PRIORITY NEEDS

1 Mitigate and prevent food insecurity

Women, men, boys and girls living in the harsh environment of the Sahel, are severely affected by cyclical natural disasters - droughts, floods and pest invasions. They call for prompt assistance in response to each coming crisis, as well as timely support to build their resilience to environmental instability. As of November 2013 food insecurity affects 2.3 million persons, in Chad [sources: Food Security + Refugees Sectors and Ministry of Agriculture].

2 Mitigate and prevent malnutrition

Recurrent food crises, lack of clean water, limited access to health-care, poor hygiene infrastructures, limited information and economic fragility: these are the intertwined causes of endemic malnutrition in Chad. There is a continuing need for humanitarian interventions in support of severely malnourished children and their mothers that can only be reduced by addressing the structural causes, by improving the overall nutrition, health and hygiene situation. In 2013 malnutrition affected 470,000 children under 5 years of age in Chad [source: Nutrition Sector, ROWCA UNICEF].

3 Fight epidemics

Prevalent diseases and epidemics flare up when the population is weakened by natural disasters, malnutrition and food insecurity. The situation is aggravated by difficult access to feeble health services, uneven immunization coverage and extremely weak water and sanitation infrastructures. In 2013 over 2,100 persons died of malaria, in Chad [sources: IRIN and the Ministry of Health].

4 Focus on guest and host communities

There are 425,000 international refugees in eastern and southern Chad. Until conditions improve in the countries of origin, they will require support in all aspects of life.

Additionally, there are 90,000 Chadians that relocated in the aftermath of natural crises or violence across borders during the last few years.

Moreover, the crises in neighbouring countries have provoked the return of 150,000 migrants. All these persons require support to resettle and restart their livelihoods, taking into account the needs and wishes of the host communities. [source: Refugees Sector]
HUMANITARIAN NEEDS OVERVIEW

Republic of Chad

Reference Map

DISCLAIMER: The designations employed and the presentation of material on this map do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Final boundary between the Republic of Sudan and the Republic of South Sudan has not yet been determined.

Map data sources: CGIAR, United Nations Cartographic Section, ESRI, Europa Technologies, UN OCHA.
IMPACT OF THE CRISIS

HIGHLIGHTS

The causes of Chad’s vulnerability to recurrent humanitarian crises are primarily structural. Its geographic location entails cyclical floods and droughts, accompanied by pest invasions, health and sanitation emergencies, vulnerability of livelihoods, nutrition crises and socio-economic tensions. The situation is exacerbated by budgetary restrictions, infrastructural weaknesses and external factors, such as the political instability of neighbouring countries, causing long-term influxes of refugees and migrants’ returns.

Drivers and underlying factors

In recent years Chad has been an oasis of relative peace in the Sahel, welcoming people in distress from across its borders and making itself available to support humanitarian interventions in neighbouring countries. Most of Chad’s recurrent humanitarian crises have structural causes: environmental, infrastructural and ultimately socio-economic.

The overall situation is not likely to improve over the short - nor the medium - term. It is imperative that preparedness, resilience and socio-economic development measures are increasingly factored into the humanitarian action equation for the years to come. Gender balance will possibly be the key socio-economic development factor to address. Ensuring that humanitarian and resilience interventions duly take into account the needs of different age and gender groups of beneficiaries would significantly contribute to the efficiency of said interventions and to the healthy development of all sectors of society.

1. **Environment:** Chad is located at the southern edge of the Sahara desert. The North of the country is arid; the South relies on natural cycles of dry and wet seasons, typical of the tropics, to feed the land and its inhabitants. Most of the country lies in between, in the semi-arid Sahel belt. Increasing irregularity of the global – and specifically tropical - weather patterns are causing a growing incidence of extreme environmental conditions - oscillating from drought to flood and back¹. The 2013 rainy season was short and uneven across Chad and particularly in the Sahel belt.

