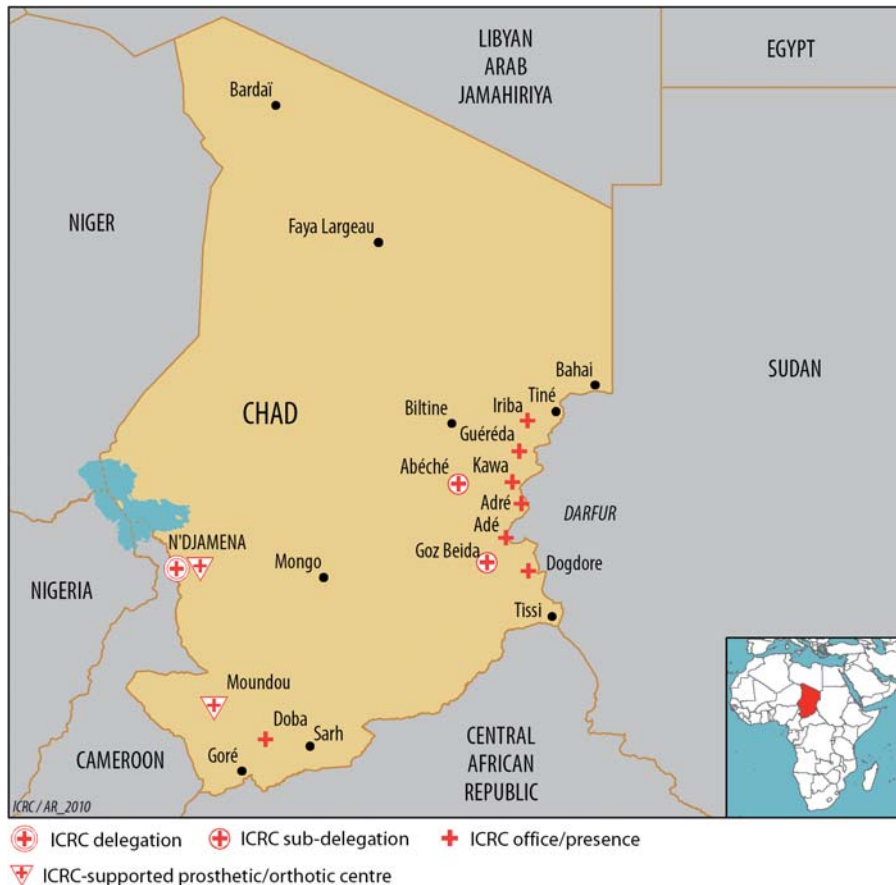


CHAD



The ICRC has been operating in Chad since 1978. As of 2005, priorities have been to meet needs arising from the armed conflicts in Chad and neighbouring Darfur, Sudan. With armed conflict in Chad subsiding, the ICRC has scaled back its emergency activities to focus mainly on providing surgical care to the wounded in the east and treatment to amputees countrywide. The ICRC continues to visit detainees and restores links between separated family members, mainly Sudanese refugees. The ICRC also pursues longstanding programmes to promote IHL among the authorities, armed forces and civil society, and supports the Red Cross of Chad.

EXPENDITURE (IN KCHF)

Protection	4,579
Assistance	9,713
Prevention	2,038
Cooperation with National Societies	1,101
General	-

▶ **17,431**

of which: Overheads 1,064

IMPLEMENTATION RATE

Expenditure/yearly budget	79%
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PERSONNEL

Expatriates	35
National staff (daily workers not included)	188

KEY POINTS

In 2010, the ICRC:

- ▶ readjusted activities amid increased security restrictions and diminishing armed conflict, closing its sub-delegation and office on the eastern border, plus all bases, but retaining the N'Djamena delegation and Abéché sub-delegation
- ▶ maintained support to Abéché Regional Hospital, adding 2 new members to its surgical team and initiating a nurse-training project, plus 2 physical rehabilitation centres and, until end-August, 4 health centres
- ▶ helped struggling communities to restart agricultural production and boost livestock productivity through the provision of training, seed and tools
- ▶ gave emergency shelter and household items to people driven from their villages by violence in the south
- ▶ monitored the treatment and living conditions of 3,037 detainees in Chad's prisons, providing daily food and vitamin supplements to security detainees in Defence Ministry-run facilities
- ▶ briefed more than 3,000 military, police and security personnel on IHL

CONTEXT

Following military clashes in the south, armed conflict in Chad subsided during 2010, as government forces reasserted control over areas contested by armed groups.

