medical assistance : 495

### 2. Access to psychosocial care

In Chad, psychosocial care is very insufficient due to the lack of appropriate services (qualified manpower, materials and supplies, etc.).

Most state and non-state actors lack technical and financial capacity. In addition, there is no co-ordination and no exchange platform for psychosocial and mental health practitioners. The community and family support system is not sufficiently explored and optimized.

The needs among the refugees in Chad, are psychosocial, neurological and mental trauma management, a consequence of war, rape and other forms of gender-based violence, domestic violence, neglect of children, HIV/AIDS, family conflicts, etc.

UNHCR recognizes that mental health and psychosocial support (SMSPS) is an essential component for enhancing the resilience of SGBV victims. In this context, in the health centers of most camps, it has integrated a program of psychosocial care.

The 2016 statistics show that 78.9% of identified SGBV victims have received psychosocial support (counseling, reflective activities, support group, etc.).

Indicator: # of identified SGBV cases for which survivors received psychosocial support: 984

### 3. Provision of material assistance

SGBV victims in need of material support are usually assisted with non-food items through regular programmes for persons with special needs. In 2016, 30.15% of these were able to receive material assistance.

Regarding support for economic reintegration, 16.19% had access to income-generating activities designed to help them meet their basic social needs. In Iriba for instance, a joint UNHCR/UNFPA project and implemented by the international NGO COOPI has helped at least 50 victims of SGBV with income-generating activities.



In addition, as part of SGBV risk reduction, and for the empowerment of women, more than 60% of the beneficiaries of the income-generating activities in Chad are active refugee women who have managed to reconcile their family domestic responsibilities including follow-up and custody of children, etc.) and community participation.

**"The income-generating activities granted to certain women had positive impact on the survivors; these were in the form of supply of foodstuffs (flour, oil, sugar) or handicrafts raw materials, as well as occupational therapy activities (small trades apprenticeship such as sewing). These activities have enabled these women to reintegrate the community, to be autonomous and to emerge from the shadows of violence." Ahou Fidèle Etche, Associate Community-based Protection Officer, Iriba**

Indicator: # of identified SGBV cases for which survivors received material assistance: 376

### 4. Access to legal support

The recognition of customary law by Chadian legislation, resulting in administrative and customary authorities being given prominence in the management of transgressions of positive law such as gender-based violence, partially explains the observed persistent impunity in cases of gender-based violence; the principle of "zero tolerance" should be, but is not, observed. This is compounded by several other barriers such as the unavailability of qualified human resources, remoteness of jurisdictions and retrograde socio-cultural norms and taboos.

The existence of several legal provisions on SGBV, in particular the law on the prohibition of child marriage and others, does not result in improved access to legal services, which in Chad generally remains very low.

Only 6.4% of the SGBV cases identified in 2016 accessed the justice system, with the assistance of APLFT, CNARR and DPHR. And in 4.9% of the cases, a conviction was pronounced within 6 months following the filing of the complaint.

Indicator: # of identified SGBV cases for which survivors received legal assistance: 81

## 5. Safety and security of victims

In most SGBV cases, the alleged perpetrators are close family members, relatives, friends or neighbors. In this context, some victims often feel insecure and/or fear retaliation.

In Chad, the creation of safe and integrated houses in women's centers in refugee camps is one of the strategies designed to ensure the temporary security of victims. However, community solidarity mechanisms play a very important role in providing a safe and confidential shelter for victims. This approach is the most preferred.

Camp security is provided by the DPHR. At the community level, the DPHR works closely with the community security committees and other existing community management arrangements by refugees.

A total of 26.06% of identified SGBV cases were reported to the police. Only 1.28% of the victims were placed in a secure place

Indicator: # of identified SGBV cases for which survivors received a secure space: 16

**Table 1: Summary of interventions for SGBV cases identified in 2016**

Type of support	Cases treated	Percentage
<b>Psychosocial</b>	984/1247	78,9%
<b>Medical</b>	495/1247	39,69%
<b>Material</b>	376/1247	30,15%
<b>Legal</b>	81/1247	6,49%
<b>Security/safety</b>	325/1247	26,06%

## PILLAR III. PREVENTION

### I. Capacity building in 2016

Below are some non-exhaustive examples of training activities organized in collaboration with the various actors.



- Training on family Conflict Prevention and Resolution, (APLFT and HIAS)
- Training on GBVIMS (by UNFPA): As part of the application of the SGBV data management tool, training was organized for the various actors in the Lake Region, in which participated also UNHCR SGBV focal points from the Sub-Offices.
- Training in Goz Beida on the inclusion of the elderly and identification of elderly victims of SGBV (HIAS)
- Training of local government authorities, religious leaders and refugees on the typology, types and legal implications of SGBV (by APLFT)
- Training in Koukou (by HIAS): working with partners for global support: psychosocial care for SGBV survivors.

**Capacity building provides a sustainable tool for the various actors and improves the quality of services offered to victims / survivors.**

Indicator: # of partner, government and UNHCR staff trained on SGBV prevention and response: 309

Indicator: # of persons of concern trained on SGBV prevention and response: 1,766

### 2. Participation of the refugee community in the prevention and response to SGBV in camps

#### a. In camps

Several committees against SGBV have been set up to ensure the full participation of refugees, in the spirit of community-based protection. There are in the different camps sixty-six community groups, including 10 men's groups working on the prevention and intervention of SGBVs. These include the Refugees Central Committees, the Women's Committees, the SGBV Committees, the Youth Committees, the Community watch Committees, the Joint Committees, SGBV Clubs, Educating Mothers' Associations and the Human Rights Clubs.



