ANNEX 3B

PUBLIC REDACTED VERSION

Statistical Outcome of the Reparation Questionnaire (Annex 3 A)

Updated as at 14 September 2026

Methodology

This assessment is based on responses from **1,068 women** from [REDACTED] Darfur, collected between 28 May 2026 and 8 September 2026. It replaces and supersedes the statistical outcome filed on 4 June 2026, which was based on the first 21 responses then available. Data collection remains ongoing.

The questionnaire captures women-specific needs across medical care, psychological support, livelihoods, children's education, and reparations preferences. The reparations options suggested in the questionnaire were not predetermined by the CLRV; they were developed through direct engagement with women during field missions, online and community sessions.

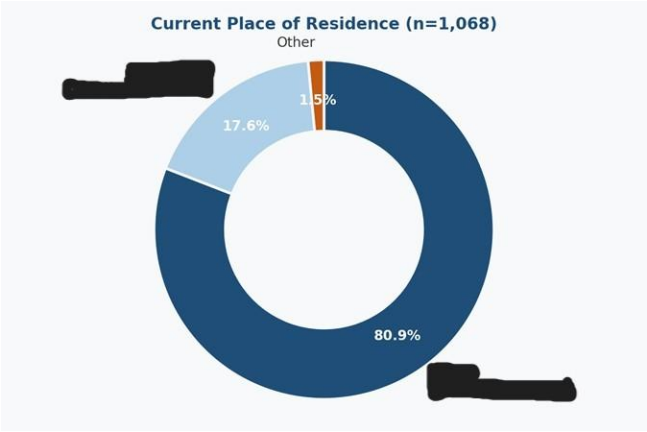
All percentages in this Annex are calculated based on the number of respondents who answered the question concerned, and the applicable denominator is stated in each table heading. Where a question permitted more than one answer, percentages sum to more than 100%. Free-text answers were provided in Arabic and have been translated by the CLRV; illustrative translations appear in the footnotes.

1. Respondent Profile

The sample has broadened substantially since the previous filing. Whereas the 21 responses reported in June 2026 came exclusively from [REDACTED], 864 of the 1,068 respondents (80.90%) are now resident in [REDACTED]. [REDACTED], accounts for 17.60% (188).

1.1 Place of Residence

Current Location	Share of Respondents
[REDACTED]	80.90% (864)
[REDACTED]	17.60% (188)
Other locations	1.50% (16)



Current Location (detailed)	Share of Respondents
[REDACTED]	52.72% (563)
[REDACTED]	28.18% (301)
[REDACTED]	13.01% (139)
[REDACTED]	2.06% (22)
[REDACTED]	1.97% (21)
[REDACTED]	0.56% (6)
[REDACTED]	0.56% (6)
[REDACTED]	0.37% (4)
[REDACTED]	0.19% (2)
[REDACTED]	0.09% (1)
[REDACTED]	0.09% (1)
[REDACTED]	0.09% (1)
[REDACTED]	0.09% (1)

Note: [REDACTED]

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1.2 Region of Origin

Region of Origin	Share of Respondents
[REDACTED]	77.90% (832)
[REDACTED]	10.77% (115)
[REDACTED]	10.58% (113)
[REDACTED]	0.75% (8)

1.3 Region of Origin by Current Residence

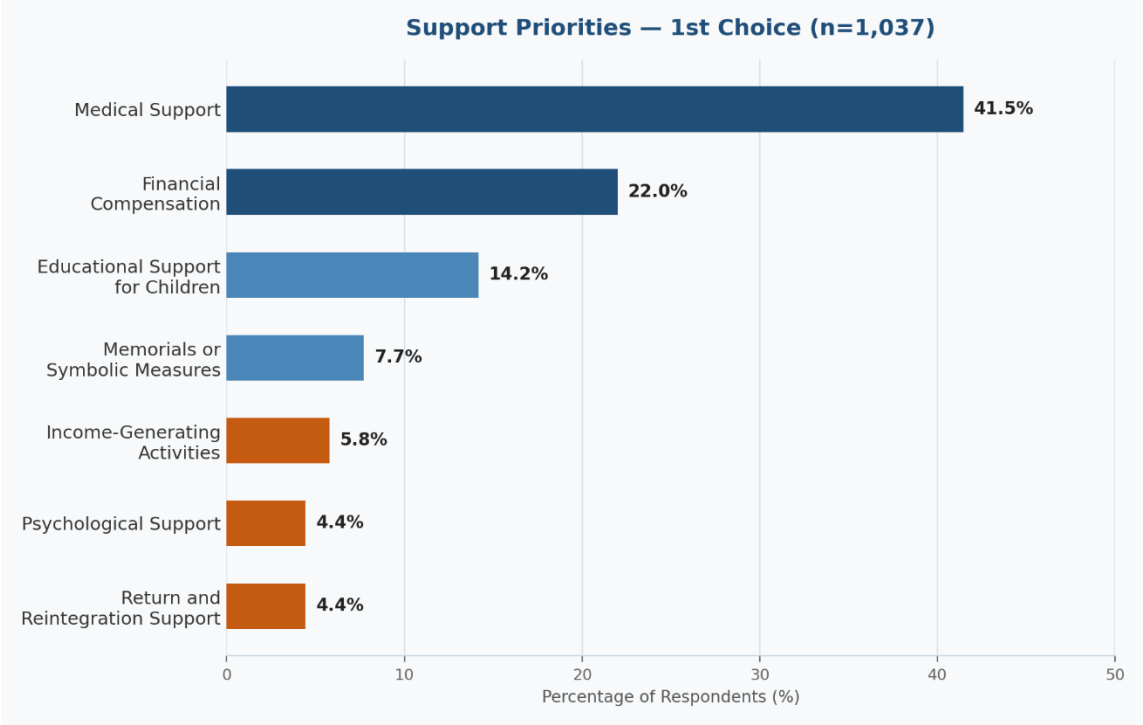
Region of Origin	Mukjar	Bindisi area	Other	Total
[REDACTED]	815	9	8	832
[REDACTED]	12	101	2	115
[REDACTED]	31	78	4	113
[REDACTED]	6	0	2	8

Note: the great majority of respondents remain displaced within, or close to, their region of origin. [REDACTED]

2. Reparations and Support Priorities

Respondents were asked to rank at least three priorities in order of importance. **Medical Support is the clear first priority**: it is ranked first by 41.47% (430) of respondents and appears in the top three of 70.68% (733). Financial Compensation, which the earlier sample placed near the bottom, is now the second most frequent first choice.

