

chad



The ICRC has been operating in Chad since 1978. It focuses on protecting and assisting people internally displaced, detained or otherwise affected by non-international armed conflict or other situations of violence, or by the spillover of hostilities in the neighbouring Darfur region of Sudan. It provides emergency aid, implements projects to help restore economic security, supports treatment for the wounded, including amputees, visits detainees and restores family links, primarily for Sudanese refugees. The ICRC also pursues longstanding programmes to promote IHL among the authorities, weapon bearers and civil society and supports the Red Cross of Chad.

EXPENDITURE (IN KCHF)

Protection	6,462
Assistance	17,695
Prevention	2,490
Cooperation with National Societies	1,182
General	-

► **27,829**

of which: Overheads **1,696**

IMPLEMENTATION RATE

Expenditure/yearly budget	88%
---------------------------	------------

PERSONNEL

55 expatriates
224 national staff (daily workers not included)

KEY POINTS

In 2009, the ICRC:

- monitored the individual cases of 525 detainees, as well as general conditions, in 42 detention centres
- helped 104,250 people improve their economic situation in a sustainable manner through agricultural and veterinary initiatives
- reduced health risks for tens of thousands of people by supporting 4 health centres and outreach vaccination programmes and by rehabilitating wells
- assisted in treating more than 1,000 trauma patients through substantial support to Abéché Regional Hospital, including the full-time services of a mobile surgical team
- promoted IHL, helping Chad draft relevant laws, signing a landmark agreement with the military joint chiefs of staff on IHL training, and boosting radio coverage of humanitarian issues
- suspended most activities along the eastern border with Sudan from mid-November following the kidnapping of an ICRC delegate

CONTEXT

Armed conflict subsided in eastern Chad during 2009, but the region suffered from rising crime and persistent communal violence, and tensions ran high with neighbouring Sudan.

Military confrontations were limited to skirmishes, the exception being a three-day attack around the town of Am Dam in May mounted by a coalition of armed groups, which retreated under armed forces fire. Civilian casualties were limited, but more mines and explosive remnants of war (ERW) were left behind. Chadian troops later crossed into Sudan to pursue coalition fighters. This further fuelled tensions between the two neighbours, who traded accusations of supporting armed groups to bring down the other's government.

The east also experienced occasional cross-border raids from Darfur in Sudan and low-level communal violence, fuelled by a mix of ethnic and political grievances, competition for dwindling natural resources and chronic poverty. After three years of conflict and communal strife, traditional leaders' authority had been eroded and small arms were plentiful, leaving government officials struggling to regain control. Some 150,000 people were still displaced, and the region hosted around 255,000 Sudanese refugees, most of them living in UNHCR camps.

The new UN force under the UN Mission in the Central African Republic and Chad (MINURCAT) began deploying in eastern Chad from March, replacing the European Union (EU) force, and was at half-strength by year-end. A new MINURCAT-trained Chadian security force was also operating there.

Despite these measures, lawlessness, especially banditry, spread with impunity. This threatened civilians, hampered economic recovery, dissuaded IDPs from returning home and endangered aid delivery, with more incidents of humanitarian workers being attacked or kidnapped.

