VIOLENCE AGAINST WOMEN AND GIRLS AND RESILIENCE

LINKS, IMPACTS AND PERSPECTIVES FROM THE CHADIAN CONTEXT

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<th>Description</th>
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<tr>
<td>AFD</td>
<td>Agence Française de Développement</td>
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<tr>
<td>AFJT</td>
<td>Association des Femmes Juristes du Tchad (Association of Women Lawyers of Chad)</td>
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<td>APA</td>
<td>Agence de Presse Africaine</td>
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<tr>
<td>APLFT</td>
<td>Association pour la Promotion des Libertés Fondamentales au Tchad (Association for the Promotion of Fundamental Freedoms in Chad)</td>
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<tr>
<td>ASTBEF</td>
<td>Association Tchadienne pour le Bien-Être Familial (Chadian Association for Family Welfare)</td>
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<tr>
<td>BRACED</td>
<td>Building Resilience and Adaptation to Climate Extremes and Disasters</td>
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<td>CELIAF</td>
<td>Cellule de Liaison et d'Information des Associations Féminines (Liaison and Information Cell of Women’s Associations)</td>
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<tr>
<td>DFID</td>
<td>Department for International Development</td>
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<tr>
<td>DHS</td>
<td>Demographic and Health Survey</td>
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<tr>
<td>EDS</td>
<td>Enquête Démographique et de Santé</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<tr>
<td>FGM</td>
<td>Female Genital Mutilation</td>
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<td>GBV</td>
<td>Gender-Based Violence</td>
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<td>GPC</td>
<td>Global Protection Cluster</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>IASC</td>
<td>Inter-Agency Standing Committee</td>
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<td>IDMC</td>
<td>Internal Displacement Monitoring Centre</td>
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<tr>
<td>IDP</td>
<td>Internally Displaced Person</td>
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<td>INSEED</td>
<td>Institut National de la Statistique, des Etudes Economiques et Démographiques</td>
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<td>IPU</td>
<td>Inter-Parliamentary Union</td>
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<td>MICS</td>
<td>Multiple Indicator Cluster Survey</td>
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<tr>
<td>MSP</td>
<td>Ministère de la Santé Publique</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NRC</td>
<td>Norwegian Refugee Centre</td>
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<tr>
<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>OCHA</td>
<td>UN Office for the Coordination of Humanitarian Affairs</td>
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<td>ODI</td>
<td>Overseas Development Institute</td>
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<tr>
<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>United Kingdom</td>
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<td>UN Educational, Scientific and Cultural Organization</td>
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<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UN High Commissioner for Refugees</td>
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<td>UNICEF</td>
<td>UN Children’s Fund</td>
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<tr>
<td>VAWG</td>
<td>Violence against Women and Girls</td>
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<td>WCRWC</td>
<td>Women’s Commission for Refugee Women and Children</td>
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<tr>
<td>WFP</td>
<td>World Food Programme</td>
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<td>WHO</td>
<td>World Health Organization</td>
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Executive summary

This report explores the links between gender-based violence (GBV), and the resilience shown by survivors, their households and the wider community. The purpose of this study is to explore two main questions:

1. How does violence against women and girls (VAWG) impact the processes of social change required to build resilience?
2. How can resilience programmes address VAWG?

Context

Many development programmes that aim to increase people’s resilience are designed to help those affected by disasters and climate change, and they often target women. Indeed, contextual analyses conducted by development actors often reveal socioeconomic inequalities that disproportionately affect women that lead to wider problems of insecurity to which mostly women and girls are exposed. This justifies gender-sensitive approaches that many non-governmental organisations (NGOs) attempt to implement in an effort to reduce the vulnerability of the most marginalised and to build resilience in fragile and crisis-affected areas.

However, the recognition of gender considerations in programming does not systematically integrate issues of violence perpetrated by household and community members on a daily basis. Violence is not only a violation of human rights but also a continuous manifestation of unequal power relations that negatively affect both the physical and psychological health of those who suffer from it, as well as their ability to develop livelihoods. This report questions the extent to which VAWG limits the resilience of survivors, as well as their families and communities; it also questions the role that resilience programmes should play in better promoting gender equality.

Methodology

To answer these questions, this research – based on the Chadian context – draws on a combination of secondary data from the 2014–2015 Demographic and Health Survey, which documents the nature and extent of violence against women in Chad, as well as qualitative fieldwork and analysis that explore how violence affect the resilience of survivors and those who live with them. For this, qualitative tools were used to collect primary data, in accordance with recommendations established by the World Health Organisation in terms of ethics, participant safety and quality of information. Semi-structured interviews were conducted in two regions of Chad, Sila and Bahr el Ghazal, as well as in the capital N’Djamena with national and expatriate staff from NGOs and UN agencies working on resilience and protection, including those who work for local and regional authorities, and members of village associations. In-depth interviews were also conducted with villagers and survivors of violence. Finally, several focus groups were conducted with women’s and youth groups.
Results

VAWG is a daily risk, and it is not a problem that exists only in times of conflict and crisis. The most reported forms of violence are early (child) marriages, physical and sexual violence perpetrated by relatives, polygamy and associated discrimination against women (homelessness, risk of divorce) and the denial of resources and opportunities for women.

Discrimination against women and girls, and associated violence, has multiple effects on the livelihoods of survivors:

- **Human capital:** The health of survivors, especially adolescent girls, is severely affected by violence, particularly within the context of extremely limited health services in Chad. Social norms that prevent women and girls from accessing care when they need it also affect the health of their children and, in general, exacerbate their vulnerability during times of stress.

- **Financial capital:** Violence affects the household, whose economic resources are strained by the additional expense of covering medical care, and limit the physical and/or mental capacity of survivors to fill their domestic tasks and/or engage in productive activities. This shortfall increases the vulnerability of households by limiting their resources in the event of a crisis.

- **Physical capital:** Unequal access of women to education, training, information, land ownership or control of the family budget limits the physical capital of the home that would allow all members to better protect themselves or adapt in times of crisis.

- **Social capital:** Survivors of sexual violence and unmarried pregnant women face rejection by their families and communities, which affects their ability to save or access financial support. Household abandonment by the head of the family affects the social capital of the rest of the household, and men who emigrate in search of new livelihoods also disengage from village institutions.

- **Natural capital:** The risk of violence that women and girls are exposed to when they move outside their village or camp to obtain water and firewood could potentially limit their access to natural resources, though testimonials do not confirm this hypothesis.

Moreover, these limitations represent a risk factor for VAWG, especially sexual exploitation, by increasing women and girls’ vulnerability. To sum up this vicious circle, violence affects the livelihoods of survivors while the lack of resources or capital increases the risk of violence.

VAWG also affects other processes of social change, by 1) limiting the opportunities for survivors to access knowledge and information; 2) repressing collective and forward-looking decision-making processes; 3) restricting learning opportunities, although findings show that women continue to innovate; 4) tolerating the impunity of the perpetrators of violence; and 5) supporting social norms that maintain unequal and discriminatory power relations.
Gender inequality, and even more so violence against women, can have problematic consequences for resilience-building – from precarious reproductive health to a low literacy rate, there are a number of institutional obstacles that prevent women from accessing the same opportunities as men and from exercising decision-making powers on an equal footing. This limits the resources women are able to mobilise in the event of a crisis but also those of members of the dependent household.

In the face of violence, there is a gap between the humanitarian response in emergency situations and the failures of the relevant institutions to tackle and respond to every day GBV. In times of crisis, the multi-sectoral response initiated by NGOs and UN agencies is based on well-established protection principles and processes that address and help prevent GBV. However, while the mechanisms put in place help refugee and internally displaced populations, they are not a sustainable response to the violence facing women and girls in local communities on a daily basis, because these are not the target population and because such mechanisms do not remain once humanitarian aid has left the area. In this context, the role of civil society organisations in protecting survivors and providing psychosocial and legal support is crucial.

If, in the face of VAWG, there are only mitigating measures adopted – for example supporting survivors’ health or their economic capital – but no action is taken to respond to the underlying structural causes of violence and inequalities, projects will contribute only moderately to build the resilience of aid beneficiaries. This report examines the approaches used, or those that could be used, to build resilience and fight against the processes that promote exclusion and vulnerability:

- Access to reproductive health;
- The importance of women’s groups;
- The role of the authorities, including traditional and religious leaders;
- Large-scale awareness of VAWG;
- A holistic response to violence to help survivors;
- Gender mainstreaming in cross-disciplinary resilience programmes.
1. INTRODUCTION

‘What brings violence to our community is the insubordination of our women and poverty’. Village chief, Sila region.

At first sight, the link between social problems, such as violence against women and girls, and the resilience of communities to disasters or environmental crises is not obvious. Yet the consequences of everyday violence – that is, violence that is not necessarily perpetrated in wartime and by combatants – has a noticeable effect on the physical and psychosocial health of those who are violated and their abilities to carry out their livelihoods independently. Yet people rely on sufficient and secure livelihoods to survive, particularly if they live in a fragile economic and political context and/or in an environment exposed to a changing climate (Koester et al., 2016).

In Chad, a central country of the Sahelian zone, the population faces a wide range of risks whose effects are mutually reinforcing: a recurring risk of drought and the silting-up of the ouadis (semi-permanent streams); severe food shortages that affect one in five people (OCHA, 2016); politico-military instability and subsequent population flows (Favre, 2007; Medard and Ozias, 2007); rising food prices (following closure of the Chadian border with Libya in January 2017) (APA, 2017); extreme rainfall and recurring floods (RFI, 2014) as well as the negative effects of climate change (Republic of Chad, 2010).
Facing these risks, the Chadian population is vulnerable overall: more than half (55%) live below the poverty line and 4.7 million people (32% of the population) have needed humanitarian assistance in 2017 (OCHA, 2016). However, vulnerability depends not only on the factors that shape the geographical, political and economic marginalisation of communities but also on a system of power that excludes certain individuals within their communities and within their households. These exclusion factors are often related to people’s social identities such as age, ethnicity, religion, sexual orientation and gender (Le Masson and Lovell, 2016).

The social aspect of vulnerability to climate change and disaster risks all too often remains simplified and generalised to highlight vulnerable groups (e.g. women or the elderly) who become the target recipients of any humanitarian projects and developmental projects (Twigg, 2015). Of course, a growing number of international policies (e.g. the Sendai Framework for Action 2015–2030, the Paris Climate Change Agreement) recognise these social groups as agents of change who should be integrated into all development planning designed to build resilience. However, few studies or programmes have sought to question the factors that sustain the vulnerability of the most marginalised or that prevent them from being fully involved in the decisions and activities that affect their daily lives.

Gender-based violence (GBV) (see Section 4 for definitions) is typically an exclusion factor for those who are victims of abuse and a manifestation of the domination of one gender above the other, not only in times of crisis but also as part of everyday life. In Chad, there is a considerable amount of non-conflict violence, mostly against women and girls. Nationally, according to the 2014–2015 Demographic and Health Survey (DHS, or EDS – Enquête Démographique et de Santé/MICS – Multiple Indicator Cluster Survey), more than one third (35%) of women aged 15–49 who are not single have been victims of physical, psychological and/or sexual violence by their spouses at least once in their lifetime (INSEED et al., 2015). Of these, almost half (49%) reported being injured in the past 12 months as a result of spousal violence (ibid.).

Despite the scale of the phenomenon, and although non-governmental organisations (NGOs) are regularly faced with the problems of violence women and girls experience (Mercy Corps, 2014), the fight against ‘everyday’ violence is not systematically integrated into resilience projects. Yet it is assumed that violence negatively affects the capacities of those who have been exposed to it or have survived (as well as that of their household members) to face multiple risks. By not taking into account violence against women and girls (VAWG), are development approaches inequitable and do they lead to unequal outcomes? Furthermore, could the quality and impact of interventions aimed at building resilience be improved by taking VAWG into account?

1 Hereafter referred to as EDS/MICS 2014–2015.
This study is part of the BRACED (Building Resilience and Adaptation to Climate Extremes and Disasters) programme, funded by the UK Department for International Development (DFID). In Chad, BRACED is being implemented by Concern Worldwide with its partners the World Agroforestry Centre and The Feinstein Institute.

This study partners with Oxfam Intermon as part of its programme funded by the EU Trust Fund, which aims to support employment, resilience and social cohesion in the Sahelian belt and the area surrounding Lake Chad. This programme is implemented by a consortium of international NGOs (Oxfam, Care and Action contre la Faim), and their local partners CHORA, AIDER and ARDEK.

Research objectives:

1. Demonstrate the impacts of VAWG on resilience capacities at individual, household and community levels.

2. Demonstrate how relevant it is for resilience programmes to take into account the issue of violence.

3. Determine whether or not resilience programmes support equal and equitable development approaches (even if they do not address the issue of violence).

4. Establish which processes of social change can be supported in development programmes to build resilience and combat violence.

5. Determine who is best placed to address the social norms that create violence and prevent the building of resilience.
This study seeks to answer two main research questions:

1. How does everyday violence affect the processes of social change needed to build resilience capacity?

2. How can/should resilience programmes take into account violence against women and girls?

To answer these questions, the analysis presented in this report is based on a conceptual framework that combines two research areas: the ecological model of violence against women, and resilience to disaster risk and climate change.

2.1 Violence against women and the ecological model

Violence perpetrated against a person because of their sex and the status they have in a given society or culture is a sexist phenomenon, rooted in inequalities that exists between men and women around the world (Baker and Cunningham, 2005). Given the historical dominance and discrimination of women by men and the disproportionate number of women and girls who are victims of violence (Council of Europe, 2011; WHO, 2013), one generally speaks of VAWG, although men and boys also experience GBV, especially sexual violence (UN Women, 2015).
The Istanbul Convention recognises that violence against women is one of the social mechanisms by which women are held in a subordinate position to men (Council of Europe, 2011). Based on this principle, this study uses a human rights approach, which recognises, among other things, that people targeted by development projects, are not only recipients of aid but also holders of individual rights that must be respected and protected. The guarantee and exercise of these rights (those of men and women) must therefore be at the heart of developmental programmes if NGOs are to promote gender equality.

To better understand the impact of actions designed to assist in the fight against violence, the ecological model constitutes a framework of analysis widely used in research into violence against women, young people or the elderly (Heise, 1998, 2011; Garcia-Moreno et al., 2012). This model helps us understand the root causes and risk factors of violence by taking into account the context in which people live, whether they are perpetrators of violence or ‘survivors’. This context influences the condition (physical and mental health or access to basic services), and the position (status and the social recognition granted) of an individual and their ability to reject gender norms and male domination. The risk of perpetrating or suffering from violence is thus understood at four different levels:

- The **individual level** covers a person’s personal history and biological characteristics that will influence their behaviour.

- The **relationship level** explores how social behaviours, attitudes and dynamics are influenced by other household or family members, as well as economic resources and levels of education. At this level, it is necessary to examine how interpersonal relationships, and prevailing social norms, influence the institutions of marriage, sexual behaviours that are tolerated (or not tolerated) and the opportunities for men and women to occupy different roles, to access information or to engage in income-generating activities (Marcus, 2014).

- At the **community level**, intermediary institutions (both formal and customary) can allow, or prevent – depending on the context – the implementation of public health and protection programmes and channel funding towards activities against GBV. Analysis at this level needs to examine the existence and performance of protection services (shelters or police services), health services (clinics, hospitals, psychosocial support centres) and legal and judicial services (legal assistance in divorce matters, custody matters, inheritance; sanctions against cases of violence; lawyers, criminal courts, high courts). It should also explore the importance of traditional institutions and religious norms, particularly in community-based conflict resolution (Samuels et al., 2017).

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2 The terms ‘victim’ and ‘survivor’ are interchangeable. ‘Victim’ is often used in the legal and medical fields. ‘Survivor’ is the most commonly used term in psychosocial support areas (IASC, 2005). See also UNFPA (2017).
Finally, at the societal level, the macroeconomic, historical, ideological and political legacies of the country or geographical region influence the governance in place, the ratification of international conventions on the rights of women, the existence of national policies that promote equality and the allocation of public funding or aid to the social sector.

Integrated analysis of these different levels makes it possible to understand the factors that perpetuate violence and potential areas for intervention to change discriminatory social norms.

2.2 Resilience capacities

The second area of research focuses on building resilience to disaster risk and climate change. In this study, resilience refers to the ability of individuals, their homes and their communities to anticipate, avoid, confront, recover from and adapt to natural hazards and environmental changes (DFID, 2014) so that impacts are the least destructive possible. This conceptualisation of resilience supposes that socioeconomic systems have a number of properties that allow them to function (Bahadur et al., 2015) and to be destabilised as little as possible when a crisis occurs (owing to a natural hazard, a conflict, a humanitarian disaster or a combination of all three).

