

SGBV STRATEGY 2012-2016: Chad

OVERVIEW OF SEXUAL AND GENDER-BASED VIOLENCE

Sexual and gender-based violence is an international problem to which Chad is unfortunately not immune. While it is considered a violation of basic human rights and a criminal act in most countries, there remain significant challenges in reducing the incidence of SGBV in Chad. SGBV incidents continue to carry serious health and psychological consequences in the refugee camps. UNHCR is committed to using its existing resources to combat SGBV in the refugee and displaced communities in Chad, in close consultation and partnership with the Government of Chad, GBV sub-cluster, and UN and NGO partners.

The UNHCR Chad 2012-2016 SGBV Strategy is based on participatory assessments conducted in all refugee camps, which inform programming, activities and priorities and on the age, gender, diversity (AGD) approach. Often, different groups within the population, including children, men and boys, older persons, and persons with disabilities, have varied needs with regard to SGBV prevention and response, which are provided for in this strategy. It was also informed by the UNHCR 2012-2016 Global SGBV Strategy, as well as the Chad National SGBV Strategy, and results from a consultative process including staff in the field, partners, as well as the Government of Chad.

CONTEXT

[A: Main issues relating to gender inequality and SGBV in Chad](#)

Though under-reported, sexual and gender-based violence (SGBV) is widespread in Chad, including in the refugee and IDP camps in Eastern and Southern Chad. UNHCR is each year improving its ability to collect information on SGBV incidents, resulting in an average 30% increase in the number of incidents reported year after year. Although the annual increase in reported incidents indicates that UNHCR's awareness raising efforts have had a significant impact, under-reporting remains a challenge.

One explanation for the prevalence, and under-reporting, of SGBV in Chad, is that many of its forms are behaviors that are not normally considered to be harmful according to traditional practices and customary rules, from a very early age, of population groups in the region, including refugees and internally displaced persons. Women, throughout life, are generally perceived as unequal to men; they are not considered to enjoy the same rights as men, and in most cases they are treated as the property of men. To quote from the draft Chad National Strategy on SGBV, which was launched on December 8, 2011, "Woman is considered as inferior, child, immature; is exploited in all areas of life: in the fields, in the home, in businesses [. . .] she can be sold or exchanged for goods." There is a rigid social structure that dictates specific roles for men and women; for example, construction of the home, seeking water and firewood, herding animals, and other strenuous activities are considered girls' or women's work, in addition to all household chores such as cooking, cleaning, and child-rearing. Men control household financial resources, conduct business and other activities in the public sphere. Women are often uninvolved in decisions affecting their lives, including who they marry, how many children they have, or

what happens to the money they earn. As a result, women lack economic empowerment, and are dependent on men (whether their father, husband, brother-in-law, or otherwise). Older women whose husbands have died or abandoned them are at risk of further victimization, including the widespread practices of levirat and sororat (in which a woman is forcibly married to her brother-in-law, either because her husband died and she is forced to marry his brother, or because her sister died and she is forced to marry the widower), and many women as well as adolescent girls resort to survival sex.

Women are also at a heightened risk of SGBV related to their displacement. Tensions between the host community and refugee population over limited natural resources such as firewood and cultivable land are often characterized by SGBV. Internally displaced women and refugees in eastern Chad consistently report that they fear going out of the camp in search of firewood because of the risk of being raped or beaten by members of the host community, who use SGBV as a means of threatening, deterring, and retaliating against the refugee population as a whole for encroaching on dwindling local resources. Additionally, widespread poverty in the region creates additional pressures on communities and households which create conditions in which SGBV flourishes. Chad is ranked low as #183 out of 187 countries according to the UNDP Human Development Index, which considers life expectancy, literacy, education and standards of living as indicators for well-being, especially child welfare in different countries.

It is also important to note the legal dualism that prevails in Chad, whose Constitution recognizes traditional and customary rules as having the status of laws. As SGBV is overwhelmingly resolved by traditional leaders without consideration for national laws which punish domestic violence, rape, and other forms of SGBV, impunity prevails in most cases and perpetrators usually only pay a fine.

Given the context described above, the forms of SGBV that are most documented in the refugee camps and IDP sites in Chad are domestic violence, female genital mutilation (FGM), child marriage, and other forms of SGBV such as denial of resources. Reported incidents of rape and attempted rape are not high, however given the social stigma associated with sexual violence (the survivor is often blamed) as well as the prevailing impunity (often the traditional resolution in rape cases is to marry the survivor to the perpetrator, or even to pay a fine herself), it is likely that such cases are under-reported.

There is evidence that certain groups which are socially more excluded than others in the refugee camps in Chad, including persons with disabilities, older persons, and widows, are often at a higher risk of SGBV as they have less opportunities and power to participate in decisions that affect their lives. They are not always afforded an equal voice when programs are designed and are often discriminated against in society. There is also evidence that individuals belonging to such groups, especially the mentally handicapped, are at risk of revictimization (suffering multiple incidents of SGBV).

Chad recently launched its National SGBV Strategy, on December 8, 2011; this presents an opportunity for UNHCR to advocate for a stronger legal framework to address SGBV in the country, as well as in the refugee camps. The document emphasizes that refugees and displaced persons are a priority in the fight against SGBV in Chad, given that rates of SGBV are high in the humanitarian zones where legal structures are the weakest. The National Strategy also presents an opportunity for UNHCR to collaborate closely with local authorities in areas surrounding refugee camps. SGBV cases reported to UNHCR often involve perpetrators or survivors from the host community, so it is important to work alongside the government to ensure that awareness raising campaigns reach refugees as well as the populations hosting them. Finally, the strategy affords UNHCR and its partners in the Gender Working

Group and GBV sub-cluster to continue advocacy for the strengthening of the national SGBV legal framework, which is prioritized in the national strategy.

SGBV among the urban refugee population in Chad is not well-documented, as there are few existing structures in N'Djamena providing SGBV response services. Refugees have reported that law enforcement authorities are not always responsive to SGBV incidents because they consider such incidents “domestic” or “family” matters, which is an additional hurdle for survivors seeking justice for SGBV incidents.

