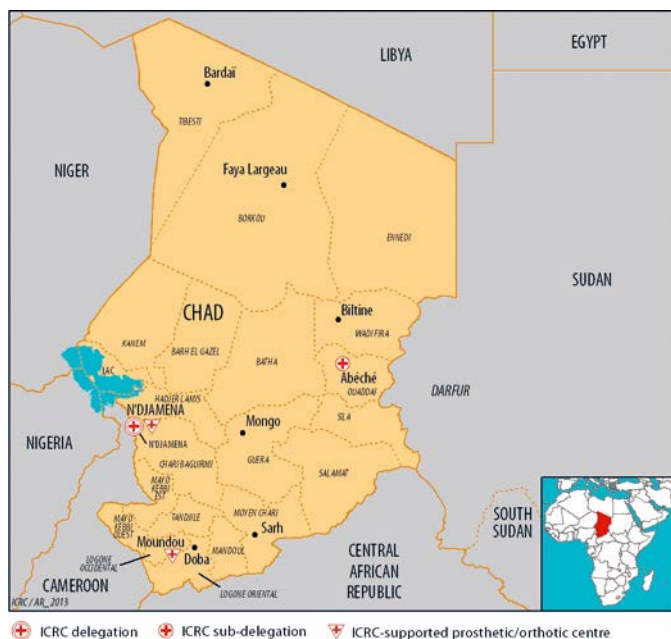


# CHAD



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 visiting detainees and restoring links between separated family members, most of whom are refugees from neighbouring countries. It continues supporting rehabilitation services for amputees countrywide, while pursuing longstanding programmes to promote IHL among the authorities, armed forces and civil society. The ICRC supports the Red Cross of Chad.

## YEARLY RESULT

Level of achievement of ICRC yearly objectives/plans of action

**MEDIUM**

## KEY RESULTS/CONSTRAINTS

### In 2013:

- ▶ weapon-wounded returnees and refugees from Darfur, Sudan, received first aid from Red Cross of Chad teams and more advanced care from an ICRC surgical team based at the Abéché regional hospital
- ▶ ICRC support for the Abéché hospital ended, but despite various measures – such as war-surgery training for 2 doctors belatedly assigned to the hospital – the sustainability of the hospital's services could not be guaranteed
- ▶ malnourished detainees relied on emergency provisions as the authorities took steps to resolve food-supply issues and pursued broad judicial/penitentiary reform, which progressed slowly
- ▶ over 1,000 soldiers/officers deployed to the Central African Republic (hereafter CAR) and Mali, and Chadian members of the CAR/Chadian/Sudanese tripartite force, began, in July, to attend ICRC briefings on IHL
- ▶ dispersed family members from the CAR and Sudan, especially separated children, restored/maintained contact through Movement family-links services, with some of them rejoining their relatives in Chad or abroad

EXPENDITURE (in KCHF)	
Protection	2,823
Assistance	4,698
Prevention	1,515
Cooperation with National Societies	1,115
General	-

**10,151**

of which: Overheads **620**

IMPLEMENTATION RATE	
Expenditure/yearly budget	<b>92%</b>
PERSONNEL	
Mobile staff	20
Resident staff (daily workers not included)	98

PROTECTION	Total
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>	
<b>Red Cross messages (RCMs)</b>	
RCMs collected	1,565
RCMs distributed	1,148
Phone calls facilitated between family members	379
People located (tracing cases closed positively)	27
People reunited with their families	4
of whom unaccompanied minors/separated children	4
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>	
<b>ICRC visits</b>	
Detainees visited	3,593
Detainees visited and monitored individually	148
Number of visits carried out	36
Number of places of detention visited	8
<b>Restoring family links</b>	
RCMs collected	410
RCMs distributed	207
Phone calls made to families to inform them of the whereabouts of a detained relative	368

ASSISTANCE	Targets	Achieved
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>		
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>		
Essential household items	Beneficiaries	10,420
Water and habitat activities	Beneficiaries	120
<b>WOUNDED AND SICK</b>		
<b>Hospitals</b>		
Hospitals supported	Structures	1 6
<b>Water and habitat</b>		
Water and habitat activities	Number of beds	850
<b>Physical rehabilitation</b>		
Centres supported	Structures	2 2
Patients receiving services	Patients	4,000 4,501

## CONTEXT

Chad remained relatively calm, despite occasional bouts of localized intercommunal tension, banditry, and an alleged attempt to destabilize the presidency in May that led to arrests.