2. **Food:** The consequences of climatic instability and natural disasters go beyond the immediate suffering, loss of life and damage to infrastructure. Droughts can cause the disruption of livelihoods and food insecurity, through failure of crops, death of cattle and ultimately famine, resulting in displacement (internal and trans-border) and social unrest. The regular interplay of food markets can also be heavily affected, with soaring prices of basic food items. Food insecurity is one of the roots of malnutrition, affecting the elder, pregnant women and children, first of all. The meager 2013 rainy season has significantly affected agricultural production in the Sahel belt. In 2014, this will result in the early depletion of families’ food-stocks and a premature beginning of the hunger season².

3. **Water, Hygiene and Epidemics:** Both scarcity of water and its opposite, floods, cause material damage and loss of life. And a plethora of hygiene-related diseases to boot, when water resources are overused or polluted. One of the first consequences is to complicate further nutrition-related issues, drastically increasing the number of acute malnutrition cases. Malaria, meningitis, yellow fever and other water and insect-borne diseases, prevalent where the rainy season coincides with the hot months of the year (as in Chad), are exacerbated in the aftermath of a flood. Cholera outbreaks, already triggered by overuse of scarce and unreliable water sources during drought, are facilitated by the overflowing of infected water and

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HUMANITARIAN NEEDS OVERVIEW

Republic of Chad

the disruption of already fragile sanitary conditions. Prevalence of HIV remains high, at 3.3% of the population between 15 and 49 years old.

4. **Institutional fragility:** The impact of drought and flood-related crises depends on the cyclical severity of the phenomena. But it also depends on the baseline vulnerability of the population, existing health, sanitation and education infrastructures and the availability of resources to mitigate impact. The interplay of these factors is particularly relevant with regard to the nutrition crisis. Malnutrition depends as much on good health and hygiene support and on education as it does on food availability. In other terms, the socio-economic environment influences resilience: Chad needs technical support to develop its economy and its infrastructure, but that in turn requires political and economic commitment to the creation of basic welfare for all, a viable social contract.

5. **Displaced People:** Chad’s path towards resilience to climatic adversities and sustainable socio-economic development is further complicated by regional instability. In recent years all neighbouring countries have experienced or are experiencing political unrest. The result has been a growing number of Refugees and Returnees joining those who relocate within the borders in camps, settlements and host communities across the Country (most notably, but not only, along its eastern and southern borders). All previously mentioned drivers of the crisis are reinforced by this last one.

6. **Security:** Although conditions in Chad have improved dramatically since 2012, the chronic instability of the region and the impact of ongoing events, particularly in Libya, Nigeria, Darfur and the Central African Republic, are likely to trigger further population movements. This would further stretch the local capacity to secure humanitarian space and would also place an additional load on security services within the UN and NGO community.

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**Critical events timeline**

<table>
<thead>
<tr>
<th>Events</th>
<th>Jan</th>
<th>Feb</th>
<th>Mar</th>
<th>Apr</th>
<th>May</th>
<th>Jun</th>
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Source: OCHA

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4 Source: Health Sector Analysis – HNO 2014.
Scope of the crisis and demographic profile of the affected

The UNDP 2012 Human Development Index places Chad at the 184th place out of 186 countries rated5. The average annual income per capita of the country’s 12 million inhabitants is 1,343 US dollars per year (3.6 dollars / day)6. Life expectancy at birth is 49 years (47 for men, 51 for women). Under-five mortality rate is 173 per 1,000 (a staggering 17%). Maternal mortality ratio is 1,100 per 100,000 (1.1%), one of the highest in the world7. Only 27% of women are professionally assisted at childbirth8.

Chad also ranks 134th of 136 in the 2013 Global Gender Gap Report. While the level of economic participation is relatively high, the data pertaining to education inclusiveness and health sector appropriateness indicate a rather unbalanced situation and political empowerment remains feeble9.

Geographically, the northern one-third of Chad is desert. Next, there is the semi-arid Sahel belt, roughly 40% of the country, exposed to droughts and flash-floods. Finally, the southern one-third has a sub-tropical, sudanian climate. The South is subject to heavy floods, as its low-lying, swampy terrain sits at the crossroads of two major river systems, originating in Cameroon and in the Central African Republic and feeding into Lake Chad, the largest drainage system in Africa10.

