

CHAD



EXPENDITURE (IN KCHF)	
Protection	2,921
Assistance	5,629
Prevention	1,791
Cooperation with National Societies	1,413
General	-

► **11,754**
of which: Overheads 717

IMPLEMENTATION RATE	
Expenditure/yearly budget	93%

PERSONNEL	
Expatriates	26
National staff (daily workers not included)	114

KEY POINTS

In 2012, the ICRC:

- contributed to maintaining the emergency, surgical and physiotherapy capacities of Abéché Regional Hospital, including through the continued training of local staff and donations of medical/hygiene supplies and equipment
- helped the authorities overcome shortcomings in the prison food system by providing high-energy food supplements to 477 malnourished detainees, including in Koro Toro prison
- in coordination with the authorities, organized a high-level round-table to discuss factors leading to nutritional and other structural deficiencies in the penitentiary system and ways to remedy these
- with the relevant authorities, held 2 workshops attended by high-ranking officials, including from key ministries and the Supreme Court, enabling the refinement of a draft bill on the repression of grave breaches of IHL
- through briefings and seminars organized with military instructors, helped some 2,000 military and security personnel enhance their knowledge of IHL/international human rights law

The ICRC has operated in Chad since 1978. With armed conflict in Chad subsiding, the ICRC has scaled back its emergency activities to focus mainly on providing surgical care in the east and treatment to amputees countrywide. The ICRC continues to visit detainees and restores links between separated family members, mainly refugees from neighbouring countries. The organization also pursues long-standing programmes to promote IHL among the authorities, armed forces and civil society and supports the Red Cross of Chad.

CONTEXT

Chad continued to experience relative stability throughout 2012, following the end of armed conflict at the close of 2009 and reconciliation between the government and a number of armed groups. The overall security situation, notably in the east, was also less volatile, although incidents of banditry and occasional and localized intercommunal tensions persisted. Neighbouring countries, however, continued to experience instability, prompting some Chadians to return home, particularly from Nigeria, and limiting the prospect of return of some 350,000 refugees from the Central African Republic (hereafter CAR) and Sudan.

The reform of the military continued, including the discharge of almost half of its *de jure* members. Joint Chadian/Sudanese forces and the tripartite CAR/Chadian/Sudanese force remained stationed along their common borders.

Grievances related to the increasing cost of living remained, continuing to affect an already impoverished population. These contributed to deepening dissatisfaction among students and unions and gave rise to a general strike lasting throughout much of the second half of 2012. The precarious food security and nutrition situation triggered by drought, mainly affecting Chad's Sahelian belt, was a major concern. Flooding following the drought, recurrent epidemics and structural challenges undermined the restoration of livelihoods among communities.

ICRC ACTION AND RESULTS

The ICRC continued to address the needs of both Chadian nationals and refugees still dealing with the consequences of armed conflict but no longer directly affected by fighting. This involved support to medical and physical rehabilitation services and the facilitation of contact between separated relatives, particularly children.

The delegation maintained its support to Abéché Regional Hospital, the only referral facility in eastern Chad for surgical emergencies. The ICRC's mobile surgical team based there dealt with emergency surgical cases, including throughout a prolonged general strike. The ICRC also helped improve the quality of post-surgical care by covering the salaries of two physiotherapists and providing them with on-the-job training. Such support, combined with the partial rehabilitation of the hospital's operating theatre and donations of medical/hygiene supplies and equipment, helped the hospital maintain its emergency, surgical and physiotherapy capacities.