#### b. In schools

##### Associations of Mothers-Educators

These Associations (AMEs) are becoming more prominent in shaping strategy for access to education in refugee camps and presenting camps as a good example of community involvement in the promotion of girls' education. Essentially dedicated to the prevention of barriers and the promotion of girls' schooling, AMEs are present in all refugee camps schools in Chad. That is a total of 78 AME.

As a matter of fact, girls are the first to be withdrawn from school for various prejudices about their social roles. Girls are perceived as domestic workers staying at home to help their mothers in chores (contributing to household production); Girls are temporarily withdrawn from schools for rites of excision; Girls are forced to leave school in case of early pregnancy; Child marriage is also a major obstacle to the education of girls.

Physical, psychological and sexual violence faced by girls in and/or out of school are obstacles to girls' access to education. These various violations hinder the future of girls and also of their community by depriving them of one of their fundamental and

universal human rights, education. This is why the implementation of AMEs is an effective community response to a problem within the same community.

In addition to other approaches such as the development of nursery school for educated girls and mothers, AMEs are active in the daily management, promotion and monitoring of girls' education.

One notorious case in 2016 was recorded in Jabal camp where a girl was forced into marriage and taken to Sudan and brought back to school thanks, among other things, to the involvement of the AMEs.

AMEs contributes to the parents' awareness on girl's education. In the camps in southern Chad, AMEs demonstrates great ability to manage Income Generating Activities than Parents' Associations (PTAs) and contribute more to subsidizing Community teachers.

Education protects girls from the various evils that undermine their future development and by extension, that of their community. Girls drop out of school more easily because of forced and child marriage.

**“The 'Associations of Mothers-Educators in Refugee Camps is an effective tool to promote girls' education, thus reducing the risk of gender-based violence” Yanik Yankeu Yankeu, Associate Education Officer, Ndjamena**

Educated Girls have "more weight in the family, they know more things and their opportunity costs are higher<sup>2</sup>."

In conclusion, Associations of Mothers-Educators play an important role in promoting girls' and women's education. They are involved in monitoring girl drop-outs, SGBV cases affecting girls and women that hinder their schooling. All of these efforts have contributed to a 50% increase in the girls' enrolment in basic education.

<sup>2</sup>Girls' Education in Africa, What do we know about strategies that work, Eileen Kane, La Banque Mondiale Global Campaign for Education and Results Educational Fund, Make it happen Ending the Crisis in Girls' Education.

Indicator: # of community-based groups working in SGBV prevention and response: 64 including 10 male groups



### 3. Sensitization of the refugee community to SGBV prevention and response

UNHCR and its partners organized in 2016 some 364 awareness sessions through techniques such as door-to-door campaigns, mass sensitization, educational talks, drama, awareness at water points, schools etc.).

Several themes were addressed during these campaigns namely:

- Healthy relationships at home, at school and in the community;



- The importance of girls' education", "The fight against child marriage", and "Female Genital mutilation" by CORD
- The phenomenon of child marriage in the refugee community: cultural and legal constraints, by the working group on gender-based violence in the Lake
- Awareness campaign on Child Marriage for IDPs and Refugees in the Lake Region
- Obligations of spouses to household expenses" by APLFT
- SGBV in schools by CRT/UNHCR
- Legal consequences of child marriage" by APLFT
- Causes and consequences of domestic violence (in Iriba) and management of marital conflicts
- Joint management of agricultural produce as a guarantee of marital harmony.
- Involving parents in the fight against sexual and gender-based violence in Kerfi
- Medical, social and legal consequences of child marriage of in Jabal camp.

The report depicts the months of March, November and December as peaks of awareness campaigns. This is because these months contain significant commemorative dates by the United Nations such as International Women's Day, the 16 days of activism, the International Day of Declaration of Human Rights, Etc.

Indicator: # information and awareness campaigns organized on the prevention and response to SGBV: 364

#### 4. Inter-Agency Coordination Mechanisms

**a. UNHCR as a Protection Agency:** coordinates SGBV prevention and response in the refugee programme in Chad. Partnership agreements were signed in 2016 for the implementation of the different programs in the camps based on the SGBV five-year strategy. Monthly coordination meetings were regularly organized with the various partners. In addition, 11 SOPs have been developed in the different camps and are regularly updated.

In Iriba for example, a monthly coordination meeting was set up to revise the SGBV protocols in 2016. This UNHCR-led process allows for monitoring and

evaluation of activities of SGBV prevention and response during the month and preparing an action plan for the following months.

**b. UNHCR as lead of cluster protection:** coordinates prevention and response of two sub clusters in collaboration with UNICEF, which leads the child protection sub-cluster and UNFPA leading the gender-based violence sub cluster at Ndjamenia.

Since 2015, in the lake zone, UNFPA set up a working group on GBV and UNICEF set up a working group on child protection. These two structures in the Baga Sola regional protection cluster coordinate the management of protection interventions for internally displaced people in the Lake.