Population density in Chad follows both climatic and economic patterns. The northern half of the country is very sparsely populated, not more than 0.2 inhabitants per square kilometer, mostly in urban areas. The distribution in the southern half, contrary to the rest of the Sahel countries, does not directly follow the rain-pattern (progressively more people in progressively wetter lands). Instead, it can be described as a V-shaped human presence, joining south of the Chad Lake, around N’Djamena, and open towards the East. The first and most densely populated area lies along the fluvial Chari-Logone axis, from the south-western borders with CAR and Cameroon, up north to N’Djamena. From there, the northern leg of the V-shape follows a West-East axis, along the edge of the arid lands, towards Darfur, Khartoum and Port Sudan. While conditions for farming in these parts are far from ideal, this is the main exchange and pilgrimage route linking sub-Saharan Muslim populations from further West to the root-lands of Islam, since 1300 years. All north-south transhumance routes cut across this axis, making it the meeting point between northern nomadic and semi-nomadic cattlers and southern merchants. Relatively fertile south-western lands, inside the V-shape, roughly matching the Salamat district, are scarcely populated (2 inhabitants / sq. km)11.

Roughly 70% of the Chadian population relies on subsistence farming and/or raising livestock for a livelihood12. Households inhabiting the Sahel belt face the harshest overall conditions in terms of farming. Both the scale of cultivations and the crop-differentiation patterns are affected by the unforgiving environment. Recurrent droughts are highly disruptive of stable livelihood patterns, affecting resilience. Locust plagues are not infrequent. Seasonal southward migrations are a necessary pattern of livestock-raising in the Sahel.

Of the 5.5 million Chadians inhabiting the 11 sahelian districts, nearly 1.1 million face food insecurity at the end of 2013. Of those, two-hundered thousand persons face severe food insecurity. National forecasts for 2014 place four sahelian districts under pressure early next year; one could face full-blown crisis already in January13. There is scarce institutional support in terms of buffer-subsidies for the poor and nutrition / health and hygiene infrastructure:

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6 The World Bank reports that 46.7% of the population lives below the poverty line [http://data.worldbank.org/country/chad]
7 South Sudan had higher rates in 2006. No official data available since.
8 Source: Health Sector Analysis – HNO 2014.
12 http://www.tradingeconomics.com/chad/rural-population-wb-data.html
scarce access to health care, lack of clean water, hygiene, skilled attendance during childbirth and child-feeding practices result in high malnutrition morbidity and mortality rates, including among children less than five years of age. As of September 2013, over 108,000 severe acute malnourished children less than five years of age have been admitted for treatment.\textsuperscript{14}

The southern districts of Chad are more resilient in terms of food security, although pockets of stress are indicated, totaling 800,000 persons in 2013.\textsuperscript{15} Three southern districts could be under pressure early in 2014, although counter-seasonal crops are expected to provide relief.\textsuperscript{16} The low structural capacity to face recurrent heavy floods and outbursts of endemic diseases such as malaria, meningitis, yellow fever, measles and cholera in these densely populated areas,\textsuperscript{17} results in high malnutrition morbidity and mortality rates, including among children less than five years of age. Poverty and access to health care, clean water, hygiene, appropriate birth-support and child-feeding practices constitute the main challenges. The situation in the South and in the East of Chad is complicated by the presence of over 425,000 refugees from neighbouring Central African Republic and Sudan respectively. Refugees have been arriving in waves since 2004 and at this stage there is no saying how long they will need to stay.\textsuperscript{18} Conflicts across the eastern and southern borders have also resulted in the relocation of 90,000 Chadians, to date. While they are not recognized as officially displaced, they often face very basic living conditions and need support in all aspects of life. And recent conflict and unrest in Libya and Nigeria have brought back to Chad over 150,000 former migrants, so far.\textsuperscript{19} Ensuring reintegration of the latter as well as dignified living conditions of the former is a challenge that needs to be balanced with the rights of host communities across the country.