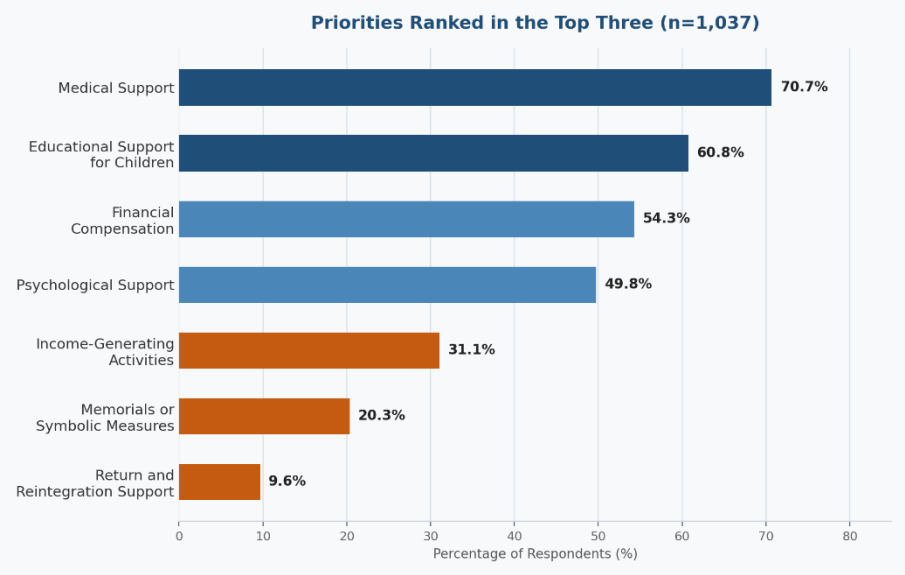
2.1 First-Choice Support Priorities (n=1,037)



Support Priority	% of Respondents (1st Choice)
Medical Support	41.47% (430)
Financial Compensation	21.99% (228)
Educational Support for Children	14.18% (147)
Memorials or Symbolic Measures	7.71% (80)
Income-Generating Activities	5.79% (60)
Psychological Support	4.44% (46)
Return and Reintegration Support	4.44% (46)

2.2 Priorities Ranked in the Top Three (n=1,037)

Ranking only the first choice understates priorities that are widely held but rarely placed first. Counting each priority once if a respondent placed it first, second or third gives a fuller picture; on this measure Educational Support for Children and Psychological Support rise sharply.



Support Priority	% Ranking it in the Top Three
Medical Support	70.68% (733)
Educational Support for Children	60.75% (630)
Financial Compensation	54.29% (563)
Psychological Support	49.76% (516)
Income-Generating Activities	31.05% (322)
Memorials or Symbolic Measures	20.35% (211)
Return and Reintegration Support	9.64% (100)

2.3 Full Rank Distribution (n=1,037)

Support Priority	1st	2nd	3rd	4th	5th	Top 3
Medical Support	430	160	148	126	41	733
Financial Compensation	228	168	187	183	196	563
Educational Support for Children	147	204	282	114	89	630
Psychological Support	46	328	145	94	99	516
Income-Generating Activities	60	118	149	100	108	322
Memorials or Symbolic Measures	80	42	89	100	108	211
Return and Reintegration Support	46	17	37	132	138	100

Note: 1,037 respondents ranked a first, second and third choice; 849 ranked a fourth choice and 779 a fifth. Figures are respondent counts.

2.4 Weighted Priority Score (n=1,037)

Applying a standard rank weighting (first choice = 5 points, fifth choice = 1 point) produces an aggregate measure of intensity of preference. The maximum attainable score is 5,185 points, which would arise if every respondent ranked the priority first.

Support Priority	Weighted Score	% of Maximum
Medical Support	3,527	68.0%
Financial Compensation	2,935	56.6%
Educational Support for Children	2,714	52.3%
Psychological Support	2,264	43.7%
Income-Generating Activities	1,527	29.5%
Memorials or Symbolic Measures	1,143	22.0%
Return and Reintegration Support	811	15.6%

2.5 Earlier Questionnaire Version (n=31)

The 31 responses collected on the earlier form, which includes the 21 responses reported in the previous filing, ranked their first choice as follows. These figures replace Table 2.1 of ICC-02/05-01/20-1344-Anx3B.

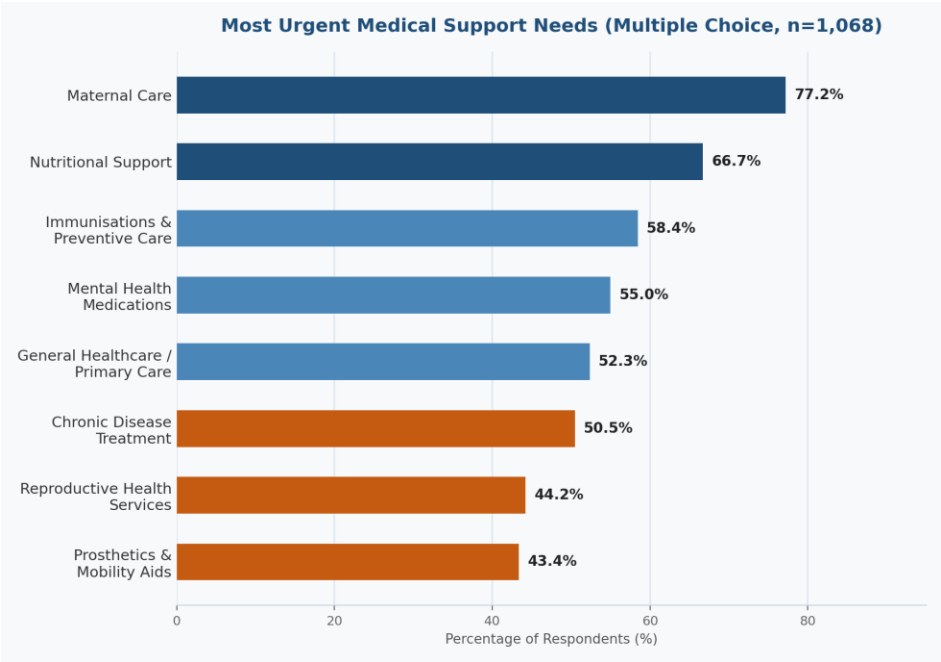
Support Priority (as offered on the earlier form)	% of Respondents (1st Choice)
Income-Generating Activities	41.94% (13)
Medical Support	35.48% (11)
Memorials or Symbolic Measures	9.68% (3)
Return and Reintegration Support	6.45% (2)
Financial Compensation	6.45% (2)

Note: the earlier form did not offer Psychological Support or Educational Support for Children as ranked options, which accounts for their absence from this table.