Instability in neighbouring countries drove returnees/refugees into various parts of Chad. In March, tens of thousands of new returnees and refugees fleeing violence in Darfur, Sudan, began to arrive in Tissi, south-eastern Chad. Some Chadian and Nigerian nationals escaping hostilities in north-eastern Nigeria sought refuge in the Lake Chad region. In December, thousands of Chadian nationals were repatriated from the Central African Republic (hereafter CAR) owing to armed fighting there; more CAR refugees arrived in camps in southern Chad. They added to some 350,000 CAR and Sudanese refugees who remained in Chad, unable to return to their countries because of the prevailing insecurity. In addition to the loss of remittances from returnees, the abrupt increase in the population strained already scarce resources.

Chadian troops were deployed in the CAR and Mali. The joint Chadian/Sudanese force, the CAR/Chadian/Sudanese tripartite force, and the mixed force of the Lake Chad Basin Commission continued to be stationed along their common borders.

Mines and explosive remnants of war (ERW) continued to endanger people in the north.

## ICRC ACTION AND RESULTS

In 2013, the ICRC met some urgent needs of Chadian returnees and refugees from the CAR, Nigeria and Sudan, while continuing to address certain consequences of past conflict.

Weapon-wounded people who had arrived in south-eastern Chad (see *Context*) were given first aid by Red Cross of Chad teams and evacuated to the Abéché regional hospital where they, along with emergency cases from eastern Chad, were treated by an ICRC surgical team based at the hospital. Financial/material support and training from the ICRC enabled the hospital to maintain its emergency/surgical/physiotherapy capacities. The three-year joint project with the Health Ministry to train student nurses at the Abéché Health College drew to a close. The ICRC progressively scaled down its operations in eastern Chad owing to reduced needs; towards year's end, as announced in 2012, it ended its support for the Abéché hospital, after which it closed down its sub-delegation in the region and managed its operations from N'Djamena. Despite several measures – sustained dialogue with the authorities concerned and belated war-surgery training for two doctors assigned to the hospital by the Defence and Health Ministries around mid-year – the sustainability of the Abéché hospital's services was not assured.

While encouraging the Health and Social Affairs Ministries to invest more in physical rehabilitation services, the ICRC continued to support Chad's two physical rehabilitation centres. This included the provision of prosthetic/orthotic components and funds to treat, primarily, conflict-disabled people. Training for staff, including abroad, enhanced the quality of services at the centres.

In line with a renewed agreement with the Justice Ministry, the ICRC visited inmates of selected detention facilities to monitor their treatment and living conditions; security detainees were followed

up individually. The ICRC maintained dialogue with the authorities on judicial/penitentiary reform – on establishing prison health care services and addressing overcrowding, as well as other matters – and started contributing to the training of prison staff. Developing pertinent policies took time and more investment by the authorities was required to make lasting changes. Delegates responded to nutritional emergencies in some prisons, providing high-energy food supplements and therapeutic food for malnourished/severely malnourished detainees; they also encouraged the authorities to resolve deficiencies in the food-supply system. This resulted in the Justice Ministry increasing daily food rations for detainees in some prisons and drafting a decree to remedy the nutritional situation of detainees.

Dispersed family members, especially separated children, from the CAR and Sudan restored/maintained contact through Movement family-links services. Four children formerly associated with weapon bearers rejoined their relatives in Chad or abroad. Distributions of essential household items to vulnerable Chadian returnees in Tissi enabled them to cover their basic needs.

Sustained dialogue with the authorities, armed/security forces, and key members of civil society served to foster respect for IHL and international human rights norms applicable to law enforcement operations. Briefings were held for soldiers before their deployment abroad and for cadets at the Garde Nationale et Nomade du Tchad (GNNT). Efforts were made to support military academies in incorporating IHL in their training; however, IHL instruction in the army remained unsystematized. Discussions with the authorities on domestic IHL implementation facilitated ratification of the Convention on Cluster Munitions and signature of the Arms Trade Treaty. Parliamentary committees drew on ICRC expertise to advance reform of the penal code; however, no progress was made in connection with a draft law protecting the emblem.