Normalization of relations with Sudan in January led to the deployment of a joint Chadian-Sudanese military force along Chad's eastern border and reconciliation with several armed groups. With Chad's government wishing to take full control of national security, its security force, the *Détachement Intégré de Sécurité* (DIS), replaced the UN's peacekeeping force in Chad and the Central African Republic, MINURCAT, which withdrew by year-end.

The security situation remained volatile, especially in the east. Banditry dissuaded many displaced people from returning home, while several aid workers were kidnapped. More than 250,000 Sudanese refugees continued to live in camps in eastern Chad, while refugees also arrived from violence-prone regions of the Central African Republic.

Drought and food shortages in central and northern Chad caused concern among aid agencies, but a good harvest subsequently improved the situation. Floods and cholera affected some communities.

MAIN FIGURES AND INDICATORS				
PROTECTION				
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages		Total	UAMs/SCs*	
RCMs collected		2,666	140	
RCMs distributed		2,416	47	
Phone calls facilitated between family members		9		
Reunifications, transfers and repatriations		Total		
People reunited with their families		22		
Tracing requests, including cases of missing persons		Total	Women	Minors
People for whom a tracing request was newly registered		150	55	28
People located (tracing cases closed positively)		42		
<i>including people for whom tracing requests were registered by another delegation</i>		1		
Tracing cases still being handled at 31 December 2010 (people)		161	57	36
UAMs/SCs,* including unaccompanied demobilized child soldiers		Total	Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		87	1	78
UAMs/SCs reunited with their families by the ICRC/National Society		22		20
UAM/SC cases still being handled by the ICRC/National Society at 31 December 2010		163	32	72
Documents				
Official documents relayed between family members across borders/front lines		3		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits		Total	Women	Minors
Detainees visited		3,037		
Detainees visited and monitored individually		485	1	37
Detainees newly registered		175	1	36
Number of visits carried out		63		
Number of places of detention visited		20		
Restoring family links		Total		
RCMs collected		46		
RCMs distributed		34		
Phone calls made to families to inform them of the whereabouts of a detained relative		36		
People to whom a detention attestation was issued		13		

* Unaccompanied minors/separated children

ASSISTANCE				
CIVILIANS (residents, IDPs, returnees, etc.)				
Economic security, water and habitat				
		Total	Women	Children
Food	Beneficiaries	3,100	24%	60%
	<i>of whom IDPs</i>	2,480		
Essential household items	Beneficiaries	10,000	24%	60%
	<i>of whom IDPs</i>	8,000		
Agricultural, veterinary and other micro-economic initiatives	Beneficiaries	26,200	24%	60%
	<i>of whom IDPs</i>	11,266		
Water and habitat activities	Beneficiaries	5,300	35%	35%
	<i>of whom IDPs</i>	1,325		

MAIN FIGURES AND INDICATORS				
ASSISTANCE				
Health		Total	Women	Children
Health centres supported	Structures	4		
Average catchment population		56,411		
Consultations	Patients	13,236		
	<i>of which curative</i>		4,236	6,348
	<i>of which ante/post-natal</i>		254	
Immunizations	Doses	3,248		
	<i>of which for children aged five or under</i>	3,019		
	<i>of which for women of childbearing age</i>	229		
Referrals to a second level of care	Patients	54		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
Economic security, water and habitat				
Food	Beneficiaries	396		
Essential household items	Beneficiaries	396		
WOUNDED AND SICK				
Hospitals				
Hospitals supported	Structures	1		
	<i>of which provided data</i>	1		
Admissions	Patients	1,286	428	264
	<i>of whom weapon-wounded</i>	54	2	
	<i>(including by mines or explosive remnants of war)</i>	9		
	<i>of whom other surgical cases</i>	1,006		
	<i>of whom medical cases</i>	98		
	<i>of whom gynaecological/obstetric cases</i>	128		
Operations	Operations performed	797		
Physical rehabilitation				
Centres supported	Structures	2		
Patients receiving services	Patients	4,234	729	1,816
New patients fitted with prostheses	Patients	126	24	9
Prostheses delivered	Units	363	46	25
	<i>of which for victims of mines or explosive remnants of war</i>	281		
New patients fitted with orthoses	Patients	235	26	145
Orthoses delivered	Units	577	74	337
	<i>of which for victims of mines or explosive remnants of war</i>	23		
Crutches delivered	Units	1,011		
Wheelchairs delivered	Units	57		