The ability to cope with crises, whether spontaneous (e.g. flood damage) or prolonged (e.g. a famine that lasts years), stems from processes of social change, which themselves influence resilience capacities that individual and collective actions can improve. We base this conceptualisation on Oxfam’s framework and approach guidelines (Jeans et al., 2016) (see Figure 1).

Figure 1: Conceptual framework for understanding how VAWG affects processes of social change and resilience capacities
2.2.1 Processes of social change

This approach views resilience through permanent, mutually reinforcing, processes of social change:

1. **Securing and strengthening livelihoods** – processes to preserve and develop human, social, natural, physical and financial capital at household level;

2. **Access to information** – a process that helps people exchange information and knowledge to support decision-making and action;

3. **Flexible long-term planning** – a process that enables and enhances collective, flexible, future-oriented decision-making;

4. **Learning and innovation** – a process that allows people to learn together, supports experimentation and increases the potential for innovation (social and technological);

5. **Responsible and accountable governance** – processes that secure accountable and enabling states and institutions;

6. **Gender justice and the power to speak and act** – processes to promote gender justice and increase the voice of the individual, empowerment and participation, including conflict resolution.

This categorisation provides a useful analytical framework to better understand how development programmes can support certain processes to build resilience. The order in which these processes are supported will depend on the intervention context. For example, activities that support access to information can help strengthen the power of marginalised people and their participation in decision-making processes. These processes can also support responsible and accountable governance. Hence integrated approaches are relevant to promote social change processes across multiple levels and in different sectors (Jeans et al., 2016).

2.2.2 Resilience capacities

The combination of social change processes creates a favourable context for community resilience through the development of three capacities:

- **Absorptive capacity** refers to the ability to develop protective actions to cope with crises that may continue to occur as a result of climate change and prolonged conflicts in many parts of the world.

- **Adaptive capacity** makes it possible to develop new strategies to better manage natural hazards and progressive adjustments in anticipation of or in response to a change, in order to create greater flexibility. This is necessary because changes are continuous and uncertain, and require sustained commitment.

- **Transformative capacity** is the ability to affect economic, social, cultural or political change aimed at eliminating or reducing vulnerability, and hence the risk of being affected by a crisis. Transformation involves
reducing inequalities because people who are socially, culturally, financially and politically marginalised are also more vulnerable to risk (Pelling, 2011). The transformation of unjust social relations or inequalities of power is thus necessary because resilience goes beyond the fact that only the most privileged individuals survive a crisis. In this sense, resilience – as defined by Oxfam – is ‘the ability of women and men to exercise their rights and improve their well-being despite traumatic events, stresses and uncertainty’ (Jeans et al., 2016).

A socioeconomic system with these capacities is less likely to be destabilised by crises and more able to ensure the protection and well-being of people and for human development to continue to progress in places that are exposed to natural hazards and climate change.

To conclude, combining these areas of research leads to the creation of a framework for understanding how to build societies that are resilient to disaster risks through promoting more just and equitable gender norms.
This study is based on a qualitative methodology that has explored how violence affects survivors’ resilience, as well as the potential approaches resilience programmes could implement to better address violence and its impact on resilience. Indeed, the purpose of this report is less to generalise on the prevalence of VAWG but more to document the processes that seek to exclude and perpetuate vulnerability in women and girls’ respective contexts and to inform NGOs in this regard.

Data was collected through the use of pre-existing surveys documenting the nature and extent of GBV in Chad. This secondary data comes mainly from the EDS/MICS 2014–2015 and reports by UN agencies and NGOs. Additionally, we used qualitative tools to collect primary data, in accordance with the ethical principles of the World Health Organization in terms of participant and researcher safety and quality of information (WHO, 2007). Semi-structured interviews were conducted with key informants, including national and international staff from Concern, Oxfam and other NGOs and UN agencies working on resilience and protection, as well as representatives of local and regional authorities and members of village associations. ‘Life stories’ or in-depth interviews were also conducted with villagers and survivors of violence. Finally, several focus groups were conducted with women’s and youth groups (see Table 1).
We selected interview participants partly through targeted sampling informed by NGO staff members and local individuals in positions of influence. For community participants, ‘snowball’ sampling also enabled us to approach those recommended by interview participants or by NGOs. Quoting is anonymous, to protect the identity of the participants, but we indicate affiliation and/or place of work or residence when appropriate to provide context.

Data was collected in the capital N’Djamena and in the regions of Sila and Barh el Ghazal (BeG) in Chad – in order to contextualise the effects of VAWG on resilience. Fieldwork was conducted by three researchers (one national and two internationals) from the Overseas Development Institute (ODI), Lead Chad and Oxfam Intermon, in collaboration with Concern Worldwide, between March and June 2017.

Table 1: Number of participants in the study

<table>
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<th>Sila</th>
<th>Barh El Ghazal</th>
<th>N’Djamena</th>
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<tr>
<td></td>
<td>Total</td>
<td>Women</td>
<td>Men</td>
</tr>
<tr>
<td>No. of individual interviews</td>
<td>23</td>
<td>7</td>
<td>16</td>
</tr>
<tr>
<td>No. of focus groups (no. of participants)</td>
<td>3</td>
<td>3 (20)</td>
<td>-</td>
</tr>
<tr>
<td>No. of total participants (individual interviews, group and discussion groups)</td>
<td>49</td>
<td>28</td>
<td>21</td>
</tr>
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</table>

Data was recorded with a recording device and/or written notes (depending on participant consent). The analysis is based on the analytical framework of the ecological model of violence and processes of social change necessary to achieve the resilience capacities, as explained in Section 2.
**Box 1: Sila**

The Sila region in eastern Chad shares a border with Sudan and the Central African Republic. The chief town is Goz Beida.

The area combines pastoral farming and agriculture. Livestock farming is practised extensively by pastoralists who roam with their herds to the north during the rainy season and descend in November in search of pasture, and by farmers (Fourissala and Gormo, 2013). Agriculture depends on rainfall, with annual averages in the order of 500–900 mm of water and some permanent or semi-permanent streams (*ouadis*). Crops grown include food crops (maize, millet, sorghum), cash crops (groundnuts and sesame) and market gardening in flood-prone areas. However, soil poverty, pest infestations and fluctuations in rainfall make agricultural production weak (Boubacar, 2012). One in every three people in Sila are food-deprived (OCHA, 2017a).

Road infrastructure in Sila is limited and often crossed by the seasonal *ouadis*, which block passage and make it difficult to transport goods and people and access markets or health centres. In 2013 and 2014, eastern Chad was hit by floods that forced thousands of people to move (IDMC site).

Regional education, water and sanitation and health systems suffer from a lack of infrastructure and trained personnel. Patients typically have to travel 30–40 km to seek treatment (OCHA, 2017a). People are exposed to water-borne diseases (hepatitis, meningitis and polio) as a result of poor access to drinking water, especially in areas where displaced populations have returned (ibid.).

Between 2006 and 2008, armed conflict, inter-ethnic violence and attacks by roadblocks displaced more than 181,000 people. The peace agreement between Chad and Sudan, signed in January 2010, contributed to the return of the displaced or their settlement in other regions. More than 71,000 people, however, remained in internally displaced person (IDP) camps around Goz Beida, and the region hosts more than 68,000 Sudanese refugees (OCHA, 2016).

The presence of refugees, displaced persons and humanitarian aid recipients has an impact on the living conditions of local populations, given the already limited natural resources. During the humanitarian crisis in eastern Chad, GBV accounted for 55% of all reported human rights violations (Solhjell et al., 2010).
Box 2: Barh el Ghazal

BeG is a semi-desert region located in north-western Chad in the Sahelian belt. It has three departments: BeG North (chief town Salal), BeG West (chief town Chadra) and BeG South (chief town Moussoro). The city of Moussoro is also the chief town of the region. BeG had about 257,267 inhabitants, according to the last census (2009) (Republic of Chad, 2012b). Almost half of the population in BeG is nomadic (49%); the other (51%) is composed of sedentary and agro-pastoral groups. The vast majority of the population is rural and works mainly in agriculture and livestock – both highly dependent on rainfall patterns. Climate shocks have been frequent in recent decades, while droughts and other natural hazards are chronic and have a negative impact on agro-sylvo-pastoral production.

In the face of climate variability, the region is very vulnerable: 60% of the population is composed of poor and very poor households (according to the Household Economy Analysis – HEA) and food deprivation is high (areas classified in phase 3 according to the Harmonized Framework of March 2016) as are malnutrition rates (overall acute malnutrition greater than 13% in the area).

Despite its production potential, this region has recurring production deficits, even in years considered normal, the agriculture sector, which is very underdeveloped, does not always meet the food needs of the population. As for the pastoral situation, it is characterised more and more by falls in livestock prices, which can vary from 20% to 50% depending on the sub-prefecture and the type of livestock, and a drastic reduction in the grazing areas, against a backdrop of rising prices of staple foods, notably cereals, and civil insecurity that disrupts transhumance. Located on cross-border transhumance corridors, the population is facing recurring conflicts over scarce natural resources (particularly water) and significant migratory movement. Such movement is both seasonal (young men, poor and very poor, who leave for urban centres after the harvest and return in May or June to participate in the new crop year) and long term (towards Central or West Africa, or Europe).

4.1 The biggest risk: being a girl

Violence is a major risk for women and girls, not just during conflict but every day. According to Chad’s EDS/MICS 2014–2015, a third of women (33%) reported having been physically or sexually abused at any time since the age of 15. In BeG, the person in charge of the Moussoro urban health centre interviewed in June 2017 recorded an average of five to ten cases of violence per month, all of them involving minors.

According to the EDS/MICS, the risk of experiencing violence is higher among women with primary education (45.5%) compared with 31.6% among those who did not receive school education. This finding is, however, contradicted by the testimony of a midwife at a health centre in Moussoro, BeG:

*Since I was there, I have not come across any girls in school who had early pregnancies or been raped. Rape is more common in rural girls, perpetrated by city boys when village girls come to sell on market days, boys follow them into the bushes when they come home very late, and rape them.*
Box 3: Definitions of types of gender-based violence

**Gender-based violence (GBV):** Violence against a person because of his/her sex and the place a society gives him/her.

**Violence against women and girls (VAWG):** Violence against a person on the basis of sex that recognises the link between the lower status of women in society and their increasing vulnerability to violence.

**Rape:** Penetration of the vagina, anus or mouth with a penis, body part or object, without the voluntary consent of the individual. This includes marital rape, or sexual intercourse imposed on a woman by her husband, against her will.

**Sexual assault:** Any form of non-consensual sexual contact that does not result in or is not accompanied by penetration.

**Physical aggression:** Physical violence that is not sexual in nature, for example hitting, slapping, choking, cutting, pushing, burning of an individual, shooting a person or using other such weapons, acid attacks intended to cause pain, discomfort or injury.

**Domestic violence:** All acts of physical, sexual, psychological or economic violence that occur within the family or home or between former or current spouses or partners, regardless of whether the offender shares or shared the same residence as the victim (according to the Istanbul Convention: Council of Europe, 2011).

**Denial of resources, opportunities or services:** Denial of access to resources/economic goods or livelihood, education, health or other social services which the person has a right to access.

**Psychological/emotional violence:** The infliction of psychological, emotional or mental harm, for example threats of physical or sexual violence, intimidation, humiliation, contempt, harassment, unwanted affection, remarks, gestures or writings of a sexual and/or threatening nature, destroying objects of sentimental value, insults, etc.

**Marriage of children, early marriage and/or forced marriage:** Marriage of a person against his or her will and/or consent. All cases of early marriage – that is to say, of children under 18 years – are considered forced marriages, as well as traditional practices such as wife inheritance and sororate marriage.

**Female genital mutilation (FGM):** Any practices that inflict damage to the female genitalia for non-medical purposes. These are classified into four categories: clitoridectomy – partial or complete removal of the clitoris; excision – partial or total removal of the clitoris and labia minora; infibulation –
narrowing of the vaginal opening by a cover seal created by the cutting and repositioning of the inner or outer lips; other – all other practices harmful to the female genital organs for non-medical purposes, such as stinging, perforating, incising, curettage and cauterising the genitals (according to the glossary in UN Women, 2015).

Source: UNHCR (2003); UN Women (2013).

The EDS/MICS 2014–2015 suggests the age of a woman is also a risk factor. Indeed, 35% of 30–39 year olds have experienced physical violence at any time, compared with 18% of 15–19 year olds (see Figure 2). Experiences of physical violence are also more common among Christians (43% among Catholics, 37% among Protestants and 19% among Muslims), but these differences fade away in the case of sexual violence (Figure 3).

Figure 2: Proportion of women who have experienced physical and/or sexual violence, by age

Adolescent girls also face two major risks: Female Genital Mutilations (FGM) and early marriage (Amnesty International, 2011; EDS/MICS 2014–2015).

4.1.1 Female genital mutilation

FGM continues to be widespread in Chad, although it is less and less reported because of the passing of the Reproductive Health Law (006 of 2002), which condemns all forms of violence against women. In 2015, nearly two in five women (38%) reported having been circumcised, down from 45% in 2004 (EDS/MICS 2014–2015). However, the degree of prevalence varies considerably according to residence, ethnicity and literacy level (Alhascari and Guiryanan, 2015). In Sila, almost all women are circumcised (93.2%), unlike in BeG region, where rates are very low (5.5%) (Figure 4). Almost all women in the Arab (85%) and dadajo/kibet/mouro (92%) ethnic groups have experienced the practice (EDS/MICS 2014–2015). In Goz Beida, a local authority representative indicated that FGM continued to be practised, but informally:

*Previously circumcision was performed to a backdrop of beating drums in great ceremonies around the town. Now even those who do it, hide in the bush in agricultural camps during the rainy season and they do it underground.*
4.1.2 Early marriage

Despite a 2015 law that sets the official age of marriage at 18, early marriages remain the norm in Chad and girls continue to be the subject of family and religious arrangements as soon as they have their first period. At the time of the EDS/MICS 2014–2015, 30% of women aged 25–49 had married before the age of 15 and 70% before the age of 18. The median age of women who first got married was estimated at 16.1 years, whereas men tend to get married at 22.8 years (Figure 5). In BeG, early marriage was the most cited form of violence in interviews:

*Early marriage is a custom in our community, but a real danger for the girl: pregnancy, surgery, death and also several cases of running away.*

[Discussion with group of young people]

![Figure 5: Median age of entry into first marriage, by sex](image)
Early marriage brings high health risks for young girls who become pregnant before their reproductive system has fully developed. These risks threaten the health of adolescent girls, but also that of their children. At the national level, the early (under 20 years) but also late (over 40 years) age of mothers at the birth of children represents a risk factor for infant mortality (EDS/MICS 2014–2015). A gynaecologist invited to a panel discussion on the occasion of International Women’s Rights Week in N’Djamena in March 2017 outlined significant reproductive health implications for girls circumcised and married at a very young age:

Girls who are married at the age of 12, they have not finished their growth, their vagina is still immature, and this type of violence sees notable complications in childbirth. This is called fistula... These women who are victims of rape, in the home, or after a forced marriage, at a young age, experience complications during childbirth. Because they give birth at home, they do not consult a professional, and it is the traditional birth attendants who do it, and they do not take into account their size or immature pelvis; they give birth to a stillborn child and can have a fistula. These girls who suffer fistula, they are unable to control urine and stools every day, and the majority are abandoned by their husbands.

4.2 Domestic violence: illustration of unequal power relations

Domestic/spousal violence is the most frequently reported type of violence among local, internally displaced and refugee populations in Chad (Global Protection Cluster, 2012). More than a third (35%) of women aged 15–49 who are not single have been victims of violence or physical, psychological or sexual abuse by a relative (EDS/MICS 2014–2015) (Figure 6). More than 71% of non-single women cite their husband or partner as the primary perpetrator of physical violence (76% cite them in the case of sexual violence). But they also report physical abuse by their mother or their father’s wife; this affects more than one in ten couples (12%), and especially single women (more than two out of five, or 43%). This finding nuances the common understanding that it is usually men and/or fighters who perpetuate violence against women. For example, 24% of women who had experienced violence in the 12 months prior to the EDS/MICS 2014–2015 had also assaulted their spouse. Nevertheless, it remains the case that GBV mostly affects women.
At the national level, non-single women in Chad most often report having been slapped (24.1%), insulted and belittled (20.4%), beaten (10.4%), and physically forced to have sex with their husband/partner when they do not want to (8.6%) (EDS/MICS 2014–2015). The testimonies of participants in our study corroborate the national data on the extent of physical, sexual and psychological violence against women and girls in everyday life, but particularly highlight domination by men and the multiple facets of violence that interact and reinforce each other (see Table 2).