3. Medical Needs

Maternal care is the single most frequently identified urgent medical need, followed by nutritional support and immunisation. The profile is materially different from that reported in June 2026, when general primary care headed the list; the shift reflects the very different service environment in [REDACTED] locations, which now dominate the sample.

3.1 Most Urgent Medical Support Needs (Multiple Choice, n=1,068)



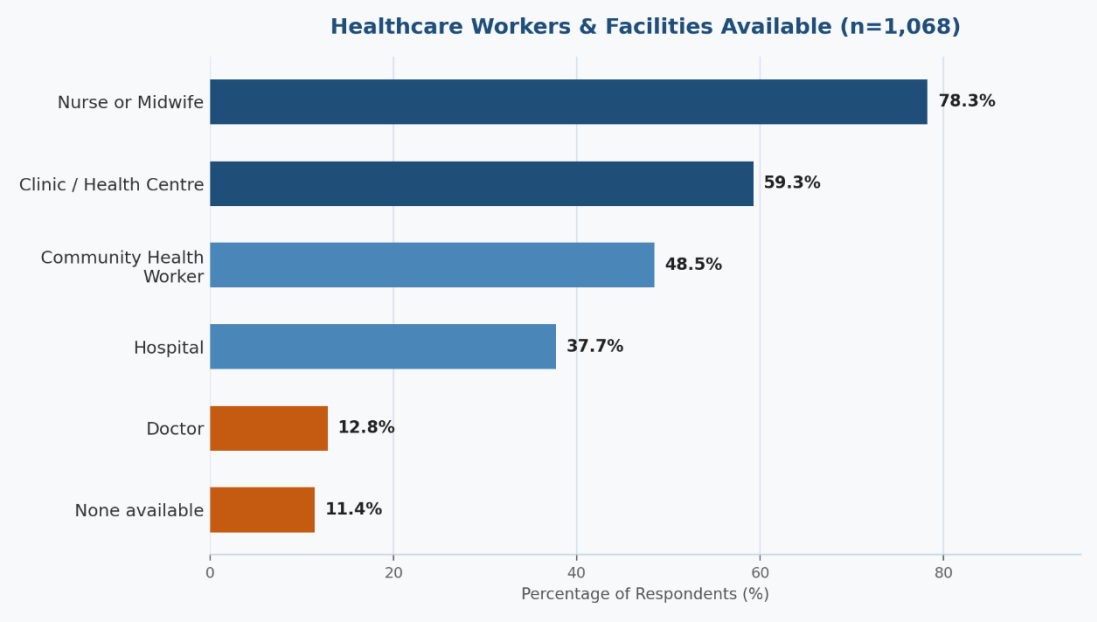
Medical Support Type	% of Respondents
Maternal Care (Pregnancy, Birth, Postnatal)	77.15% (824)
Nutritional Support / Malnutrition Treatment	66.67% (712)
Immunisations and Preventive Care	58.43% (624)
Mental Health Medications	54.96% (587)
General Healthcare / Primary Care	52.34% (559)
Chronic Disease Treatment	50.47% (539)
Reproductive Health Services	44.19% (472)
Prosthetics, Wheelchairs and Mobility Aids	43.35% (463)
Other (specified)	1.97% (21)

Note: percentages sum to more than 100% as respondents could choose more than one option.

The 21 respondents who used the free-text field described the absence of any qualified practitioner, unregulated street sales of medicines, and the cost of referral to distant hospitals as the principal barriers to care.[1]

[1]Respondent, [REDACTED]: “There has been no general practitioner in the area since the war broke out in 2023; we depend on pharmacies. Everyone has turned into a medicine trader, medicines are laid out in the street with no oversight at all of expiry

3.2 Healthcare Workers and Facilities Available (n=1,068)



Facility / Worker Type	% Reporting Available
Nurse or Midwife	78.28% (836)
Clinic or Health Centre	59.27% (633)
Community Health Worker	48.50% (518)
Hospital	37.73% (403)
Doctor	12.83% (137)
None available	11.42% (122)

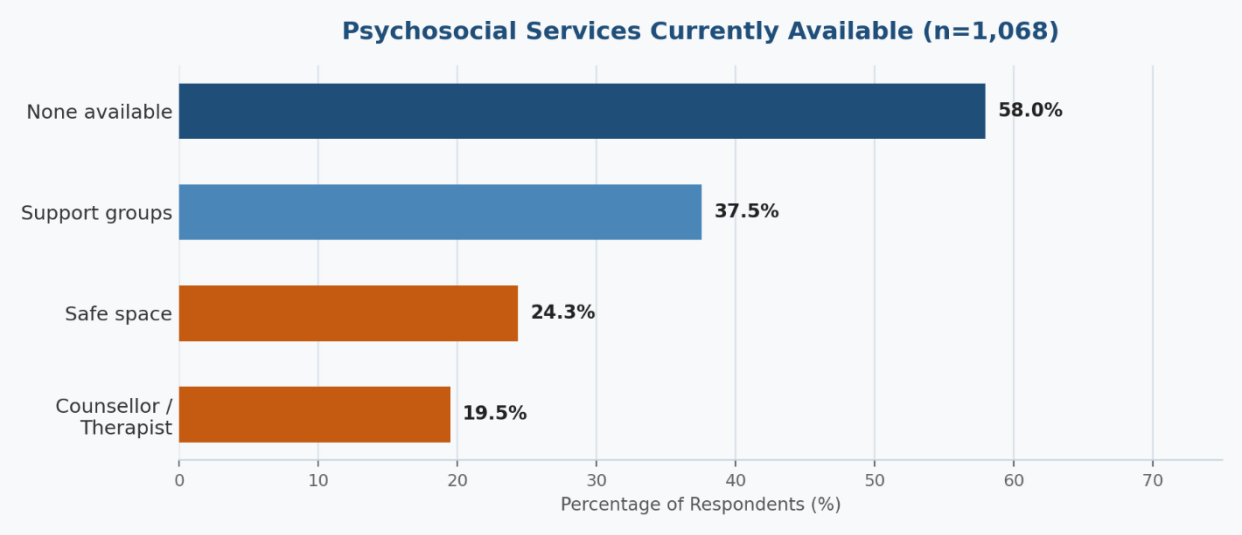
Note: percentages sum to more than 100% as respondents could choose more than one option. 122 respondents reported that no healthcare worker or facility is available to them at all.