During participatory assessments and other dialogues, women urban refugees have reported that single mothers and teenage girls from the urban refugee community are known to resort to survival sex. They have also reported that SGBV is a problem in the urban refugee community, however very few cases are reported.

[B: Main opportunities and constraints:](#)

Opportunities:

Chad benefits from the presence of a large number of organizations, both international and national, that are informed and mobilized in the field of SGBV, and who are working for both the national population and IDPs, as well as refugees. The Chadian Government is engaged in the fight against SGBV, and has launched a National Strategy on SGBV and on FGM. Its *Détachement Intégré de Sécurité* (DIS), the law enforcement group responsible for refugee and humanitarian workers' security, has devoted gender officers in each outpost who are responsible for responding to and following up on SGBV cases. In all refugee camps, community-based groups are active in both prevention and response activities. This is an indication that UNHCR and partners are succeeding in gradually achieving awareness and behavior change in the area of SGBV. Joint projects on SGBV are being implemented in Chad, including a joint UNHCR-UNFPA-UNICEF project to reinforce capacities in SGBV throughout the country (funded by ECHO), which has conducted two trainings in Chad in 2011 and will train 48 members of the DIS this month. The new Gender Based Violence Information Management System (GBVIMS) has been launched in one region of Chad (Goz Beida) and will be implemented over the course of the next few months. Likewise, there might be a great potential for productive partnerships with external actors especially in the areas of education and income-generating activities and development. Capacity reinforcement for the clinical management of rape survivors has been provided in Chad by UNHCR in collaboration with UNFPA lead since 2006.

Constraints:

One of the primary constraints UNHCR faces in combating SGBV is the lack of a legal framework which penalizes SGBV. This is compounded by the lack of legal structures in remote areas of Chad which host refugees; what laws do exist are seldom enforced as in many areas there are no courts or personnel to hear cases. As mentioned above, the Chadian legal framework recognizes the legitimacy of traditional justice mechanisms, which tend to disregard the equal rights of women, and usually penalize SGBV perpetrators with fines. Although awareness among the refugee community with regard to SGBV issues has visibly improved over the course of the last few years, some groups of refugees—particularly leaders and traditional religious figures—remain resistant. As a result, there is still a strong social pressure that dissuades reporting of cases and punishment of perpetrators.

CURRENT SGBV PROGRAMME:

C: Strengths of current/past SGBV programme:

Given that SGBV prevention and response programmes have been implemented in the refugee camps for several years, one major strength is that there is a well-coordinated system in place—governed by SOPs which are in place and updated in all camps—that continues to improve each year, ensuring ongoing sensitization campaigns, trainings, confidential identification and referral mechanisms, and reporting. The response mechanism in individual cases is efficient; nearly 100% of survivors are referred to health and psychosocial services which are available and functional in all refugee camps. It is also key that this system is community-based; SGBV focal points identify cases and provide survivors with orientation based on the referral mechanism in place in all camps. There is a strong monthly reporting system which ensures that data on SGBV is always available. UNHCR is involved in coordination on SGBV at many levels, including with the Government of Chad and other UN actors through the Gender Working Group in N’Djamena; the SGBV sub-cluster in Goz Beida; regular camp-level coordination with SGBV service providers and refugee focal points. Community-based watch groups exist in all camps to ensure protection for refugees, including from SGBV.

D: Weaknesses of current/past SGBV programme:

Currently, survivors of SGBV do not all receive an adequate socioeconomic assistance to enable them to become self-sufficient and independent after an SGBV incident, due to lack of resources. Additionally, the psychosocial response is inadequate due to lack of trained psychosocial professionals. The security response can also be inefficient at times due to logistical constraints on the part of the DIS, which sometimes lacks vehicles and fuel to operate at full capacity. While the health response is efficient and HIV, STI, and pregnancy prophylaxes are available in the camps, there remains a challenge in referrals to health centers in sexual violence cases resulting from the fact that some survivors refuse medical treatment for fear of stigmatization by the community, or do not report cases until after deadlines for effective treatment have passed.

The GBV sub-cluster is not functional in all areas hosting IDPs (notably Farchana), resulting in a weaker prevention and response mechanism there benefiting IDPs. There is also a lack of SGBV sensitization materials such as posters, pamphlets, and films in relevant languages (Arabic) for eastern Chad. The legal counseling available for survivors in the Iriba region is weakened due to the lack of presence of a partner to provide legal assistance. Finally, for a combination of factors, there is very limited access to durable solutions for refugee women-at-risk.

E: Assessment of UNHCR / partner capacity:

UNHCR has substantial capacity in Chad for preventing and responding to SGBV, and UNHCR’s partners are experienced and trained to carry out the activities prioritized in the strategy. Given the difficult operational and living conditions prevailing in eastern and southern Chad, there is however a high turnover of staff (both UNHCR and partners), which can impact the quality of reporting and other

activities. Continuous capacity reinforcement is needed to ensure that understanding of SGBV principles and classification, and mainstreaming of SGBV among all sectors, is fully realized.

2012-2016 STRATEGY

Projected displacement 2012-2016:

Currently, UNHCR in Chad assists 274,640 refugees from Sudan and 67,863 refugees from Central African Republic (in addition to 125,000 internally displaced persons and 56,000 returnees). Over the next five years, the various refugee populations are expected to remain relatively stable. UNHCR expects continued needs with regard to protection from SGBV for the Sudanese refugee population over the next five years. Although the voluntary repatriation of Sudanese refugees is a factor that may come into play over the next five years, it will depend on changing circumstances in the region and is not expected to affect the continued needs for SGBV-related services in the camps.

The self-reliance strategy being implemented in the Central African refugee camps in southern Chad may lead to some shifts in activities regarding SGBV for the Central African refugee population, however a large part of the population of concern may not be significantly affected. UNHCR's SGBV-related activities will increasingly target the host populations surrounding the camps. As the self-reliance approach is more fully realized, UNHCR will rely more heavily on partnership with the government to enhance accessibility to basic services in the South for refugees and host population alike.