As there were very few admissions of weapon-wounded patients to the hospital, the Health Ministry and the ICRC worked instead to

Main figures and indicators	PROTECTION		Total
CIVILIANS (residents, IDPs, returnees, etc.)			
Red Cross messages (RCMs)			
RCMs collected	1,659	UAMs/SCs*	46
RCMs distributed	1,253		12
Phone calls facilitated between family members	1,516		
Reunifications, transfers and repatriations			
People reunited with their families	6		
<i>including people registered by another delegation</i>	3		
Tracing requests, including cases of missing persons			
People for whom a tracing request was newly registered	42	Women	12
People located (tracing cases closed positively)	68		Minors
<i>including people for whom tracing requests were registered by another delegation</i>	8		
Tracing cases still being handled at the end of the reporting period (people)	51	16	7
UAMs/SCs*, including unaccompanied demobilized child soldiers			
UAMs/SCs newly registered by the ICRC/National Society	33	Girls	27
UAMs/SCs reunited with their families by the ICRC/National Society	6	1	3
<i>including UAMs/SCs registered by another delegation</i>	3		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period	38	4	23
Documents			
Official documents relayed between family members across borders/front lines	20		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)			
ICRC visits			
Detainees visited	5,292	Women	Minors
Detainees visited and monitored individually	137	1	3
Detainees newly registered	102	1	3
Number of visits carried out	59		
Number of places of detention visited	16		
Restoring family links			
RCMs collected	262		
RCMs distributed	135		
Phone calls made to families to inform them of the whereabouts of a detained relative	887		
People to whom a detention attestation was issued	193		

* Unaccompanied minors/separated children

build local surgical capacities with a view to ceasing ICRC support to the hospital by the end of 2013. With sustained training, local medical staff took on greater responsibilities to ensure consistent quality of patient care. An ICRC teaching nurse permanently deployed to Abéché Health College continued to provide training and on-the-job supervision of interns and student nurses.

While seeking to enhance the sustainability of the country's two physical rehabilitation centres by the Chadian authorities and other organizations working with disabled people, the ICRC maintained its own support to the centres. Contributions included donations of orthotic/prosthetic materials and funds to treat primarily conflict amputees and impoverished disabled people. To help improve the quality of services in both centres, the ICRC supported the training of staff/students, including through courses in Togo.

Delegates pursued visits to inmates in 16 detention facilities to monitor their treatment and living conditions. Following such visits, they shared confidential feedback and any recommendations with the penitentiary authorities. While lending expertise to the authorities and, with their agreement, to international stakeholders involved in Chad's judicial and penitentiary reform, delegates stepped in to help meet detainees' immediate needs. Malnourished inmates, including in Koro Toro prison, received high-energy food supplements. Some of them also benefited from nutritional/health monitoring. Drawing on ICRC recommendations, the detaining authorities worked to increase inmates' daily food intake to a sufficient level in selected prisons. At a high-level round-table, the prison directorate and the ICRC discussed factors leading to nutritional and other structural

deficiencies in the penitentiary system and ways to remedy these. To enhance inmates' living conditions, the penitentiary authorities and the ICRC worked to rehabilitate/construct infrastructure in some prisons, including the rapid rectification of a disruption to Koro Toro prison's water supply.

Dialogue with the authorities at all levels, the armed and security forces and influential civil society members aimed to improve their understanding of and gain support for humanitarian principles, IHL/international human rights law and the Movement. Meetings with the authorities also served to help them advance the implementation of key humanitarian treaties. These encompassed a briefing for the National Assembly and workshops attended by high-ranking officials, including from key ministries and the Supreme Court, leading to the refinement of a draft bill on the repression of grave breaches of IHL. Support to the armed forces in integrating IHL into their doctrine, training and operations included a briefing on IHL and the repression of IHL violations for the military justice division.

With ICRC support, the Red Cross of Chad strengthened its operational capacities, especially in the areas of emergency response, first aid, restoring family links, and IHL promotion. Movement components met regularly to coordinate activities.