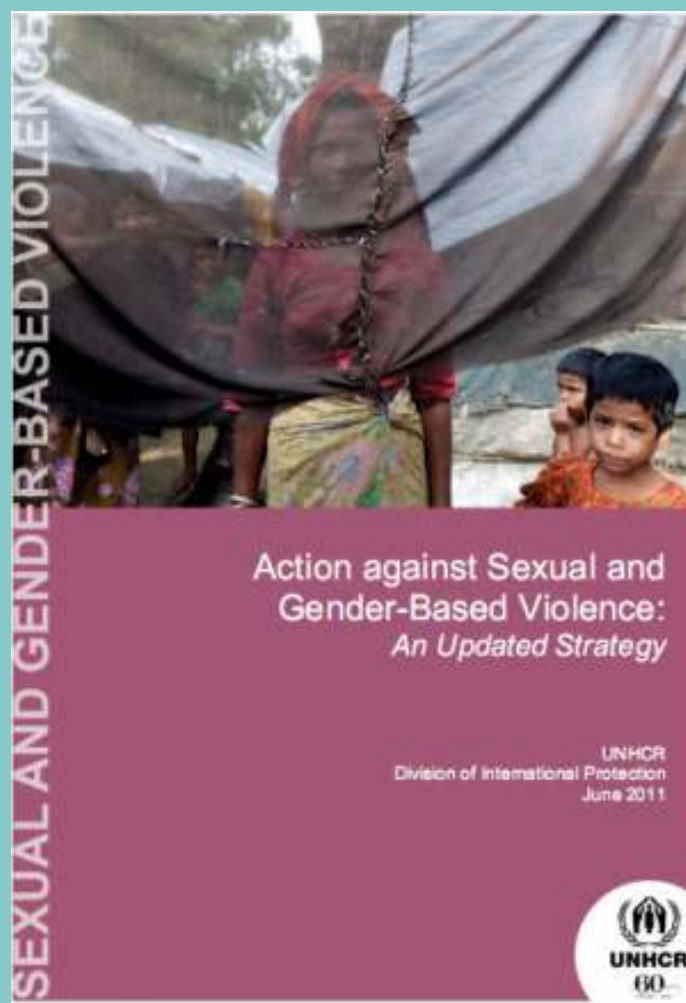
**c. UNHCR as a member of the Gender and Human Rights Thematic Group (GTGDH):** UNHCR is a member and contributes to UNS technical support to the Chadian government in the areas of gender and human rights.

Indicator: # of interagency SOPs adopted for SGBV prevention and response in the camps: 11



Table 2: Project Summary and SGBV Partner in 2016

Sectors	Urban refugee	Central Africans	Sudanese	Nigerians
Medical	CSSI	CSSI	CSSI/ADES/BASE/IMC/IRC	IMC/Health District
Legal	UNHCR/CNARR	APLFT	APLFT	CNARR/UNHCR
Psychosocial	CSSI	CARE	HIAS/ADES	MSF/CRT
Security	Police	DPHR/ Police	DPHR	Police/CNARR
Socio-economic	CSSI	FLM/CARE	ADES/LWF/SECADEV/COOPI	SECADEV
Prevention and community mobilization	Refugee Community and partners (ADES/HIAS/CSSI/CARE/UNFPA/UNICEF)			





## VI. SITUATION BY OFFICE

Total number of refugees: **8,218**

**5,879** Dar Es Salam

**1,256** Ngouboua

**309** Tchoukotalia

**672** Kaiga

**102** Bohoma

Country of origin: Nigeria

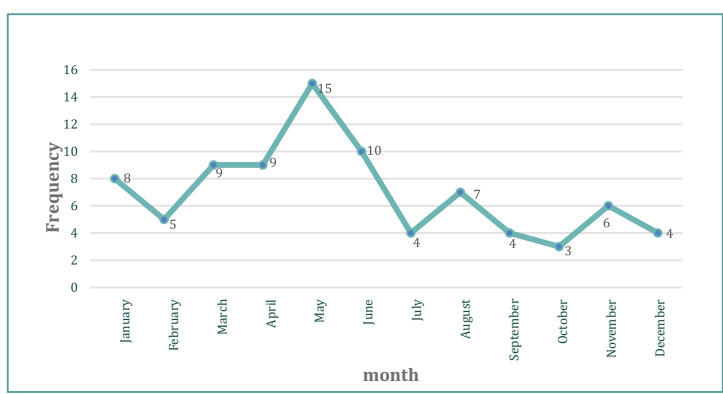
Budget SGBV/UNHCR  
**USD 160.033**

- Partners:
- Health: IMC
  - Social and material: CRT
  - Community Mobilization: CRT
  - Security : DPHR
  - CNARR
- Other actors:
- UNFPA
  - UNICEF
  - MSF Holland
  - Regional delegation of social action

The Baga Sola Field Office deals with the Nigerian refugees, the majority of whom are settled in the Dar Es Salam camp.

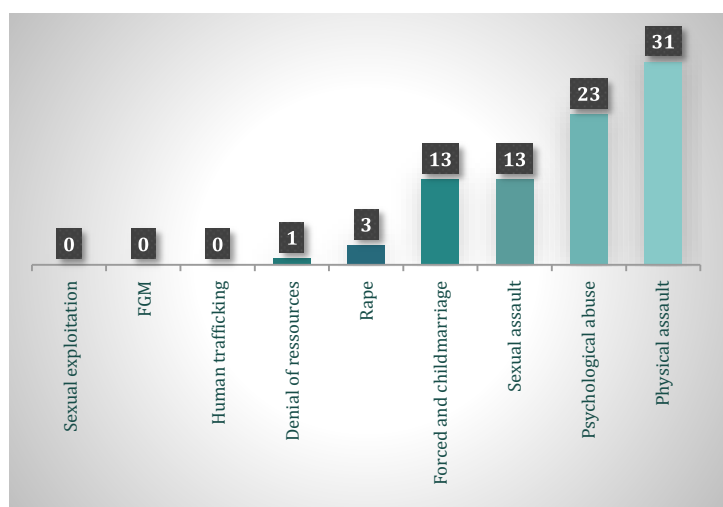
In 2016, at least 84 cases of SGBV were identified of which 82 were female (97.6%) Children under the age of 18 were affected in 22.6% of the cases particularly girls (94,7%).