Chad's urban refugee population is very small (400 refugees and 164 asylum seekers) and does not require individualized teams; the numbers of urban refugees are not expected to change significantly over the course of the next five years. UNHCR intends to emphasize partnership with national and local government institutions, as well as non-governmental organizations, in order to enhance access for urban refugees to existing services in the capital. Thus, by 2016, urban refugees will be linked into referral systems already in place for the host community, and UNHCR will be able to scale back its SGBV program for urban refugees.

Objectives/Goals:

Given the context in Chad described above and based on information gleaned from refugees themselves through a variety of participatory dialogues, assessments, and programme evaluations, as well as consultations with partners and governmental actors, UNHCR Chad has decided to focus on the following eight objectives for the 2012-2016 SGBV strategy. This strategy targets the refugee camps in particular; however UNHCR will continue its ongoing SGBV prevention and response activities benefiting displaced persons and support interagency cooperation for SGBV-related activities benefiting the IDP population through the GBV sub-cluster, Gender Working Group, and other mechanisms.

For the implementation of its SGBV strategy, UNHCR will rely on continued and strengthened partnerships with the Government of Chad, national, implementing partner organizations including ADESK, APLFT, BASE, and SECADEV, and international organizations including ACRA, CARE, CORD, CSSI, GIZ, HIAS, IMC, IRC, JRS, as well as sister agencies of the United Nations System including through active participation in the GBV sub-cluster with UNFPA and UNICEF.

All activities will reflect an age, gender and diversity perspective and will aim to be inclusive and accessible to all persons of concern.

MAIN OBJECTIVE 1: Education for Girls and Women

Current situation:

Due to the traditional roles prescribed for men and women in the region, girls and women lack equal access to education. Girls are often enrolled at higher rates than boys in the early years of primary school, but as they begin to reach age 13-14 they begin dropping out as a result of child marriage and pregnancy, having household obligations such as fetching firewood and water, or being obliged to assist parents with agriculture or grazing livestock. Often, if parents cannot afford to keep all their children in school, they will opt to educate their boys. Parents choose to marry girls early because there is a widespread perception that educating a girl will result in problems for her family; early marriage is seen as a mechanism for protecting family resources and honor. As a result, girls grow up lacking an equal footing with which to gain social and economic independence. Relegated to a “second-class” status in society, girls and women are less equipped to demand respect of their rights, and thus at greater risk of SGBV. Data relating to retention of children, including girls, in school, remains a challenge, as well as data on SGBV incidents occurring in educational contexts. Cases of children not attending school are inadequately signaled and more community interventions in such individual cases are required. Women and girls are not adequately informed about the risk of getting pregnant or getting a sexually transmitted infection including HIV through rape or unprotected sex, nor about the possibilities to reduce those risks through rapid reporting to a health clinic.

Desired situation by 2016:

Although the current challenges to gender equality and eradication of SGBV are deep-rooted in regional tradition and culture, in a period of five years of meaningful support and promotion of girls’ and women’s education it is hoped that behaviors and perceptions will have evolved among refugees from all communities. Through a comprehensive range of activities it is hoped that by 2016, a larger and visible percentage of women refugees will be economically independent. By raising the economic status of a large group of women, through education, skills training and enhanced livelihoods opportunities, women in general will be more empowered to voice their rights and needs, and to participate in leadership structures that make decisions affecting their lives. Retention of children, including girls, in school is adequately monitored through improved data collection systems, and cases of children, including girls, dropping out of school are followed-up on by parent-teacher and mother-of-student associations.

By the end of 2016, it is expected that the rate of child and young mothers who would have otherwise been forced to drop out of school will have completed several years of schooling. It is hoped that by 2016, perceptions regarding female education, and education for pregnant women or mothers in particular, will have evolved. By putting an emphasis on the importance of education for this often neglected group, they will play a more central role in the community and in the home. Additionally, as they will be better educated, they will be in a better position to voice their rights and play a role in their own protection.

By raising the level of education and capacity of a large segment of the female camp population, we will also be raising their status. Over the course of 5 years of this project, a visible segment of the female population in each camp will have gone through literacy or vocational training, which will have a huge

impact on their socioeconomic status. The indirect effects of this project and the resulting increased socioeconomic independence include enhancing protection for the children of the women beneficiaries, allowing their children greater access to education, reducing the dependency of women and girls on survival sex, and reducing dependency of women in the camp on husbands and male relatives. The women beneficiaries will also serve as role models in the community for young girls, to encourage them to stay in school and to pursue secondary, vocational, and professional opportunities in the camps. Selected women will serve as mentors in the mentorship program (described below). This will also provide encouragement for parents to retain their daughters in school throughout the educational cycle, as there will be a growing perception that there is a socioeconomic future for girls besides marriage. By 2016, women and girls will have increased knowledge in regards to prevention of pregnancy, prevention of STIs and prevention of HIV. Life skills to negotiate sex and protected sex will also have increased.

Activities to achieve desired situation:

Prevention:

- In order to mainstream SGBV concepts, and to ensure boys are aware of and engaged in SGBV prevention, SGBV will be incorporated into the school curriculum. Teachers will receive training from SGBV partners and refugee focal points, enabling them to conduct courses on SGBV during the regular school year. This will include modules on themes including the Codes of Conduct required for all professionals in the camps, sexual exploitation and abuse (SEA), referral pathways, confidentiality, and services available for survivors. (Continuous activity.) It is also noteworthy that parallel actions will be taken under the UNHCR Chad Education Strategy 2012-16, including development of safe learning environments, strategies for inclusive education and girls' enrollment and retention, increasing female teachers, and other activities. (Please see Education Strategy for more details.)
- UNHCR public health and HIV team will organize reproductive health and HIV information sessions and life skills training, through peer education, teacher education and community-based workers education. (Continuous activity)
- Organization of community-based child care structure per camp will be carried out, to ensure that child and young mothers have access to education and other activities. (2012) Older women can play an essential role in child care given their experience and capacities. Although there is little information regarding SGBV and older women in the Chad refugee camps, they may face specific risks that can be mitigated through their participation in organized community-based child care activities, which enhance their protection and visibility.
- Accelerated-learning classes will be provided in each camp, to ensure that child and young mothers have access to education in a setting in which they do not face discrimination. (Continuous activity.) By the end of 2016, it is expected that the rate of child and young mothers who would have otherwise been forced to drop out of school will have completed several years of schooling. It is hoped that by 2016, perceptions regarding female education, and education for pregnant women or mothers in particular, will have evolved. By putting an emphasis on the importance of education for this often neglected group, they will play a more central role in the community and in the home. Additionally, as they will be better educated, they will be in a better position to voice their rights and play a role in their own protection.
- Conduct literacy or vocation training for at least 10% of women in all camps, enabling them to take on a central role in camp socioeconomic life—which is an essential step for achieving gender equality. (Continuous activity.) By raising the level of education and capacity of a large segment of the female camp population, we will also be raising their status. Over the course of 5

years of this project, a visible segment of women in each camp will have gone through literacy or vocational training, which will have a huge impact on their socioeconomic status in the camp. The indirect effects of this project include enhancing protection for the children of the women beneficiaries, allowing their children greater access to education, reducing the dependency of women and girls on survival sex, and reducing dependency of women in the camp on husbands and male relatives. The women beneficiaries will also serve as role models in the community for young girls, to encourage them to stay in school and to pursue secondary, vocational, and professional opportunities in the camps. Selected women will serve as mentors in the mentorship program (described below). (2013-16)

- A mentorship program will be implemented in each camp, pairing young female students with female professionals in the camp who can provide them with guidance and encouragement. (2012-2013) A small number of girls per camp will be selected for scholarships or professional training opportunities, to provide further encouragement. This will help to boost the percentage of professionals in the camps who are female, such as teachers and nurses. (2013) By 2016, a pool of mentors will be well-established, 2000 girls will have gone on to higher education or professional trainings, qualifying them for professional work in the camps.
- UNHCR will harmonize education activities throughout the refugee camps to ensure that indicators for girls' education and female teachers are included in all partner agreements. (2012 and thereafter)
- UNHCR will continue to support existing SGBV-related activities in the education sector, including the mandatory implementation, awareness raising, and enforcement of Codes of Conduct for all education partners including camp school teachers and SGBV training.
- UNHCR will continue to support the Women's and Youth Committees in refugee camps by undertaking joint activities with them and reaching out the community through them.
- UNHCR plans to put into place in all camps in the east Mothers of Students Associations (MSAs), who are responsible for following up on cases of children not attending school, including children with specific needs, who are at a heightened risk of SGBV. (2012-13 school-year) Members of these associations will identify and follow-up on such children to ensure their protection and inclusion in education.

Identification:

- By increasing the awareness of students of SGBV issues, including on Codes of Conduct, students, especially female students, will be more aware of the protections that exist for them with regard to sexual harassment and exploitation by male professionals in the camp, and in case of SGBV incidents in general. They will be more equipped to identify cases, report incidents themselves, and refer their peers to service providers when SGBV does occur. (Continuous activity.) Building on this increased awareness among the student body, UNHCR will put into place girls' clubs in each school which will include among their activities sensitization on SGBV, as well as identification and referral of SGBV incidents. (2013-16.)
- UNHCR will establish 2 SGBV focal points among teachers in each school, to support identification and reporting of incidents, and to be a resource for students. The focal point teachers would also participate in organizing prevention activities and awareness raising. (2013-16)
- UNHCR plans to put into place in all camps in the east Mothers of Students Associations (MSAs), who are responsible for following up on cases of children not attending school as well as girls at risk / student survivors. (2012-13 school-year) These associations will work directly with the girls' clubs to provide information and capacity reinforcement. (2013-thereafter)

Response:

- As part of a holistic response to SGBV, survivors of SGBV will be specifically and confidentially targeted for the vocational and literacy training described above, in order to promote their rehabilitation and enable them to resume playing a central role in household and community. In addition to medical, psychosocial, security, and legal assistance, all survivors will have access to either support through vocational or literacy training, or income-generation activities, to ensure a meaningful socioeconomic and material assistance, which is often a necessary component of a holistic response to SGBV.
- MSAs in each camp, working with the girls' clubs, will provide an additional safe identification, referral and reporting venue for SGBV incidents.
- SGBV cases in particular need be referred to the resettlement unit for potential resettlement abroad if feasible and if criteria are fully met.

Methodology to measure progress:

- Child-care systems facilitating women and girls access to school established
- # of pregnant girls in school
- # of persons regularly attending accelerated learning courses
- # of persons participating in vocational training
- # of persons participating in literacy/ numeracy classes
- # of scholarships (tertiary) provided
- # of female teachers
- % of rape survivors provided with appropriate and timely care (PEP, ECP, and STI treatment) (source HIS)

MAIN OBJECTIVE 2: Protection of Children Strengthened

Current situation:

As a result of prescribed gender roles and the unequal status of women in the refugee camps, children are at an enhanced risk of SGBV. Mothers do not have control over family resources, though they are often responsible for providing food and other care for children. Domestic violence is often caused by conflict over family resources or alcohol consumption, and can directly and indirectly impact a child in the household. Children are often required to work, whether in the fields or doing other small jobs in the camps, which puts them at greater risk of SGBV as they may be outside the scope of normal community protection systems. Boys and girls lack extracurricular activities to engage them outside of school, and the resulting idleness can foster the conditions in which SGBV flourishes. Children with specific needs are often left out of educational and recreational activities due to inadequate data on such cases and lack of mobility or special education facilities to serve them, which puts them at a heightened risk of SGBV. Children with disabilities are sometimes left at home unattended, tied up to prevent them from leaving the home, while their parents are out working or carrying out chores.