Population-related statistics in Chad

| 12 million | total population (UNDP HDI and World Bank) |
| 5.5 million | people living in areas affected by crisis as of October 2013. |
| 2.7 million | est. number of people in need of humanitarian assistance - October 2013. |

\textsuperscript{14} Nutritional survey with SMART methods reports 13.6% incidence of GAM in children between 6 months and 5 years-old in the Chad Sahel Belt, with peaks of 18.3%. [Nutrition Sector Needs Analysis - HNO 2014]. Admissions: UNICEF ROWCA data.

\textsuperscript{15} Not including refugees.


\textsuperscript{17} “About half the population lives in the south-western one-fifth of the territory” [http://pdf.usaid.gov/pdf_docs/PNADE389.pdf]. Data are relatively old but give a good overview.

\textsuperscript{18} In additional to 397,187 refugees living in camps (329,752 Sudanese and 67,435 Car refugees), 608 urban asylum-seekers living in Ndjamen and 553 Nigerians newly arrived in the Lac region, there are 7,500 person in the Salamat region, 9,481 along the eastern border and 10,628 in Tissi. The total number of persons that need humanitarian assistance in Chad is currently 425,957. [Sector Analysis Paper 2013 – Multisector Cluster – Chad].

Sources: UNDP HDI, World Bank Country Data, Food Security Sector, Nutrition Sector, Refugees Multisector and ECHO.

Breakdown of people in need of humanitarian assistance

2.7 million 665,000 displaced

2.1 million non-displaced

240,000 internal movements / returnees

425,000 refugees

560,000 host

1.5 million non-host


<table>
<thead>
<tr>
<th>District</th>
<th>Male</th>
<th>Female</th>
<th>Children (&lt;18)</th>
<th>Elderly (&gt;60)</th>
<th>TOTAL</th>
</tr>
</thead>
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<td>Bahr El Gazel</td>
<td>64,928</td>
<td>97,391</td>
<td>89,275</td>
<td>5,032</td>
<td>162,319</td>
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<td>Batha</td>
<td>84,325</td>
<td>126,487</td>
<td>115,947</td>
<td>6,535</td>
<td>210,812</td>
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<td>Guera</td>
<td>44,304</td>
<td>66,455</td>
<td>60,917</td>
<td>3,434</td>
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<td>67,555</td>
<td>61,925</td>
<td>3,490</td>
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<td>Kanem</td>
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<td>85,105</td>
<td>78,013</td>
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<td>54,164</td>
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<td>Ennedi East</td>
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<td>16,320</td>
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<td>Logone Occid.tal</td>
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<td>119,657</td>
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<td>75,110</td>
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<td>136,563</td>
</tr>
</tbody>
</table>

TOTAL 1,078,241 1,649,860 1,500,456 84,569 2,728,101

Sources: Sectors Needs Analyses’ provincial data cross-referenced and consolidated. Age and gender percentages established based on IndexMundi estimates as of February 2012 (http://www.indexmundi.com/chad/age_structure.html). Gender balance in Districts with high Refugee presence adjusted to account for high predominance of female and child population in camps.
Status of populations living in affected areas

**People affected by natural disasters, malnutrition and epidemics in a subsistence-livelihood situation:**

Repeated food crises driven by droughts and floods severely impact on women and men’s basic livelihoods, affecting their capacities for resilience, in a vicious cycle that also creates the conditions for higher vulnerability to malnutrition and endemic diseases and epidemics (malaria, meningitis, measles, yellow fever and cholera among others).