Figure 1: Monthly Evolution of SGBV cases in 2016 in Dar Es Salam Camp



The graph above shows that among Nigerian refugees, on average, 7 cases of SGBV are reported each month.

Figure 2: Types of SGBV incidents identified in 2016 in Dar Es Salam camp



In Dar Es Salam, physical aggression was the most reported case of SGBV (36,9%) followed by psychological abuse (27.3%). Rape was reported in 5.3% of cases. Sexual assault represented 15,4% and child and forced marriage cases represented 15.4%. No case of FGM or sexual exploitation was recorded in Dar Es Salam.

Interns of response at least 54.7% of the victims were provided psychosocial support, 47.6% accessed medical care, including 100% of rape victims, within 72 hours of the incident. Some 45.2% received material support, 29.7% reported their case to the police, but only 1.1% of victims were helped to access justice.



Total number of refugees: **118.245**



Country of origin: **Soudan**

Budget SGBV/UNHCR  
**USD 157,338**

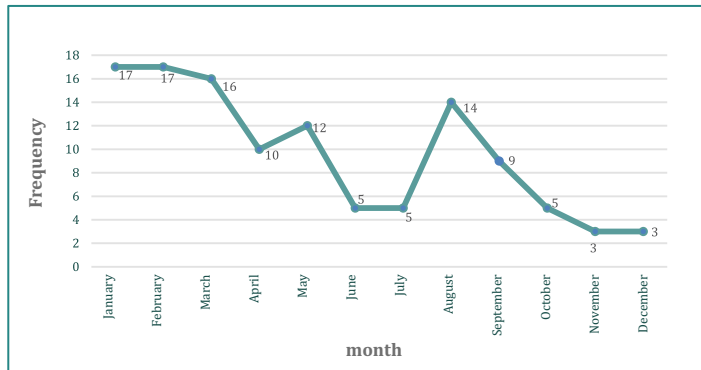
Partners:

- Health: BASE, IRC
- Social and material: HIAS, CRT
- Security: DPHR
- Legal: APLFT
- Community Mobilization: HIAS
- CNARR

The Farchana Sub-Office monitors four camps of refugees.

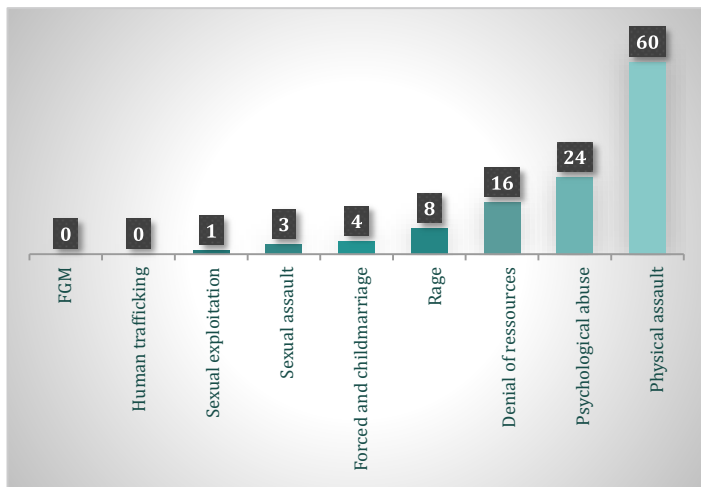
In 2016, a total of 116 cases of SGBV were identified, of which 113 were female (97,4%). Children under the age of 18 were affected in 7.7% of the cases, particularly girls under the age of 18 (100%).

**Figure 1: Monthly Evolution of SGBV cases in 2016 in Farchana**



The graph above shows that among Sudanese refugees, on average, 9,6 cases of SGBV are reported each month.

**Graphique : Types d'incidents SGBV identifiés en 2016 dans la sous-délégation de Farchana**



In Farchana sub-office, physical aggression was the most reported case of SGBV (51,3%) followed by psychological abuse (20,6%). Denial of resources was reported in 13,7% of cases. Rape was reported in 6,89% of cases and child and forced marriage cases represented 3,4%. Sexual assault was reported in 2,5% of the cases. No case of FGM was recorded in Farchana.

In terms of response, at least 97,4% of the victims used psychosocial support, 51,6 % consulted for medical care, of which 75% of rape victims were cared for within 72 hours of the incident, 18,1% received material support, 43,9% reported their case to the police, and only 2,5 % of victims were able to access justice.



Total number of refugees: **63,084**



**Goz Amir**



**Djabal**



**Kerfi**



**Estimation**



**Abgadam**

Country of origin: **Soudan**

Budget SGBV/UNHCR

**USD 125,741**

Partners:

- Health: ADES
- Psychosocial and material: HIAS
- Community Mobilization: HIAS
- Security: DPHR
- Legal: APLFT
- CNARR

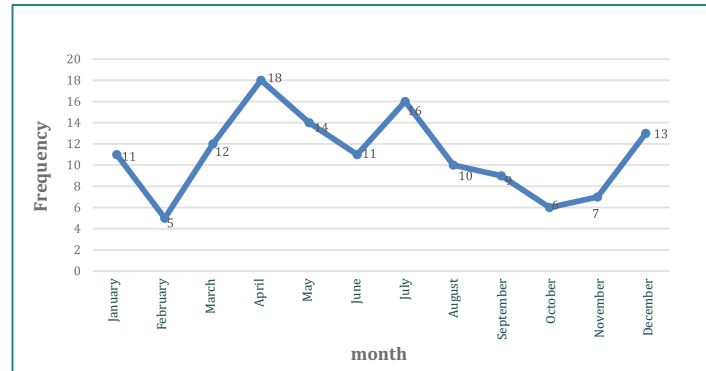
Other actors:

- UNFPA
- COOPI
- JRS
- Regional Delegation of social action

The Goz-Beida Sub-Office monitors two camps, a site and a few villages where refugees settled spontaneously.