ICRC ACTION AND RESULTS

The kidnapping in late 2009 of two ICRC delegates – one in eastern Chad, the other in neighbouring Darfur, Sudan – resulted in the suspension of field movements until their release some months later and restrictions on staff movements and activities outside towns in eastern Chad throughout 2010.

To maximize assistance to conflict-affected communities, while minimizing risks to staff, the ICRC readjusted its working methods. It provided assistance to rural communities in partnership with other organizations working on the ground (with associated working procedures and control mechanisms) and increased support to struggling communities in urban areas, which ICRC staff could access. By year-end, with fewer conflict-related humanitarian needs emerging in Chad, the ICRC had scaled down its presence, closing the Goz Beida sub-delegation, Adré office and all bases along the eastern border, plus its one base in the south, to leave the Abéché sub-delegation covering the east, and the N'Djamena delegation the rest of the country.

Meanwhile, the ICRC continued to support Chad's two physical rehabilitation centres and Abéché Regional Hospital, deploying a nurse and physiotherapist to the latter (thus increasing its mobile surgical team to seven full-time staff) and improving its infrastructure. The organization also helped address the lack of qualified local medical personnel with the launch, in December, of a three-year nurse-training project run jointly by the Abéché Health College, the Ministry of Public Health and the ICRC, with the participation of an ICRC teaching nurse. The ICRC continued to support four health centres in eastern Chad until end-August, when access restrictions obliged it to end its support earlier than planned.

With government organizations, the ICRC supplied conflict-affected farmers in the east with seed and tools to grow their own food, and trained pastoralists to vaccinate livestock or to train others in the community to do so. Having cancelled plans to construct or repair water points in rural areas, the ICRC rehabilitated neighbourhood wells in urban Abéché. It supplied cash-crop seeds, household items and food to vulnerable communities in the city, and provided emergency shelter materials and, where necessary,

food to people displaced by fighting in the south of the country and flooding in the south and east.

The ICRC's family-links service, regularly used by Sudanese refugees living in camps, continued to run thanks to a network of refugee volunteers, although the range of services had to be scaled back. Efforts focused on putting unaccompanied children back in touch with their parents and, if appropriate, reuniting the families.

The ICRC monitored, as far as possible, the situation of civilians displaced or otherwise affected by armed violence. It documented reports of abuses and made representations to the relevant authorities or weapon bearers where necessary. Meanwhile, dialogue continued with the authorities, weapon bearers and key civil society groups to gain wider acceptance of IHL, the ICRC and its neutral, impartial and independent stance. The ICRC also encouraged the government to adopt two draft bills – one incorporating sanctions against IHL abuses, the other protecting the red cross emblem – and to progress towards ratification of the Convention on Cluster Munitions. More than 3,000 military, police and security personnel were briefed on IHL, including members of the DIS, the mixed Chadian-Sudanese frontier force and MINURCAT.

ICRC delegates visited inmates in 20 detention facilities to monitor their treatment and living conditions. To help tackle malnutrition, the ICRC gave security detainees in some prisons run by the Ministry of Defence regular food rations, in addition to therapeutic food supplements to the severely malnourished. It also took measures to protect detainees against cholera.