Desired situation by 2016:

By 2016 it is hoped that youth in all camps will be engaged in safe, meaningful extracurricular activities benefiting youth of both sexes. They will have safe spaces, coordinated by gender-balanced youth committees, in which to engage in these activities. Children with specific needs will be systematically identified and recorded in proGres, followed-up on, and increasingly included in education through community-based education programs in camps (depending on need). Identification of cases will be facilitated through partnership with refugee specific needs committees and child protection committees, mother-of-student associations, as well as community services partners. Best interest processes will be engaged for all children in need including SGBV survivors.

Activities to achieve desired situation:

Prevention:

- In order to provide girls and boys with safe, organized social activities, which can assist in reducing SGBV among youth, social and recreational activities for both boys and girls, including sports, life skills, and language classes, will be organized. By providing activities benefiting both boys and girls, a spirit of equality will be promoted.
- SGBV-specific activities, such as debates and quiz nights, will be organized, which will help mainstream SGBV concepts and engage boys in SGBV prevention and response activities. (Continuous activity.)
- Youth centers will be rehabilitated and constructed in 2012, to ensure that each refugee camp has an adequate space in which youth can engage in social and recreational activities. (2012) Rehabilitation of the youth centers will thereafter be carried out by youth themselves, with income-generation projects that finance the needed repairs. (2013-16)
- An assessment of children with specific needs, especially children with disabilities or children from very poor families, will be conducted in their best interests to ensure that accurate data is available, and that such children are not left out of education. On the basis of that assessment, inclusive education will be designed and special education provided for those in need. (2013-16)
- Specialized trainers would be recruited to provide training in each camp for refugee teachers who will provide inclusive education(2013). From the 2013-14 school-year, children with disabilities will be included in education programs.
- UNHCR will reinforce the capacity of community-based and implementing partner organizations on SGBV and child protection, to enhance their ability to fulfill their roles in SGBV prevention and response.
- Children at risk will be referred for best interest processes to ensure their protection and follow-up to prevent their vulnerability and exposure to SGBV.

Identification:

- As part of its ongoing activities, UNHCR will continue to work with community-based and implementing partners to identify unaccompanied and separated children and other children with specific needs—who are at a heightened risk of SGBV—to ensure their protection is monitored and that they are referred to appropriate services including special care arrangements when necessary.
- Youth groups will be sensitized on SGBV identification and referral pathways to enhance the engagement of youth in these activities. SGBV committees will conduct regular visits to youth centers to ensure that youth are involved in the referral mechanism.

- Specific needs committees and child protection committees will be created and/or reinforced in all camps, and provided with training on SGBV to facilitate identification of SGBV cases among children.

Response:

- Youth survivors of SGBV will be discreetly included in recreational activities as an element of the holistic approach to SGBV response, enabling them to rehabilitate and to regain a normal role in the community.
- Children at risk of SGBV or those survivors of SGBV will be referred for best interest processes to ensure their protection and follow-up.

Methodology to measure progress:

- # of persons with specific needs receiving formal or non-formal education
- # of persons participating in sports activities
- # of child-friendly spaces that exist
- # of adolescents participating in targeted programmes arranged by UNHCR or partners
- Youth committees established and operational
- # of children of concern with mental and/or physical disabilities identified

MAIN OBJECTIVE 3: Community Mobilization Strengthened and Expanded

Current situation:

Given that women in the refugee camps are not accorded an equal status to men, their role in camp self-management structures is currently limited. Women are only extremely rarely considered to be *oumdas* or traditional and religious leaders, though in some camps they do make up a significant part of refugee committees. As a result, major decisions affecting camp life, as well as day-to-day decisions, do not systematically or meaningfully take women's rights, needs, or preferences into account. Refugee community watch and SGBV groups are inadequately equipped and thus are not fully engaged in community protection, including in cases of SGBV.

Desired situation by 2016:

Women's committees comprised of women of all ages and backgrounds will be active in all camps, and will play a more central role in lobbying and decision-making. Refugee committees, including central committees, community watch, and sectoral committees, will be more gender equal, and adequate data collection will enable monitoring of women's participation in such leadership committees. Partnerships with male religious and traditional leaders will be developed in order to achieve their engagement in SGBV prevention and response activities; decisions of traditional leaders in individual cases will take the survivor's rights into account. Collaboration with community watch groups and SGBV committees will be strengthened, resulting in their active engagement in SGBV prevention and response activities.

Activities to achieve desired situation:

Prevention:

- Women’s committees will continue to be supported and strengthened, and to play a role in the promotion of gender equality sensitizations and lobbying on behalf of refugee leaders. (Continuous)
- Women’s centers will be constructed or rehabilitated in all camps, to ensure women have a safe space for discussion, leadership training, capacity reinforcement, and vocational activities. (2012)
- Women will be trained on leadership and management skills to enhance their capacity to play a role in self-management structures such as refugee central committees and sectoral committees. (2012 and thereafter)
- Male refugee leaders and religious leaders, including elders who are called upon to “amicably resolve” SGBV cases according to traditional justice, will be specifically targeted for sensitizations and trainings on SGBV. (2012). They will gradually be recruited to participate in and conduct such sensitizations and trainings themselves. (2013-16)
- Community watch groups will be equipped with basic materials and visibility items to encourage them and promote their status in the community. They will also be trained on SGBV prevention, identification, and referral. (2012 and thereafter)
- SGBV committees will also be equipped with basic material and visibility items to ensure that they are fully engaged in their prevention and response responsibilities. (2012 and thereafter) It is important to harmonize support provided to committees working on SGBV to ensure that they remain motivated and engaged.

Identification:

- As a result of training and sensitization provided, male members of the refugee community will be more engaged in identification and referral of SGBV cases and will act as key partners in sensitization campaigns and resolution of cases in accordance with international principles and norms relating to SGBV.
- Women’s centers in all camps will provide a safe space in which women can openly discuss issues, including SGBV, and identify and refer cases.