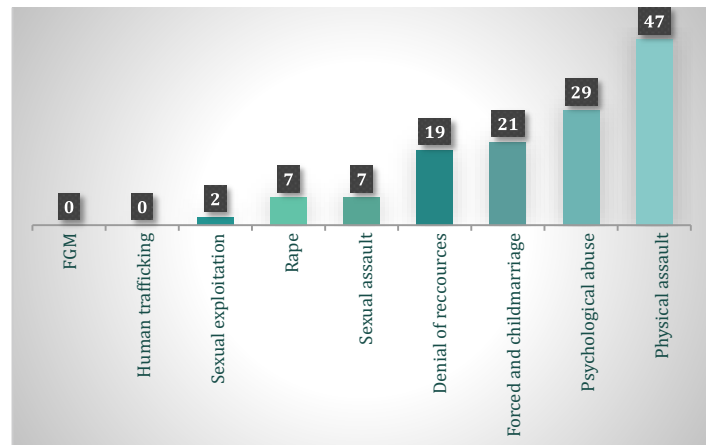
In 2016, at least 132 cases of SGBV were identified, of which 127 were female (96.2%). Children under the age of 18 were affected in 22.7% of the cases, particularly girls under the age of 18 (93.3%).

**Figure 1: Monthly Evolution of SGBV cases in 2016 in Goz-Beida**



The graph above shows that among Sudanese refugees, on average, 11 cases of SGBV are reported each month in the sub office of Goz-beida.

**Figure 2: Types of SGBV incidents identified in 2016 in Goz-Beida**



In Goz-Beida, physical aggression was the most reported case of SGBV (34%) followed by psychological abuse (21.9%) and denial of resources (14.3%). Rape was reported in 5.3% of cases and child and forced marriage cases represented 5.3%. Unlike in 2015, no case of FGM was recorded in Goz Beida.

In terms of response, 83,3% of the victims used psychosocial support, 20,4% consulted for medical care, no rape victims was cared for within 72 hours of the incident, 25% received material support, 30,3% reported their case to the police, and only 12,1% of victims had access to justice.

Some 40,1% of the victims were supported with income activities in the context of the UNFPA project implemented by COOPI.



Total number of refugees: **66,758**

**19,503** Belom

**12,718** Dossey

**8,601** Amboko

**7,918** Gondje

**7,618** Moyo **6,070** Villages

**2,604** Doholo **1,726** Diba/Vom

Country of origin: Centrafrique

Budget SGBV/UNHCR  
**USD 360,725**

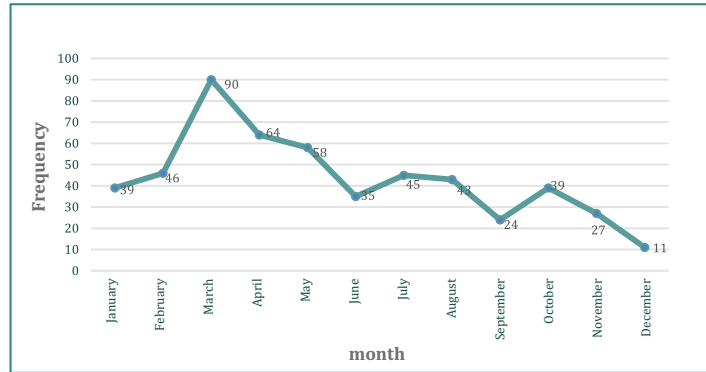
- Partners:
- Health: CSSI
  - Psychosocial: CSSI
  - Community Mobilization: CARE
  - Security: DPHR
  - Legal: APLFT
  - CNARR

- Other actors:
- Regional Delegation of social action

The Goré Sub-Office monitors six camps and a few villages where refugees settled spontaneously.

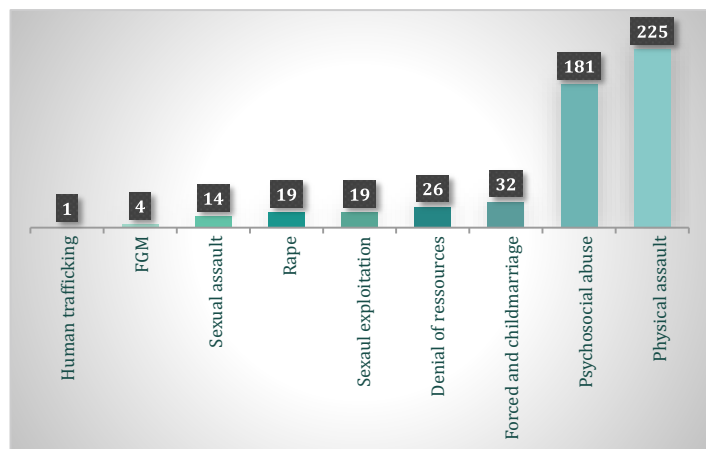
In 2016, at least 521 cases of SGBV were identified, of which 487 were female (93.4%). Children under the age of 18 were affected in 21.3% of the cases, particularly girls under the age of 18 (91.6%).