The previously filed figure of 0% availability of doctors and community health workers no longer holds across the enlarged sample: 12.83% (137) of the respondents report access to a doctor and 48.50% (518) to a community health worker. Both figures are, however, driven entirely by [REDACTED] locations. No respondent in the [REDACTED] area reports access to a doctor, the position recorded in June 2026 is unchanged there. See Section 8.

date, country of manufacture, whether they are for children or adults, or storage conditions." Respondent, [REDACTED]: "A health centre needs to be built in [REDACTED], because there is no medical clinic at all." Respondent, [REDACTED]: "Support for referral cases to other hospitals, which has become a serious problem for families, especially births and fractures; cases that cannot wait. Without that capacity, many deaths occur here in the camp." Respondent, [REDACTED]: "A high number of maternal deaths and miscarriages, and cases of night blindness, have appeared recently."

4. Psychological Support Needs

4.1 Psychological Support Services Currently Available (n=1,068)

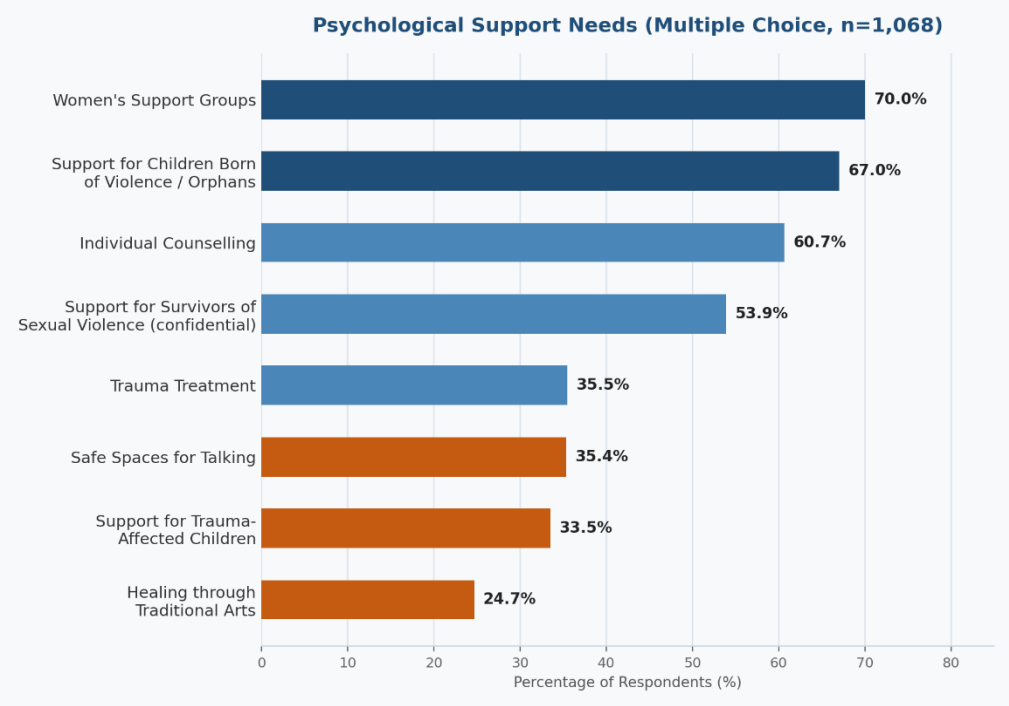


Service Type	Availability
No services available	57.96% (619)
Support groups	37.55% (401)
Safe space	24.34% (260)
Counsellor / Therapist	19.48% (208)

The earlier filing recorded that no psychosocial service of any kind was available to any respondent. That remains true for a majority, 57.96% (619) report that nothing is available, but a minority in [REDACTED] locations now report some provision. In [REDACTED] area the position is effectively unchanged at 98.4%. Respondents consistently described such provision as it exists as preventive rather than therapeutic.[2]

[2]Respondent, [REDACTED]: "The services provided in the area are preventive and not curative. We need treatment services, because every case is referred to Nyala, Garsila or Zalingei, and that is a major problem for families on a limited income." Respondent, [REDACTED]: "There are many cases, but there is no psychologist and no body at all to help the victims." Respondent, [REDACTED]: "When someone suffers a psychological shock, everyone talks about her and no one offers advice or guidance. At best the patient is taken to a sheikh to write a religious incantation, and that is not enough."