MAIN FIGURES AND INDICATORS

	Total		Total	Women	Children	
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)						
Detainees visited	3,629	CIVILIANS (residents, IDPs, returnees, etc.)				
Detainees visited and monitored individually	525	<i>Economic security, water and habitat</i>				
<i>of whom minors</i>	34	Food	<i>Beneficiaries</i>	33,172	24%	60%
Number of visits carried out	81	Essential household items	<i>Beneficiaries</i>	41,588	24%	60%
Number of places of detention visited	42	Agricultural and veterinary inputs and micro-economic initiatives	<i>Beneficiaries</i>	104,250	24%	60%
RESTORING FAMILY LINKS		Water and habitat activities	<i>Beneficiaries</i>	24,316	30%	30%
<i>Red Cross messages (RCMs) and reunifications</i>		Health				
RCMs collected	5,860	Health centres supported	<i>Structures</i>	4		
RCMs distributed	4,925	Consultations	<i>Patients</i>	3,320		
People reunited with their families	18	<i>of which curative</i>			715	1,514
<i>Tracing requests, including cases of missing persons</i>		<i>of which ante/post-natal</i>			393	
People for whom a tracing request was newly registered	175	Immunizations	<i>Doses</i>	56,089		
<i>of whom women</i>	46	PEOPLE DEPRIVED OF THEIR FREEDOM				
<i>of whom minors at the time of disappearance</i>	36	<i>Economic security, water and habitat</i>				
Tracing cases closed positively (persons located)	126	Food	<i>Beneficiaries</i>	153		
Tracing cases still being handled at 31 December 2009 (people)	102	Essential household items	<i>Beneficiaries</i>	213		
<i>of whom women</i>	29	Water and habitat activities	<i>Beneficiaries</i>	400		
<i>of whom minors at the time of disappearance</i>	21	WOUNDED AND SICK				
<i>Unaccompanied minors (UAMs) and separated children (SCs), including unaccompanied demobilized child soldiers</i>		Hospitals supported	<i>Structures</i>	2		
UAMs/SCs newly registered by the ICRC/National Society	104	Admissions	<i>Patients</i>	2,745	1,591	215
UAMs/SCs reunited with their families by the ICRC/National Society	18	Operations	<i>Operations performed</i>	584		
<i>of whom girls</i>	1	Physical rehabilitation				
UAMs/SCs cases still being handled at 31 December 2009	199	Patients receiving services	<i>Patients</i>	3,533	598	1,463
<i>of whom girls</i>	62	Prostheses delivered	<i>Units</i>	367	51	18
DOCUMENTS ISSUED		Orthoses delivered	<i>Units</i>	437	64	252
People to whom a detention attestation was issued	19					

ICRC ACTION AND RESULTS

The ICRC in Chad stayed focused on protecting and assisting people directly affected by armed conflict or other situations of violence.

Assistance activities were concentrated in the east, mainly in rural parts of the volatile departments of Assounga, Dar Sila and Dar Tama bordering Sudan, where few other organizations were working. The deteriorating security situation, principally banditry, disrupted operations, especially projects needing a constant presence, such as constructing wells.

The ICRC pursued its strategy of helping IDPs, returnees and residents return to self-sufficiency, thus minimizing the risk of their becoming dependent on food aid. Monitoring showed that many IDPs were growing crops, either in their host communities or through visits to their own fields, and that most beneficiaries of ICRC seed and food aid in 2008 had reaped a reasonable harvest. The delegation, therefore, scrapped planned seed distributions, significantly reduced food aid and focused instead on agricultural and veterinary projects designed to help communities boost the local economy in a sustainable manner. To prevent disease outbreaks, the ICRC built wells and supported four health centres (three more than in 2008) and vaccination campaigns.

Aided by its neutral and independent stance, the ICRC managed to reach victims of military or communal clashes rapidly, providing them with, as needed, shelter materials, household items and food rations. As the conflict had subsided, far fewer people than budgeted for received such emergency aid.

Abéché Regional Hospital treated trauma cases from across eastern Chad with the help of an ICRC surgical team (transferred from N'Djamena in February), which also ministered to the wounded on the battlefield and in other medical facilities. In addition, Chad's two physical rehabilitation centres received substantial support to treat mine victims and other disabled people, while delegates informed communities of mine/ERW risks and encouraged the authorities to tackle the problem.

The ICRC visited security detainees and monitored general conditions in detention centres countrywide. In some cases, the authorities acted on the ICRC's confidential recommendations, notably to improve conditions for members of armed groups captured during the May clash. In emergencies, the ICRC stepped in to organize food or medical care for detainees. It also helped upgrade water and sanitation in two prisons.

Several thousand people, mainly Sudanese refugees, communicated with relatives through the family-links service.

To ensure the safe delivery of aid, delegates invested much effort in explaining IHL principles and the ICRC's mandate and activities to the authorities, weapon bearers and communities. Such exchanges also enabled the ICRC to better understand needs and adapt activities accordingly. At the national level, the government sought ICRC advice on a draft law incorporating sanctions against IHL violations, and the military joint chiefs of staff approved an IHL training programme. In the field, delegates documented reports of abuses against civilians and, where necessary, made confidential representations to the relevant parties.

On 9 November, however, an ICRC delegate was kidnapped in Kawa, near the border with Sudan, and was still captive at year-end. This and the deteriorating security situation led the ICRC to suspend most activities in rural eastern border areas from mid-November, while examining alternative aid-delivery methods. Its surgical team continued working in Abéché Regional Hospital.

The ICRC assisted the Red Cross of Chad in strengthening its first-aid services and developing management and dissemination skills. It also coordinated Movement activities and worked in coordination with the UN and other organizations in fields of common interest, including through its attendance at Inter-Agency Standing Committee and UN cluster meetings.