Figure 1: Monthly Evolution of SGBV cases in 2016 in Goré



The graph above shows that among Central Africans refugees, on average, 43,4 cases of SGBV are reported each month.

Figure 2: Types of SGBV incidents identified in 2016 in Goré



In Goré, physical aggression was the most reported case of SGBV (43,1%) followed by psychological abuse (34,7%) then child and forced marriage (6,1%). Denial of resources was reported in 4,9% of cases. Sexual exploitation was recorded in 3,6% of cases.

In terms of response, at least 65,4% of the victims used psychosocial support, 28,7 % consulted for medical care, of which 73,6 % of rape victims were cared for within 72 hours of the incident, 7,6% received material support, 16,6% reported their case to the police, and only 6,9 % of victims accessed justice.



Total number of refugees: **131,085**

**27,839** **Oure Cassoni**

**23,005** **Touloum**

**21,539** **Amnaback**

**19,187** **Mile**

**18,728** **Iridimi**

**18,042** **Kounoungou**

**2,745** **Estimation**

Country of origin: **Sudan**

Budget SGBV/UNHCR  
**USD 243,512**

**Partners:**

- Health: IMC, CSSI, IRC
- Psychosocial and material: HIAS, ADES
- Community Mobilization: HIAS, ADES
- Socio-economic: SECADEV, ADES
- Security DPHR
- Legal: APLFT
- CNARR

There are 6 refugee camps in the sub office of Iriba.

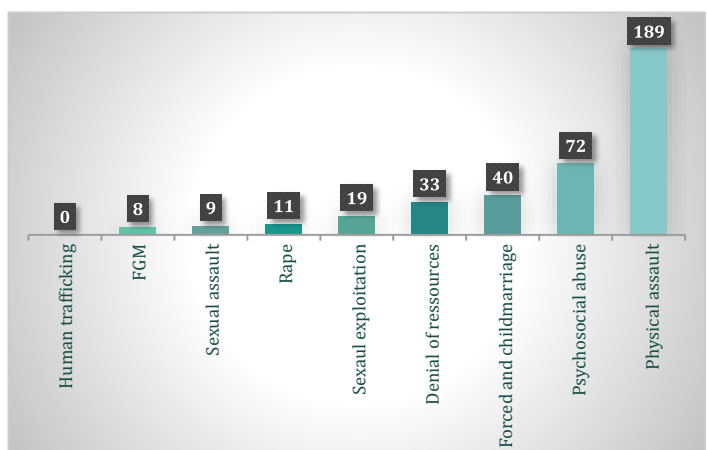
In 2016, at least 381 cases of SGBV were identified, and 365 of the victims were female (95.8%). Under-age children represented 22% of cases.

**Figure 1: Monthly Evolution of SGBV cases in 2016 in Iriba**



The graph above shows that among Sudanese refugees, on average, 31,75 cases of SGBV are reported each month.

**Figure 2: Types of SGBV incidents identified in 2016 in Iriba**



In Iriba physical aggression represents 49.6% followed by psychological violence (18.8%) and sex for survival/sexual exploitation (10.4%), which affected equally adults and minors.

The Sub-Office recorded the highest number of child marriages and forced marriages among refugees in Chad and among Sudanese, an estimated 33 cases (almost 40% of all cases identified in 2016).

In terms of response, at least 94.7% of the victims used psychosocial support, 55.6% consulted for medical care, of which 57.1% of rape victims were cared for within 72 hours of the incident, 62.2% received material support, 40.1% reported their case to the police, and only 6.2% of victims accessed justice.

*"See for yourself what a child, be it a boy or girl, represents for a whole family and for a whole nation. If it is educated in a healthy environment, it will perpetuate an educated and conscious generation capable of protecting the family, the nation, capable of analysing situations before taking decisions. If a woman lives in a peaceful household, she will feel positively about family and the community as a whole. If she is autonomous, violence in households will reduce. This woman will be able to support the family and support the role of the man."» Fidèle Etche*





Total number of refugees: **5,771**



**Ndjamen**



**Mayo Kebi E**

Country of origin:

- Centrafrique
- Soudan
- République démocratique du Congo
- République du Congo
- Autres

Budget SGBV/UNHCR

**USD 16,263**

Partners:

- Health: CSSI
- Social and material: CSSI
- Community Mobilization: CSSI
- Security : Police
- CNARR

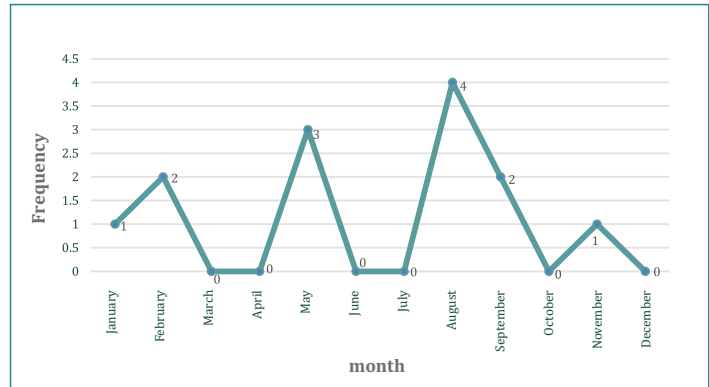
Other actors:

- UNAPHT
- Center AI Na Jima
- Regional Delegation of social action

The Ndjamen branch office deals with the urban refugees, the majority of whom are disseminated in the Chadian population.