4.2 Most Needed Psychological Support (Multiple Choice, n=1,068)



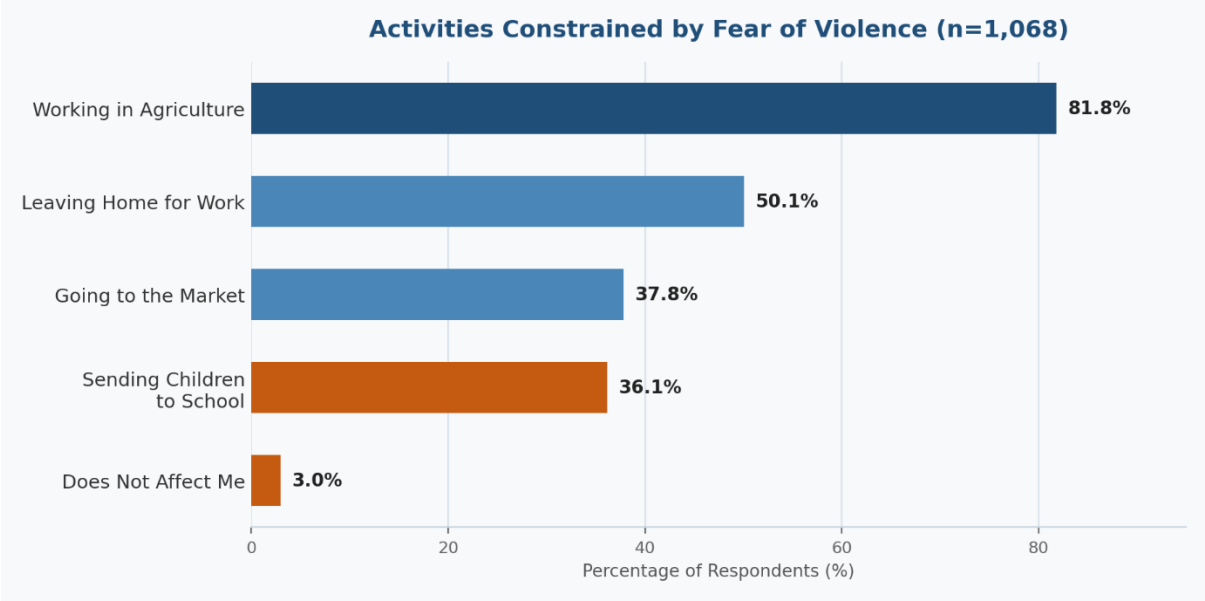
Psychological Support Type	% of Respondents
Women's Support Groups	70.04% (748)
Support for Orphans / Children Born of Sexual Violence	67.04% (716)
Individual Counselling	60.67% (648)
Specialised, Confidential Support for Survivors of Sexual Violence	53.93% (576)
Trauma Treatment	35.49% (379)
Safe Spaces for Speaking and Listening	35.39% (378)
Support for Trauma-Affected Children	33.52% (358)
Healing through Traditional Arts, Music or Dance	24.72% (264)
Other (specified)	1.40% (15)

Note: percentages sum to more than 100% as respondents could choose more than one option.

Two features are of particular significance for the design of a reparations award. First, collective modalities now lead: **Women's Support Groups** is the most frequently selected form of support (70.04% (748)), ahead of individual counselling. Second, 53.93% (576) of respondents identify the need for specialised, confidential services for survivors of sexual violence, and 67.04% (716) identify support for orphans and children born of sexual violence.

5. Safety, Livelihoods and Social Impact

5.1 Impact of Fear of Violence on Daily Activities (Multiple Choice, n=1,068)



Activity	% Affected by Fear of Violence
Working in agriculture	81.84% (874)
Leaving the house for work	50.09% (535)
Going to the market	37.83% (404)
Sending children to school	36.14% (386)
Does not affect me	3.00% (32)

Note: percentages sum to more than 100% as respondents could choose more than one option.

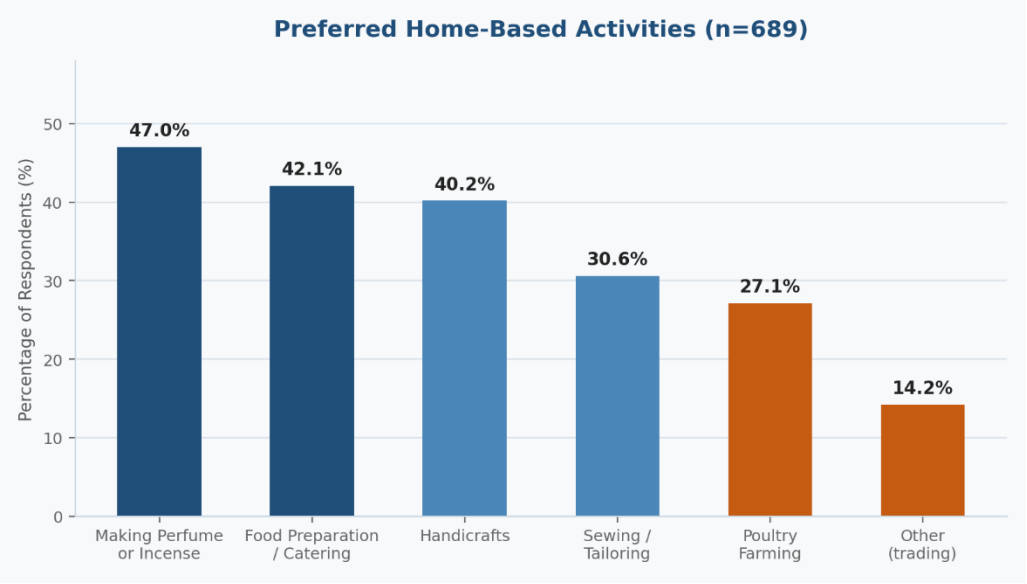
Agricultural work remains the activity most constrained by fear of violence (81.84% (874)). A significant change from the earlier filing is that **sending children to school is now reported as affected by 36.14% (386)** of respondents, against 0% previously. Only 3.00% (32) of respondents report that fear of violence does not affect them at all.[3]

[3]Respondent, [REDACTED]: "Fear of insecurity, for example on market day, when you are returning home or to the camp, looters and criminals can take whatever you are carrying, and you may also be beaten, shot at or sometimes killed." Respondent, [REDACTED]: "When there is no safety the whole family is affected, especially the girls, who stop going to school." Respondent, [REDACTED]: "Security fears when going out to farm, and during activities at night." Respondent, [REDACTED]: "The presence of criminals in the open country."

5.2 Preference for Home-Based Livelihoods (n=1,068)

Home-Based Work Preference	% of Respondents
Yes, prefers home-based work	64.79% (692)
No, does not prefer home-based work	35.21% (376)