CIVILIANS

In what remained a relatively calm year, the authorities, the armed and security forces and the ICRC pursued dialogue on the situation of Chadian civilians affected by former armed conflict or

Main figures and indicators	ASSISTANCE	Total	Women	Children
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat (in some cases provided within a protection or cooperation programme)				
Essential household items ¹	Beneficiaries	11,500	15%	33%
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat (in some cases provided within a protection programme)				
Food commodities ¹	Beneficiaries	477		
Essential household items	Beneficiaries	7,823		
Water and habitat activities	Beneficiaries	2,061		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	Structures	1	
Patients whose hospital treatment has been paid for by the ICRC	Patients	137		
Admissions	Patients	488	48	124
	<i>of whom weapon-wounded</i>	Patients	14	9
	<i>(including by mines or explosive remnants of war)</i>	Patients		
	<i>of whom other surgical cases</i>	Patients		
Operations performed		1,709		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	4,609	860	1,886
New patients fitted with prostheses	Patients	82	22	4
Prostheses delivered	Units	265	52	22
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
New patients fitted with orthoses	Patients	125	16	88
Orthoses delivered	Units	454	56	289
	<i>of which for victims of mines or explosive remnants of war</i>	Units		
Number of patients receiving physiotherapy	Patients	2,602	567	975
Crutches delivered	Units	655		
Wheelchairs delivered	Units	36		

1. Owing to operational and management constraints, figures presented in this table and in the narrative part of this report may not reflect all activities carried out during the reporting period

other situations of violence. As necessary, those in positions of power received reminders of their obligations under IHL and other applicable law to protect and respect civilians, especially minors. Dialogue included, for example, the conduct of military operations in northern CAR, where the Chadian and CAR armed forces jointly operated.

Dispersed relatives stay in touch

Separated family members, including refugees (mostly from the CAR and Sudan) in camps in eastern and southern Chad, restored or maintained contact with relatives through RCMs and/or phone calls. Unaccompanied minors and other vulnerable people received special attention, in coordination with government bodies and/or child-protection agencies. Six children, three of whom were formerly associated with weapon bearers, rejoined their families. Thirty minors formerly associated with fighting forces, who were reunited with their families in 2011, received visits to check how well they were reintegrating into society. No national programme existed to aid their reintegration.

While the funding of a family-links specialist in the capital continued, instead of refresher courses, National Society volunteers benefited from on-the-job training by regularly working alongside ICRC teams to provide family-links services.

PEOPLE DEPRIVED OF THEIR FREEDOM

Despite the pending signature of a renewed agreement on ICRC visits to people deprived of their freedom in Chad, 5,292 detainees in 16 places of detention received such visits, conducted according to the organization's standard procedures, to monitor their treatment and living conditions in relation to internationally recognized standards. Security detainees, including some held

in northern Chad's Koro Toro high-security prison, were individually followed up. Following visits, the penitentiary authorities received confidential feedback and, where necessary, recommendations for improvements. Dialogue with the relevant authorities also focused on gaining access to all detainees within the ICRC's purview and on their need to notify the organization of any such inmates newly arrested.

Detainees maintained contact with relatives through RCMs and short oral greetings (*salamat*) conveyed by delegates via 887 phone calls. The Ministry of Social Action received notification of one minor detained in connection with armed groups.

Foreign detainees, at their request, used the ICRC as a neutral intermediary to notify their consulates of their imprisonment. As necessary, security detainees released from Koro Toro prison had the cost of their transport home covered, mostly to eastern Chad or neighbouring countries.

Detainees' nutritional health and living conditions improve

While lending expertise to the authorities and international stakeholders involved in Chad's judicial and penitentiary reform, the ICRC stepped in to help meet detainees' immediate needs.

In particular, delegates helped overcome shortcomings in the existing food system in prisons, compounded by the food crisis affecting part of the country (see *Context*). As such, 477 malnourished detainees in eight prisons, including in Koro Toro prison, benefited from supplementary food rations in the form of high-calorie biscuits and a peanut-based nutritional paste. Some transferred from Koro Toro to Moussoro prison received appropriate follow-up, including nutritional and health monitoring. Drawing on ICRC recommen-

dations, the detaining authorities worked on increasing inmates' daily food intake to a sufficient level in selected prisons, mainly in the south. These efforts contributed to improving detainees' nutritional health in the places of detention concerned, although more resources were needed to ensure sustainability.