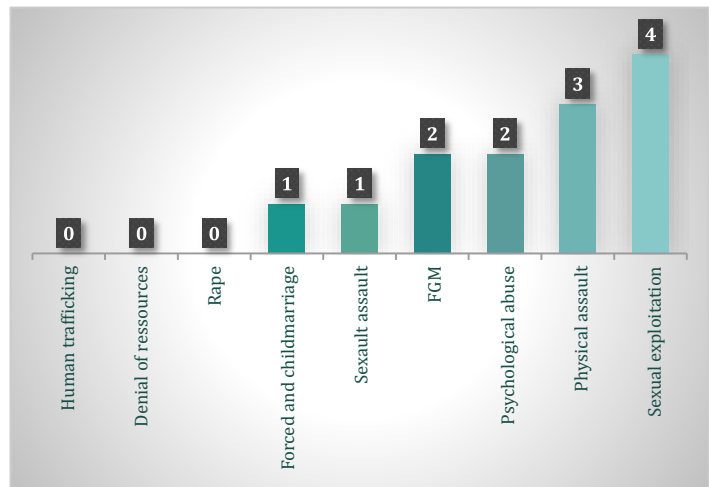
In 2016, at least 13 cases of SGBV were identified, of which 100% were female. Children under the age of 18 were affected in 15.3% of the cases.

Figure 1: Monthly Evolution of SGBV cases in 2016 in Ndjamen



The graph above shows that among urban refugees, on average, 1 case of SGBV are reported each month.

Figure 2: Types of SGBV incidents identified in 2016 in Ndjamen



In Ndjamen, sexual exploitation was the most reported case of SGBV (30,7%) followed by physical aggression (23%). Psychological abuse was recorded in 15,3% of cases and FGM in 15,3% of cases. No case of rape was reported in Ndjamen.

In terms of response, 100% of the victims used psychosocial support, 46% consulted for medical care, 53.8% received material support, 38.4% reported their case to the police, and only 7.6% of victims accessed justice.



## VI. CHALLENGES AND DIFFICULTIES

1. Lack of specialized services for adequate care of victims, such as the psychosocial component;
2. Inconsistency of some data collected in the monthly report card, complicating analysis and control of the actual SGBV trend among refugees;
3. The lack of specialized personnel for SGBV management;
4. The persistence of harmful traditional practices and non denunciation of SGBVs including FGM, child marriage, rape and sexual assault due to fear of reprisals, socio-cultural limitations, etc.;
5. The challenge of identifying and managing LGBTI. LGBTI people are subjected to daily silent violence (psychological, emotional, physical, rape, etc.). This community social intolerance will be made worse by the new draft of the Chadian penal code submitted to the national assembly, which contains provisions criminalizing LGBTI people. UNHCR has currently no internal standard procedure for the management of refugee status determination under the mandate;
6. The lack of female personnel in the DPHR staff assigned to the camps;
7. Non prioritization of victims in income-generating programs;
8. The persistence of informal amicable resolutions of cases of rape, sexual assault and other SGBVs leading to impunity.;
9. Lack of financial resources to support legal fees in order to facilitate the enforcement of judgments rendered in favor of the victims in the camps.

## VII. CONCLUSION

This report provides an overview of trends in the situation of SGBV among refugees in Chad and emphasizes the need for a comprehensive response approach to prevention and protection against gender-based violence among refugees.

The analysis of the SGBV data collected in 2016 shows that most victims of violence in 2015 remain the same. Women and children under the age of 18 are particularly affected by SGBV. Effectively taking into account the policy of age, gender and diversity mainstreaming in the various programs represents the best approach to the various forms of SGBV identified among refugees.

The actual situation of SGBVs in refugee camps remains underestimated due to non-reporting of cases due in turn to socio-cultural constraining norms, fear of reprisals, stigma, rejection, and the difficulties of collecting and managing Data in the absence of an effective tool such as the GBVIMS.

The limitations of the tool currently in use for data collection are a n obstacle to better information on the victims, the circumstances and the profile of the alleged perpetrators in order to implement an appropriate prevention program.

The increase in the number of children affected by sexual exploitation and sex for survival is a challenge to the various actors that requires the revision of the protection programme as a whole and especially the targeting of available assistance to the most vulnerable and most exposed to SGBV.

The permanent need for continuous training of service providers to improve the quality of services.

Joint interventions such as the Goz-beida (UNFPA / COOPI-UNHCR) project should serve as an example rationalizes efforts in favour of SGBV victims. UNHCR and its partners need to strengthen collaboration with other UN agencies, non-governmental organizations and government technical services such as the Technical Directorates in the Ministry of Women, Social Action and National Solidarity).

Also, the community-based protection approach will have to be a major pillar in SGBV prevention in the camps.

UNHCR and its partners will need to continue advocating for adequate provision of funds to combat SGBV and promote peaceful cohabitation between refugees in camps and surrounding villages.