Food insecurity affects 2.3 million people in Chad, mostly in the Sahel belt (1.1 million) but also in the South and in the East (1.2 million). The Sahel-belt in particular is expected to face a crisis situation during spring and early summer 2014.\(^\text{20}\)

The Global Acute Malnutrition rate of all 11 Chadian regions in the Sahel belt hovers around and above the critical 15% threshold\(^\text{21}\). The threat is particularly crucial, as the effects of nutrition deficits on young children can be devastating and enduring\(^\text{22}\). Malnutrition can impede behavioral and cognitive development, educability and reproductive health, thereby undermining their future. Undernourishment and malnutrition are possibly the main factor to explain Chad’s extremely low life expectancy rates.

Country-wide, food insecurity affects 37% of female-headed households (with peaks of 50% or more when the woman is a widower or a divorcee). The rate for man-headed households is 18%. Young (<21) and old (>60) headed households also show higher-than-average food insecurity rates\(^\text{23}\).

Infrastructure in the health sector is weak and scarce across the country. Those that exist operate under heavy caseloads and most could not operate at all without international assistance and support. Hygiene and sanitation infrastructures are very basic and virtually non-existent outside the main agglomerations.

Among the consequences of this, malaria is the first cause of infant and child death and accounts for one quarter of annual deceases in the country\(^\text{24}\). Over 780,000 persons suffered a malaria attack in 2013; 2100 of them died\(^\text{25}\).

Other recurrent diseases and epidemics that would need enhanced treatment and prevention capacity include meningitis, yellow fever, measles and hygiene related diseases, cholera among others. Children, pregnant or lactating women and the elder are particularly exposed and affected, especially when also facing pre-existing conditions.

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\(^{20}\) Based on Food Security and Refugees Sectors Needs Analyses – HNO 2014 and November 2013 Cadre Harmonise’ Tchad, including refugees and relocated communities.


\(^{22}\) Over 22% of children are born underweight; chronic malnutrition (stunting) affects 40% of children <5 years old. See http://reliefweb.int/report/chad/tchad-les-d%C3%A9fis-de-la-malnutrition-et-de-la-lutte-contre-lins%C3%A9curit%C3%A9-alimentaire#sthash.tKfGAbAN.dpuf and http://www.fao.org/ag/agn/nutrition/tcd_en.stm


\(^{24}\) Médecins Sans Frontières: http://www.msf-azg.be/fr/pays/tchad

\(^{25}\) Sources: Service de Surveillance Epidémiologique Intégrée – Ministère de la Santé du Tchad and IRIN.
nutrition deficit issues. The prevalence of HIV infection (3.3% of the population between 15 and 49 years old) is high. While infection rates are being controlled, prevention and cure interventions are still a high priority.

Refugees, Internally Relocated Persons, Returnees and Host Communities:

The first massive influx of the current caseload of refugees in southern and eastern Chad dates back to 2003 and 2004. Sudanese refugees in camps in the East now number 330,000. Refugees from the Central African Republic in the South now number 67,000. While the situation in Darfur is relatively calm, there is ongoing civil unrest in the CAR and the influx is continuing, with tens of thousands living outside camps. Until durable solutions are implemented in the countries of origin, there is little doubt that Chad will continue hosting a considerable number of refugees in the coming years.

These communities need assistance in all aspects of life: health, food, accommodation, education, livelihoods, psychosocial support and protection from abuses. Moreover, their presence puts additional strain on scarce natural resources, creating the potential for tensions and confrontations with the host communities.

In addition to refugees, over 240,000 Chadians can be counted among those who relocated after fleeing cross-border violence or returned from neighbouring countries in turmoil – Libya and Nigeria in addition to Sudan and the Central African Republic. Returnee settlements are often very temporary and create even harder living conditions, with a higher potential for social and health-related issues, personal security threats and confrontations with host communities.

Activities in support of IDPs and Returnees should include strengthening coordination and cooperation with national actors, developing appropriate legislation, ensuring follow-up of reintegration and ultimately their return to active livelihoods.

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26 Source: Health Sector Analysis – HNO 2014.

27 See note 12, above.
RESPONSE CAPACITY

HIGHLIGHTS

Severe bottlenecks in national response capacity and underfunding of critical international relief and development interventions leave local communities with insufficient means and support to cope with food insecurity, malnutrition and epidemics.

