Eastern Chad: Investigating Abuse and Strengthening Prevention
In late 2024, following media reporting, MSF launched an investigation into allegations of sexual exploitation, abuse and harassment linked to humanitarian operations in eastern Chad. The investigation concluded in mid-2025.

Alongside our Annual Behaviour and Accountability Reporting for 2025, something we have been doing for the past eight years, MSF is publishing an account of the findings of our investigation, and the actions taken in response, to better prevent, detect, and respond to abuse and misconduct in eastern Chad and across MSF.

Safeguarding in humanitarian emergencies
MSF is committed to ensuring an environment free from abuse, including exploitation and harassment.

The term 'safeguarding', used throughout this text, refers to the measures we take to prevent, detect, and respond to abuse. The safety, dignity and confidentiality of survivors, and their access to support, are at the centre of this work.

The safeguarding measures we have and are putting in place across our projects and offices aim to create a safe, dignified and respectful environment for patients, communities, and colleagues.

Investigating abuse in a humanitarian emergency

MSF has worked in Chad since 1981, responding to multiple humanitarian crises, in a country that, prior to the war in Sudan, was already hosting around one million refugees and internally displaced people.

After war erupted in neighbouring Sudan in April 2023, a further 900,000 refugees fled across the border into an area with extremely limited resources, fuelling an urgent need for medical care, shelter, food, water and sanitation. As increasing numbers of people crossed the border, existing camps and medical structures quickly became overwhelmed.

Successive waves of refugees and wounded people have followed peaks of violence in Sudan. For example, in mid-2023, 2,000 refugees were arriving each day. During one particularly intense period in June 2023, 850 wounded people arrived at MSF facilities in eastern Chad in just three days, with nearly 400 arriving at our clinics on 16 June, alone.

The speed and scale of the emergency required MSF to rapidly expand our programmes and recruit large numbers of new staff. By 2025, we employed 2,446 people

and provided substantial medical and humanitarian assistance, including 586,900 outpatient consultations and 979,600 vaccinations, and distributing 362 million litres of chlorinated water throughout the year.

In late 2024, MSF was alerted by a media investigation into allegations of sexual exploitation, abuse and harassment linked to humanitarian operations in eastern Chad, including three specific allegations concerning individuals working for MSF.

Following the reports, we launched investigations and deployed trained investigators to establish the facts, enable MSF to provide support to survivors, take disciplinary action against perpetrators, and act to reduce the risk of further abuse. Although investigating specific alerts we receive is standard practice in MSF, in this case we decided to investigate across all areas where our projects operate in eastern Chad, to try to gather a more complete picture of the abuse and identify as many survivors and perpetrators as possible.

The findings published here are a summary of the investigation and the actions taken in response. They do not reproduce the underlying investigation files or case-level information. This is necessary to protect the confidentiality and safety of people involved, including survivors and witnesses, and to avoid information that could identify individuals or locations being made public.

What our investigations found

Over eight months, 16 investigators reviewed 59 allegations involving individuals working in or connected to MSF-supported activities, including employees, daily workers, and suppliers. Most allegations related to sexual exploitation, abuse, and harassment.

Reflecting broader societal inequalities and power imbalances, especially with respect to gender, survivors of abuse, and especially sexual forms of abuse, were predominantly women, and all the perpetrators identified in the process were men. Our investigations found that abuse and misconduct often occurred where there were significant imbalances of power, including between people that had power or authority and those with less power, and between humanitarian workers and the people they were meant to serve.

Every allegation was examined carefully. While some were corroborated, others could not be fully verified, including where survivors or alleged perpetrators could not be identified, or located after moving within or beyond the vast refugee camps in eastern Chad.

Only a limited number of survivors could be identified. Where they were, medical and psychological care was systematically offered, although concerns about confidentiality, judgement or retaliation affected whether people felt safe to access these services.

Where perpetrators were identified and serious misconduct was substantiated, sanctions were imposed. Eighteen staff members were dismissed and permanently barred from working with MSF. Based on our investigations, we also terminated a contract with a service provider.

Beyond individual cases, our investigations identified important shortcomings in how existing safeguarding measures had been implemented across our programmes.

During a period of rapid operational expansion, local recruitment, induction and supervision practices had not consistently ensured that all colleagues understood and upheld MSF's behavioural commitments. Safeguarding risk assessments, which help to mitigate the risk of abuse, had not been carried out systematically. Many patients, colleagues, and community members did not know how to report abuse safely and confidentially.

The humanitarian context further heightened the risks. Conflict, displacement, deprivation, and dependence on humanitarian assistance created significant imbalances of power. While we cannot avoid this, we can and should pay even more attention to preventing and addressing abuse in such emergency contexts.

Strengthening safeguarding in eastern Chad

Our investigations in eastern Chad led directly to changes in how we prevent, detect, and respond to abuse and misconduct.

Preventing abuse

We have strengthened local recruitment practices, induction and ongoing training both for individuals and teams, to ensure that everyone working for MSF understands the rules and standards of behaviour expected of them, what constitutes unacceptable conduct, and possible consequences.