## VIII. RECOMMENDATIONS FOR 2017

- Train the different refugee committees (SGBV, community watch, women, AME, etc.); on the community-based protection approach to the identification, response and prevention of SGBV cases;
- Continue advocacy to assign female staff to the DPHR teams;
- Improve qualitative data collection and explore the possibility of introducing GBVIMS in the camps to better analyze the situation of SGBV among refugees; To this end, capitalize the first training session organized in 2016 by UNFPA and provide sessions for capacity building of stakeholders by Sub-Office on GBVIMS;
- Strengthen partners' capacities in the overall management of SGBV (medical, health and psychosocial, legal redress, security, etc.);
- Promote women's empowerment projects as a strategy to combat sex for survival and sexual exploitation;
- Promote alternative techniques to firewood;
- Establish clear procedures for the protection of LGBTI persons within the UNHCR (identification and response to SGBVs, access to refugee status determination procedures in confidentiality);
- Continue advocating for the increase of financial resources allocated for identification, response and prevention of SGBV among refugees;
- Working with adolescents and parents in the fight against child marriages;
- Strengthen the commitment of men and boys in the fight against SGBV;
- Update the five-year SGBV strategy;
- Explore the complementarity between the implementation of the five-year SGBV strategy, child protection and education in Chad

## IX. ACKNOWLEDGES

At this point of completion of the statistics report, we would be remiss if we did not acknowledge the contribution of, and thank all the focal points (staff and refugee leaders alike), the UNHCR Sub-Offices and the partners who monitor and follow on a daily basis these SGBV problems.

We wish also to express our deep-felt appreciation to the municipal and justice systems and authorities for they have consistently shown commitment in the fight against SGBV. We reiterate our profound gratitude to them.

Last but not least, we would like to place on record our gratitude to our donors who are our financial partners, without whom we would have difficulties in this necessary daily fight against SGBV in the refugee communities in Chad.

# Formulaire de rapport Mensuel - SGBV

Bureau: \_\_\_\_\_

Pays: \_\_\_\_\_

Lieu: \_\_\_\_\_

Administrateur du Rapport: \_\_\_\_\_

Mois / Année : \_\_\_\_\_ / \_\_\_\_\_

Administrateur Responsable: \_\_\_\_\_

*Ces données sont organisées par incident. Chaque fois qu'il y a un nouvel incident de SGBV, vous devez l'inclure dans le décompte de ce formulaire de déclaration. Un nouvel incident se produit chaque fois qu'un individu(e) est agressé(e). Par exemple, si la même personne est agressée sur 2 jours différents, vous devrez ajouter 2 incidents à votre compte. Un autre exemple, si 2 personnes sont victimes d'agressions dans la même attaque, le même jour, vous devrez ajouter 2 incidents à votre compte (une pour chaque victime). L'exception à cette règle est la violence domestique, où les incidents doivent être comptés en fonction du nombre de victime(s)/survivant(s). Par exemple, si une femme est battue par son mari pendant plusieurs jours, ce serait considéré comme un seul incident.*

Type d'incident	Avant d'arriver au pays d'asile		Au pays d'asile		Au pays de retour		Total*		Grand Total
	F	M	F	M	F	M	F	M	
	<b>1 . Viol</b>								
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>2 . Agression sexuelle</b>							0	0	0
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>3 . Mutilation génitale féminine</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>4 . Agression physique</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>5 . Mariage forcé, y compris le mariage précoce</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>6 . Déni de ressources, d'opportunités ou de services</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>7 . Violence psychologique/émotionnelle</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>8 . Sexe pour la survie/exploitation sexuelle</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>9 . Traite d'être humain</b>									
Adultes							0	0	0
Moins de 18 ans							0	0	0
<b>Nombre total d'adultes*</b>	0	0	0	0	0	0	0	0	0
<b>Nombre total de moins de 18 ans*</b>	0	0	0	0	0	0	0	0	0
<b>Total, tous les types*</b>	0	0	0	0	0	0	0	0	0

*Les colonnes et les lignes marquées avec (\*) se remplissent automatiquement avec les valeurs calculées si vous mettez à jour ce modèle de rapport dans Microsoft Excel. Si vous utilisez une version papier de ce modèle, vous devrez ajouter manuellement les totaux.*

## Formulaire de rapport Mensuel - SGBV (Page 2)

### PROTECTION JURIDIQUE

Indicateurs	No.	Indicateurs	No.
Nombre total de cas de SGBV en instance judiciaire au début du mois		Nombre d'acquittements dans les six mois suivant le dépôt judiciaire	
Nombre total de cas de SGBV pour lesquels une procédure judiciaire a été entamée ce mois		Nombre de cas de non-lieu	
Nombre total de cas de SGBV déposés une deuxième fois au tribunal depuis le début de l'année (en appel)		Total des cas en instance judiciaire devant les cours à la fin de ce mois	
Nombre de condamnations dans les six mois qui ont suivi le dépôt de la plainte			

#### Commentaires (si nécessaire)

### SANTE

Indicateurs	No.	Indicateurs	No.
Nombre total de victimes/survivants de viol assistés aux centres de santé afin d'être examinés et d'obtenir traitement		Parmi ceux-ci, nombre total de victimes/survivants de viol qui ont été assistés les premiers trois jours après l'incident	
Nombre total de victimes/survivants d'autres types SGBV assistés aux centres de santé afin d'être examinés et d'obtenir traitement			

#### Commentaires (si nécessaire)

### COMMUNAUTE/ PSYCHO-SOCIAL

Indicateurs	No.	Indicateurs	No.
Nombre total de victimes/survivants de SGBV qui reçoivent une aide psychosociale		Nombre de victimes participant à des activités génératrices de revenus et professionnelles	
Nombre de cas signalés pour lesquels les victimes reçoivent une aide matérielle			

#### Commentaires (si nécessaire)

### SECURITE/SURETE

Indicateurs	No.	Indicateurs	No.
Nombre de cas de SGBV signalés à la police		Nombre de cas signalés de SGBV pour lesquels les victimes bénéficient d'un espace de sécurité	

#### Commentaires (si nécessaire)



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**UNHCR**  
The UN Refugee Agency