5.3 Preferred Home-Based Activities (among those preferring home work, n=689)



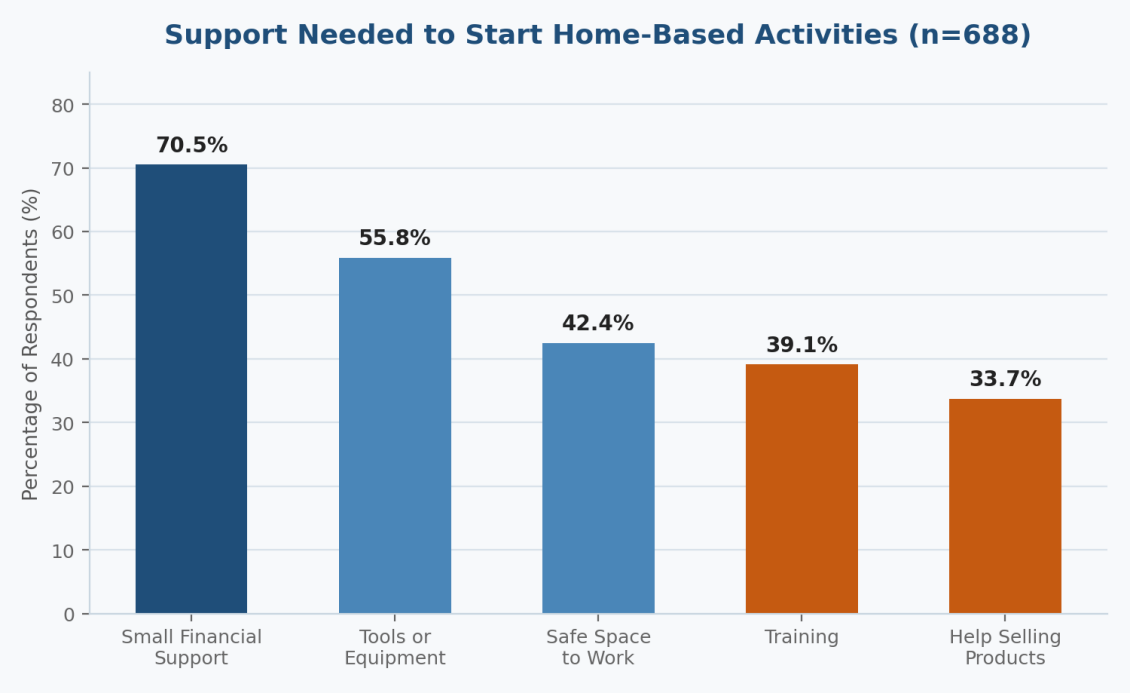
Activity Type	% of Respondents Preferring Home Work
Making perfume or incense	47.02% (324)
Food preparation / catering	42.09% (290)
Handicrafts	40.20% (277)
Sewing / tailoring	30.62% (211)
Poultry farming	27.14% (187)
Other (predominantly small-scale trading)	14.22% (98)

Note: percentages are calculated on the 689 respondents who indicated a preference for home-based work and answered this question, not on the full sample. Percentages sum to more than 100% as respondents could choose more than one option.

Of the 95 respondents who specified an activity under "Other", 55 described small-scale trading and 20 described home food processing.[4]

[4]Respondent, [REDACTED]: "Wholesale foodstuff trading between Bindisi and Chad, because it is a profitable trade. Many women in other areas made significant profits in earlier periods, and women at the border do not face as many restrictions as men do." Respondent, [REDACTED]: "Wholesale trading between Foro Baranga and [REDACTED]market, because the profits are good here." Respondent, [REDACTED]: "Trading in agricultural crops." Respondent, [REDACTED]: "A refrigerator and a solar power system to make ice cream and frozen goods and sell them."

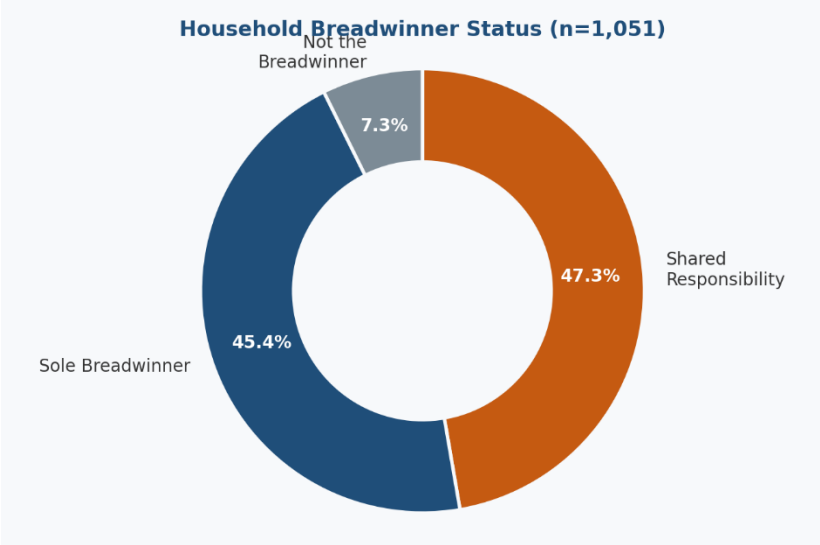
5.4 Support Needed to Start Home-Based Activities (n=688)



Support Type	% of Respondents Preferring Home Work
Small financial support / micro-grant	70.49% (485)
Tools or equipment	55.81% (384)
A safe space to work	42.44% (292)
Training	39.10% (269)
Assistance in selling products	33.72% (232)

Note: percentages are calculated on the 688 respondents who indicated a preference for home-based work and answered this question. Percentages sum to more than 100% as respondents could choose more than one option.

5.5 Primary Breadwinner Status (n=1,051)



Household Role	% of Respondents
Shares financial responsibility	47.29% (497)
Sole breadwinner	45.39% (477)
No financial responsibility	7.33% (77)

Taken together, 92.68% of respondents carry sole or shared financial responsibility for their household. The proportion reporting no financial responsibility, which was 0% in the earlier sample, is now 7.33% (77).