Meanwhile, the penitentiary authorities received advice on ways to improve detainees' access to food of adequate quantity and quality and to health care, and to enhance basic sanitation conditions in prisons. At a high-level round-table, the prison directorate and the ICRC discussed factors leading to nutritional and other structural deficiencies in the penitentiary system and ways to remedy these.

To help reduce inmates' exposure to health risks and ease daily living conditions, 7,823 detainees received essential household and hygiene items. Based on findings from ICRC technical assessments, some 2,061 inmates in four places of detention benefited from the rehabilitation/construction of infrastructure. They included detainees in Koro Toro prison, who regained access to clean water following the rapid rectification of a disruption to the water supply.

At the national level, the authorities and, with their agreement, regional/international organizations supporting penitentiary reform continued to receive technical advice on the construction and maintenance of prison infrastructure in line with internationally recognized standards. However, the complexity of working procedures made the adoption of the recommendations improbable.

WOUNDED AND SICK

Within the framework of a first-aid and road safety programme, National Society teams benefited from training, first-aid kits and stretchers, strengthening their capacities to deliver first-level medical care (see *Red Cross and Red Crescent Movement*).

Emergency surgical cases from across eastern Chad received treatment from the ICRC's mobile surgical team based at Abéché Regional Hospital, the sole referral facility in the region, including throughout a prolonged general strike (see *Context*). To increase access to such treatment, the destitute had their surgical costs covered. Owing to the continued fall in the number of weapon-wounded people with the end of armed conflict in eastern Chad, most surgical cases treated were unrelated to armed fighting. No deployment of the ICRC surgical team outside the hospital was required.

Hospital facilities and training enhanced

To maintain its emergency, surgical and physiotherapy capacities, the hospital regularly received medical and hygiene supplies and new equipment, for example for anaesthesiology. In addition, amputees, 714 as inpatients and 3,693 as outpatients, benefited from quality post-surgical care thanks to the remuneration and on-the-job training of two physiotherapists. Conditions improved for patients and staff alike after the partial rehabilitation of the operating theatre and installation of equipment, such as an industrial washing machine.

As there were very few admissions of weapon-wounded patients to Abéché Regional Hospital (see above), the Health Ministry and the ICRC worked to build local surgical capacities with a view to ceasing ICRC support to the hospital by the end of 2013. At year-end, the Health Ministry was in the process of identifying two trainee surgeons to be assigned to the facility and coached by the ICRC surgical team. With continued training, local medical staff took on greater responsibilities to help ensure the consistent

quality of patient care. Meanwhile, 244 interns and student nurses in Abéché Health College underwent training combined with on-the-job supervision. The college staff benefited from guidance from an ICRC teaching nurse permanently deployed there as part of a three-year joint training project run with the Health Ministry.

However, the Health Ministry's lack of resources made it difficult to ensure the smooth running of the hospital in the long-term by local staff and the sustainability of the investment made in it.

Conflict and mine amputees benefit from physical rehabilitation services

Over 4,600 patients with disabilities, including victims of mines/explosive remnants of war, received treatment at Chad's two physical rehabilitation centres – the Centre d'appareillage et de rééducation de Kabalaye (CARK) in N'Djamena and the Moundou-based Maison Notre-Dame de la Paix. Patients at both centres were fitted with orthotic/prosthetic appliances made from ICRC-supplied components. To help improve patient access to the CARK, 196 primarily conflict amputees, including those referred from the north and east, had the cost of their treatment and/or transport covered. Furthermore, 83 impoverished disabled people gained access to such services thanks to ICRC financial support, helping them regain mobility and restore their dignity.

To help improve the quality of services in both centres, one assistant physiotherapist and two technicians attended month-long training sessions in Togo run by the ICRC Special Fund for the Disabled, while six students pursued formal qualifications at a three-year course in a specialized school there. Staff at both centres enhanced their technical capacities, physiotherapy services and management, helping improve the quality of appliances made and thus reduce the number of adjustments needed.