Table 2: Violence against women and children, as reported in interviews

<table>
<thead>
<tr>
<th>Abuse of power and domination</th>
<th>Psychological violence</th>
<th>Economic violence</th>
<th>Physical violence</th>
<th>Sexual violence</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Forcing girls and women to marry</td>
<td>• Scorn, denigration</td>
<td>• Denial of resources</td>
<td>• Hitting in the face</td>
<td>• Rape (women, teenage girls and girls)</td>
</tr>
<tr>
<td>• Prevent girls from attending school</td>
<td>• Abandoning the home</td>
<td>• Depriving a woman of or monopolising her resources (bags of millet, money)</td>
<td>• Thrashing/ beating</td>
<td>• Deflowering</td>
</tr>
<tr>
<td>• Prevent women from going to the health centre</td>
<td>• Threatening to marry another woman</td>
<td>• Preventing women from working</td>
<td>• Cutting the throat of one’s daughter who refused to marry the man chosen for her</td>
<td></td>
</tr>
<tr>
<td>• Preventing an abortion or forcing women to abort</td>
<td>• Reminding women they are inferior to men</td>
<td>• Asking the family of a woman who wants to separate from her husband to repay twice the dowry</td>
<td>• Abusing Koranic school students</td>
<td></td>
</tr>
<tr>
<td>• Forcing women to stay at home</td>
<td>• Insults</td>
<td>• Prostitution of destitute women</td>
<td>• Kidnapping girls</td>
<td></td>
</tr>
<tr>
<td>• Preventing women from accessing contraception</td>
<td></td>
<td></td>
<td>• Beating a daughter to death because she became illegitimately pregnant</td>
<td>• Rape of students</td>
</tr>
</tbody>
</table>
In terms of factors exacerbating spousal violence, alcohol consumption has a clear influence on the proportion of women reporting psychological, sexual and especially physical abuse: half of women whose husbands are sometimes drunk (64% when he is often drunk) reported violence in contrast to 25% of women whose husbands do not drink alcohol (EDS/MICS 2014–2015). The interviews in Sila and BeG also highlighted the links between alcohol and violence and the fact that many women saw their income monopolised by their spouse, who used the household money for personal consumption, such as for alcohol. According to a local authority representative in Goz Beida:

The most specific violence is physical violence and the denial of resources…
The man, he usually does not work, but the day of the market, he goes to see his wife who runs a small business, to say, ‘You give me some money to go to drink with friends, to eat meat.’ If she does not give it to him, either she is corrected or, if he has another woman somewhere, he goes to the other side [he moves to his other wife’s house], or sometimes it even leads to divorce or beating.

According to a World Food Programme (WFP) and UN High Commissioner for Refugees (UNHCR) evaluation report (2012), food assistance agents in refugee camps in southern Chad have observed that spousal violence increases in the days following food distribution. Conflict erupts when men want to force their wives to sell part of the ration to buy alcohol and ‘luxury’ food (meat, fish), or when they demand sex after having consumed alcohol.

The national EDS-MICS 2014–2015 also suggests it was women who are divorced/separated who reported the highest level of spousal violence. Women in couples who worked and received financial compensation also reported experiencing spousal violence more frequently than those who did not work (Figure 7).
Interviews in Sila indicated that it was above all the unequal sharing of resources within households that caused violence, as well as inequality in terms of workload. As one villager from Charao, in Sila, explained:

*If there are conflicts, it is because all the burdens of the home are on the woman. And the men keep everything, do not share and take other wives – that’s how the violence begins. When there are too many chores, the woman cannot manage her field, she is forced to work on another’s field. And the man either deserts the home, or he hits you.*

Participants in a discussion also considered that polygamy creates unfavourable positions for women (see Box 4).

**Box 4: Discussion with members of a farmers’ federation in BeG**

[What are the biggest challenges for women in your community?]

*There are many divorces because of polygamy and there are two scenarios: either the man cannot properly care for his entire family or he abandons the oldest for the benefit of the youngest.*

*Women are the losers in the event of divorce here. If she takes the initiative to leave, she loses everything because she has nothing to take away. She is not compensated. We’ve heard about civil marriage, but our husbands do not want to do this, and we do not know what that can bring.*
There was an example in the community that hurts us today. A woman selling porridge was stolen by her husband to maintain prostitutes. When she reacted, her husband hit her. She came to complain to her neighbour who advised the woman’s mother to get her daughter back.

[Do you think it’s better? [for this woman to go back living with her mother]]

Even living alone for the women in our community is very difficult. If you do not have a husband, you have no freedom. You are always harassed when you go out, especially when you are young.

This inequality of power is observed every day and shows that violence against women is not confined to conflict but rather represents a daily manifestation of patriarchal domination (see also the analysis of gender inequalities carried out by the government: Republic of Chad, 2011). A gynaecologist from N’Djamena illustrated this point:

*We must not think this violence against women is only happening during war, that women are abused and raped and tortured only during conflict, but also in our homes as well. Violence is a daily occurrence.*

### 4.3 Social norms that discriminate and do not protect women

Attitudes and behaviours related to the domination of women and girls by household, family or community members govern social norms that legitimise polygamy, do not tolerate extramarital pregnancy and hold girls and women responsible if they become pregnant outside marriage. A representative of an association that advocates for women’s rights illustrated this point:

*There was a case of rape of a 14-year-old girl by a soldier. It was the night she came back from the market. She became pregnant and gave birth to a girl. Her father said he didn’t want to see the baby in his home. The girl ended up throwing her baby in the trash. In the morning, the baby was found alive and after an investigation the girl was found. Considered guilty, she ended up being sentenced to three years in prison in N’Djamena.*

A youth group discussion in Moussoro also underlined how girls are responsible for early pregnancies, but that their parents should take better control of them to prevent such cases:

*You also have to understand parents, because nowadays girls have become too perverse, and drugs and pregnancy are common. It takes awareness, education to change behaviour at the level of girls and young people. There are mothers who advise and follow their daughters, but nowadays many parents have resigned [from their role].*
Women and girls are often held responsible for the occurrence of violence, by both men and women. In Sila, according to a leader of a woman’s community group:

*The most common cases are domestic violence... but often it is the woman who is at fault. She does not want to understand her husband and even lacks respect for him.*

A canton chief also highlighted the situation for women who are alone at home:

*If the woman is confident, she refuses [the advances]. The non-confident let it happen, that’s where there are problems.*

When asked what the challenges were in the home, members of a women’s group in Moussoro said physical violence occurred when women refused to sleep with their husbands. A representative of an international NGO in Goz Beida also observed:

*Even when victims, women will never complain because for them it is normal, for example early marriage, FGM, domestic violence, are things that, are in general, culturally tolerated. And no one will pretend to complain to an organisation or to social assistance to say that, ’My husband hit me’, because very often they say he has the right to hit her, so if he strikes her sometimes, they say they deserve it a little.*

Meanwhile, women with HIV also experience guilt and blame. According to the head of an urban health centre in BeG, cases of violence are often associated with conflict between couples with HIV, and often lead to divorce, especially when the husband is negative. According to the centre’s staff, in the case of polygamy, women who are HIV-positive are divorced. In Chad, 1.6% of adults aged 15–49 years are HIV-positive, with a slightly higher percentage among women (1.8%) than men (1.3%), and a prevalence that is higher in urban than in rural areas (EDS-MICS 2014–2015). In addition, the percentage of people living with HIV is significantly lower among women in couples (1.6%) than among those who are not in a relationship anymore, with a prevalence rate of 4.3% among divorced or separated women and 6.9% among widows (ibid.). However, a report by the UN Children’s Fund (UNICEF, 2010) indicates that two thirds of actual HIV cases are not registered in hospitals, particularly because of the persistent stigmatisation of, and discrimination against people living with HIV, as well as inequality of access to and/or low utilisation of services.

### 4.4 Informal community institutions that reinforce discriminatory norms

The local governance system maintains barriers that constraint the filing and handling of complaints. In eastern Chad, formal justice institutions are very limited or non-existent, and rural residents depend on customary courts presided over by village chiefs or canton chiefs (IDMC and NRC, 2010). Complainants often prefer these courts because of the higher speed of judgement, and because of the uncertainty and difficulty involved in engaging in a formal, non-functioning
judicial system (ibid.). For those who are aware of the existence of the Association for the Promotion of Fundamental Freedoms in Chad (Association pour la Promotion des Libertés Fondamentales au Tchad, APLFT) and who have the means to go to urban centres to talk about their case, this organisation is the legal focal point, known by the majority of development parties interviewed. APLFT support is free. A representative of APLFT in Sila said they recorded an average of four new cases of violence per month, half from areas where populations displaced by the conflicts have returned because they had benefitted from many awareness projects conducted by humanitarian actors in internally displaced camps. In 2016, 10 survivors asked APLFT in Goz Beida for legal advice and assistance in drafting their complaint in French, filing it with the police and drawing up a report.

Generally, social norms also entail valuing the authority of customary institutions to settle conflicts. A police commissioner explained:

\[\text{For a man, it's not good to leave your wife to the police… It is recommended that business be settled at the chief level.}\]

Typically, women have barely any access to governmental authorities other than the village chief, the imam, the canton chief, the judicial police officer and the sultan (in Goz Beida) – the majority of whom are men. Social norms dictate that families must settle their conflicts privately or at least at the village level, and that women support the opinions of the head of the family. A representative of the Association of Women Lawyers in Chad (Association des Femmes Juristes de Tchad, AJFT) explained that cases of rape were generally not reported except in cases of rape of minors.\(^4\) ‘Amicable’ settlement is preferred because survivors and their families consider the social consequences of formal reporting too problematic, as a local authority representative in Goz Beida explained:

\[\text{Rape of minors, for example, frustrates and shocks everyone. And these are cases where the court must punish the perpetrators. But then people say, 'No no, it's ok, we'll settle amicably, we'll pay the dowry, he'll marry her' but usually it's to avoid problems.}\]

A representative of an international NGO based in N’Djamena shared this view:

\[\text{Or the woman will complain, but that’s it, because there is impunity, because no one is going to talk. So, we prefer to manage it amicably, always. Because when the perpetrator comes out [of jail], there is no change.}\]

When asking participants of a discussion in BeG if it were possible to approach the authorities to address problems of violence, they responded:

\[\text{This is a problem that brings money to the leaders so it will not be in their interest that this be solved. They are not a solution.}\]

\(^4\) Talk at the French Institute of N’Djamena on the occasion of International Women’s Rights Week.
Customary institutions also favour early marriages, which many participants in this study saw as a way to prevent early and unwanted pregnancies and the associated shame (see Box 5).

**Box 5: Discussion with group from Federation of Women Tanners, Moussoro, BeG**

[What health problems do you worry about the most?]

*The health of pregnant women, child marriage, especially children married at a very young age (14, 15 years). This is a real problem because they are very small to take care of the home and when they fall pregnant the consequence is the fistula or they die giving birth.*

[Why is there early marriage?]

*It is to avoid pregnancy outside marriage, which is a disgrace because it is illegitimate in our community.*

[Why do girls have pregnancies out of wedlock?]

*The girls go with the men to satisfy their needs (clothes, meals) when the parents cannot provide.*

*There is very little other options when girls face this problem. Giving the girl a wedding before she falls pregnant is the only option.*

*The most serious thing that can happen to a family is to find their daughter out of wedlock. Which is why it’s better to get married early.*

According to the director of a school in BeG:

*Girls are poorly educated and pray for early marriage. This owes in particular to the strong sociocultural and religious norms and customs. Most of the girls who are lucky enough to attend schools are numerous in primary school but they do not get past CM level [age 10–11]. School is perceived by the community as a place of debauchery.*

These findings corroborate those from other studies in Ethiopia, Uganda and Vietnam that show that parents often perceive and use marriage as a way to protect their daughter’s reputation (Harper et al., 2014; Jones et al., 2016). Early marriage helps ensure the virginity of girls as they interact more and more with the opposite sex during their schooling, to ensure parents are respected by the rest of the community (having preserved the virginity of their daughter) and can protect themselves from shame in the case of pregnancy outside marriage. Women who work as tanners also suggested that marriage allows adolescents to meet their basic needs, a finding that echoes studies conducted in other
crisis contexts such as Democratic Republic of Congo and Syria, where women marry to survive. In Somalia and Uganda, marriage is also perceived as a form of protection against sexual violence (Schlecht, 2016).

4.5 Officially egalitarian political context but limited legislative framework

At the societal level, VAWG occurs in a governance context that adheres to international conventions on human rights (see Box 6). The Constitution of the Republic of Chad of 1996, (revised in 2005,5) proclaims that, ‘Chadians of both sexes have the same rights and the same duties. They are equal before the law’ (Article 13). In addition, ‘The State ensures equality for all before the law without distinction of origin, race, sex, religion, political opinion or social position. It has a duty to ensure the elimination of all forms of discrimination against women and to ensure the protection of their rights in all areas of private and public life’ (Article 14). Article 17 reminds citizens that, ‘The human person is sacred and inviolable. Everyone has the right to life, to the integrity of their person, to security, to freedom, to the protection of their private life and property’ and Article 18 that ‘No one shall be subjected to either degrading and humiliating treatment or punishment, nor torture.’

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Box 6: Human rights laws in Chad

**International treaties**

- Universal Declaration of Human Rights
- International Convention on the Elimination of All Forms of Racial Discrimination (1977)
- Convention Against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (accession of Chad in 1995)

**National laws**

- Declaration of the Policy of Integration of Women in Development (1995)

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• Labour Code (1998), which gives equal opportunity to both sexes in employment

• Law on the Promotion of Reproductive Health (2002), which provides for the freedom to choose in a responsible and discerning manner to marry or not to marry and to raise a family, the right to information and education; this also prohibits all forms of violence

• Law on the Protection of the Rights of People Living with HIV (2007)

• Prohibition of Child Marriage Act (2015), setting the official age of marriage at 18

• National Gender Policy (September 2017)

Despite a legislative framework that officially condemns discrimination and violence on the basis of gender, the cultural and religious patriarchy in Chad has institutionalised the enslavement of women and girls at multiple levels in all areas of their lives.

According to one government report (Ministere de la Santé Publique, de l’Action Sociale et de la Solidarité Nationale, 2014), despite international and sub-regional government commitments on gender equality and empowerment, women face the following major obstacles:

• The coexistence of civil law, customary law and Islamic law limits application of the principle of equality affirmed in national legislation and international texts ratified by Chad. In customary law, marriage, property and succession remain determined by sex and masculinity is prioritised (MPS, 2014). There is no individual or family code, as recommended by the Convention on the Elimination of All Forms of Discrimination Against Women, and there is thus confusion as to the status of women in the family. As a result, their decision-making power over family planning is restricted (e.g. on birth spacing or limitation) and they do not exercise the same responsibilities as men on an equal basis, during marriage or when it is dissolved (ibid.).

• In 2015, 40% of over-15s could read and write French or Arabic (48% of men compared with only 32% of women) (UNESCO, 2015). This context means general knowledge on the texts and laws guaranteeing the protection of rights is limited.

• Persistent sexist stereotypes, sociocultural prejudices and certain traditional practices prevent women from claiming their rights and constrain their equitable representation in politics. The National Assembly has only 24 women deputies, out of 188 (less than 13%) (IPU, 2017), which may explain in part why issues of equality and women’s rights are not treated as a priority. For example, the draft National Gender Policy, developed with technical and financial support from Oxfam and the UN Population Fund (UNFPA), was sent to the National Assembly in 2011 but only adopted in the Council of Ministers in September 2017.
• Insufficient financial resources are allocated to government bodies promoting equality, such as the Ministry of Gender and Gender-Sensitive Budgeting. However, there exists a multi-sectoral committee on gender at a ministerial level, composed of representatives from different ministries, civil society and development partners, and there is also a national coordination campaign to tackle GBV since 2010 (MPS, 2014).

Finally, the implementation of policies remains limited, with little occurring beyond a campaign led by the then-Ministry of Social Action, National Solidarity and Family in June 2009 to combat violence against women and girls (IDMC/NRC, 2010). A group of young people in Moussoro felt that, despite the 2015 Prohibition of Child Marriage Act, early marriage had not decreased in frequency:

*The problem has gotten even bigger this year. For example, a seven-year-old girl is already to be married but still lives with her parents while waiting to grow a little older.*

A representative of an international NGO in Goz Beida, Sila, summarised the problem:

*For FGM, which is currently punishable by law, there is no case that has been reported, which is curious… but when you are talking to people in an unofficial way, some women say, ‘Oh but that doesn’t happen anymore’ but when you dig a little, you hear that there may be a small group of girls who have left the camp, far away, they have stayed there and the girls have come back already healed and it has never been reported but they try to hide… The same thing with cases of early marriage, this year we see fewer and fewer cases, but people have hidden weddings – that is to say, the girl stays at home, so they say, ‘No, we do the marriage, we do the dowry, but the girl stays at home so the marriage is not consummated’, so for them it’s a bit as if they bypass the law.*
This section analyses how VAWG influences the six processes of social change as defined in Section 2:

1. Securing and improving livelihoods;
2. Access to and exchange of information;
3. Flexible long-term planning;
4. Learning and innovating;
5. Responsible and accountable governance;
6. Gender-based justice and the power to speak and act.