Response:

- Given the lack of an existing legal response to SGBV incidents, refugee SGBV focal points will be engaged to work with traditional leaders on resolution in individual cases, according to survivor wishes. They will work together with the leaders to advocate for the survivor’s rights and needs in the resolution of the case. (2012 and thereafter)

Methodology to measure progress:

- # of reported incidents of SGBV per year (disaggregated by sex and age)
- # of women involved in decision-making and peace-building in community management mechanisms
- # of women in leadership positions
- # of community self-management structures strengthened
- # of sessions of leadership training provided
- # of persons involved in key sectors sensitized
- # of persons trained

MAIN OBJECTIVE 4: Peaceful Coexistence with Local Communities Promoted

Current situation:

Due to the insufficient natural resources available in the refugee-hosting areas of Chad, there are often tensions between the host communities and refugee communities that are manifested through SGBV perpetrated on refugee women and girls, particularly when they leave the camp in search of firewood. Women and girls consistently raise this as their primary fear in regard to their protection. SGBV incidents often implicate individuals from both refugee and host communities, yet sensitization campaigns have thus far had a limited reach into the populations surrounding the refugee camps.

Desired situation by 2016:

SGBV incidents carried out by members of the host community against refugees are reduced, and peaceful relations between the two communities are maintained and promoted through active, functional mixed committees that partner leaders to resolve disputes as well as conduct awareness raising among the two populations. Awareness raising on SGBV targets host community populations as well as refugees, and leaders and local authorities from the host communities are included as key partners.

Activities to achieve desired situation:

Prevention:

- Provide refugee women with safe access to sustainable energy sources (such as firewood, briquettes, solar stoves, kerosene) in order to reduce firewood collection. (Continuous activity)
- Mixed refugee-host community committees will be organized and active in all camps, meeting regularly, to promote peaceful dialogue and reduce tensions. (Continuous)
- Mixed committees will be engaged in SGBV prevention campaigns that target the host community as well as the refugee community (2012 and thereafter)
- As the mixed committees are currently dominated by men, the proposal and establishment of mixed women's committees will be developed (2012).
- The mixed women's committees will be supported with income-generation projects to further promote peaceful coexistence, and to further tackle poverty which is a major cause of SGBV.
- Advocacy with host community traditional leaders and local authorities to foster partnership on SGBV prevention.

Response:

- Mixed committees will be included in training on SGBV laws and principles, and encouraged to resolve cases in manners that account for survivor's rights.

Methodology to measure progress:

- # of peaceful co-existence projects implemented
- # of information campaigns carried out
- # of persons reached through community sensitization campaigns

MAIN OBJECTIVE 5: Risk of SGBV is Reduced and Quality of Response Improved

Current situation:

UNHCR has engaged in SGBV prevention and response in the refugee camps for several years, and as such a strong identification and referral mechanism is in place that ensures that health, psychosocial, and legal response is available. Additionally, awareness among the population of SGBV issues has been greatly enhanced through sensitization campaigns and other information channels, as evidenced by the number of SGBV incidents reported which increases every year. However, UNHCR's role in receiving protection cases, including SGBV cases, is hindered by the lack of UNHCR office space in the camp that is suitable for conducting confidential interviews. Additionally, the quality and accessibility of response is sometimes hampered by inadequate or untrained staffing, both of UNHCR and partner staff. The legal response is particularly inefficient, given the lack of a legal framework for combating SGBV in Chad, and the inadequate judicial structures in refugee-hosting areas. Survivors do not receive adequate legal assistance due to lack of capacity in refugee-hosting areas. Traditional justice—recognized by the Chadian Constitution as legitimate—stands in for modern justice in the refugee camps (as well as in most host communities), however it rarely takes into account women's rights. Traditional justice mechanisms tend to perpetuate the impunity of perpetrators by letting them off with a fine or even marrying survivors to their perpetrators. They also promote the secrecy and stigma of SGBV incidents, and such mechanisms are known to favor "hiding" cases from the humanitarian community—which results in survivors not having access to response services. Such secrecy and stigma also applies to the practice of survival sex, which is widely acknowledged by refugees, in confidential dialogues, to go on, but which is impossible to document or address due to the stigma and ostracizing that goes along with it. It also applies to LGBTI issues, which are not openly discussed.

Desired situation by 2016:

UNHCR and partner staff are sufficiently trained to carry out SGBV-related tasks according to fundamental principles and SOPs. UNHCR staff work from camp offices that respect interviewing guidelines on confidentiality and security. Legal structures in refugee-hosting areas will be supported by UNHCR in partnership with the Government of Chad and partner UN agencies, to ensure cases can be heard through permanent or mobile courts. Traditional justice mechanisms increasingly take survivors' rights into account and refer perpetrators of SGBV to law enforcement. Perpetrators are stigmatized in the refugee community, face sanctions, and are increasingly identified and referred to law enforcement. Stigma associated with survivors of SGBV and survival sex is reduced. All survivors receive an adequate legal assistance. UNHCR & partner staff are sensitized to LGBTI issues in order to ensure their ability to respond to the protection needs of LGBTI community members.

Activities to achieve desired situation:

Prevention:

- Training for UNHCR and partner staff on SGBV classification and use of proGres to enhance accurate collection of data and reporting. (First half 2012 and ongoing thereafter through on-the-job training, refresher courses, and formal trainings)
- Capacity reinforcement for new members of refugee SGBV committees by former members in collaboration with SGBV partners (2012 and thereafter)

- UNHCR will support a project in collaboration with civil society (e.g. Association des Femmes Juristes au Tchad) and GBV sub-cluster members, to train 25 refugees per camp, as well as a number of IDPs and local community members, to serve as paralegals in communities hosting refugees and displaced persons. This small network of refugee paralegals will provide legal advice to refugees in their own languages and in their own communities.
- Advocacy for national laws on SGBV to be adopted and implemented, in coordination with the Gender Working Group (Continuous)
- Alliances with local authorities implementing the National Strategy on SGBV, to promote SGBV issues across both the host community and the refugee community, and to promote the rights of refugees in this context (2012)
- Capacity building for local authorities, law enforcement, and judicial structures in the field, as well as refugee leaders, on SGBV laws and principles and impunity (Continuous)
- Mass sensitizations will focus on perpetrators and impunity (2012)
- Mass sensitizations will focus on survival sex, its causes, its consequences, and the theme of exploitation and its perpetrators (2012)
- Codes of Conduct monitored for all partners in the camps, and all partner staff, including refugee staff, trained on provisions of CoCs and SEA (2012)
- Training and awareness raising on LGBTI issues for UNHCR and partner staff (2013)