5.6 Dependants and Loss of Income

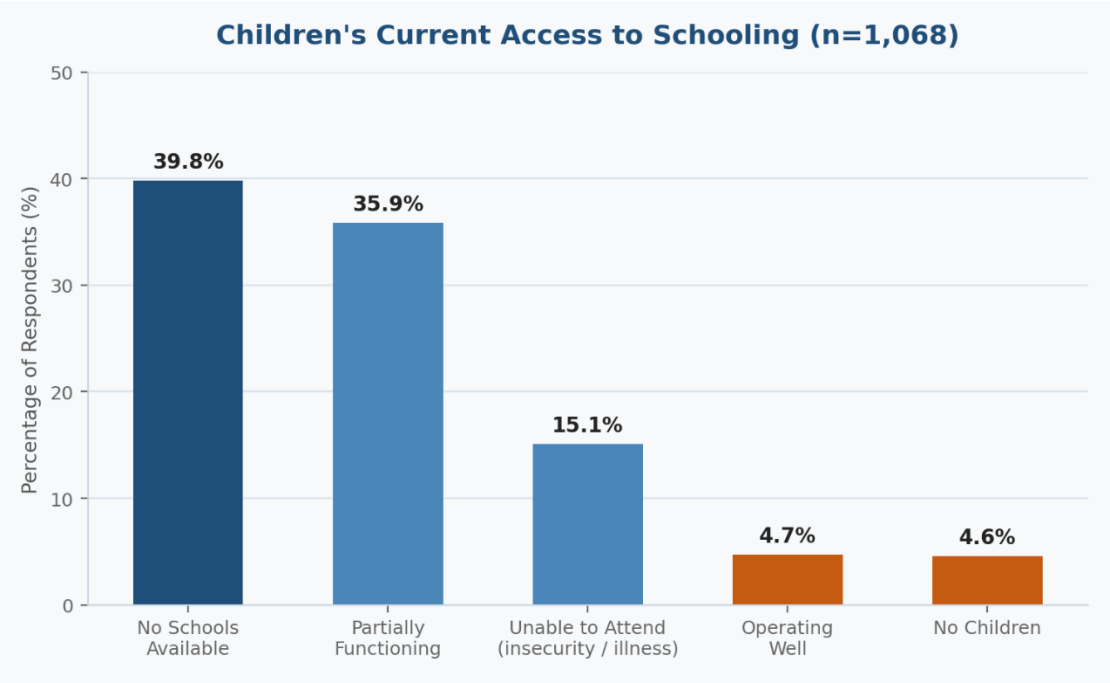
Of the 476 respondents who quantified their dependants, the median household supported is 8 people (mean 7.9; range 2–18), and 52.9% support eight people or more. Those respondents together support 3,754 dependants.[5]

Loss of Income due to the Conflict (n=477)	% of Respondents
Yes, income source lost owing to the conflict	96.65% (461)
No	3.35% (16)

[5]One further response recording an implausible figure (in excess of nine million dependants) has been excluded as a manifest data-entry error.

6. Children and Education

6.1 Children's Current Access to Schooling (n=1,068)

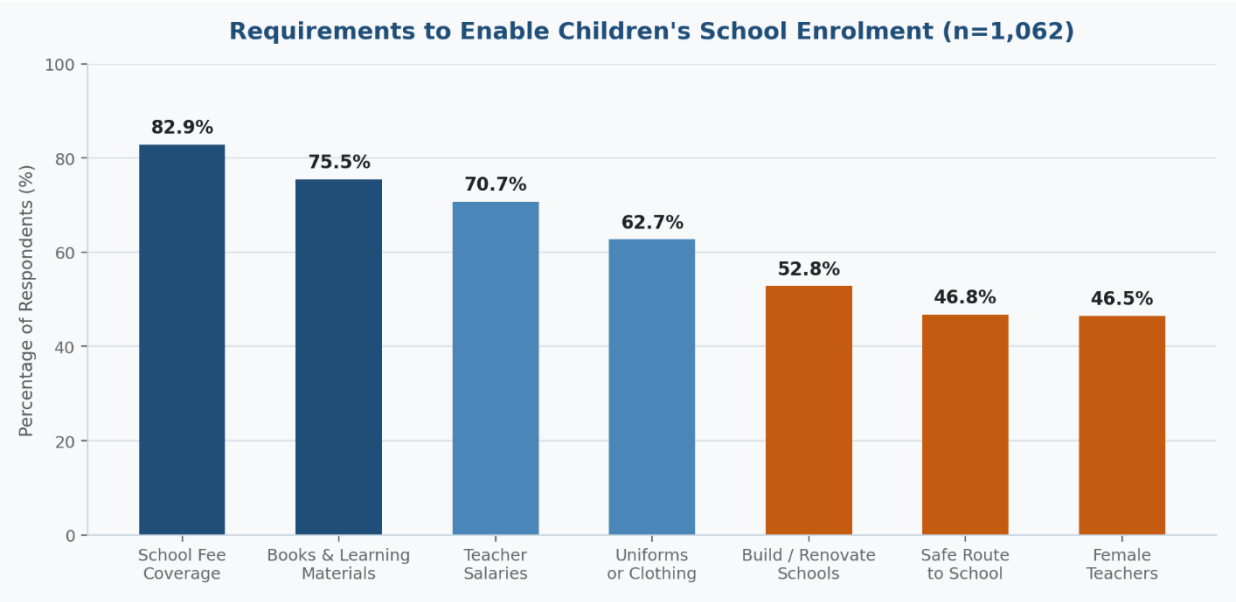


Schooling Status	% of Respondents
No schools available	39.79% (425)
School only partially functioning (overcrowding / teacher shortage)	35.86% (383)
Children unable to attend owing to insecurity or illness	15.07% (161)
School operating well	4.68% (50)
No children	4.59% (49)

The educational position is materially worse than the earlier sample indicated. 39.79% (425) of the respondents report that no school is available at all, and a further 15.07% (161) report that their children cannot attend because of insecurity or illness. Only 4.68% (50) report a school that is operating well.[6]

[6]Respondent, [REDACTED]: "The official schools have been closed since the war of April 2023, but the examinations are held in the north of the country; the roads are not safe and the transport costs are prohibitive." Respondent, [REDACTED]: "Help to reopen the schools." Respondent, [REDACTED]: "Examination centres in nearby areas." Respondent, [REDACTED]: "A literacy institute for women"; "literacy centres or khalwas for girls."