5.1 Influence of violence on securing and improving livelihoods

In areas that regularly experience natural phenomena such as droughts or floods, adopting strategies that maintain and enhance the human, social, natural, economic and physical resources, or capital, of households is paramount. VAWG negatively affects the ability of not only survivors but that of their household members to secure and strengthen these livelihoods. The testimonies in our
study illustrate how patriarchal domination prevents survivors from maintaining their health, accessing services to meet their basic needs and developing their economic resources.

5.1.1 Human resources

VAWG in Chad happens in a context already characterised by high health problems such as chronic energy deficiency and malnutrition. The EDS/MICS 2014–2015 shows that a high percentage of women in BeG (43%) and in Sila (33%) are in a critical nutritional status. In addition, it is among the youngest women (15–19 years) that the level of chronic energy deficiency is the highest (26%).

Thus, not only are more than one in three women vulnerable to food shortages but also one in three women are at risk of domestic violence, alongside high rates of early marriage and FGM and their disastrous consequences for the reproductive health of girls. Although existing studies in Chad do not establish a statistical causality between spousal violence and food shortages, the occurrence of early marriage and pregnancies in this health context may negatively affect the health status of survivors. For example, volunteers from a health centre supported by Concern in Sila indicate that the majority of patients are very young mothers who come with malnourished children, and sometimes suffer from chronic energy deficiency themselves (see Figure 8).

Figure 8: A nurse from Doroti Health Centre, Sila, weighs a child to determine the need for food assistance

At the same time, the EDS/MICS 2014–2015 indicates that among those who had experienced domestic violence, more than half (51%) reported having been injured in the past 12 months as a result of physical or sexual violence by their spouse. Participants in a discussion in Sila spoke of women who had to be taken to the hospital and/or bedridden as a result of violent beatings by their husbands. A community leader in Sila said:

Sometimes there are even cases where the woman ends up with a broken arm.
Women carry out most domestic and care work in Chad spending an average of 63 hours per week on such tasks (Oxfam, 2013). Violence can thus prevent survivors from fulfilling their ‘responsibilities’.

The impact of violence on women is even more harmful if they do not have the opportunity to seek treatment. Coverage of health services in Sila is limited, with 47 health centres for the entire region – of which 27% are non-functional – and only one physician for 102,300 inhabitants (OCHA, 2017a). Those who need to go to the clinic usually go on foot or by donkey. In the most serious cases, there is one ambulance for the whole department, which can shuttle patients to the hospital located in Goz Beida (see Box 7), provided that the health centre is located in an area where there is mobile signal to allow staff to call the hospital.

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**Box 7: Discussion with dispensary midwife, Sila**

I saw a case, it was a little girl, a 16-year-old girl, she was married to an old man, and the girl got pregnant… And the girl got sick with malaria, she spent two weeks at home, she wanted to come to the prenatal consultation and her husband said, ‘No, she does not move out of the house.’ We wanted to send her to the hospital but the husband was adamant. Until the girl sent for her dad. Her dad brought her here. When the girl came, it was catastrophic, she was pale, anaemic, with complications, everything. And when the gentleman [the husband] came here, he said, ‘Never, bring the girl home! Who ordered the girl to come here?’ I had examined the girl and I said, ‘We wanted to help a little because she had spent two weeks at home and she needs an infusion.’ Because of her anaemia, I could not do it with quinine infusion… I said, ‘This girl, I’m going to refer her to Goz Beida.’ He said, ‘Oh, really!’ He was violent, he said, ‘Never, ever.’ We discussed… I brought the pharmacist in, I explained to her dad, ‘She’s your daughter, the gentleman there married your daughter with the money, but with the money you can go to the market to look after your daughter. Now she is full term, if she gives birth, in these conditions I guarantee she will die.’ So he had to decide, I said, ‘I can call the ambulance and we will take her to Goz Beida.’ The husband said no. The father said, ‘As in our custom, if a woman is already married, her husband decides.’ We did everything, he was categorical. I said, ‘In that case, I’m going to leave the girl, and if she dies, you and the dad, and the corpse, you can explain yourselves to the governor.’ And then, when I mentioned the name of the governor, the father became a little scared. We stayed until the evening and he said, ‘OK’, to me calling the ambulance, he vouched for it. He said, even if the gentleman did not agree, he [the father] would pay him his money [the dowry] back.

I said, ‘you have to pay him back your money and you take your daughter.’ Here there are cases, really, sometimes I stay, I cry.
In response to the health risks associated with violence, research in the Sila region shows that not only is health coverage extremely limited but also girls and women often do not have the decision-making power to access health services, whether for contraception, for pregnancy monitoring, for infants’ health or even for medical emergencies. For example, health staff reported that villagers went to the clinic only if their husbands allowed it. According to a midwife at Koutoufou Health Centre, Sila:

*The girls here are married, and when they are sick their husbands forbid them to come to the hospital. This is violence too.*

The participants of a discussion group in Charao, Sila, confirmed this:

*There are men who are really resistant to women coming to bring their children to the health centre… They think that if the child is sick or unhappy, why should a woman come to expose this child at the hospital, it is shameful, other villagers will think that the head of household does not provide his family, and wonder why they did not migrate to find other means. So they prefer to hide for the first two weeks after their wife has decided to bring the children to the health centre, because of shame.*

An initial project survey by Concern indicates the extent of infant mortality whereby one third of deaths are of children under the age of six (Concern Worldwide, 2016a: 65).

The views and opinions of community members thus influence the attitudes of fathers (and mothers) towards access to health services. The consequences of these social norms, and the domination of women and girls by their husbands, are particularly restrictive in terms of women and girls’ own health and well-being but also for those of their children and, in general, for their home. Social inequalities diminish the human capital of survivors and exacerbate their vulnerabilities during periods of food shortages.

### 5.1.2 Financial resources

Violence has an impact on household economic capital in two ways. First, the negative impacts of violence on survivors’ health can result in the need to pay for medical care. The law establishes that free care is available for those who are victims of violence and want to make a complaint, but in reality, according to several interviews in Sila, patients must assume (or at least advance) the costs associated with obtaining medication or a medical certificate. In BeG, the head of a Moussoro health centre said consultations were free for everyone but drugs had to be paid for, alongside the health book, which costs 200 FCFA (approximately $0.35). In addition, the cost of transport is often prohibitive, as members of a group of artisans in Moussoro emphasised:

*The health centre is far from us and to get there we spend 3,500 FCFA [around $6.20] to rent a round-trip clando motorcycle. If you do not have this money you cannot heal yourself.*
Second, by limiting survivors’ physical and/or mental ability to maintain their domestic responsibilities and productive activities, violence creates a shortfall for the entire household. The health consequences of VAWG can prevent women and girls from diversifying their income and thus that of the home. Moreover, even if their physical abilities allow it, women may be denied the opportunity to engage in income-generating activities by their husbands or relatives, simply because the latter consider that it is not a woman’s place to earn an income. This ‘denial of resources and opportunity’, a form of violence cited by the majority of participants in this study, has a negative impact on the ability of household members to pay for access to basic needs and services (food, education, health, etc.). This is especially true when men do not earn a regular and/or sufficient income and women are not allowed to start or continue small businesses. In this case, the whole household is left without financial resources. A representative of an international NGO based in N’Djamena emphasised these negative repercussions on the rest of the household:

For example, the fact that the woman was beaten, she was not able to run her small business, and as a result, because she was not in the market, there were no means [money], she could not buy anything to feed the children that day. And the children go to sleep hungry. And that can have several consequences. The child can end up on the street, the child can become a delinquent, he can go steal, the girl can go into prostitution, all because of the violence towards the mother.

An excerpt from a discussion with members of a group in Moussoro also illustrates the decision-making power of the husband (see Box 8).

**Box 8: Discussion with a group of women in Moussoro, BeG**

[What do men think about your income?]

They want us to bring them the income back home.

[And what are you doing in this case?]

We cannot do that! We buy food for the house and we take care of our children. When they see that, they leave us alone.

[Have you encountered any other difficulty in exercising your tanning business?]

At the beginning of my activities, there was a meeting organised by the people from N’Djamena that ended at midnight because there was a lot of discussion. When I returned, I was insulted and threatened. He told me, ‘Chokolcou da bigui Azaba wa?’ [Burst of laughter from other participants: ‘Has your thing become prostitution then?’] It was serious but I asked him to apologise and we stayed together. I do not stay in meetings that end late any more but I did not give up my activities. Now he has also understood!
A representative of an NGO based in N’Djamena also highlighted the problem of alcohol:

*When the man spends all his time drinking alcohol, he returns home drunk, he does not provide for family needs, he destroys the product from the field. Because when the money ends... you have to go to the granary storage and take the millet, go out and sell so that you can continue drinking. And that has an impact even on the education of children... because you are unable to pay school fees.*

Hence, both alcoholism and violence have a negative impact on women’s health, household economic resources and access to basic services such as children’s schooling.

### 5.1.3 Physical capital

Whether confronted with violence or not, women face daily social and economic inequalities that can limit their opportunities to develop their physical capital. Unequal access to school education for women compared with men and inequalities in the control of the family budget give rise to differences in women and men’s skills, knowledge and even self-confidence in assuming or deciding to change their role in the family and the community. In BeG, a village chief in Dar El Salam (one of the few women leaders, who became village chief after the death of her husband) explained, for example, that:

*There are buildings and shops recently built for women but they do not have the means to put the goods in them.*

A woman may thus have access to certain resources to develop an economic activity, such as a trade, but without knowledge or skills in budget management, or without the availability of sufficient finance, this activity will not necessarily result in a sufficient or sustainable income.

Moreover, even though the Civil Code gives women and men the same land rights, customary law (recognised as a source of rights under the Constitution) often prevents them from accessing property or inheritance and controlling the means of production (Global Protection Cluster, 2012). In Sila, traditional, male-dominated authorities manage the allocation and use of rural lands, as well as dispute resolution (OCHA, 2012). Without control over land, women find it difficult to develop cash-crop agriculture or to diversify their livelihoods, and generally to invest in physical capital (labour, inputs, pumps, etc.) to increase the yield of agriculture.

In BeG, women practising market gardening for their livelihoods are usually small-scale farmers, because of their limited access to land resources and investment opportunities. Members of a group of women farmers in Moussoro highlighted their concerns:
The fuel for the group, the credits for chemical fertilisers and phyto-sanitary products pose real difficulties. We take these credits from the big male merchants. Women are all in small shops.

One very old woman in the group highlighted the following:

Since I was young, I have been using water in the ouadis with the shadouf [a rocking device used to draw water from a well]. We farm manually, we have had a lot of yield without fertiliser, without a tractor. The NGO that brought us chemical fertiliser, tractors, all that is a lot more expense than revenue.

Lack of physical resources may in turn increase women’s exposure to violence, as highlighted by the president of a national women’s rights association in BeG:

For example, a woman had one rooster and six hens. Then a disease killed all the poultry. She ended up with nothing and had difficulty getting back on track… The women who are in this case are very exposed to risks [of violence] because they are sometimes forced to go to another village to work in the fields of the rich to have money and there, anything can happen.

5.1.4 Social resources

Evidence suggests that survivors of sexual violence face rejection by their families and communities. This is also true in cases of pregnancy occurring outside marriage (see Box 9). According to a midwife at a health centre in Moussoro, a girl who has experienced rape and/or pregnancy outside marriage may suffer the same fate:

No one else is going to marry you; your parents will throw you out.

The president of a national women’s rights association in BeG said girls and women suffered negative impacts on their social resources even in the case of consensual sex:

Sex before marriage takes place in the school environment. But the girl who falls pregnant is rejected by her family and in-laws. The child is declared illegitimate. There have been cases where the girl leaves the house to flee with the father [of her child]. Parents are often very angry when it happens to their daughter. There was a case where the father beat his daughter to death.

This same participant pointed to the powerlessness of mothers:

Often, when the father rejects the girl who has become pregnant, the mother suffers because society does not give her any power to protect her daughter.
Box 9: Interview with a young mother

After I fell pregnant out of wedlock, the father [of the child] had a fatal accident. When this pregnancy was revealed, my parents disowned me and asked me to leave the family home. I went back to a friend and that’s when the president of the organisation brought me to her house. I left school before this pregnancy because it was unbearable as I did not have any support during my studies. When the others have school equipment and clothes and you have no one to support you it is difficult to live.

[How do you see your future?]

My future is very dark because my present is so grim. The look my family gives me crushes me. When my father sent me away, my mother wanted to do something but she was intimidated by my father and everyone cut contact with me for fear of reprisals. I have a sister, married to someone who was proposed by the parents. She is in N’Djamena but does not even call me on the phone. I have no relationship with my family members. This rejection hurts me a lot. I am not alone in this situation yet others are still accepted in their family. My family says that I brought shame upon them and that I am disgraced. I will not do that to my daughter if she happens to be in this situation one day [tears]. I will encourage other girls to talk to me and to feel a solidarity with me because if I had been surrounded by people who had lived the same experience as me then I would feel some relief.

Another form of violence that affects the social resources of household members is when the husband or the father abandons the family, a problem repeated mentioned in interviews in Sila and BeG. The need of those who remain to earn an income to support themselves increases the exposure of the mother, or that of her daughters, to the risk of violence through sexual exploitation (e.g. forced prostitution); to the risk of having to give up school and/or of forced marriage, to provide the family with an additional source of income or dowry; and to the risk of verbal, physical or sexual assault by other members of the household or village, in the absence of a (protective) husband or father. The head of a health centre in Moussoro explained:

These cases of violence are more and more recurrent in the past five years and especially during seasonal food shortages, when the husband must go out of his way to provide for his family. Sexual violence and fighting in the home is especially common. All communities are affected. Women are more exposed because of the absence of the husband. This violence has a detrimental effect on their ability to cope with everyday life.

Limits on social resources, such as knowledge in local institutions, can also reduce opportunities for survivors of violence to access employment or financial
support. A survivor living in Moussoro, BeG, illustrated the difficulty of accessing even a job that requires few qualifications, because of nepotism:

Yes, I tried to fight but there are many obstacles. I had a little help from the president of the association, to make a small business, but my child fell ill and I used the little I had left to pay for treatment for him. I looked for work everywhere: operator, sweeper, cook, but if you do not know someone powerful to help you or recommend you, you cannot even get these jobs, here in Moussoro.

5.1.5 Natural capital

The impact of VAWG on the natural resources of survivors and their homes is less obvious. Women and girls risk facing sexual assault and rape when carrying out their daily tasks outside the village or camp in obtaining water and firewood (WCRWC, 2005; Amnesty International, 2009; GPC, 2012). This could force them to change their habits, or even to no longer collect such resources, which would have a negative impact on their natural capital.

However, no testimony confirmed this possibility; rather, it was seen that lack of natural resources could increase the risk of VAWG, but few testimonies on this were conclusive. A discussion with village women from Dokoronga, in BeG, highlighted that the scarcity of natural resources forced them to spend more time foraging, which could increase their exposure to risks of violence:

Before, we had firewood nearby, but nowadays we have to travel far to look for wood, women tend to come back from the bush late... And, as female artisans, the raw materials to make our mats have become rare. It takes us two to three days to find these materials.

In the face of the known risks of violence to which they remain exposed, women develop protection strategies. The villagers of Zabout in Sila explained that:

Recently, there have been attempts of rape, but people have intervened in time. We still hear that women are raped in neighbouring villages while they are out fetching wood or at the market. To avoid this, we leave in a group when we are travelling long distances.

5.2 Influence of violence on ability to access and exchange information

Accessing and exchanging information to make it possible to develop resilience strategies requires the ability to communicate, not only orally but also through reading, writing or counting. Access to education favours the development of this capital but illiteracy affects more than two out of three people in Chad (UNICEF, 2010) and inequalities in schooling persist. In Sila and BeG, respectively, 90% and 92% of women have never been to school, compared with 70% and 82% of men (EDS/MICS 2014–2015). The director of a college in Moussoro reported that girls represented only 26.8% of his students, and that these mostly came from a so-called higher caste.
Lack of access to schooling for girls and women and the resultant illiteracy have an impact on family health, particularly children's vaccination coverage. For example, the EDS/MICS 2014–2015 shows that fewer than one in five children (19%) receive all recommended vaccines when the mother has no education, compared with 33% when she attended primary school and 46% when she has had a higher level of education.