As the ICRC remained the chief source of support to the two physical rehabilitation centres, the Health and Social Affairs Ministries, various organizations working with disabled people and the ICRC discussed ways of making the centres more sustainable. As a result, the NGO Diakonie provided the CARK with infrastructural and patient support. Moreover, the African Federation of Orthopaedic Technicians sponsored the drafting of a national plan of action in response to the physical rehabilitation needs in Chad. The plan aimed to boost the sustainability of assistance to disabled people.

AUTHORITIES

The Chadian authorities at all levels countrywide, diplomats, international community representatives and the ICRC maintained dialogue on humanitarian issues of concern. Such contacts served to foster respect for IHL and to facilitate the smooth running of Movement operations.

Meetings with the authorities also aimed to help them advance the implementation of key humanitarian treaties, which remained slow. Through a briefing followed by an active question and answer session, 90 National Assembly members enhanced their understanding of the importance of and their role in the integration of IHL into domestic legislation. Two high-level workshops attended by officials from the Foreign Affairs and Justice Ministries, the Supreme Court and other high-ranking officials enabled the refinement of a draft bill on the repression of grave breaches of IHL. Despite National Society/ICRC efforts, the law protecting the emblem had yet to be signed by the head of State.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

Dialogue with the armed and security forces, including at command level, aimed to enhance their understanding of IHL/ international human rights law and the protection such laws afforded, notably to civilians, to garner support for the Movement and to ensure Movement workers' access to people in need (see *Civilians*). Some 2,000 military and security personnel, including high-ranking officers and units of the mixed Chadian/ Sudanese border force, contributed to this dialogue during briefings and seminars in training schools and regional command centres, often conducted with military instructors. Troops in the field deepened their knowledge of IHL and the ICRC's activities through broadcasts on the armed forces' radio station.

Such exchanges also aimed to advance the integration of IHL into military doctrine, training and operations. Military instructors and directors of training institutions drew on ICRC expertise to enhance their IHL teaching skills. As a step towards strengthening the military justice code, 35 officers from the military justice division attended an ICRC briefing to deepen their understanding of IHL and the repression of IHL violations. No military officer participated in an IHL course abroad.

Given the prevailing absence of hostilities, no briefings for armed groups took place.

CIVIL SOCIETY

Efforts to garner support for humanitarian principles and the Movement amongst members of Chadian civil society continued. To this end, religious and traditional leaders, representatives of human rights NGOs, artists and musicians attended briefings/ seminars and received promotional material on IHL and the Movement. Regular contacts with international and national media helped familiarize the wider public with the ICRC's work, mainly through radio and television broadcasts, the most appropriate means of relaying messages countrywide.

To boost IHL instruction within academic circles, two lecturers from Abéché and N'Djamena universities honed their skills at an IHL seminar in Beirut (see *Lebanon*). Upon their return, they organized conferences and activities to promote the topic within their respective institutions. This enabled their students to gain an insight into wider IHL-related issues.

RED CROSS AND RED CRESCENT MOVEMENT

The Chadian Red Cross continued to receive ICRC funds, material and technical support as well as training to help it boost its governance, management and communication skills; improve the quality of its services, including the restoration of family links (see *Civilians*); and promote the Movement. This assistance fostered a close working relationship with National Society teams and enhanced coordination among all Movement components present in Chad, thereby maximizing the impact of their respective humanitarian activities.

With such support, the National Society strengthened its national presence and operational capacities. It constructed a branch office in Moussoro and financially assisted income-generating initiatives at the regional committee level. It distributed emergency household kits to several thousand civilians displaced by flooding (see *Context*) and received two off-road vehicles to help increase teams' mobility. Five National Society branches conducted campaigns to raise awareness of their first-aid/road safety project (see *Wounded and sick*), whose popularity helped raise the organization's profile among the wider public. National Society teams also worked to combat the scourge of scorpions in Faya-Largeau, one of the main causes of death in the region, through fumigation campaigns and information sessions on scorpion sting prevention.