ICRC support for the National Society helped it bolster its capacities in first aid, family-links restoration, public communication and IHL promotion. Regular meetings with Movement partners and other humanitarian organizations helped coordinate activities.

## CIVILIANS

The ICRC monitored the situation of returnees and refugees fleeing armed conflicts or other situations of violence in neighbouring countries – such as the CAR, Nigeria and Sudan – and that of civilians affected by past armed conflict in Chad. Dialogue with the authorities and armed/security forces drew their attention to humanitarian concerns and allegations of abuse reported to ICRC delegates. Formal representations reminded them of their obligations under IHL or other applicable law to protect and respect civilians, and, in particular, to prevent the recruitment of minors into fighting forces.

### Children formerly associated with fighting forces rejoin their families

Separated family members, including those who fled violence in neighbouring countries, restored/maintained contact through RCMs and phone calls facilitated by National Society/ICRC teams; others requested help in locating their relatives. Around 80 unaccompanied minors, as well as other vulnerable people, received special attention. In coordination with government bodies and/or child-protection agencies, four children formerly associated with weapon bearers rejoined their relatives in Chad or in the CAR.

## Returnees cover basic needs

The National Society/ICRC responded to the pressing needs of returnees in Tissi (see *Context*), in coordination with the authorities and other humanitarian organizations. Some 2,000 vulnerable Chadian returnee families (10,000 people) registered by the IOM received essential household items, which helped them cope with their situation. Similar items helped 84 households (420 people) in the Ouaddai region deal with the consequences of a bush fire.

## PEOPLE DEPRIVED OF THEIR FREEDOM

Having renewed an agreement with the Justice Ministry on visiting people detained in Chad, the ICRC visited 3,593 detainees at eight detention facilities. During the visits, which were conducted according to the organization's standard procedures, delegates monitored the treatment and living conditions of inmates. Security detainees, including those arrested in relation to an alleged attempt to destabilize the presidency, were followed up individually; vulnerable inmates, such as women and children, received special attention.

After the visits, the authorities concerned were given confidential feedback and recommendations for improvements, including in connection with prolonged detention without trial, overcrowding and detainees' health and nutrition (see below). In its discussions with the authorities, the ICRC stressed the importance of accessing all detainees within its purview, and receiving notification when people were arrested/transferred.

Detainees – particularly inmates of the Koro Toro high-security prison who received no family visits because of the remoteness of the prison – restored/maintained contact with relatives through RCMs and short oral messages or *salamats*. Foreign detainees informed their consular representatives of their situation via the ICRC, which also notified UNHCR about detained refugees.

## Judicial/penitentiary reform progresses slowly

The Health and Justice Ministries, the penitentiary administration, international stakeholders and the ICRC maintained dialogue to advance judicial and penitentiary reform, with a particular view to resolving pressing issues of detainee health and overcrowding. The authorities drew on ICRC expertise as they considered the establishment of prison health care services. However, the pertinent policies were developed slowly; more investment by the authorities was needed for sustainable improvements to take effect. Some 150 new prison wardens studying at a national school for the judiciary attended presentations on detention-related topics and on the ICRC's work for detainees.

## Malnourished detainees rely on therapeutic food as authorities work to improve food supply in prisons

As detainees' nutritional status worsened in some prisons, the ICRC stepped in to assist the authorities. Some 548 malnourished inmates – 247 of whom were severely malnourished – of three detention facilities, including Koro Toro, received high-energy food supplements and therapeutic food. However, their nutritional status remained precarious, exacerbated by issues of food stock management. The Justice Ministry, with ICRC support, continued to work on measures to overcome deficiencies in food supply in the prison system and improve detainees' overall nutrition. It drafted a decree based on ICRC recommendations to fix detainees' diet, although it had yet to be approved by the Council of Ministers and signed by the president. The ministry also increased the budget for 2013 to augment inmates' daily food rations in selected prisons;

the food situation in the Koro Toro prison, however, remained problematic owing to logistical challenges. The Justice Ministry and the ICRC agreed to organize a workshop on food-supply-chain management in prisons to identify the causes of malnutrition among detainees and the necessary remedies.

Ailing inmates were referred by the ICRC to medical facilities for appropriate treatment. Those requiring urgent care received free treatment, in line with a national health policy.