Controlling behaviour from men and violence that limit girls’ ability to attend school and negatively affect their livelihoods maintain the long-term vulnerability of the household by restricting future opportunities for children, especially girls, to access more lucrative income-generating activities and to develop their knowledge. This was illustrated by a Chadian representative of an international NGO:

*It is true there is progress in the education of the girl, but generally we prefer to enrol the boy in school and leave the girl at home because the girl is made for domestic work, the girl is made to be able to learn and support the family tomorrow... And also this problem of literacy, women who are not really literate, who do not know... who have not been to school, they do not really want to get involved, in the challenge, in the debate with others.*

In a patriarchal context in which women are mostly excluded from the public sphere (Solhjell et al., 2010), lack of access to information and information channels promotes the social exclusion of women and girls and the abuse of power.

### 5.3 Influence of violence on collective decision-making processes that are flexible and long term

Observations and interviews in Chad showed that decision-making processes were not collective and women’s participation was limited.

First, within the home, women and girls see their mobility and decision-making dominated by that of men. Evidence suggests many women are not allowed to leave their homes unaccompanied by a male family member, and must obtain permission from their husband, in-laws and/or brothers before seeking medical attention or using the household reserves to pay for health expenses. In Sila, the participants of a discussion in Zabout explained:

*When your husband is not there, you must have the permission of his family to take a sick child to the health centre or to treat yourself. To sell the millet that is in his granary to heal yourself, his parents (his brother or father) must receive authorisation from their son before allowing it. In the meantime, you or your child could die.*

*Besides, you cannot go to the health centre alone without your husband’s relative.*

*Sometimes we have money from selling our crops but we do not have permission to go to the health centre.*
Thus, characteristics of domination (and even more so the physical, sexual and psychological violence associated with them) generate social norms that not only prevent women from accessing certain resources (employment, crops, money, etc.) but also hinder collective decision-making at the household level.

This has negative consequences for decisions that anticipate the future, such as family planning decisions. In Chadra, BeG, a discussion with the leaders of a women’s group illustrated the problem of close births. According to one participant, women space births using traditional methods such as abstinence, to allow new-borns to be well nourished:

*Every year we have children, men give us pregnancies and that’s all.*

*All our problems come from the increase in the number of children.*

[Why has the number of children increased and since when?]

*We do not know. At the time, women waited at least three years before having a next child. Now it’s every year.*

*At the time, I think it was because there was enough to eat, the animals were producing butter, we had a good meal and we could refuse our husbands by defending ourselves. But in the past 20 years or so we have started making lots of children without space, food is decreasing year by year and there is a food shortage and we do not have enough strength to refuse our body.*

During the initial 2014 survey for Concern’s Building Resilience in Chad and Sudan project in Sila, households headed by women reported food shortages for four months of the year or more (Concern Worldwide, 2014: 56).

At the community level, village councils, largely dominated by men, do not necessarily represent the diversity of different social groups and their interests, starting with those of women. According to a representative of the Liaison and Information Cell of Women’s Associations (Cellule de Liaison et d’Information des Associations Féminines, CELIAF), the traditional authorities (imams and villages chiefs) do not give too much importance to women:

*So they are rarely given important roles and sometimes it is said that some community decisions do not concern them. They do not have to give their point of view.*

In relation to the process of governance and accountability, the lack of representation and participation of women in community, departmental and regional decision-making bodies means they do not take into account different points of view and the needs of women in long-term planning. This limits the validity of plans and leads to questions in regard to the building of resilience. In response to the question, ‘How do you see the future?’ women artisans of Dokoronga, BeG, answered:

*Us? We do not think about the future. Today is already a problem!*
5.4 Influence of violence on the ability to learn and innovate

Continuous learning, experimentation and innovation contribute to the development of transformative capacity through challenging people to question the assumptions, beliefs, values and interests that underlie structures that contribute to social vulnerability (O’Brien, 2012). Domestic violence, because it has a negative impact on survivors’ ability to consolidate their livelihoods, may also limit opportunities to undertake new ideas. A national representative of a UN agency based in N’Djamena explained that, by virtue of their respective traditional status, women are supposed to stay at home:

So if a woman has entrepreneurial initiatives, she cannot…, she knows that it is the man who must take the step.

This is particularly evident in the case of unequal access to land and control over land resources. As a result, violence, and more generally the abuse of power and the denial of women’s rights, restricts the role of women and girls as right holders. Deprived of their rights, trust and protection, they often remain outside processes of learning and innovation. Conversely, innovation lacks the knowledge, experiences and ideas that women can bring to foster community development.

However, examples that show women’s initiatives despite social norms are promising. Women’s groups in Chadra, BeG, explained that some groups grew market garden produce (onions, garlic, tomatoes, etc.) to sell.

To generate income, we produce onions and store them to sell when the price is favourable at the market. There are a number of different trades in our group (female meat processors, tanners, market gardeners, and those who operate small farms and independent trades). Sometimes we vary our income-generating activities and combine several alternatives according to time and opportunity.

[What information do you share during meetings?]

We trade on prices, sales strategies or market gardening… We do not have a parcel but we rent them with owners of the ouadis at a price between 50,000 FCFA (around $91.41) and 100,000 FCFA ($182.83) depending on performance. We pay with our monthly dues of 500 FCFA ($0.91)/woman/month and at the harvest we reimburse our funds. Cash from the fund is used to buy fuel for the group and its maintenance. Sometimes we recruit labour for garden work.

However, discriminatory social norms may limit the replication of such initiatives by other community members, not only because of gender roles but also because of stereotypes associated with ethnicity or caste. Tanner women in Chadra, BeG, for example, are considered Hadade people (lower caste) which means they cannot share their experiences and profits with women from another caste (see Box 10).
Box 10: The influence of ethnicity, caste and local language

A resident of Chabaka, a village 2.7 km from Moussoro, during Action Against Hunger’s livestock action programme, asked for support to obtain one cow so she could train in butchery. Today, she sends her children to school, hires workers and inspires admiration. But not all ethnic groups can follow this practise, because of social norms that see this activity as the competence of certain ethnic groups or lower castes. This reality limits the duplication of initiatives that work and requires the adaptation of activities to suit different social categories. Women belonging to these ethnic groups or lower castes also think they are not eligible to benefit from development projects because they are not ‘intellectuals’ (e.g. they do not speak French) and NGOs do not always work in local languages. A member of the group of women tanners in Moussoro considered:

We must criticise NGOs that do not approach different social strata in the languages they speak! And who do not track their projects. Here in Moussoro, if we stack the cash we received, the height would reach the sky.

Another added:

Our tanner women’s community does not receive anything from the outside like women’s groups from other Moussoro communities. We have our legal documents and all our operating texts. When we go to the landlords or the governor, they are all surprised by our achievements but in the end nothing happens. No grants, no funding up until now and I do not understand why.

Discrimination against some people because of their gender or ethnicity limits their opportunities to access institutional support or expand initiatives that have worked with other groups. It is all the more unfortunate because these groups are often a means of responding to violence and illustrate the adaptability of women.
5.5 Influence of violence on ability to hold leaders accountable and support 'good' governance

VAWG cases are reported primarily among IDPs and refugees, as a result of the establishment of reporting services by UN protection agencies and NGOs during emergency operations. This does not mean VAWG does not occur in local communities. Cases of early marriage, rape, domestic violence, kidnapping (of young women with the intention of raping her and then marrying her), *sororate* marriage (a widower marrying his deceased wife’s sister) and *levirate* (or 'wife inheritance': a man marrying his brother’s widow) are regularly reported, although their number is most likely underestimated as a result of stigma, fear and lack of trust in judicial institutions (Solhjhell et al., 2010; GPC, 2012). At a national level, almost half of all women who have experienced psychological, physical or sexual violence did not seek help or tell anyone what had happened to them (EDS/MICS 2014–2015).

This observation, shared by the majority of the participants interviewed, was confirmed by a local authority representative in Sila, who indicated that official complaints were rare:

> They [the survivors] find it a shame [to complain], they think they are exposing the husband. Because even if they come here, when we cannot find a compromise, and we try to get the husband to the police, they think ‘no, we’ll [the police] ransom him, we’ll pull out the little bit they have, we will make him suffer’. And after the community will reject her. So... the law they apply is often silence.

A gynaecologist at the N’Djamena Fistula Treatment Centre confirmed this:

> A raped woman is ashamed, she is stigmatised. She does not automatically come to the hospital... The majority do not declare themselves and therefore we do not know the exact number of raped women or children... Parents hide children at home. So when there is a case, when it’s the neighbour [the perpetrator], when it’s the uncle, when it’s someone close, we’re afraid to reveal because he can end up in prison and it can become a conflict, a family drama.

Patriarchal domination means social norms that legitimise the sexist discourse and domination by the authorities are maintained, even when these go against the laws of the country and the Constitution. These social norms tolerate violence by limiting survivors’ ability to complain, access medical, judicial and psychosocial support services and hold leaders accountable for crimes or for making decisions that run counter to human rights and sustainable community development.

In rural areas, the role of traditional chiefs as dispute mediators is characterised by the proximity between community members and authorities. This could
encourages villagers to hold their leaders accountable because their decisions and impacts come under direct observation. However, the weight of social norms in terms of patriarchal domination means a broader legal framework is required that goes beyond customary rules and protects the rights and integrity of women and children. The widespread impunity of perpetrators of violence (see Box 11) reflects unsatisfactory application of the law and a lack of capacity of women and their families to hold leaders responsible for ensuring their protection.

**Box 11: Examples of impunity of perpetrators of violence**

*Sometimes it’s difficult when it’s a certain [category of people], when it’s… a certain… them… how can I call them… when they commit such acts, even when we push the case as far as we can, sometimes we do not succeed. Because, here they are called the untouchables. I remember a case where I cried, it broke my heart so much… it was a case involving a police commander who came…, and the parents were not around so he was able to take the four-year old girl to bed [and rape her] on her father’s bed… The dad filed a complaint. [But] because it is them, they came to threaten him at night, they said if he continues they will make him disappear, that he should take the money and shut up. But he tried to continue his case, but he was unsuccessful. And, shockingly, the government is now allowing him to do the same in another city! The police commander, they assigned him to another city without any form of punishment.* [Chadian representative of an international NGO]

Before there were forced marriages, yes, but since the law came into effect and the increased awareness, this has ended, the cases of violence, all that, everything is back to normal, it’s over, it is the girl who now chooses her husband, and this change is not just in the towns. If someone says there is a forced marriage, it’s because he’s a liar. [Police officer]

### 5.6 Influence of violence on opportunities to question power relationships and unequal social norms (gender justice)

*If you get angry and leave home, it’s to put the lives of your children at risk. The man will marry another woman and ‘turn his back on your children’.*

Participant, focus group discussion, Zabout, Sila.

According to the EDS/MICS 2014–2015, in the face of abuse of power, participation in decision-making is a risk factor for violence. In fact, the proportion of women who have experienced spousal violence is lower (29%) among those who have not been involved in the decision-making process than for those who have (36%). According to a report by the gender advisor
of an international NGO, domestic violence discourages women from engaging in negotiations with their husbands on topics they know are sensitive. The women the advisor had interviewed in communities in Sila had said it would be unimaginable for them to ask their husbands for money to buy clothes or underwear, as this request would undoubtedly lead to an argument and often to violence.

It is also difficult for women who have been abandoned by their husbands to conceive of the possibility of remarrying, or to question polygamy, especially when certain women are accommodating of the practice to relieve their domestic responsibilities (see Box 12).

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**Box 12: Discussions in Charao, Sila**

*[But for men who go looking for gold for years, is it a problem when their wife finds another husband?]*

‘Mouchkila Kebir’ *(This is a big problem)! I would not like to be in the place of the village chief because it is a difficult problem to manage.*

*[Is there a man who only has one wife in this village?]*

*No, that’s not the order of things unless he just got married. Besides, it’s not good for us women. It takes a rival to relieve you when you are tired. Moreover, when you are alone, the man tires you economically and morally unnecessarily. It’s better if he goes to your rival, so you find a little respite and the little means you have, you can use to eat with your children. When a man has wealth, monogamy would be a good thing because he can keep money for your home. But a man who has nothing will only think of marrying a second wife if he finds a little money. That way he will find several women who will take care of him and in this case polygamy is really a relief.*

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On the other hand, many testimonies denounced the way in which polygamy was practised, with its negative impact on the condition of women and thus on their resilience capacities. A representative of an international NGO based in Goz Beida explained that:

*You will find the husband who worked with his wife in the field until the harvest and who, after the sale, wants to get married, remarry, so he takes the whole harvest or part of it that he is going to sell to marry another woman and there, it creates problems when the woman tries to speak, either she is beaten or simply he cuts all the food for her and she ends up with nothing. These are cases that have been observed but have not become widespread.*

The weight of social norms that discriminate against women and girls and the resulting violence, exacerbate power inequalities between men and women and effectively limit survivors’ ability to challenge the established order.
In summary, VAWG has a negative impact on social change processes as defined in Oxfam's analysis framework:

1. By reducing the human, financial, physical and social resources of survivors and their homes;
2. By limiting opportunities for survivors to access knowledge and information;
3. By repressing collective decision-making processes that enable flexible long-term planning;
4. By restricting learning opportunities, although women continue to innovate;
5. By tolerating the impunity of perpetrators of violence;
6. By maintaining social norms that condone unequal and discriminating power relations.
Violence affects the processes of social change discussed above and therefore negatively impacts resilience building because it prevents survivors, and their dependents, to proactively and positively manage the ongoing changes that often characterise societal development. These changes can be economic, for example a decrease in purchasing power; politically motivated, for example changes to a political regime; or environmental, for example climate change. Some are felt instantly, such as floods or state coups, and others take place more slowly, but all require resilience capacities that allow people to live with and adapt to such changes.

As explained in Section 2 of Oxfam’s Framework for Resilient Development which describes three types of resilience capacities: absorption, adaptation and transformation (Jeans et al., 2017), these need to be strengthened to achieve resilient development outcomes – that is, so people can exercise their rights and live healthy lives despite traumatic events, stresses and periods of uncertainty.

6.1 Absorption capacity to cope with crises

Absorption capacity refers to the ability of an individual to intentionally take protective measures to cope with traumatic events and stresses such as disasters, the effects of climate change, prolonged conflict and chronic food shortages.
The present evidence indicates a clear link between the occurrence of violence and an increased vulnerability in those who endure such acts: the greater the impact of VAWG on livelihoods, the greater the socioeconomic vulnerability of those who survive and the less likely they (or their households) are to have the capacity required to cope with disasters or crises. Gender inequalities, and even more so violence against women, lead to a chain of problematic consequences, from precarious reproductive health to a low literacy rate, which primarily affect women. All the institutional obstacles that prevent women from accessing the same opportunities as men and exercising decision-making power on an equal basis limit not only the resources women can mobilise in the event of a crisis but also those of all members of the dependent household (see infographic on p.55).

However, absorptive capacity also depends on the nature of the risks people face. For example, the duration of a crisis or its recurrence can influence the context and the way in which people are able to respond, as indicated by a local authority representative in Sila:

In the situation of rains, floods, we will find men who are there to support the woman. But, if it’s a drought, a famine, most often the man is not there. And it is the woman who suffers alone. So if it’s two hands, it’s easy to lift the burden. But if it’s one hand, a weak hand, it’s hard to recover… But everything is about means. If the woman has a more or less stable social position, if she has assets, such as cattle and other things, she can resist the shock and recover quickly. But if she is totally helpless and dependent on help, she cannot recover.

Difficulties and inequalities exist but several testimonies of women in Sila illustrated the strategies they used to maintain their access to basic services. In Zabout, two of them explained:

For example, the year my husband was leaving, he collected six sacks of millet, I collected ten sacks. He gave me only one of his six bags. All the rest of the year I used my 10 bags to feed the family and take care of other needs… The chief gives us the land to cultivate. We then use the land as we please and grow what we want. After the harvest, we offer some of our products voluntarily to the chief.

Women artisans in a group in Dokoronga, BeG, also explained that, to exploit vegetable gardens, they needed water, material and financial means:

For the moment, we are organising between neighbouring parcels to share water.

Members of a group of women farmers in BeG also explained the mutual aid system among them:

We help survivors of gender-based sexual violence by bringing them food, or bringing them to the health centre, if necessary. If they are women from our group, we organise fundraising for them.
In Chad, 35% of women have been victims of physical, psychological and/or sexual violence by their partners. Risks of violence that women and girls face on a daily basis, within and outside their home, exacerbate their vulnerabilities, with wider consequences for their household and community members.

The impacts of gender-based violence on resilience to risks and climate change

The impacts of gender-based violence undermine the capacities not just of women and girls – but also that of their household and community – to build their resilience in the face of climate extremes and disasters.

**RISKS**
- Early marriage
- Sexual violence outside the home
- Female Genital Mutilation
- Domestic violence
- Denial of resources

**CONSEQUENCES**
- Early pregnancies
- Health risks (Death, fistula, infection)
- Limited participation in decision-making processes
- Lack of access to information and knowledge
- Reduction in human capital (Lack of access to health services)
- Reduction in financial capital (Lower family income)
- Lack of social justice and accountability
- Constrained learning opportunities
- Sexual violence outside the home
- Denial of resources

**EXTERNAL RISKS**
- Political instability
  - Leading to conflict, insecurity and migrations
- Climate change
  - Leading to unsuitable climatic conditions for agriculture and increasing extreme weather events
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  - Leading to failures of yields, food insecurity, infrastructure damage, etc.