National and local capacity and response

Despite steady revenues from natural resources exploitation Chad faces several bottlenecks towards building a sufficiently strong resilience and response capacity. Issues include lack of technical capacity as well as the allocation of insufficient financial resources, due to competing budgetary priorities.

The African Development Bank’s Heavily Indebted Poor Countries Initiative, launched in 2001 to encourage social progress in 39 African countries, lists Chad as the only country still on hold for actual debt relief. Progress towards meeting several triggers, including health, infrastructure and rural development investments has been weak. Strong evidence of satisfactory implementation of the national Poverty Reduction Strategy is also still required.

Due to scarcity of economic means, coupled with the absence of institutional guidance and support, local communities’ coping mechanisms are very basic, dictated by immediate needs and carrying negative long-term impact.

International capacity and response

Donors

The main donors of humanitarian aid to Chad in 2013 are the United States, the European Commission and Germany, followed by the Central Emergency Response Fund, the United Kingdom and Sweden. Additional contributors include Canada, Japan, Switzerland and Denmark, among those contributing at least 1% of the total 317 million US Dollars registered to date.

International Humanitarian Aid covers the full spectrum of the established Sectors/Clusters of intervention, with varying degrees of percentual coverage and with the notable exception of Education, not funded at all in 2013. Contributions are predominantly channeled through UN Agencies, Intergovernmental Agencies and International NGOs present in Chad. Distinctions can be made as for the preferred fields of Aid provision. Among the three main donors, for instance, the United States focus on food security and nutrition in the Sahel, as well as assistance to Refugees. The European Commission adopts a wider approach, encompassing most Sectors in both the Sahel-belt and the East. Germany focuses on providing support to refugees and vulnerable host communities in the East.

With an overall portfolio of over 400 million dollars for the period 2010-2013, the European Union is also the main development donor in Chad. EU’s interventions focus on good governance and sustainable infrastructural and rural development. The next FED cycle, from 2014 to 2020 is intended to continue the process and accompany Chad through structural reforms aiming to ensure food security, good nutrition standards and sustainable management of resources, through the rule of law. A budget of over 570 million US dollar has been allocated to that end.

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29 Early marriage for girls, prioritization of boys’ education or, on the opposite of the scale, their selling as shepherds, limitation of own food intake by parents, migration for men, small scale side-livelihoods…
30 As of 6 December 2013. For full list of recorded donors, sectors, implementing partners and more please refer to the FTS: http://fts.unocha.org/pageloader.aspx?page=emerg-emergencyDetails&appealID=980
31 Including hybrid intergovernmental/NGO entities such as the ICRC.
Among non-traditional, non-OFDA donors, blurring the lines between humanitarian and development interventions, the most visible counterpart of Chadian development is currently China, both in terms of loans and direct interventions. Priority is given to energy-related and transport infrastructure interventions (capacity building and large-scale physical infrastructure). The partnership is also active in the agricultural and health sectors. France maintains a comparatively strong presence, both in terms of financial support to various branches of the State and public-private enterprise and in terms of subsidies to strategic development interventions in agriculture, health, hygiene and education. Funding is also available for interventions by non-governmental partners.

**Implementing actors**

The main United Nations Agencies are present, as are numerous multi-sector Non-governmental Organizations. Humanitarian and development support strategies and related action plans are regularly prepared, in synergy with National development strategic plans. Implementation of activities and achievement of set goals are currently hindered by significant underfunding of critical sectors. Balanced funding would be vital to ensure a comprehensive response. When funding is limited, focus by humanitarian actors has to be on immediate relief interventions, leaving major gaps towards achievement of long-term prevention goals.

Enhanced intersector planning could be a solution to obtain adequate support: planning with the beneficiary’s eye rather than the agencies’. When both NGOs’ and UN Agencies’ plans are prepared with a longer horizon, to develop an effective resilience-building response, inviting and requiring commitment by all involved actors - including development actors and national authorities - additional sources of funding might become available, eventually redundant.