CIVILIANS

Most reports of abuse against civilians were linked to communal violence or crime. ICRC delegates did, however, document some alleged IHL violations and raised them confidentially with the relevant parties. The deteriorating security situation in eastern Chad increasingly limited ICRC movements, restricting this work.

The authorities and weapon bearers were also reminded of their obligations under IHL to protect civilians and wounded or captured fighters. Issues of particular concern were the recruitment of minors into fighting forces and mine/ERW risks. Such dialogue contributed, for example, to the government deploying ambulances and a demining team after an explosion in Assoungha killed and injured children. Communities were also taught during ICRC presentations how to reduce mine/ERW risks, while the authorities, weapon bearers and the public learnt more about the issue through other ICRC initiatives (see *Authorities, Armed forces and other bearers of weapons* and *Civil society*). The ICRC also pressed for improved security in eastern Chad to prevent further displacement and to allow IDPs to return home and aid to reach conflict victims.

Conflict victims receive emergency aid

Around 41,500 IDPs, including some who had just returned home, used ICRC shelter and household items to maintain or create makeshift homes. Many IDPs received extra tarpaulins to use when they visited their villages briefly to tend crops. Around 2,000 people recently affected by violence were given one-month food rations to help them recover. Another 30,000 people in parts of Dar Sila and Dar Tama where crops had failed received up to three-month food rations in June to last until the harvest.

Orphanages, mosques and hospitals in eastern Chad were given the ICRC's remaining perishable food stocks to distribute to needy people (see *ICRC action and results*).

- ▶ 41,588 people (8,258 households) received essential household items
- ▶ 33,172 people (7,216 households) received food rations

Communities assisted in reviving the local economy

Most beneficiaries of ICRC seed and food aid in 2008 had a reasonable harvest (see *ICRC action and results*), so communities began working with delegates on projects to improve their economic situation in a sustainable manner.

In Assoungha, recent returnees were able to boost their vegetable production, in some cases doubling it, with the ICRC providing seed, tools and pedal-operated irrigation pumps. Other families in Assoungha and Dar Sila received donkey ploughs and harnesses to help increase staple-crop yields.

To improve livestock health, 40 people were trained and equipped by the ICRC and the Livestock and Animal Resources Ministry to provide basic veterinary services in their mainly nomadic communities in Dar Sila and Zaghawa. Another 95 community animal health workers took refresher courses, and veterinary offices received 146,125 vaccine doses to immunize livestock against common diseases.

- ▶ 104,250 people (32,515 households) benefited from agricultural and veterinary initiatives, including:
 - 70,275 people from veterinary projects
 - 14,450 people from market gardening projects

Communities face fewer health risks

To limit health risks, farmers and nomads in areas bordering Darfur helped the ICRC construct or rehabilitate 13 wells, and thousands of women and children in Assoungha and Dar Sila were vaccinated in campaigns organized by the ICRC and coordinated with local authorities and UNICEF. Security constraints curtailed water projects (see *ICRC action and results*), and vaccination campaigns were not 100% effective because nomads often moved before completing the full course.

By year-end, some 51,000 residents and IDPs in border areas had access to curative and mother-and-child care and vaccinations at four health centres which the ICRC rehabilitated and provided with supplies and staff training (Kawa in Assoungha, supported since 2007, and, since mid-2009, Birak in Dar Tama and Lobotiké and Tiero in Dar Sila). Traditional village midwives around Birak and Kawa were also trained and equipped, and a regional radio station broadcast ICRC-produced information spots on safe pregnancy and delivery. Training was suspended from November because of security restrictions (see *ICRC action and results*).

- ▶ 24,316 people benefited from rural water projects

In the 4 ICRC-supported health centres (average monthly catchment population: 13,800):

- ▶ 3,320 people given consultations, including 393 attending ante/post-natal consultations and 2,927 attending curative consultations
- ▶ 56,089 vaccine doses administered at the centres and in outreach campaigns (including 45,856 to children aged five or under and 10,233 to women of childbearing age)
- ▶ 12 patients referred to a second level of care

Children rejoin their parents

People uprooted, mainly Sudanese refugees in camps in eastern Chad, used the family-links service to communicate with relatives. As a priority, vulnerable people, usually child refugees or children formerly associated with fighting forces, were put in touch with their families and, if appropriate, reunited with them. This was a coordinated effort, involving the authorities, UNHCR, UNICEF and the ICRC. Security constraints prevented the follow-up of such cases from November (see *ICRC action and results*).