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On the other hand, testimonies in both Sila and BeG further outlined the impact of crises on violence rather than the opposite. That is to say, in addition to the risk of losing their resources, women affected by disasters seem even more exposed to violence, either because they are poor (and therefore exposed to the risk of sexual exploitation, see Box 13) or because there is a risk that cases of violence increase in times of crisis because of stress. A representative of CELIAF indicated:

> There is the reduction or even the loss of cattle because of the famine; the rains diminish and the men flee in an exodus. During such periods, there are more cases of abandonment of the home, divorces or in another sense there is an increase in the number of wealthy men who are looking to marry very young girls from poor backgrounds. The dowry is not very significant: on average one cow or two goats, plus 100,000 FCFA [about $178].

Several interviews conducted in BeG highlighted that household poverty was a risk factor driving early marriage. A representative of an international NGO believed that:

> Often it is the influence of the rich on the poor. Rich parents seduce poor parents who then put pressure on their daughters.

In addition, Amnesty International (2009) reports increased vulnerability where parents lack the means to provide. In these cases, women may be sexually exploited for protection or food. This form of violence, which is generally experienced by women or adolescent girls who cannot provide for their basic needs and/or those of their children, implies, as defined by UNHCR (2003), forced/unwanted sex in exchange for material resources, services or assistance.

> Box 13: Sexual exploitation and survival strategies

Sexual exploitation can become a survival strategy in times of crisis, allowing women and girls to maintain the minimum of their economic resources. A Chadian representative of an international NGO said:

> Girls and women are the most exposed, and their vulnerability increases when, for example, there is famine. The woman can be asked to give herself. The woman can know prostitution so that she can feed herself, to have something to survive, to support herself and the needs of the children.

A representative of CELIAF underlined the relationship between precarious power and sexual exploitation:

> Prostitution is a consequence of poverty because the woman has no other options to resist in some cases... The rich also use their means to marry girls too young because parents cannot resist owing to their lack of means.

In addition, the dowry, in theory considered a customary symbolic act in the eyes of the community and the two families, becomes for some families
a source of punctual income. This trend, cited in several BeG interviews, exposes underage girls to early marriage. The mobilisation of such survival strategies, which in itself constitutes a form of VAWG, is a paradox that echoes the literature on risks and disasters: to access livelihoods that allow for survival in the short term, strategies that are being mobilised increase the vulnerability of those most at risk in the long term.

A representative of an international NGO based in N’Djamena added:

*Generally, in crises, we lose everything. In floods water can come and destroy the entire house. Or even fires… And also, conflicts can make us more vulnerable. We are exposed to all kinds of violence, be it physical violence or even sexual violence… In disaster situations vulnerability increases.*

This vulnerability to pre – and post-crisis violence thus doubly limits survivors’ absorptive capacity and has a negative impact on those of their children.

### 6.2 Adaptation to changes related to climate risks

In a context of chronic food shortage, widespread domestic violence and economic fragility, it is difficult to separate the risks associated with climate change from ‘everyday’ risks and, therefore, to differentiate between coping strategies and adaptation strategies. In other words, each behaviour is designed to protect and develop the individual’s human resources (to heal, educate, train themselves), increase productivity, diversify incomes or make their voice heard in community decisions. Such behaviours therefore make it possible to maintain and secure livelihoods and, especially, to adapt to changes. Adaptive capacity allows for intentional and incremental adjustments in anticipation or response to changes and for greater flexibility in the future (Jeans et al., 2017).

For example, we can analyse the propensity of men to migrate temporarily or permanently to seek new sources of income in two different ways: from the point of view of men who migrate and from the point of view of his family members who stay behind. In the first case, men tend to be able to use mobility more easily than women to access or diversify their livelihoods. This trend could be interpreted as an illustration of their adaptability. Men farmers in a group in Moussoro explained that:

*In the past 20 years, because of climate change, men have started to move away because rain-fed crops are no longer producing anything. It was at this moment that women took over from men in agriculture.*

In Sila, men migrate *en masse* to Miski in Tibesti or Djaya in Batha, in order to look for gold, or go to Sudan or Libya. If this migration allows them to access new sources of income and to improve their conditions, then it is an adaptation strategy mainly mobilised by men.
On the other hand, if we look at this from the point of view of household members, the mobility of men is only beneficial to them if men share their income to allow others to improve their conditions as well. However, the majority of people interviewed in Sila felt that men’s mobility was a strategy that had a negative impact on the family because men do not necessarily bring back new resources, if they come back, or because they do not have not the means to transfer the money earned in a context where financial transfer systems are very poorly developed. A study based on the baseline and mid-term surveys of Concern’s Community Resilience for Acute Malnutrition programme indicates that cash transfer flows are low: only 15% of households report having received cash transfers in 2015, a slightly higher percentage than in 2012 (11%) (Concern Worldwide and Feinstein International Centre, 2016a, 2016b). Villagers from Zabout, Sila, illustrated this point:

*The big problem in our community is the departure of men ‘on an adventure’. They go in search of gold and this can last two years or more. For example, I was three months pregnant with this child I am holding now when his father left and I have no news. All these men who go away saying they are looking for gold, we, women, have not seen anything yet. They come back empty handed and will still help themselves to our savings.*

Asked whether natural phenomena, such as droughts or floods, or even conflict, influenced inequalities, a local authority representative in Goz Beida explained:

*It accentuates inequalities because… people leave, they go to Libya, they go to Sudan, or within the country, or in the quarries to look for gold. But these people, most often, leave the workload to the families, and they bring back nothing. There are some who find nothing, but even those who find, they lead their lives there, it is only when there is a surplus that they think of the family. And here, the woman is suffering with the children, whether she has provisions or not.*

The capacities of the members of the home of origin are affected all the more negatively if the man who migrated does not allow his wife to develop productive activities in his absence. This was the subject of a play presented in the village of Ngorloli on the occasion of International Women’s Rights Week in March 2017, an initiative of Concern’s BRACED project in Sila. The play depicted the difficulties facing the wife and daughter of a man who went to search for gold because he forbade them from continuing trading or going to school in accordance to their gender and associated roles. To survive, the mother decided to ignore the ban and sell vegetables in the market, which also allowed her to pay for the schooling of her daughter. The husband returned years later, without any income (see Figure 9).
Migration of men often appears to be a strategy that does not support the household but rather allows them to build economic or physical resources in order to marry new women, whether in their village of origin or elsewhere. This point was raised, for example, in a group discussion with villagers east of Goz Beida, Sila, who said men grabbed and kept the resources, deserted the household and took new wives.

These testimonies differ from those of some local authorities, such as a village chief in Sila, who felt that women ‘stay in the village with the children and must wait for their husband because he is gone for their well-being. A good woman must endure this absence.’ This view echoes a report by the Chadian government (Ministere de la Santé Publique, de l’Action Sociale et de la Solidarité Nationale, 2014) that underlines the low status of women in the productive economy, often in food and livestock activities, and the way they are limited in terms of applying strategies to adapt to climate changes. At a community level, men’s migration also entails a trade-off between the potential benefits for their household of the resources they seek and the cost of their absence for the proper functioning of the village authorities. Concern’s reporting from their BRACED project indicates that water committees, for example, do not operate all year round because some members migrate during the dry season (Concern Worldwide, 2017).

6.3 Transformation capacities to reduce vulnerability

The goal of transformation is to eliminate or reduce risk factors, vulnerability and inequality, in order to lessen the long-term impact of crises on the poor and the victims of discrimination in priority. Transformation differs from adaptation in that it deliberately seeks to change the state of being, instead of (simply) adjusting practices to fit new conditions (Few et al., 2017). It is therefore a long-term process and requires sustained commitment, which is why absorption and adaptation capacities are needed in parallel.
Because it continues to endanger the health, dignity, safety and autonomy of survivors, and because it remains surrounded by a culture of silence that maintains discriminatory social norms, VAWG puts the brakes on transformation. Family members, neighbours, authorities and even development actors can all maintain violence, sometimes voluntarily but also indirectly and unconsciously. This may be because of ignorance of the abuses or risks to which women and girls are exposed; fear of reprisals from becoming involved in cases or from denouncing perpetrators in a context of a limited judicial system; or concern about the consequences of questioning social norms and local culture. Respect for cultural traditions is often an argument put forward to justify harmful practices such as early marriage or FGM. The gender advisor of an international NGO in N’Djamena has faced this type of justification:

I myself organised an advocacy session at the governor’s where we talked about excision, its harmful and disastrous consequences… Village leaders, religious leaders, traditional chiefs, staff, all the authorities had been invited. I made the plea but I was surprised that the governor with whom we were, instead of supporting said, ‘But it’s tradition, it’s their custom… we cannot give up everything, because that’s our culture.’ Sometimes we raise awareness, they are on our side but their heart is not with us.

An NGO representative in Sila flagged the issue of ‘culturally acceptable violence’, such as the unequal distribution of domestic responsibilities or the rejection of women in polygamous marriages:

Men are facilitated by certain cultural laws and are not held accountable.

At the community level, many interviews revealed the lack of general consideration of girls as right holders and the lack of respect for them as agents of their own development. On the subject of early marriage, a police commissioner commented:

When the girl receives presents, she is happy, she tells herself that he is the man for her.

A canton chief added that:

If the girl is old enough to marry [when she has had her period] then she must obey.

Words that emphasise patriarchal dominance in relationships, and the need for women to be controlled and modest, can also be rooted in the discourse of women (i.e. not just men), even those who care about maternal health. For example, a midwife in BeG felt that:

Before women did not even look at their husband, they were ashamed, today they can walk around and look for a man, we do not ‘control’ them any more: it is necessary that parents understand and monitor when their daughters start having periods.
This demonstrates how programmes aimed at promoting people's well-being and resilience need to incorporate a human rights-based approach, such as those adopted by many international NGOs. Such an approach makes it possible to place the rights of individuals at the heart of programmes (e.g. to support women's access to health services because they need it but also because they are entitled to it as much as men, or as much as other women in neighbouring countries). A representative of an international NGO in Goz Beida explained that approaches that address people's rights are consistent with respect for local culture, including working with religious leaders:

*We manage to get them to join, especially when we talk about GBV from a human rights perspective. It works because it's not like someone has come to talk about women only. But when we talk about people in general, all people, human rights and through that we show them that GBV is a violation of a part of human rights, they understand that we have not come to shake up their culture, but we are here to uphold the rights of everyone, whether men or women... But we do not come in a head-on manner.*

Women also have the right to be considered heads of households and valued as community leaders. Several interviewees recognised that targeting heads of households (i.e. mainly men) in development programming often marginalised women. In Dokoronga, BeG, a craftswoman illustrated her role:

*We would like the partners who come to the villages to listen to us too, but often it is the men, our husbands, who come to talk to them on our behalf. Currently, my husband has not immigrated but it is me who brings food to the house, I do everything so I am head of the household.*

Widows and women who live alone, after their husbands have divorced them, have married again or migrated, should also be eligible to be heads of households, but they are often marginalised. Those who are divorced often live with their parents, mainly with the mother, because the father has resettled with a new wife. In some situations of polygamy, everyone lives together, with the husband appointed head of household, but there are also cases of households being separated, with one of the wives neglected. To tackle this problem, the WFP distribute a food ration card to each wife and another to the husband. However, this practice can also contradict the norms of resource-sharing and cause tensions in the family. This is why transforming social norms that govern the unfair sharing of resources is necessary to build resilience.

An explicit transformative approach thus recognises and addresses VAWG as a societal problem that illustrates inequities and thus adversely affects the development and resilience of communities, and requires the vigilance of all. In other words, it is a matter of publicly and collectively confronting a subject still confined to the conjugal and family domain, with cases often treated as private. It is by increasing the visibility of the issue, through the
documentation of abuses and denial of rights and through multi-sectoral collaboration that development partners will contribute to transforming unequal power relationships in order to put in place a human rights-based approach to resilience building. This will also involve understanding the power relationships around the activities implemented, as well as the socio-community and ethnic relations specific to each intervention context, and finally taking into account the strategic interests of each individual. Projects must also be flexible, to enable communities to develop innovative ideas at different levels.
The analysis of VAWG and how it reduces resilience capacities illustrates the role social justice must play in building resilience. This section looks first at how social justice is necessary to avoid perpetuating inequalities and, second, at social change processes that need addressing in order to eradicate violence in Chad.

7.1 Taking gender into account and fighting inequalities

The complexity of transformative approaches to building resilience and gender equality is that both of these goals require development actors to position themselves around social justice, for example by denouncing discrimination against women and girls. If this is not done, several risk factors may arise that lead to the implementation of development approaches that do not promote equity.

7.1.1 Social discriminations that are likely to persist

Discriminatory practices against women and girls limit their participation in decision-making bodies, in local development structures, in the workplace and even within development programmes. For example, very few positions in NGOs in Chad are accessible by women and girls, for several reasons. Not only
are the education levels and degrees sought in the desired profiles out of reach for many women in regions such as Sila or BeG, but also certain requirements constitute discriminatory barriers. For example, many NGOs demand that field staff be able to drive motorcycles, but very few women have this ability in a region characterised by years of conflict and insecurity, as well as roles dictated by cultural norms. Representatives of a national NGO in Moussoro explained that they had difficulties recruiting women to work in the field. Out of nine employees working on awareness building, only two are women. According to these respondents, there is resistance on the part of husbands to women attending technical training, but also:

*Women, who are of a weaker nature than men, must be accompanied by a man from their family, as the religion says, because they must be protected from risks such as rape.*

These attitudes may continue if programming does not take into account social inequalities. An explicit equity policy can help in redesigning recruitment policies and conditions, setting up awareness-raising and identifying project goals on eliminating discrimination and supporting equality.

In BeG, an international NGO representative summarised the barriers that are often encountered:

*In this region, there is a lack of human resources or manpower to propose a gender policy at a bureaucratic level. There are no qualified staff for monitoring and evaluation. No correlation between qualifications and the standard in rural contexts. We managed to hire one female guard and one livestock technician.*

A representative of an international NGO in N’Djamena added:

*The biggest challenge is the understanding of gender, by the staff and the communities that we serve. Most of the time questions asked by women and young girls are relayed to the lowest position and it is not really easy for the response to filter back to the person who asked the original question… The place that organisations provide for women is a real challenge. Another challenge is that, even in terms of the organisation… where sometimes you have to look for women who are able to work with men so you sometimes take a step back… As a result, women’s views are not heard because of their limited numbers. They cannot pass information on regarding gender concerns, even within the organisation in question.*

Putting aside the issue of violence, there is a risk that discriminatory attitudes will persist even within organisations, and certain social groups in beneficiary communities will continue to be excluded.

### 7.1.2 Development activities that do not meet needs

Failure to take into account women’s roles and opinions can hinder the design of development activities that are useful, relevant to needs and, above all,
sustainable. For example, in a group discussion in Chadra, BeG, women market leaders said that the traditional water system they had used before (the *shadouf*, a traditional water rocker for irrigation), was better. A very old woman explained:

> Since I was young, I have been drinking water from the ouadis with the *shadouf*. We farm by hand, we have a lot of yield without the use of any fertiliser, without a tractor. The NGO that brought us chemical fertiliser, tractors, all that is a lot more expensive than the income generated.

According to women farmers, their biggest agricultural challenge lies in using the modern irrigation systems implemented by some development organisations. Using generators and chemical fertilisers, the women said they worked only to repay the credit taken out for the fertiliser and for the lubricants that make these generators work.

A context analysis and gender analysis are therefore crucial at the time of writing project proposals, provided this exercise involves consulting beneficiary populations as well as the most marginalised members within them. The choice of farming techniques, inputs and costs requires discussion with those concerned, not just on the socio-ecological context but also on the gender specificities that influence the perspectives of farmers. This will help avoid coming to false solutions that may exacerbate women’s vulnerability and reinforce social inequalities.

In addition, studying gender and social inequities such as violence into context analyses is one way of informing the design of more inclusive and relevant programmes. For example, through its initial diagnostic work under BRACED in Chad, Concern Worldwide raised the issue of discrimination against women and how violence limits women’s participation in decision-making and social change processes. In 2015, the NGO also adopted its Gender Equality Strategy in Chad 2015–2018 and an action plan for its implementation (Concern Worldwide, 2015). This strategy has four objectives for women and girls: to increase access to and control of resources; to increase their space and voice; to provide them with knowledge, skills and tools; and to respond to VAWG. An underlying cross-cutting strategic goal is to change social norms for gender equality (ibid.).