Identification:

- Construction and/or rehabilitation of UNHCR field posts in all camps that comply with relevant guidelines, to ensure UNHCR staff are readily available to play their role in SGBV identification, referral, and response (2012-13)
- Through enhanced capacity, law enforcement and traditional leaders will be able to play a greater role in identification and referral
- Systematic recording of SGBV survivors in proGres to ensure access to specialized services and response
- Identification of SGBV perpetrators to ensure adequate follow-up is carried out
- Continue and strengthen information-sharing and a referral system for individual protection cases with partners, including fully functional SGBV SOPs

Response:

- Partnership with existing national structures for legal assistance services in the field (e.g. national bar association or retired magistrates)(2012)
- Develop a strong relationship with the judiciary in Eastern Chad with the participation of judges, magistrates in numerous training programmes relating to SGBV and other civil/criminal issues that concern refugees
- Equip the courts with stationery and copies of national legislation to assist them in dealing with SGBV cases and other refugee-related judicial matters
- Establish mobile courts that will hear cases from all the camps in Eastern and Southern Chad, in partnership with Government and other actors
- Provide vehicles to the police and regional authorities to ensure that witnesses, survivors and suspects are transported to the courts for the proceedings, and that investigations are carried out thoroughly
- More systematic recording of SGBV perpetrators to ensure follow-up on their cases

- UNHCR and partner working group to recommend an appropriate sanctions schedule for SGBV perpetrators (i.e. ineligibility for benefits such as self-reliance activities, resettlement, or employment in the camp) (first half of 2012) Sensitization on the sanctions schedule and implementation will act as a deterrent in the absence of judicial punitive mechanisms. (Second half 2012 and thereafter)
- Continue and strengthen a coordinated and multi-sectoral response (legal, health, security, psychosocial, and self-reliance) to individual protection cases, including SGBV cases
- Increase access to clinical management for rape survivors through strengthening of the referral system, increasing the awareness of service providers as well as the population on services availability and pathways, and training for clinical staff on clinical management of rape survivors

Methodology to measure progress:

- Advocacy strategy with government to ensure effective legal remedies for persons affected by and/or at risk of GBV implemented (yes/no)
- # of training sessions on SGBV prevention and response delivered
- # of persons trained
- # of information campaigns carried out
- Codes of conduct established and monitored (yes/no)
- # of survivors or survivors' families receiving legal assistance

MAIN OBJECTIVE 6: Self-Reliance and Livelihoods Improved

Current situation:

Due to the unequal status of women in the refugee community, they are socioeconomically dependent which puts them at further risk of SGBV, survival sex, and other harmful practices such as alcohol production or carrying out FGM as a means of livelihood. Women from socially excluded groups such as ethnic minorities, older women, women with disabilities and widows face even greater discrimination and are at an even higher but often unnoted risk of social economic exclusion and the risk of SGBV in refugee camps in Chad. The economic situation of women refugees, and their participation in income-generation and other livelihoods activities, is inadequately monitored.

Desired situation by 2016:

By end of 2016, a significant and visible segment of the female population from all ages and backgrounds in all camps will be more financially independent. Improved data collection will enable UNHCR to identify women beneficiaries and measure their socio-economic situation. In addition to transforming the lives of these women and their families, this will have an impact on perception of women in the community, who will be accorded their deserved respect as central players in the camp socioeconomic life. This increased independence will enable women to claim their rights and to play a greater role in decision-making structures. Both local community and refugees, displaced people will have skills enabling them to engage in wage-earning, self-employment or micro enterprise activities, which will result in improved inter-community harmony, health and social well-being. Local communities hosting refugees will also benefit from access to facilities and services established or set up by income generating activities, which will result in more peaceful relations between refugees and host communities.

Activities to achieve desired situation:

Prevention:

- 10% of women in all camps will have access to livelihoods opportunities such as income-generation or micro-credit. (2012 and thereafter) Women beneficiaries will be identified and recorded in order to monitor their progress. Each of these women will receive assistance for three years, after which point most will be financially independent. As a result, by 2016, a significant and visible segment of the female population in all camps will be financially independent.
- An assessment of women refugee beneficiaries of the project will be carried out in 2014 and again in 2016 to determine the impact of the activity and make adjustments and improvements as needed.
- Links with national micro credit institutions will be developed to assist urban refugee women to become self-reliant. (2012 and thereafter)

Response:

- As part of a holistic response to SGBV, survivors will be specifically but confidentially targeted for the self-reliance assistance and/or other appropriate described above, in order to promote their rehabilitation and enable them to resume playing a central role in household and community. This will ensure to all survivors a meaningful socioeconomic and material assistance, which is often a necessary component of a holistic response to SGBV complementing medical, psychosocial, security, and legal services.

Methodology to measure progress:

- # of women with access to livelihoods opportunities
- # SGBV survivors with access to self-reliance assistance
- Socio economic profile and livelihood capacities of PoC defined and monitored (yes/no)

MAIN OBJECTIVE 7: Making prevention and response mechanisms inclusive and accessible to all persons of concern from an age, gender and diversity perspective

Current situation:

In each population, there are groups which are socially more excluded than others. In Chad, these populations include persons with disabilities, older persons, minorities, and women at risk including widows. They are often at a higher risk of SGBV in Chad as they have less opportunity to participate in decisions affecting their lives, or in the design of programs.