To reduce their exposure to health risks and improve their living conditions, about 2,500 detainees in five prisons were given hygiene items, and around 1,500 inmates of two detention facilities benefited from infrastructural improvements: emergency cleaning of the wastewater evacuation system at the Abéché prison and an upgraded ventilation system for the dormitories of one prison in N'Djamena. The authorities and the organizations concerned drew on ICRC advice for maintaining the infrastructure.

One detained minor formerly associated with fighting forces – released after ICRC intervention – underwent vocational training to aid his social reintegration; he was subsequently reunited with his family in the CAR (see *Civilians*). Other newly released inmates were given financial assistance to return home and/or referred to suitable facilities for physical/psychological care.

## WOUNDED AND SICK

### Weapon-wounded returnees/refugees receive emergency care

Injured and critically ill people, including returnees and refugees who had arrived in south-eastern Chad from Darfur (see *Context*), were given first aid by trained National Society first-responders and evacuated by plane to Abéché, in coordination with the Health Ministry and other humanitarian organizations. They included 131 weapon-wounded people and seven people injured by ERW; together with other emergency surgical cases from eastern Chad, they were treated by an ICRC surgical team based at the Abéché regional hospital. Over 240 destitute patients had their treatment costs covered.

Medical/surgical kits, a tent for setting up a clinic, water tanks and body bags provided by the ICRC to Médecins Sans Frontières in Tissi enabled on-the-spot treatment for the weapon-wounded and facilitated proper management of human remains. Returnees/refugees from the CAR and Nigeria were treated at ICRC-supported medical facilities in N'Djamena and near Lake Chad.

## Sustainability of Abéché hospital's services uncertain

The Abéché hospital maintained its emergency/surgical/physiotherapy capacities with regular financial/material support and training from the ICRC, including through an ICRC surgical team that had been at the hospital since 2009. Both patients and staff benefited from upgrades to the operating theatre's electrical wiring and the construction of shelter to protect a tent in which burn victims were treated; amputees received good-quality post-surgical care from two ICRC-trained physiotherapists, whose salaries the ICRC paid.

The ICRC, following through on its announcement in 2012, ended its support for the Abéché hospital at year's end (see *ICRC action and results*). Before doing so, it worked with all relevant stakeholders, particularly the health authorities, to help ensure the sustainability of the hospital's services. Hospital staff took over certain

tasks, such as the management of beds. Although a few local doctors occasionally worked with the ICRC's surgical team, only one young doctor assigned to the hospital by the Health Ministry underwent regular training in war surgery from the team – for six months, beginning in May. An army doctor assigned to the hospital by the Defence Ministry in July underwent similar training. During meetings with the Health Ministry, the ICRC stressed the importance of keeping the ICRC-trained doctors at the hospital to provide surgical services in the region, given the shortage of qualified State surgeons in the country. Despite these measures, the independent long-term functioning of the hospital could not be guaranteed.

Around 250 interns/student nurses at the Abéché Health College underwent ICRC training coupled with on-the-job supervision; this included practicing their skills at the Abéché hospital. The college amended its curriculum to bring it in line with national standards; technical support for this was provided by an ICRC nursing instructor assigned to the college for the duration of a three-year joint training project with the Health Ministry, which ended in July. Staff and students benefited from upgraded facilities, including a library.

#### **New working group established to address rehabilitation needs in a more sustainable way**

In all, 4,501 disabled persons, including victims of mines/ERW, were treated at Chad's two ICRC-supported physical rehabilitation centres – the Centre d'appareillage et de rééducation de Kalabaye (CARK) in N'Djamena and the Maison Notre-Dame de Paix (MNDP) in Moundou. Prosthetic/orthotic devices made from ICRC-supplied components – more efficiently produced at the CARK after the donation of a generator and the rehabilitation of the electrical system – and wheelchairs and crutches/canes provided by the centres helped the disabled regain mobility. At the CARK, 43 people – war amputees and amputees from eastern/northern Chad and their caretakers – had their treatment/transport costs covered.

Training sessions for the centres' staff enhanced the quality of services. Eight technicians upgraded their qualifications through courses in Togo run by the ICRC Special Fund for the Disabled; eight other technicians/physiotherapists attended three-year courses at schools in Benin or in Togo.