- 5,732 RCMs collected from and 4,844 RCMs distributed to civilians, including 252 from and 136 to unaccompanied/separated children
- new tracing requests registered for 175 people (46 women; 36 minors at the time of disappearance); 136 people located, including 10 for whom tracing requests had been registered by another delegation; 102 people (29 women; 21 minors at the time of disappearance) still being sought
- 104 unaccompanied/separated children registered (including 102 demobilized children); 18 reunited with their families; 199 cases of unaccompanied/separated children (including 48 demobilized children) still being handled

PEOPLE DEPRIVED OF THEIR FREEDOM

Security detainees were visited individually and general conditions monitored, according to standard ICRC procedures, in detention centres run by the Presidency and Defence, Interior and Justice Ministries. Inmates could contact their families through RCMs and, where necessary, received basic hygiene and other items.

The authorities generally notified the ICRC of any new security detainees and acted on some of the organization's confidential recommendations. For example, in an N'Djamena prison holding detainees captured during the May fighting, the authorities handed over the minors to UNICEF, emptied the septic tank, allowed inmates fresh air and renovated a building to alleviate overcrowding. Similarly, the government allocated a national food budget for detainees, which stabilized the malnutrition rate among inmates from mid-year. Prior to that, some 150 malnourished security detainees recovered after one month on ICRC food rations. In addition, 60 wounded detainees received medical treatment organized by delegates; 9 of the wounded were operated on in N'Djamena's Military Teaching Hospital by the ICRC's surgical team (see *Wounded and sick*). Detainees in two main prisons also faced fewer health risks after ICRC engineers upgraded water and sanitation facilities.

Chad's internationally funded penitentiary reform process progressed, with the government, the EU and MINURCAT seeking ICRC expertise. The stakeholders received the ICRC's prison water and sanitation handbook and during two workshops discussed how to comply with minimum international standards. At another meeting, the ICRC advocated integrating environmental, cultural and other local factors into prison construction plans.

Four Sudanese soldiers detained in Chad by an armed group received ICRC visits. The three who were wounded were treated, released and repatriated, with the ICRC acting as a neutral intermediary.

- 3,629 detainees visited, of whom 525 monitored individually (34 minors) and 359 newly registered (34 minors), during 81 visits to 42 places of detention

- 128 RCMs collected from and 81 RCMs distributed to detainees and 46 phone calls made to families to inform them of the whereabouts of a relative detained in the country
- 19 detention certificates issued to former detainees or their families
- 400 detainees benefited from water and sanitation projects
- 153 detainees received food and/or nutritional supplements
- 213 detainees received basic hygiene and other items

WOUNDED AND SICK

Abéché Regional Hospital treated weapon-wounded patients transferred from across eastern Chad, with substantial ICRC support. This consisted of a five-person, mobile surgical team (full time from February), surgical and hygiene supplies, and help with maintenance, including building a water system serving the surgical ward.

During emergency missions in eastern Chad, 193 wounded people were treated by the surgical team. When the fighting erupted in May, the wounded were evacuated to hospital by Chadian Red Cross and ICRC personnel, and hospitals were given supplies and assisted by National Society volunteers. Later, shell damage to Am Dam Hospital was repaired. N'Djamena's Liberty Hospital, where the surgical team worked from 2007 to February 2009, received medical supplies monthly.

In the 2 ICRC-supported hospitals that provided data:

- 2,745 patients (including 1,519 women and 215 children) admitted: of whom 230 weapon-wounded (including 10 women and 6 children; 12 people injured by mines or ERW), 914 other surgical cases, and 608 medical and 993 gynaecological/obstetric patients
- 584 surgical operations performed by ICRC personnel
- 13,230 outpatients given medical consultations

All patients treated at Chad's two physical rehabilitation centres – the Centre d'appareillage et de rééducation de Kabalaye in N'Djamena and the Maison Notre Dame de Paix in Moundou – were fitted with appliances made from ICRC-donated components. At the Kabalaye centre, war amputees (269 in 2009) had their treatment costs paid by the ICRC; those referred from the north and east (57) also had transport and accommodation covered.

Patient care improved after the Kabalaye centre was renovated and a building for physiotherapy constructed. At the inauguration ceremony, government, military and diplomatic guests were urged to mobilize funding for Chad's services for disabled people.

Personnel at both centres learnt new skills during on-the-job supervision by two ICRC experts, while nine staff members, under ICRC sponsorship, attended courses abroad.