Recognising the limits of its protection mandate, however, Concern was focusing on the first three objectives at the time of writing, and their activities to promote equality did not address VAWG yet. According to a report by a gender consultant who worked with Concern in Sila, the topic of VAWG was set aside for several reasons. First, the organisation considered violence too sensitive a subject to be treated at the beginning of work in a community. Second, there was a risk that the project would stimulate a demand for response to violences (i.e. healthcare, justice support, etc.) while protection services are limited, inaccessible or non-existent. Third, BRACED stakeholders considered that the priority to support gender equality was to work first on supporting women’s participation in household and community decision-making and changing gender roles building the resilience of households and communities, (Fogaroli, 2016: 16).
Concern’s activities therefore focus on the implementation of awareness raising around the roles of women and men in their homes, through the creation of spaces for women and men to express their experiences, talk about their difficulties and find solutions together. The aim is for community members to discuss about positive male and female identities, based on their shared values, or the role of men in solving problems experienced by their wives and children. Discussions with women are particularly aimed at encouraging them to identify the skills they would like to acquire or improve, and the individual or collective actions they can take to this end (Concern Worldwide, 2016b). At the same time, discussions with men are aimed at encouraging dialogue and fostering their engagement in areas often considered women’s responsibility, such as children’s health and nutrition (ibid.).

These activities offer the opportunity to raise issues related to psychological or economic violence and the lack of involvement of women in decision-making concerning household resources. Ultimately, the goal is for men and women to increase their awareness of the added value of women’s decision-making in the household in order to cope with shocks such as drought, but also of desired changes in gender relations and social norms and strategies to achieve this (Concern Worldwide, 2016b).

7.1.3 Mechanisms put in place by humanitarian responses that may disappear

The case of Sila indicates that the risks of gender-based violence are paradoxically better addressed in the humanitarian response than in development programmes, through the mobilisation of the UN Protection Cluster coordinating relevant NGOs. Interviews with NGOs, UN agencies and state protection parties showed that, during emergency interventions, a referral system is established to coordinate the care of survivors of violence and establish prevention activities. In contexts of insecurity, organisations typically see an increase in the number of cases of violence, not only because the crisis exacerbates vulnerabilities but also because the existence of a system of protection encourages survivors to report cases of violence. A representative of a UN agency in N’Djamena explained that the number of reported cases increased in times of crisis:

There, in the localities, violence is considered normal for women, trivialised. So it is with the emergence of humanitarian parties who work in the context of prevention of GBV… they arrive, will raise awareness with the population, they manage to make the service available, they manage to gain the population’s trust, this is where we have cases of GBV.

This protection system is still functioning in IDP camps in Sila, with well-defined responsibilities distributed across the actors involved. Although it does not take care of members of local communities (only displaced people and refugees), it provides a database of recorded cases of abuse. This information should be systematically integrated into initial project surveys and vulnerability and capacity assessments, as these tools work to generate an understanding of the problems facing local populations and the factors that prevent them from coping.
### Table 3: Parties involved in the referral of and response to violence in Chad

<table>
<thead>
<tr>
<th>Coordinator</th>
<th>EMERGENCY CONTEXT</th>
<th>NON-EMERGENCY CONTEXT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coordination</td>
<td>Protection Cluster (UNHCR), Sexual and Gender-Based Violence Sub-Cluster (UNFPA): To strengthen respect for the human rights of IDPs, returnees and host communities, enhance their resilience capacities and prevent exposure to protection risks; coordinate the multi-sectoral care of survivors of sexual and gender-based violence</td>
<td>Ministry of Women, Early Childhood Protection and National Solidarity, through the National Gender Policy (adopted in September 2017)  Direction of the Child General Directorate of Women and Gender Equity Ministry of Justice and Human Rights</td>
</tr>
</tbody>
</table>

What would ideally be needed: Harmonised legislation and a holistic multi-sectoral approach to ensure the integration of violence prevention and action mechanisms in all programmes

| Medical care | NGO: Provide free medical care to survivors (e.g. post-rape care) inside camps  UNFPA: Mobile clinics, Minimum Initial Service Package for Reproductive Health in Crisis Situations, free maternity services | Hospitals/health centres: Provide medical care to survivors (e.g. post-rape care); should be free but, in practice, survivors or their families often have to pay for a medical certificate or medication  Health delegation  NGO  Marabouts |

What would ideally be needed: Decentralised and operational medical institutions that can afford to assist survivors free of charge; ambulances and/or mobile devices to access remote populations.

| Mental health and psychosocial support | Cluster Protection and NGOs: Free psychosocial support within camps (individual and collective counselling by trained psychologists and group activities such as theatre); awareness and training on discrimination against survivors; establishment of displaced women’s committees and GBV committees (composed of displaced men and women) | Delegation of Social Action  CELIAF  Local associations and civil society (e.g. Chadian Association for Family Welfare: Association Tchadienne pour le Bien-Être Familial, ASTBEF) |

What would ideally be needed: Free medical and psychosocial assistance in health facilities in collaboration with delegations and the work of civil society

| Security | UN peacekeeping force in camps  Office for the Security of Movement: Coordinate patrols and humanitarian escorts | Police station |
### Emergency Context

**Access to justice and legal services**

- **APLFT**: Provides legal advice and support for survivors
- **Mobile court system set up by the UN** to bring judges and prosecutors to rural areas including displacement zones

**What would ideally be needed:** A police force that protects victims, prosecutes suspects and makes arrests in criminal cases

**Socioeconomic empowerment**

- **NGOs**: Emergency programmes inside camps to develop income-generating activities

**What would ideally be needed:** Formal, operational and competent judicial institutions at local and regional level to investigate allegations of violence and prosecute and punish those responsible

**Documenting, collection and sharing of data and monitoring of GBV information**

- **Protection Cluster**: Ensures the ongoing analysis of protection risks, including the factors underlying violence
- **UNHCR**: GBV Information Management System in Goz Beida (set up in 2010 in theory)

**What would ideally be needed:** Primary prevention programs to improve the social, economic and health status of women and their status in society

**What would ideally be needed:** Systematic collection of qualitative and quantitative data on GBV in all programs

* This table is continuously updated according to the implementation of new programmes and the creation of new laws.
However, the lack of sustainability of the protection system in place (which stops once humanitarian actors leave), as well as a failure to take into account the violence women and girls face every day (not only in IDP camps), create a context of impunity that tolerate perpetrators of violence and maintain patriarchal domination. Meanwhile, even though the conflicts in eastern Chad have ceased, chronic food shortages mean there is a permanent emergency environment in which women and girls remain the main victims of sexual exploitation, domestic violence and abuse of power.

Clinical management of GBV cases in general, and rape in particular, according to the WHO standard protocol, remains a major problem in Chad and among the BeG population specifically. At the health centre in Moussoro, the staff explained that healthcare with regard to rape, is only provided for traumatic injuries and the treatment of sexually transmitted diseases (STDs). Birth control is also only carried out with consent from the spouse. One nurse added:

*Forced marriage and child marriage are a serious health problem.*

*This community has many cases of psychological and mental trauma, which are the consequences.*

In BeG, no support is offered to access justice. Added to this, the shame felt by many survivors and their families, combined with limited income and a lack of trust in institutions, discourage and prevent people from using the remedies available. A development project that is supposed to build the resilience of the most marginalised and that ignores gender-based violence and possible protection mechanisms, may therefore fail to address the barriers (i.e. access and control to healthcare, denial of decision power) that prevent women from securing their livelihoods. Such projects might not only perpetuate discrimination and inequality but also become unsustainable.

### 7.2 What processes of social change are likely to succeed?

Faced with the challenges highlighted in testimonies and the difficulties involved in enforcing laws, several processes of social change could be developed to tackle violence and build resilience across the four levels of the ecological model (individual, relational, community and societal).

#### 7.2.1 Access to reproductive health

Lack of reproductive health and sex education within families perpetuates the tendency for girls to be blamed in cases of sexual assault and unwanted pregnancy and limits the access of young people, but also of parents, to health services for contraception or protection. But state health programmes do exist. At the health centre in Moussoro, for example, the manager said that women who were screened and found to be HIV-positive received antiretroviral therapy, food (cereals) or products for daily life such as soap, mats, blankets and financial support at 25,000 FCFA (around $44.50) per month. Their children up to five
years old are also cared for to cover their nutrition needs while their medical treatments are free.

According to the EDS/MICS 2014–2015, only 15% of women (versus 57% of men) think it is normal for a woman to refuse to have sex with her husband or partner if she knows he is having sex with other women. In addition, only 14% of women (70% of men) think it is justified for a woman who knows her husband has a STD to use a condom during sex. Such disparities between men and women’s views could be explained by conservative gender norms in Chad that maintain women in a subordinate position, with low access to information, and lack of power to refuse their husband. On the other hand, the proportion of women favouring these two protection measures increases with their level of education and is higher in urban than in rural areas. This highlights the importance of access to information to protect against STDs. Currently, almost all women (83%) and men (85%) in Chad have never been tested for HIV.

ASTBEF provides information on family planning and education on ‘family life’. The informal women’s business support association (Said Al Awine) also conducts awareness-raising activities on domestic violence (Ministry of Social Action, National Solidarity and Family and UNFPA, 2010). A UNFPA report points to the relative success of these initiatives, including ASTBEF youth reproductive health clinics in N’Djamena, which provide adolescents with access to spaces that meet their expectations and needs. However, the same report notes that some interviewees expressed a need for better access to reproductive health services, especially in remote and rural areas. A demand for more dedicated advocacy efforts was also expressed (UNFPA, 2016).

7.2.2 The importance of women’s groups

Women who belong to a community group emphasised the benefits they derive from developing their livelihoods and accessing information. According to the president of CELIAF in Moussoro:

*The women who form groups are better able to defend their interests.*

This may explain why many NGOs support village associations, especially women’s groups. The tanner women of Moussoro explained why they got together to form a cooperative:

*Together we are strong! Do they not say that unity brings strength? We have more income together, we make decisions together and we stand together.*

They contribute 250 FCFA (around $0.44) every 15 days and grant mutual support credits to members (86 members in total). Membership in a group also provides access to information, a benefit raised by the men in a group of farmers in BeG:

*Groups are the best channels for sharing information among their members.*

In Sila, community action committees, with an average female membership of 44.2%, rely on newsletters and the risk analyses shared by Concern and the Sustainable Information System on Food Security and Early Warning to set up
small activities to reduce the impact of shocks (Concern Worldwide, 2017). To respond to the risk of crop failure, two of these groups built community granaries to store sacks of millet and/or sorghum for use in emergencies (ibid.).

In general, the intervention priorities for the regional government representative for social affairs in BeG are to create training centres, businesses and jobs for women and girls and to give them access to credit. Investing in women’s groups and supporting their income-generating activities is also a way of transforming power hierarchies, an approach followed by many organisations in the belief that economic empowerment will enable women to emancipate themselves. This echoes the call from a member of a women farmers’ group in BeG:

*Give women the power to be autonomous and to have the means to get out of this situation of sudden violence perpetrated by men and the community.*

### 7.2.3 The role of authorities, including traditional and religious leaders

In general, the participants of this study pointed to the need to invest in raising the awareness of the authorities, especially traditional leaders, to facilitate the dissemination of laws and to involve them in changing behaviour, given their influence in communities. This is the strategy UNFPA has adopted to tackle FGM, which began by sensitising religious and traditional leaders on the risks associated with these practices. With newly acquired information and awareness, leaders are then expected to join in with advocacy for the abandonment of FGM in their community and other villages. The same strategy is being developed to tackle VAWG, through doctors and psychologists who explain to traditional leaders the physical and psychological impacts of violence, or through magistrates who explain what the law says, or theological specialists who clarify what is stated in holy books in terms of statutes and rights. According to a national representative of a UN agency in N’Djamena:

*We must begin by convincing he who holds the information and the guardian of customs.*

Starting with raising the awareness of men who lead is a way of respecting the social hierarchy and thus avoiding a hostile reaction at the beginning of initiatives. It is also a way to maximise the effectiveness of outreach activities at the community level by obtaining support from those who control power. Concern’s initiative in Sila to involve the regional government representative for social affairs after presenting a theatre play on issues of violence to villagers is an effective way to share information on the rights of citizens and to spread messages. The potential impact in terms of changing attitudes toward inequalities is all the stronger because information is conveyed by a man, in the local language and based on the law and on religious texts. The same observation holds for the activities of HIAS in Sila, with a manager summarising the approach he used:
We did some training with religious leaders where we wanted to get them involved a little bit on GBV issues because they are people who are listened to... We asked them to explain that men should not use their religion to justify violence against women.

In theory, actors involved in the protection sector see raising awareness among traditional and religious leaders as an essential activity in the fight against violence. In practice, though, they face discriminatory attitudes rooted in patriarchal mentalities and culture. For example, a canton chief in Sila stated that:

*The man is superior to the woman. The woman is below him. There is no equality because the woman depends on the man. And that will not change.*

In the same area, a village chief also explains the standard for responding to violence:

*Normally, domestic violence, we prefer to settle at home. It’s not good for a woman to expose her husband. We go to the police if there is blood, theft, adultery. For example, we just had a case where the husband broke his wife’s tooth. At the level of the police, the husband has paid a sum for damage to the victim but we have closed this problem between us here because it will take a lot of time if we go to Goz Beida for justice and it will also destroy social cohesion.*

The gender advisor of an international NGO in N’Djamena stated:

*In terms of FGM, we were surprised to see that in some areas where people had reduced or stopped this practice activity, after we had undertaken a number of activities aimed at increasing awareness, that the same people, again, practiced FGMs. With it would seem, the support of traditional chiefs, who wanted to marry little girls and demand that these girls be circumcised. When the canton chief or the village chief allows this practice to be done, it’s like a green light is given to the rest of the population.*

To compare progress made in the development and promotion of women’s rights in other countries where the majority of the population is Muslim (e.g. Burkina Faso, Mali, Morocco, Senegal, Tunisia) with issues women continue to face in Chad, was mentioned as a way to raise awareness among parliamentarians and authorities. For example, one representative from UNFPA reported that they brought religious leaders to Malaysia to discuss strategies that combine respect for Islam with family planning.

### 7.2.4 Large-scale awareness of violence against women and girls

On the one hand, there is an urgent need to inform women and girls of laws that protect them. One of the main aims of AFJT is to allow women to learn
about their rights as stipulated in the Constitution and laws of the Chadian government. Radio programmes are often cited as a means of increasing access to information and awareness on a large scale of issues related to law and equality.

On the other hand, the whole of society must be made aware of the prevalence of violence and its consequences. This process starts with NGO staff members, who, while working on issues other than protection, need to be informed on, and able to articulate the risks children and women face daily. For example, a staff member of an international NGO in Sila asked at the end of the interview why early marriage was a practice that had to be banned. If projects are intended to promote the change of discriminatory behaviour, staff members should be able to inform beneficiaries of their rights and duties and advocate against violence.

According to an evaluation conducted by the US State Department (2014), some practices seem to indicate a trend towards openness, such as girls’ education, rejection of FGM and early marriage and the significant involvement of men in the fight against violence. However, the impact of NGO activities in preventing violence remains unclear. According to the same report, the training of teachers to raise awareness of GBV, for example, has not resulted in improved awareness among students. Students unanimously stated that they were not exposed to topics such as early or forced marriage, and did not participate in awareness-raising campaigns conducted by NGOs. In addition, according to a gynaecologist at the fistula treatment centre in N’Djamena, the law prohibiting the marriage of children under 18 is not yet respected, as she herself treats young patients on a daily basis:

*We receive an average of six to eight new cases of fistula each month. In the year, we end up with 150 new cases of fistula.*

The same is true at the Moussoro urban health centre, where the midwife reported treating five to ten cases of early pregnancy per month.

Therefore, to effectively prevent violence requires government and NGOs to increase the number of initiatives in different sectors, through the largest possible number of development actors, because a single programme cannot undertake mass awareness-raising. Good practices that make people aware of their rights, such as exchanges between local authorities and the population on equality issues during the celebrations of Women’s Day, are examples to be duplicated. It also means targeting men and boys as well as women and girls to change discriminatory attitudes, violence and their impact on well-being. As suggested by a Chadian representative of an international NGO based in N’Djamena:

*If we make boys understand that marrying a circumcised girl is exposing her to many problems, because during childbirth, you can lose the child, you can lose the wife… and when young boys understand that, and girls who are circumcised won’t find a husband, perhaps it could help reduce the rate of female genital mutilation.*
A local authority representative in Goz Beida, Sila, said:

*People have stayed in the old habits that are ingrained in mentalities, and we find that this is the norm. What they do in practice is contrary both to modern laws and to religious laws. So we have to work in this direction so that traditional backward practices are banned. And if these practices are eliminated, we will certainly go toward the empowerment of women.*

### 7.2.5 A holistic response to violence and to help survivors

Better informing women of their rights and sensitising local populations on the problem of violence, whereas it is considered the norm, raises the risk that VAWG will increase because traditional power relationships are threatened (McDermott and Garofalo, 2004). Thus, in addition to sensitisation, a system of response to violence must be put in place locally. This requires state involvement because such a system must rely on the national legislative framework and involve functioning judicial institutions (Morrison et al., 2007). NGOs can contribute to this system by referring survivors to health centres, hospitals and paralegal associations, but without the presence of an effective, inclusive legal system that strongly condemns perpetrators of crimes, the response to violence remains too limited. According to a representative of CELIAF:

*Social action supports vulnerable women by distributing food to them, but often these girls do not want to go to their services to avoid exposure. Especially since the regional representative is a man.*

Supporting the resilience of survivors of violence entails setting up a social protection system in the major regional centres, integrating a process of psychosocial support into health centres and establishing a community and family support system specific to Chad’s culture and the specificities of each region of the country. The work being done by CELIAF goes in that direction.