As support for both centres was provided mainly by the ICRC, the Health and Social Affairs Ministries were encouraged to increase their investment in physical rehabilitation services. Dialogue with a Chadian NGO resulted in the finalization of a three-year action plan aimed at helping the CARK implement recommendations outlined in a 2012 review. With the ICRC's help, the CARK obtained funding from the European Union for a three-year project. In May, the Health Ministry signed a decree creating a working group to follow up a national plan of action – drafted in 2012 – to address physical rehabilitation needs in Chad; it started working in July.

### **AUTHORITIES, ARMED FORCES AND OTHER BEARERS OF WEAPONS, AND CIVIL SOCIETY**

#### **Media raise public awareness of humanitarian issues**

Given the situation in neighbouring countries (see *Context*), dialogue with national/local authorities, armed/security forces, diplomats, representatives of regional/international organizations, and key members of civil society, such as traditional/

religious leaders and human rights or other NGOs, was especially important: it served to foster respect for humanitarian principles, IHL and international human rights law, and to facilitate Movement operations.

Media coverage of the Movement's work – based on ICRC press releases, interviews and a press conference organized with the CARK on the International Day of Persons with Disabilities – stimulated interest in humanitarian affairs among these actors and the general public. The coverage included reports/radio broadcasts on National Society activities organized on World Red Cross and Red Crescent Day (8 May), such as a well-attended photo exhibition, which drew authorities, high-ranking military officers and diplomats. Journalists learnt more about reporting on humanitarian affairs at a workshop in N'Djamena that included a visit to the CARK, where they were able to gather first-hand information on the plight of conflict-disabled people in Chad. After the workshop, the participants established a humanitarian journalists' network in Chad.

Over 100 law students at the Abéché University attended presentations in preparation for an IHL competition; students/lecturers from a university in N'Djamena added to their knowledge of IHL at a conference.

#### **After months of planning, troops deployed abroad/in-country learn more about IHL**

Through ICRC briefings, often conducted alongside military instructors, armed/security forces familiarized themselves with IHL and international human rights norms applicable to the use of force in law enforcement operations. The personnel attending these briefings included over 1,000 cadets and 40 officers from the GNNT – a branch of the security forces responsible for, *inter alia*, maintaining order in rural areas – 300 officers from the presidential guard, and senior police officers. GNNT/*gendarmérie* officers from across the country refined their knowledge of these subjects at a train-the-trainer course.

To ensure respect for civilians and humanitarian/medical personnel and infrastructure during military operations, 1,000 Chadian soldiers and 60 officers bound for the CAR and Mali learnt about basic IHL principles at briefings that began in July, even though the ICRC had offered to conduct such sessions in January. In December, over 50 Chadian members of the CAR/Chadian/Sudanese tripartite force attended similar briefings.

Dialogue with the armed forces, including the chief of staff, centred on the incorporation of IHL in military training. With ICRC guidance, directors and instructors at military training institutions enhanced their IHL teaching curricula; they also received pertinent IHL publications/materials. However, IHL instruction in the army was not yet systematized. A high-ranking military officer attended the Senior Workshop on International Rules Governing Military Operations (see *International law and cooperation*).

The situation in Chad did not warrant contact with/briefings for armed groups.

#### **Chad ratifies the Convention on Cluster Munitions**

The authorities drew on ICRC expertise to advance the incorporation of key IHL/other relevant treaties in the domestic legal system. This facilitated ratification of the Convention on Cluster Munitions and signature of the Arms Trade Treaty.



A National Society/ICRC information session for two parliamentary committees – one dealing with ratification of international treaties and another with draft domestic laws – enabled the exchange of information and formulation of recommendations, particularly with regard to the revision of the penal code and the law protecting the Movement's emblems. The revised penal code, which contained provisions for the repression of IHL violations, was foreseen to be submitted to the Council of Ministers for review; no progress was made in the matter of the emblem law. During a briefing, members of the interministerial committee dealing with human rights-related international treaties and ICRC delegates explored possibilities for cooperation in promoting and implementing IHL.

## RED CROSS AND RED CRESCENT MOVEMENT

The Chadian Red Cross bolstered its governance/management/financial skills and its operational capacities with financial/material/technical/training support from the ICRC, provided in coordination with other Movement partners in Chad. Support included the donation of vehicles to national/regional committees and the construction of a regional office in Massakoury.