With ICRC support, the Red Cross of Chad strengthened its first-aid services and built up its infrastructure and communication skills. Movement partners met regularly to coordinate their activities in Chad. The ICRC also coordinated its operations with the UN and other organizations via the Inter-Agency Standing Committee and UN cluster meetings.

CIVILIANS

The ICRC maintained dialogue with authorities and weapon bearers, reminding them of their obligations under IHL to protect civilians and wounded or captured fighters and to ensure aid workers had safe access to people in need.

In eastern Chad, restrictions on movements outside towns meant that ICRC delegates were generally unable to monitor first-hand the effects of violence on civilians. In the south, where delegates had greater access, civilians approached them to report alleged IHL violations during outbreaks of fighting. Where necessary, delegates made confidential representations to the relevant parties to halt such abuses.

The recruitment of minors into fighting forces remained a concern, although access restrictions again limited the ICRC's ability to visit towns and camps where such recruitment allegedly occurred. Military intelligence officials and the ICRC discussed this issue during meetings.

Vulnerable civilians given shelter, food and the means to rebuild livelihoods

In the south, 5,500 people fleeing conflict around Korbol escaped the worst effects of the rainy season after receiving basic shelter materials and household items supplied by the ICRC. Subsequently, many of these people received food and more household items from the Chadian government, following ICRC representations. Later in the year, some of them were able to grow vegetables to feed themselves and re-establish an income after 100 displaced families (500 people) received irrigation pumps, seed and barrows from the ICRC. Meanwhile, communities in the east and south driven from their homes by flooding, farmers whose crops had been burned, and vulnerable urban communities (including orphans and people with leprosy), received essential household items, and in some cases food, from leftover stocks.

In eastern Chad, some 5,250 returnees (1,050 households) to Adé and Adré began growing food again using ploughs, harnesses and hoes supplied by the ICRC to the local rural development office, which arranged distribution. Poverty-stricken communities living on the outskirts of Abéché (1,430 people/286 households) regained some self-sufficiency after planting and harvesting ICRC-supplied cash-crop seed. Rural, mostly nomadic communities had a better prospect of raising productive livestock after 82 community animal health workers trained or refreshed their skills in basic veterinary practices during courses run by the Ministry of Livestock and Animal Resources and the ICRC. Additionally, 25 members of nomadic communities underwent training to train others in basic veterinary care. Security problems meant that eastern pastoralists in Adré and Am Dam received fewer vaccine doses than anticipated, while vaccine distributions around Iriba had to be cancelled. However, in total, 3,804 households (19,020 people) benefited from this veterinary initiative.

Struggling communities obtain clean water and improved health care

Residents in Abéché regained access to 12 neighbourhood wells rehabilitated by the city authorities, the UN and the ICRC (staff security restrictions had forced the ICRC to cancel plans to build/repair water supply points and storage tanks in eastern rural areas). The subsidence of armed conflict meant that ICRC emergency water stocks, sufficient for up to 10,000 violence-affected people, were not required.

A catchment population of 56,400 people in eastern Chad had access to four health centres (Kawa in Assoungha, Birak in Dar Tama, and Lobotiké and Tiero in Dar Sila), supported by the ICRC for eight months. The centres, which received monthly deliveries of medical supplies from the ICRC, provided curative care and vaccinations, plus ante- and post-natal consultations. The ICRC ceased support to the centres at the end of August, brought forward from the original end-date of 2011 because security constraints prevented it from carrying out the necessary monitoring to ensure adequate quality of care.

Refugee volunteers work with the ICRC to restore family contacts

Family members dispersed by conflict, mainly refugees from Sudan sheltering in UNHCR camps in eastern Chad, re-established contact through the ICRC family-links service. The service continued to be run by refugee volunteers in 12 camps, supported by ICRC personnel in Abéché and Goz Beida, who organized training and held regular support meetings. Volunteers operated from traditional huts (*tukuls*) constructed or repaired by the ICRC.