- 3,533 patients (including 598 women and 1,463 children) received services at 2 ICRC-supported physical rehabilitation centres
- 167 new patients (including 30 women and 14 children) fitted with prostheses and 245 (including 18 women and 167 children) fitted with orthoses
- 367 prostheses (including 51 for women and 18 for children; 265 for mine victims), 437 orthoses (including 64 for women and 252 for children; 9 for mine victims), 1,182 crutches and 38 wheelchairs delivered

AUTHORITIES

Chad asked the ICRC to help finalize a draft law incorporating sanctions against IHL violations. This was a key recommendation agreed at a two-day workshop in June organized by the Justice and Foreign Affairs Ministries and the ICRC and attended by some 30 high-ranking officials of those ministries, as well as Defence, Education and Health. The participants also recommended that the government set up a working group to finalize the draft and establish a national IHL committee to speed up Chad's ratification and implementation of related treaties. To gain expertise, an Interior Ministry official participated in the ICRC's Central Africa meeting on IHL implementation (see *Yaoundé*). The Health Ministry and the ICRC were also reworking a draft law on the emblem.

National authorities, including ministry heads, local officials and MINURCAT personnel also exchanged views with the ICRC on humanitarian issues and were briefed on IHL and ICRC activities. This was crucial to ensure that civilians were protected in time of conflict and that ICRC staff could work safely. The ICRC stressed the need to safeguard neutrality in humanitarian work by keeping military and political strategies separate from aid.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

In a first, Chad's Office of the Joint Chiefs of Staff and the ICRC signed an agreement in July detailing a programme to promote IHL among military training schools, regional commands and combat units based along Chad's eastern and southern borders. Eighteen of the military's top brass, mainly colonels, then spent a half-day with the ICRC assessing the current status of IHL integration into training. In another first, the armed forces show on national radio gave the ICRC airtime to convey IHL messages on mines/ERW and the distinction between civilians and combatants. In addition, 35 army and police instructors and officers refreshed their IHL knowledge at an ICRC course in N'Djamena.

In the field, more than 1,000 military and police officers, most of them deployed in eastern and southern Chad, were briefed on IHL and the ICRC. Chad's army instructors often helped lead the sessions. The main message was the responsibility to protect civilians, including aid workers. Armed groups were also reminded of their obligations under IHL at every opportunity.

MINURCAT approved IHL briefings for its peacekeepers, but had logistics problems, so no dates were yet set.

CIVIL SOCIETY

ICRC staff security and access to needy people relied heavily on community support.

Thanks to a major boost in radio coverage, thousands of people from diverse backgrounds in eastern Chad learnt about IHL and the ICRC. Internews, the international media NGO, fed ICRC promotional materials to the major regional radio stations, which then regularly featured ICRC input in newscasts and on shows on topical IHL issues, for example mine/ERW incidents and helping survivors. At ICRC workshops, some 30 local journalists learnt more about reporting from a humanitarian perspective and were also taught first aid.

A wide range of people, from traditional and religious leaders, medical staff and journalists to UN and NGO personnel, were briefed on IHL and the Movement during presentations and informal discussions. As a result of fruitful interaction, for example, Chad's High Council of Islamic Affairs and the ICRC improved their understanding and acceptance of each other's activities.

Among various initiatives targeting young people, some 500 students and lecturers at Abéché's Adam Barka University had a lively discussion on the theme of child soldiers during a day-long IHL seminar.

RED CROSS AND RED CRESCENT MOVEMENT

The Chadian Red Cross, backed by ICRC funds, materials and expertise, reinforced its first-aid service and built up its infrastructure, management skills and IHL-promotion activities. With first aid its priority, the National Society chose not to develop a family-links service.

With French Red Cross and ICRC help, the Chadian Red Cross updated its first-aid manual and trained or retrained some 60 instructors, who by year-end had given 25 first-aid courses for the public in N'Djamena and the south. The revised first-aid manual for brigade heads, with a new section on mine action, was ready in December. Key National Society personnel were also trained alongside ICRC staff in mine/ERW risk assessment, community education and data collection.

In other initiatives, the National Society reinforced its set-up, building four new offices (in Adré, Doba, Faya-Largeau and Goré), and provided community services in volatile areas, for example a horse-and-cart ambulance service, which transported an average of 12 ill or wounded people a day from the border area to Adré Hospital.

The Chadian Red Cross promoted IHL and the Movement country-wide by giving talks at schools and distributing promotional materials, including a special publication drawing on the "Our world. Your move." communication campaign.

Movement partners coordinated their activities during regular meetings convened by the ICRC, which also assisted them with security, logistics and public communication.