Currently, services for persons with disabilities remain a challenge in the refugee camps in Chad, due to the lack of adequately equipped national infrastructure and personnel. There is a lack of individuals with special training in rehabilitation and education services, which means that experts must be recruited internationally, which is not possible under the current budgets. Thus, many persons with

disabilities are unassisted (other than with material assistance, such as special NFI distributions), and lack adequate protection. Some—including children—are tied up at home and left unattended while their relatives are out working during the day. This puts them at a greater risk of SGBV, especially mentally impaired persons. Although committees focused on persons with specific needs are in place in most camps, they are not engaged in SGBV-related functions. Community engagement in identification and referral of such cases needs strengthening.

Desired situation by 2016:

All SGBV prevention and response programs are inclusive and accessible to all persons of concern, taking into consideration their needs based on age, gender and diversity. This includes persons with disabilities, older persons, LGBTI people and minorities and indigenous groups.

Community-based committees focusing on age, gender and diversity and related specific needs will be in place in each camp, and will be actively involved in SGBV prevention, identification, and referral activities. Inclusion of persons with disabilities, older persons, LGBTI people and minorities and indigenous groups in leadership committees in each camp will be encouraged.

Barriers for participation will be reduced, including access to means of mobility for physically impaired and older persons to ensure they are able to participate in camp socioeconomic life and attend school.

All persons in need of psychosocial services will have access to meaningful and adequate psychosocial response, including SGBV survivors.

Activities to achieve desired situation:

Prevention:

- AGD committees will be put into place in each camp. (2012 and ongoing thereafter) These committees will be trained on the heightened risk of SGBV through an age, gender and diversity lens, as well as on SGBV identification and referral, to ensure that response mechanisms are accessible and inclusive. (2012 and ongoing thereafter)
- Additionally, AGD committees will participate in SGBV-related sensitization campaigns, especially on the International Day of Persons with Disabilities, which coincides with the 16 Days of Activism Against SGBV campaign. (2012 and ongoing thereafter)
- A needs assessment will be conducted to determine how to ensure persons with disabilities and older persons have access to means of mobility such as tricycles, crutches, or walkers. This will enhance their protection by ensuring they are mobile, more visible in the community, and thus less at risk of SGBV. (2012) Such means will be gradually budgeted for and distributed throughout 2013-16.
- Psychosocial and psychiatric specialists will be recruited to conduct trainings in all camps for mental health staff and refugee community health workers, to ensure that persons with mental health and psychosocial needs as well as persons with mental impairments receive adequate treatment. (2012) As a result, the heightened risk of SGBV that such persons face will be reduced.

Identification:

- Specific needs committees will be trained and engaged in SGBV identification and referral. (Continuous)
- Psychosocial workers and community health workers will be trained on SGBV identification and referral, to ensure their engagement in this activity. (Continuous)

Response:

- By recruiting psychosocial and psychiatric experts to build capacity in the camps as mentioned above, all SGBV survivors will have access to a holistic response that is non-discriminatory and that includes adequate and meaningful psychosocial treatment, which is essential for rehabilitation.

Methodology to measure progress:

- # of community-based committees/ groups working on SGBV prevention and response
- # of persons trained
- Extent that known SGBV survivors receive support
- # of cases identified including women and girls at risk
- # of full time psychiatric staff for mental health
- # of older persons receiving specific support
- # of persons with disabilities receiving specific support
- Extent that children of concern with specific needs are identified and assisted

MAIN OBJECTIVE 8: Engaging Men and Boys in the Fight against SGBV

Current situation:

Cultural norms that prescribe the identity and role of women in society are a significant barrier to the full enjoyment of women's rights. Even though violence against women, and especially refugee women, may never be eliminated, we must always strive to understand the causes and raise awareness about the consequences and how they may be addressed. A comprehensive response includes focusing on the roles of both women and men and generating new knowledge on how this partnership can eliminate violence and work towards gender equality. It is clear that without enabling both men and women to understand their roles and responsibilities in ending violence we will be attempting to resolve this multi-dimensional problem from a limited perspective.

Desired situation by 2016:

Men, women and youth in the refugee camps are aware of the rights of women and children and enable women to exercise their rights. Men and women's self-esteem and self-confidence is raised, promoting equality between men and women. Furthermore, women are more self-reliant and their involvement in decision making is promoted. The refugee community is mobilised for change and to seek solutions to their problems and most importantly, men and women are aware of their customs and practices which infringe domestic and international law. Men's capacity for leadership in responding to violence against women has increased through changed attitudes and perceptions on sexual violence and women rights.

Activities to achieve desired situation:

Prevention:

- Identify key male leaders in the camps and host communities (traditional, religious, local authorities, DIS/police, professional judges...) who can be partners in SGBV prevention, identification, and response and who can train male youth on SGBV prevention and response
- Conduct a rapid survey for the target groups (men of stature in the communities) to assess their knowledge and attitudes about sexual violence and more broadly about women's status and rights in society
- As not only men are resistant to change, women with strong leadership potential could be trained at a specified stage of training, and men and women could then form teams to conduct household outreach.
- Organise target group training covering different topics such as violence against women and its impact on the community, role of men leaders in addressing the variety of violence against women on the community, domestic violence, early marriage, rape, harmful traditional practices and women's economic participation, HIV/ AIDS, etc.
- Organise community meetings in partnership with community groups, youth groups, etc. by raising public awareness lead by the target groups where topics such as domestic violence, early marriage, the difference between consensual sex and rape, FGM and the spread of HIV/AIDS, the value of women's work and the impact of sexual violence on community economic development, community rebuilding in refugee situation and importance of ensuring women's participation in decision making and in camp management's activities , equal access to education for girl and boy, the role of education in community development and sexual violence prevention, integrate a gender perspective into community project design and implementation
- Produce training materials on " Community, Responsibility, Effective leaders, to ensure emphasis on the priorities
- Assessment of the program's impact, conducted through focus groups and interviews

Identification:

- Enhance identification of male survivors of SGBV by awareness raising among camp SGBV focal points regarding the reality of SGBV against men and boys

Response:

- Ensure male survivors receive non-discriminatory access to holistic response services

Methodology to measure progress:

- # of key actors trained