A representative of a humanitarian organisation working on protection in the IDP camps in Sila explained:

*We have set up reporting systems that are not extraordinary, but still we have the community focal points who are refugees and representatives of the camp. So in every block and in every little neighbourhood, there are at least two people who go around every morning reporting cases that have arrived. We believe that the majority of cases are captured… The same system should be put in place [in local villages] but someone needs to start the process… We have GBV committees in the camps, so these are things that can be done in villages as well. They may be volunteers. Well we give them small motivations because we are there, but in the villages, even if there is not a particular NGO involved, these are mechanisms that can work. These people will only require a bag of sugar, every two to three months they will share and get the job done. And there must also be a robust referral mechanism, as at a camp level.*
In the camp, we have a partner for all sectors: when there is a case of GBV that is found we have the ability in less than 24 hours to see the police, to see the legal assistants, to make the complaint, to make the documents for the case to be brought to justice, for example if we have all the elements of the investigation… If these are cases that require medical assistance, at the camp level, there is a health centre that is very close. So these are things that may not be easy in some remote villages but it could be done, when you know that a person has been a victim of a sexual assault, the first thing to know is to take her to the hospital, first for screening, for treatment and all that. So if there is a way to train people, to create small committees that know exactly how to refer cases, what are the cases that are criminal for example, what are the cases that are civil or we can try to find mechanisms with the village leaders with the people who mediate to find solutions, so these are things that are feasible but will the mechanisms that are put in place be as quick? Because what disappoints people is speed. When it’s slow, the survivors will never come to complain, when she knows that she will no have help, she will not come to see you.

7.2.6 Gender mainstreaming in cross-sectoral resilience programmes

How to work with traditional leaders and men in general on issues of social justice or women’s rights when gender inequality is the norm? And how to work on a subject such as violence, which, from an external point of view, is an injustice hindering development but from the point of view of customary leaders is not a problem that requires the intervention of foreign organisations? For a representative of an international NGO in Sila, these questions partly explain why their programme addresses gender issues in a progressive way, alongside other health activities or nutrition, and does not mention violence:

We did not push further, to avoid creating damage. We did not want to start either [in activities that focus on violence]. The goal is to create relationships with the authorities little by little. We were afraid at the very beginning simply to work on gender [equality].

A representative of another international NGO, based in Goz Beida, Sila, illustrated this point:

In my opinion, it must come from the local authorities. It should. But that will never come. Because they think they have control, they think that everything is fine… They do not see it like that, they see people who arrive to disturb their culture, their habits, because women have never complained before so why is it that others should come forward to tell them, no, that’s not good, whereas before their society worked. Before when a man was allowed to hit his wife, it was good. When they prevented girls from going to school, that was fine, when girls turned 13 they were married off because one could not handle unwanted pregnancies, because of this and that, and if they were not in school then it
was not an issue, it was the norm. Then you arrive with your documents, your papers and your human rights, you tell them that, it’s not good… It is true that it is not easy for the local authorities to accept this, to recognise your concerns or for them to accept external help in this area. If they want you to help with drilling a bore hole, of course, they’ll call you, if they want to make a road or a bridge, build a school, they’ll call you. Now if you were to approach the issue of gender in a cross-disciplinary way then that would be fine, but they will never call you just for that. That will never happen [laughs].

A cross-cutting gender approach, advocated by many participants in the study, echoes the cross-sectoral protection recommended by humanitarian advocates (see Figure 10) who wish to incorporate protection principles into programmes as a means to promote meaningful access to humanitarian assistance, and to advance the safety, dignity and respect of those in the affected communities (Slim and Barwick, 2005; OCHA, 2016).

**Figure 10: Cross-cutting protection, according to the Global Protection Cluster**

A transversal gender approach thus makes it possible to address people’s basic needs while progressively addressing the constraints rooted in social norms. The goal is to foster processes of social change in the long term, through changes in behaviours, perceptions and socio-cultural norms. At the same time, however, these changes must be accompanied by other, shorter-term, measures that respond to the immediate needs of survivors, their families and their communities. In an economic context as fragile as that of Chad, basic needs are enormous: access to water, food security, health, hygiene and sanitation, land, markets, transport and communication infrastructure, etc. These are the
many needs that make NGOs’ activities indispensable when investments and social protection from the state are lacking, and that make humanitarian and development intervention useful to local populations. Staff at a health centre in Sila confirmed that a cross-cutting gender approach would be welcome in activities that support agriculture or sanitation, but that it must be implicit:

You work on what they want first, and then you can propose what they do not want to do! But it is necessary to conduct a pre-investigation, and to target the imams... and to ensure that the women [the community focal points] are well trained and can attend to these women [the survivors] but crucially that they do not expose them or do anything to destroy the couples. NGOs should not visibly display violence... it must be done in a different way... like theatre plays, so they recognise their faults.

A cross-cutting gender approach can help change the way people live without threatening cultural identity, through projects on health, nutrition and agriculture, which convey the same messages on the promotion of equality, through the use of inclusive methods. For example, other teams can use the modules Concern Worldwide’s gender team uses to raise community awareness of gender role issues, by adapting the themes to their sector (Concern Worldwide, 2016a). Examples could be making men and women think about the added value of women’s participation in decisions related to children’s health and nutrition; ensuring women are included in interventions that aim to provide water (locations and access to water points, etc.) but also informing men about hygiene techniques and sanitation needs (as it is often men who build houses and latrines); promoting women’s contribution to agricultural production (addressing access to land issues); or enhancing women’s traditional and environmental knowledge to discuss climate change adaptation initiatives. Showing examples of what works well elsewhere and the benefits that have been generated, not only for women but also for everyone in the household and for the whole community, is also an awareness tool: a man whose wife earns an income that benefit the entire household, might be more willing to recognise her rights.
VAWG, in all its forms, is not only a violation of human rights but also a manifestation of unequal power relationships that have negative impacts on the livelihoods of survivors and that of their families and the resilience of their community. The purpose of this study was to explore two main questions:

1. How does everyday violence affect the processes of social change needed to build resilience capacity?

2. How can resilience programmes address violence against women and girls?

To answer these questions, this research is based on a combination of quantitative data on a national scale and on the accounts of development practitioners, representatives of the authorities and local communities as well as inhabitants of two regions of Chad: Sila and Bahr el Gazel. The analysis shows that:

- Violence against women is a daily risk – it is not a problem that exists only in times of conflict. The most reported forms of violence are early (child) marriages, physical and sexual violence by known perpetrators, polygamy and associated discrimination against women (homelessness, risk of divorce) and the denial of resources and opportunities.

- These violence and discrimination against women and girls more generally, have multiple impacts on survivors’ ability to secure their livelihoods:
• **Human capital:** The health of survivors, especially adolescent girls, is severely affected by violence, also given Chad’s extremely limited health services. Social norms that prevent women and girls from accessing care when they need it also have an impact on the health of their children and, in general, exacerbate their vulnerability during times of stress.

• **Financial capital:** VAWG affects the household, whose economic resources are strained by the additional expense of covering medical care, and limits the physical and/or mental capacity of survivors to undertake their domestic chores and/or engage in productive activities. This shortfall increases the vulnerability of households by limiting their resources in the event of a crisis.

• **Physical capital:** Unequal access to education, training, information, land ownership and control of the family budget between women and men serves to limit the physical resources of the home, making it difficult for all members to better protect themselves or adapt in times of crisis.

• **Social capital:** Survivors of sexual violence and unmarried pregnant women face rejection by their families and communities, which affects their ability to access financial and social support. Men’s migration where the husband or father abandon the household is another form of violence that affects the social resources of the rest of the family.

• **Natural capital:** The risk of violence that women and girls are exposed to when they move outside their village or camp to obtain water and firewood could potentially limit their access to natural resources, though testimonials do not confirm this hypothesis.

• Limited livelihoods are also a risk factor for VAWG, especially sexual exploitation, by increasing women and girls’ vulnerability. In summary, violence affects the livelihoods of survivors while peoples’ lack of resources increases the risk of violence.

• In addition to its adverse effects on livelihoods, VAWG affects other processes of social change, by 1) limiting opportunities available to survivors, to access knowledge and information; 2) repressing collective and forward looking decision-making processes; 3) restricting learning opportunities, although data show that women continue to innovate; 4) tolerating the impunity of the perpetrators of violence; and 5) supporting discriminatory social norms that maintain unequal power relationships.

• Gender inequality, and even more so violence against women, can have problematic consequences for resilience-building. From precarious reproductive health for women and adolescent girls to the low literacy rate, which primarily affects women, there are a number of institutional obstacles preventing women from accessing the same opportunities as men. These obstacles also do not permit women to exercise decision-making powers on an equal footing with men which limits the resources women are able to mobilise in the event of a crisis.
• The negative impacts of VAWG on processes of social change restrict the development of absorptive and adaptive capacities to build people’s resilience. As a result, a transformative approach is needed to address the structural causes underlying discriminatory inequalities and gender norms. By increasing the visibility of the problem of violence, through the documentation of abuse and of the denial of rights, and multi-sectoral collaboration, development programming can contribute to the transformation of unequal power relationships to help build resilience based on human rights.
9. RECOMMENDATIONS FOR NON-GOVERNMENTAL ORGANISATIONS

9.1 Minimum standards for addressing gender inequality in resilience programmes

- **Ensure organisations’ staff are aware and committed to promoting equality.** A gender focal point is often an indispensable resource, but all staff need to be informed about inclusive approaches. Organisations must also combat gender inequality within their teams.

- **Train all staff on the promotion of equality and social justice** (not just the gender team) to develop their capacity to convey the same messages about protecting the integrity of girls and women in their respective activities and respect for the ‘do no harm’ principle (see Sotelo et al., 2017).

- **Systematically conduct analyses on issues sensitive to the social and dynamic norms of power,** taking into account power dynamics and differences by gender, age, ethnicity or disability, to better anticipate social resistance and prevent backlashes.

- **Develop a cross-cutting gender approach in programmes** in addition to activities focused on the promotion of equality. This implies developing common approaches in the implementation of the multi-sectoral activities that often characterise resilience programmes. For example, in water, sanitation and hygiene projects, in the operation of health centres,
in agriculture or risk reduction projects, in raising access to information, in planning long-term livelihood strategies, inequalities must be addressed by systematically promoting women’s equal participation in decision-making and activities.

- **Build on local practices that create resilience in an inclusive and sustainable way.** Consider the different gender and livelihood activities of the region where the project is taking place and see how far adjustments have been made naturally or historically to strengthen the resilience base.

- **Collaborate and support local associations, groups or village committees** that advocate for social justice. Many activities can be implemented through their networks and using their method of managing social affairs. These collaborations can also ensure the sustainability of initiatives.

- **Work with community leaders who promote women’s rights** to convey equality messages. Build on these same leaders to help educate other leaders at different levels.

- **Engage men alongside women** as participants engaged in processes for social change, targeting adolescents in particular.

- **Highlight the benefits of integrating gender considerations into projects** and mid-term and end-of-project evaluations to document activities that can be replicated and/or modified to better address inequality.

### 9.2 Combat violence against women and girls through resilience programmes

Detailed guidelines on the integration of protective measures against GBV disaggregated by state and humanitarian agents are available from the Inter-Agency Standing Committee (IASC) and the GPC (see 2015). We draw on these guidelines in the following recommendations, which are adapted to the context of development programmes aimed at building resilience and divided into the different intervention phases.

#### 9.2.1 Design phase

- **Train staff on the principles of eliminating VAWG.** All staff should systematically take into account, and monitor, cases of violence reported by beneficiaries (i.e. note what happened and, where appropriate, inform the relevant institutions (health centre, health and welfare delegations, legal protection associations, hospitals, etc.) in accordance with the ethical standards of confidentiality and the protection of survivors).

- **Integrate the risks of violence into contextual analyses and initial studies:**
  - What are the barriers and risks facing women, adolescent girls and other groups in developing their livelihoods?
• What is the situation of VAWG in the intervention zones?

• How does this violence affect survivors’ vulnerability to other risks?

• What risks could result from not taking into account the violence and the decision to do nothing?

• Create indicators that take into account the risks of violence to evaluate at the mid-term and at the end of the project to ensure activities do not maintain or create more violence.

• Integrate the fight against discrimination as an objective in programmes. Because they aim to reduce people’s vulnerability, resilience programmes provide an opportunity to simultaneously address the causes and consequences of discrimination and inequality to ensure the right of people to live free from violence. This must become an objective, evaluated through specific indicators, so as to avoid this aspect being set aside at the moment of implementation.

• Work with gender and/or protection experts to support relevant context analyses, identify activities that are appropriate to survivors’ security needs and find and/or establish context-appropriate referral systems.

• Establish a gender-sensitive budget by, for example, incorporating flexible budget lines that can address the issues and risks of violence raised by gender analysis and in the context of project activities.

• Collaborate with other actors (humanitarian and development, state and non-state) who work in protection or social affairs to establish or maintain a referral system. No NGO or institution can address all the challenges posed by increased risks and vulnerabilities alone, nor can it find and implement responses to violence issues.

9.2.2 Implementation phase

• Contribute to the referral, prevention, protection and care systems established by humanitarian actors by gradually adapting them to the institutional context of the intervention area (liaise with local government bodies, administrative tribunals, community associations and legal support and women’s rights protection associations).

• Disseminate legislation to inform citizens of their rights and duties; for example, communicate and translate CEDAW and the Chadian Constitution into local languages.

• Focus on educating children to convey messages of tolerance and equality. Education is a critical need identified by resident communities in areas where there are no schools or lack of teaching staff. Resilience programmes should support schooling as a priority in the same way as health.

• Establish/continue awareness-raising activities on the rights of women and girls, and their full place in society, by integrating men and boys (through both separate and mixed focus groups).
- Develop the capacity of health staff to care for survivors of abuse and their children (listening, caring, referrals, follow-up, etc.), especially when programmes support access to nutrition and health.

- Multiply initiatives that create dialogue between community leaders, health and governmental institutions and villagers. Theatre plays are a very good example, provided there is state representation/support to create linkages and accountability.

- Decide with communities on initiatives to be put in place to deal with violence, based on previously established groups or village associations (such as those identified by focus groups discussions). Each context is different and some authorities are more encouraging than others. In areas where no formal referral system exists, the establishment of confidential ‘entry points’ (e.g. health centres) can help survivors and the community report cases and find support after incidents of violence.

- Explore the potential and/or support the establishment of mobile clinics to reach the most remote areas, and provide information on reproductive health.

- Take into account gender analysis in monitoring and evaluating systems, to ensure the changing protection risks and needs of women and girls, as well as men and boys, are identified and monitored throughout the project and track changes in gender roles and relationships.

9.2.3 Information-sharing and advocacy

- Contribute to information – and data-sharing mechanisms by documenting the abuses observed during project implementation, the barriers encountered and good practices, within the framework of the principles of ethics, confidentiality and protection of survivors.

- Guarantee access to information for project beneficiaries, especially women –on their rights, on the legislative framework and on local initiatives that can support them but also on project results, issues and impacts.

- Contribute to advocacy against violence in all its forms by collaborating with civil society organisations in their efforts to enact specific national GBV protection laws and to build accountable institutions and advocate for an increased rate of prosecution and conviction.

- Be more transparent about the difficulties encountered. Documenting the success of projects is important, but the analysis of initiatives that do not work is equally important. Projects that confront the social norms that underlie discrimination against women and girls will undoubtedly encounter obstacles. Documenting the difficulties can help other agents and donors support measures to address the issues identified.

- Inform donors of violence issues raised in initial analysis and implementation of activities in order to allocate financial resources for building capacity and improving inter-sectoral collaboration to address GBV.
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The Knowledge Manager also fosters partnerships to amplify the impact of new evidence and learning, in order to significantly improve levels of resilience in poor and vulnerable countries and communities around the world.


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