With the scaling down of the ICRC's presence in the east, the range of available family-links services was adjusted accordingly. People could restore contact with family, but those who had already re-established contact were limited to sending exceptional news only. The family-links needs of vulnerable people, especially child refugees and children formerly associated with fighting forces, were prioritized. In every camp, work continued to restore contact between unaccompanied children previously registered by the ICRC and their parents (two reunifications). However, the registration of children who had recently arrived at the camp without their parents had to be suspended. In southern Chad, where thousands of refugees crossing the border from the Central African Republic settled in five camps, the ICRC sought to help the most vulnerable among them, notably children, make contact with their families.

Demobilized child soldiers in transit and orientation centres in N'Djamena and Abéché used the family-links service to contact their parents. Of these, 20 were reunited with their families in Chad and Sudan, thanks to cooperation between the Ministry of Social Affairs, UNICEF and the ICRC.

PEOPLE DEPRIVED OF THEIR FREEDOM

A total of 3,037 detainees were visited by the ICRC, according to its standard procedures, in 20 government-run detention centres. Delegates monitored inmates' treatment and general living conditions and, where these fell short of internationally recognized standards, made confidential recommendations to the authorities. A total of 485 security detainees, most of whom were allegedly connected to armed groups, were visited individually and their cases followed up. Following the ICRC's intercession, 76 minors were transferred to a UNICEF-run transit and orientation centre and a security detainee was released on humanitarian grounds. At year-end, discussions were ongoing with the authorities regarding access to other detention facilities. Owing to security constraints, the ICRC could not follow up any reports of people allegedly being held by armed groups.

Detainees receive supplementary food and household items

Mirroring daily living conditions in parts of Chad, a number of inmates in Chadian prisons lacked adequate food and essential items. All security detainees in Ministry of Defence-run facilities were accordingly given a daily food supply and vitamin supplements, while those suffering from malnutrition also got high-calorie biscuits and peanut-based nutritional paste. In total these distributions reached 396 detainees; 356 of them received food and essential items monthly from June.

Detainees in two prisons benefited from infrastructural improvements to toilets and showers, although there was subsequently some deterioration of these facilities. During meetings, authorities and detainees discussed maintenance issues with ICRC representatives. Following the national cholera outbreak, detainees in two facilities identified as being at risk benefited from ICRC-funded rehabilitation of infrastructure and distributions of hygiene materials and medicines. Some detainees in Chadian prisons were also vaccinated against tuberculosis. Five weapon-wounded detainees received ICRC medical assistance.

The Chadian Ministry of Justice, MINURCAT and the European Union continued to draw on ICRC expertise to design and implement their internationally funded penitentiary reform programme. For example, at a workshop organized by these bodies in April, some 120 people, including 43 Chadian prison directors, learnt more about water and sanitation issues in prisons during an ICRC presentation. Guards at Chad's largest prison were familiarized with IHL and the ICRC's work, particularly in relation to detainees, during an ICRC presentation in December.

WOUNDED AND SICK

Patients suffering weapon wounds and other traumatic injuries receive treatment

At Abéché Regional Hospital, 1,286 weapon-wounded patients and other surgical emergencies transferred from across eastern Chad received treatment from the ICRC mobile surgical team, its members increased from five to seven with the deployment of an additional nurse (helping improve the hospital's capacity to deal with influxes of emergency cases) and a physiotherapist (boosting the provision of rehabilitative care).

The hospital, the sole referral facility for a population of over two million people, was better able to care for patients thanks to the ICRC's regular deliveries of medical supplies and equipment and help with infrastructure maintenance. People with weapon wounds and destitute people needing emergency surgery had their treatment costs covered by the ICRC. With a reduction in the number of weapon-wounded brought about by the relative political stabilization of eastern Chad, the ICRC team began treating more surgical emergencies unrelated to armed conflict.

To address the shortage of qualified medical personnel in Chad, and thus ensure patients received an adequate quality of care, student nurses at the Abéché Health College began to receive training in theoretical and practical skills from an ICRC teaching nurse. This followed the signing of an agreement, in December, between the college, the Health Ministry and the ICRC to run a joint three-year nurse-training project.