6.2 What is Needed to Enable Children's Enrolment? (Multiple Choice, n=1,062)

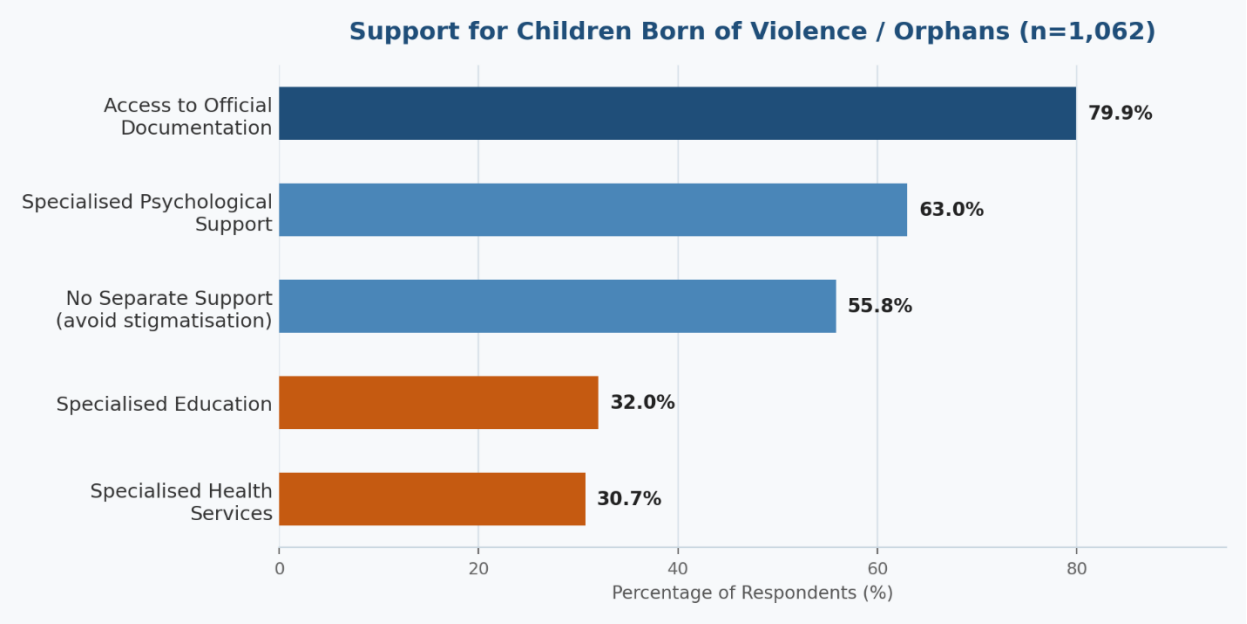


Enrolment Requirement	% of Respondents
School fee coverage for children	82.86% (880)
Books, pens and learning materials	75.52% (802)
Teacher salaries	70.72% (751)
Uniforms or clothing	62.71% (666)
Building or renovating schools	52.82% (561)
Safe route to school	46.80% (497)
Female teachers (so girls can attend)	46.52% (494)
Other (specified)	4.52% (48)

Note: percentages sum to more than 100% as respondents could choose more than one option.

School fee coverage, learning materials and teacher salaries head the list. Two requirements that registered weakly in the earlier sample are now substantial: female teachers (46.52% (494), against 33.33% previously) and a safe route to school (46.80% (497), against 14.29%).

6.3 Support for Children Born of Violence / Orphans (Multiple Choice, n=1,062)



Support Approach	% of Respondents
Ensuring access to official documentation	79.94% (849)
Specialised psychological support	62.99% (669)
No separate support (to avoid further stigmatisation)	55.84% (593)
Specialised education	32.02% (340)
Specialised health services	30.70% (326)
Other (specified)	0.56% (6)

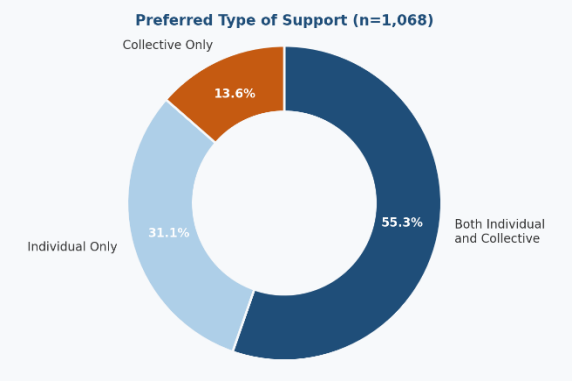
Note: percentages sum to more than 100% as respondents could choose more than one option. The option "no separate support" was in practice not treated by respondents as mutually exclusive of the others: 559 of the 593 respondents who selected it also selected at least one substantive form of support, indicating a preference that assistance be delivered without singling these children out.

Access to official documentation is now the most frequently identified need (79.94% (849), against 38.10% in the earlier sample), and respondents repeatedly stressed that it must be obtained confidentially.[7]

[7]Respondent, [REDACTED]: "Identity documents must be issued confidentially." Respondent, [REDACTED]: "Because they live with inferiority and stigma, and that needs formal treatment." Respondent, [REDACTED]: "Community awareness is essential so that discrimination is abandoned." Respondent, [REDACTED]: "That they receive education in fields where they can rely on themselves; training young men in electricity, mechanics and modern farming methods, and young women in areas such as managing medium-sized projects, and giving them start-up capital."

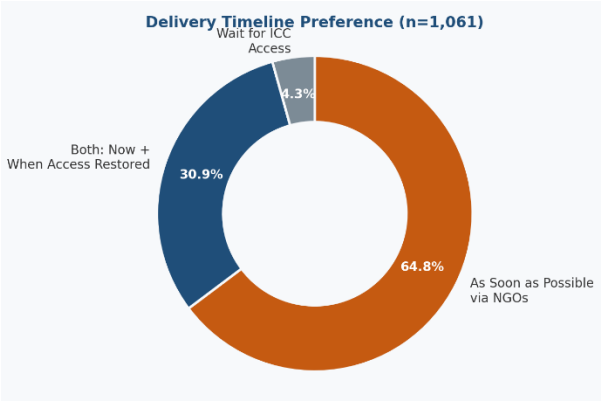
7. Support Preferences and Delivery Timeline

7.1 Preferred Type of Support (n=1,068)



Support Preference	% of Respondents
Both individual and collective	55.34% (591)
Individual support only	31.09% (332)
Collective support only	13.58% (145)

7.2 Delivery Timeline Preference (n=1,061)



Delivery Preference	% of Respondents
As soon as possible, through local NGOs operating in Darfur	64.75% (687)
Both: some support now via NGOs, more once access is restored	30.91% (328)
Once security is restored and the ICC can access Darfur	4.34% (46)

Taken together, 95.66% want implementation to begin immediately. Only 4.34% (46) would wait until security is restored and the Court can access Darfur.[8]

[8]Respondent, [REDACTED]: "Providing security and peace, and the International Criminal Court entering Darfur, will take a long time; implementation should therefore be through national non-governmental organisations working in Darfur." [REDACTED]