In Chad, safeguarding considerations are being incorporated into each stage of recruitment and staff management, including mentioning it in job adverts, during

interviews, onboarding and ongoing supervision. For example, in some projects, we ask scenario-based questions in interviews to explore candidates' understanding of abuse prevention and how they would respond if they witnessed inappropriate behaviour. These practices continue to develop, with greater attention to safeguarding awareness and responsibilities across different roles, particularly those involving direct contact with patients.

Teams have carried out risk assessments to identify circumstances where people might face heightened risks of abuse, allowing preventive measures to be put in place. This includes adapting reporting mechanisms; redesigning activities, services, and programmes; and increasing awareness of abuse and reporting mechanisms among people who are least likely to report concerns.

We have strengthened
local safeguarding support to work more systematically alongside our teams in eastern Chad, helping them to incorporate safeguarding into their work and our programmes, and to identify, anticipate and respond to emerging risks.

Improving detection and reporting
Working closely with patients, women's groups, and community leaders, we have strengthened awareness of abuse and misconduct and how concerns can be reported safely and confidentially.

In some of our projects in eastern Chad, we held focus groups with communities to understand which reporting mechanisms people would feel safest and most comfortable using. Based on this feedback, we put in place a patient liaison officer, whose job it is to regularly engage with patients in hospitals, health centres and communities to explain what constitutes unacceptable behaviour, how concerns can be raised, and to hear directly about people's experiences with MSF. Maintaining this open communication helps create trusted spaces for people to share and enables teams to identify concerns before they arise.

We are also working to boost the representation of women across our programmes, particularly in maternal and child healthcare, recognising that some patients and staff may feel more comfortable raising concerns about abuse with women.

These changes are intended not only to make it easier for people to report abuse, but also to help MSF identify concerns about abuse before it occurs, or more immediately after so that it can be addressed.

Supporting survivors

We acknowledge that in eastern Chad the support we provided to survivors was limited. Greater efforts were needed to proactively engage with survivors, understand their individual needs and preferences, and identify appropriate forms of assistance beyond that which MSF could directly provide.

Considerable barriers can prevent survivors from accessing support, and these can be even more acute in the places where we work. Survivors may face significant stigma and face consequences for coming forward; appropriate survivor-centred services may be limited, difficult to access, not widely known or trusted; women in particular may face practical barriers, including caring responsibilities, that make it difficult to seek or receive support; and people may fear that they will face retaliation or lack of confidentiality.

This makes prevention efforts, before abuse occurs, even more important, alongside active detection of cases. Regular consultations and discussions with patients, communities, and colleagues are critical elements of this work. By creating safe and trusted spaces for people to speak, we can better identify concerns early and act before abuse occurs.

We are working to strengthen the support we provide to survivors, and to ensure people know they can seek assistance without fear of retaliation from MSF or losing access to humanitarian assistance.

Challenges that remain

Underreporting remains a challenge across the humanitarian sector and in wider society. An increase in reports may indicate that people are more confident to come forward, while low reporting does not necessarily mean that problems do not exist. Some people may also fear that reporting abuse could affect their access to assistance or would not lead to action. These barriers are among the multiple reasons abuse can remain hidden and why strengthening trust in reporting systems remains a central priority.

In eastern Chad, as in many other contexts, conversations with local leaders highlighted that sexual abuse and related issues can be highly sensitive or taboo, and that people may not feel comfortable discussing them with outsiders. Mistrust in legal mechanisms can also play a role: people often do not perceive positive outcomes from reporting abuse, and this perception also affects other reporting channels like those put in place by MSF.

This illustrates why effective safeguarding depends not only on robust prevention and reporting mechanisms, but also on understanding the specific risks, behaviours and perceptions within each context, discussion and consultation with different members of the community and adapting our approach accordingly. Building trust depends on

showing patients, communities and staff that reports are heard, taken seriously, and acted upon.

Strengthening safeguarding across MSF

The findings in eastern Chad have also informed changes across MSF. Over the past year, we have strengthened our global screening processes to prevent people found to have committed abuse or serious misconduct from moving between MSF projects and being rehired elsewhere in the organisation. We have strengthened recruitment, induction and supervision, and expanded the number of safeguarding specialists and investigators available to support country teams.

We recognise that strengthened safeguarding policies and systems alone are not evidence of success. What matters is whether they lead to safer environments, greater trust in reporting mechanisms, and better support for survivors. We will continue to assess what is working, address gaps, and report publicly on abuse and misconduct through our annual behaviour and accountability reporting.

This work does not end with the investigations in eastern Chad. Abuse and misconduct can occur anywhere, but the risks can be heightened where significant power imbalances exist. Our responsibility is to reduce those risks as much as possible, create environments where people feel safe to report concerns, support those affected and act decisively when abuse occurs. We are committed to acting on every alert, holding perpetrators accountable, and learning from every case to strengthen how we prevent, detect and respond to abuse and misconduct, wherever we work.