Support maintained for physical rehabilitation services

Mines and explosive remnants of war littering the Chadian countryside continued to claim victims. People suffering limb damage were fitted with prostheses or orthoses at Chad's two physical rehabilitation centres: the Centre d'appareillage et de rééducation

de Kabalaye (CARK) in N'Djamena and the Maison Notre-Dame de Paix in Moundou. Both centres produced all their mobility devices using ICRC components, materials and equipment.

At the CARK, patients with a disability, in priority those whose handicap resulted from armed conflict, were treated free of charge, and those who had to travel long distances had their travel and accommodation costs covered until August, when the closure of the only hostel near to the rehabilitation centre meant that accommodation could no longer be provided. Dialogue took place between government representatives and the ICRC in an attempt to rectify this situation and to involve the government more widely in running and improving physical rehabilitation services.

AUTHORITIES

Given the high degree of political activity in Chad, including the normalization of relations with Sudan in January and preparations for national elections (later postponed from 2010 to 2011), the government's focus on IHL implementation was limited. Nevertheless, the authorities and the ICRC discussed the need to move ahead with the adoption of two draft bills – one protecting the red cross emblem and the other repressing gross violations of IHL – and to progress towards the ratification of the Convention on Cluster Munitions. Discussions took place on a range of humanitarian issues with senior figures from various ministries, including Defence, Foreign Affairs, Health, and Legal Affairs and Justice. National and local authorities received regular information regarding the ICRC's humanitarian and security concerns and updates on its activities.

ARMED FORCES AND OTHER BEARERS OF WEAPONS

More than 3,000 military, police and security personnel were briefed on IHL. Following the signing in 2009 of an agreement between Chad's Office of the Joint Chiefs of Staff and the ICRC to develop a programme of IHL promotion among military schools, regional commands and combat units, personnel received IHL materials and attended presentations. These were often given jointly by ICRC staff and Chad's military IHL instructors, who had previously participated in ICRC-run refresher courses. Military engineers discussed the dangers of weapon contamination. Members of the mixed Chadian-Sudanese border force, DIS and, for the first time, MINURCAT also attended ICRC briefings on IHL, which was further promoted via armed forces radio, an effective medium for reaching large numbers of troops country-wide. Security constraints limited briefings to armed groups.

CIVIL SOCIETY

With a precarious security situation prevailing in the east, and some armed conflict occurring in the south, it remained important that local communities and influential figures in society supported the work of the ICRC and its neutral, impartial and independ-

ent stance. People from a diverse range of backgrounds, including traditional elders, religious leaders and institutions, human rights organizations and schoolchildren discovered more about IHL and the Movement from presentations, informal discussions, and newsletters outlining Movement activities distributed by the National Society. Such interaction had the added benefit of helping the ICRC better understand the views and needs of some vulnerable communities and tailor its activities accordingly.

Following the suspension of many ICRC field activities in the east, radio became an even more important medium through which the organization could explain its principles and work to a wide range of audiences. ICRC-supported broadcasts included popular live programmes in which listeners could ask questions of ICRC medical, agricultural and veterinary experts.

RED CROSS AND RED CRESCENT MOVEMENT

The Red Cross of Chad continued to receive ICRC funds, materials, training and technical back-up to strengthen its capacities. In line with its strategic plan, the National Society opened two new branches in central Chad, building or renovating several others. Furthermore, several regional committees were formed or reorganized in various locations, enhancing operational management.

Meanwhile, 100 personnel were trained as first-aid instructors using the new manual developed jointly in 2009 by the National Society, the French Red Cross and the ICRC. The National Society also distributed two bulletins about its activities to encourage political, donor and public support.

Children in 10 schools discovered more about IHL and the Movement during presentations by the Chadian Red Cross, while directors from an organization for young Red Cross volunteers in N'Djamena participated in a workshop, organized by the National Society and the ICRC, to develop new activities across Chad.

The National Society participated in flood and cholera relief efforts in eastern and southern towns, and volunteers took part in a project to destroy scorpions that were menacing communities in the northern city of Faya Largeau.

To maximize the impact of aid efforts, Movement partners active in Chad took part in regular coordination meetings, and the ICRC assisted them with security management and other conflict-related issues, logistics and public communication.