Trained first-aiders/instructors, applying the Safer Access Framework, expanded the scope of the National Society's first-aid/road-safety project to seven regional committees and to Tissi (see *Wounded and sick*). National Society volunteers, equipped with donated first-aid kits, tended to 2,300 road-accident victims. Information sessions and radio advertisements raised awareness of the first-aid/road-safety project among 17,360 students/drivers. The National Society strengthened its first-aid programme on the basis of recommendations arising from an assessment of its first-aid capacities, conducted with the support of the French Red Cross.

National Society teams also provided family-links services for dispersed relatives and promoted IHL and the Fundamental Principles among the public, including through major events (see above). In northern Chad, they conducted fumigation campaigns to get rid of scorpions, one of the main causes of death in the region.

Movement partners met regularly to coordinate their activities and avoid duplication of efforts.

MAIN FIGURES AND INDICATORS: PROTECTION		Total		
CIVILIANS (residents, IDPs, returnees, etc.)				
Red Cross messages (RCMs)			UAMs/SCs*	
RCMs collected		1,565	35	
RCMs distributed		1,148	14	
Phone calls facilitated between family members		379		
Reunifications, transfers and repatriations				
People reunited with their families		4		
including people registered by another delegation		1		
Tracing requests, including cases of missing persons			Women	Minors
People for whom a tracing request was newly registered		82	18	29
People located (tracing cases closed positively)		27		
including people for whom tracing requests were registered by another delegation		1		
Tracing cases still being handled at the end of the reporting period (people)		94	26	23
UAMs/SCs*, including unaccompanied demobilized child soldiers			Girls	Demobilized children
UAMs/SCs newly registered by the ICRC/National Society		64	24	3
UAMs/SCs reunited with their families by the ICRC/National Society		4		4
including UAMs/SCs registered by another delegation		1		
UAM/SC cases still being handled by the ICRC/National Society at the end of the reporting period		82	24	18
Documents				
Official documents relayed between family members across border/front lines		7		
PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)				
ICRC visits			Women	Minors
Detainees visited		3,593	61	87
Detainees visited and monitored individually		148	1	
Detainees newly registered		103		
Number of visits carried out		36		
Number of places of detention visited		8		
Restoring family links				
RCMs collected		410		
RCMs distributed		207		
Phone calls made to families to inform them of the whereabouts of a detained relative		368		
People to whom a detention attestation was issued		13		

\* Unaccompanied minors/separated children

MAIN FIGURES AND INDICATORS: ASSISTANCE		Total	Women	Children
<b>CIVILIANS (residents, IDPs, returnees, etc.)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection or cooperation programme)</b>				
Essential household items	Beneficiaries	10,420	14%	42%
Water and habitat activities	Beneficiaries	120	15%	15%
<b>PEOPLE DEPRIVED OF THEIR FREEDOM (All categories/all statuses)</b>				
<b>Economic security, water and habitat (in some cases provided within a protection programme)<sup>1</sup></b>				
Essential household items	Beneficiaries	4,496		
Cash	Beneficiaries	1		
Water and habitat activities	Beneficiaries	1,500		
<b>Health</b>				
Number of visits carried out by health staff		22		
Number of places of detention visited by health staff		6		
<b>WOUNDED AND SICK</b>				
<b>Hospitals</b>				
Hospitals supported	Structures	6		
	<i>of which provided data</i>	Structures	1	
Patients whose hospital treatment has been paid for by the ICRC	Patients	242		
Admissions	Patients	298	25	66
	<i>of whom weapon-wounded</i>	Patients	2	1
	<i>(including by mines or explosive remnants of war)</i>	Patients	7	
	<i>of whom other surgical cases</i>	Patients	167	
Operations performed		1,818		
<b>Water and habitat</b>				
Water and habitat activities	Number of beds	850		
<b>Physical rehabilitation</b>				
Centres supported	Structures	2		
Patients receiving services	Patients	4,501	922	1,780
New patients fitted with prostheses	Patients	114	27	4
Prostheses delivered	Units	340	70	23
	<i>of which for victims of mines or explosive remnants of war</i>	Units	173	
New patients fitted with orthoses	Patients	174	15	120
Orthoses delivered	Units	573	78	364
	<i>of which for victims of mines or explosive remnants of war</i>	Units	13	
Patients receiving physiotherapy	Patients	3,045	626	1,194
Crutches delivered	Units	667		
Wheelchairs delivered	Units	58		

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