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33 http://www.afd.fr/home/pays-d-intervention-afd/afrique-sub-saharienne/pays-afrique/tchad
HUMANITARIAN ACCESS

HIGHLIGHTS

Future outlook of the region likely to pose logistical problems. Roads outside the main settlements become impassable during the rainy season. Air connections are often disrupted due to the basic nature of landing strips. During the dry season, in rural areas, banditry can become a threat, requiring movement with armed escorts. In the North, land mines and unexploded ordnance from previous conflict hinder movement and development.

The security situation across all borders of Chad is not likely to improve in 2014:

- Libya is far from peaceful, with factions disputing territorial control of strategic parts of the country.
- Tribal fighting reported on the Sudan / Darfur side of the tri-border area.
- In CAR, internece fighting among members of Seleka is reportedly taking inter-faith connotations.
- Northern Cameroon is only loosely controlled by the Government. Its proximity to Northern Nigeria makes it permeable to extremist infiltration. Cameroon is currently the only viable land connection from Chad to any seaport, for import of all goods.
- Niger is presently the route of choice for illegal smuggling of goods and persons through the Sahara.

While Chad is at peace, there are growing concerns:

- The assorted situations across all borders are likely to increase the number of asylum-seekers.
- If land commerce through Cameroon is disrupted, sparking economic crisis and social unrest, things could quickly get out of hand. Cameroon is the only land-supply highway for UN Agencies.
- It will take the government an increasing amount of resources, just to keep the current level of security and safety. Additional logistical bottlenecks include:

  - The national road network is in very poor condition. During the long rainy season, many areas of the country become virtually inaccessible by road. Air transport is assured by the UN Humanitarian Air Services and by the International Committee of the Red Cross (ICRC), although the latter will discontinue air services to the East by the end of 2013. Additionally, even air transport can be disrupted in case of heavy rains, as most airport infrastructures are very basic.
  - Freedom of movement for humanitarian actors remains a concern, in a context where the judicial system is weak and impunity prevails. This is particularly true in the more remote areas of the East and South.
  - Security arrangements implemented after the departure of the UN Mission to CAR and Chad, in 2010, provided for reinforced presence of national and military police in eastern and southern Chad. The creation and deployment of an Integrated Security Unit (ISU), to protect refugees and internally displaced persons, has allowed humanitarian actors to access remote areas and provide relief to their beneficiaries, by deterring acts of banditry. The ISU has recently become the Detachment for Protection of Humanitarian and Refugees (DPHR). Its effectiveness is dwindling, due to budgetary and human resources constraints.
  - NGOs are required to hold internal movement authorizations. This hinders their outreach capacity and makes them vulnerable to harassment from rogue local political actors.
  - In the North, weakness of the transport system - and possibly scarce political drive to develop the area - are accentuated by the presence of over one million landmines and unexploded ordnance, dating from the 25 years old Chad-Lybia war.

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34 All the above: UNDSS - Security Analysis and Forecast Presentation – HNO process 2014.
All Clusters have a regular needs assessment schedule. Assessments are usually undertaken in a multidisciplinary fashion, to increase depth and reduce costs. Reports are regularly posted on the Chad page of the Humanitarian Response website (https://chad.humanitarianresponse.info/fr/assessment-registry).

The following table details upcoming assessment and evaluation missions by Cluster(s).

<table>
<thead>
<tr>
<th>Cluster(s)</th>
<th>Name/Type of Assessment</th>
<th>Implementing Agencies</th>
<th>Planned dates</th>
<th>Geographic areas and population groups targeted</th>
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<td>NOV 2013</td>
<td>Tchad</td>
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<td>ENSA Enquête Nationale sur la Sécurité Alimentaire des Ménages</td>
<td>PAM + Gvt + partenaires</td>
<td>DEC 2013</td>
<td>Tchad</td>
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<td></td>
<td>Rapport de mission d’évaluation préliminaire des récoltes</td>
<td>Gvt + CILSS + partenaires</td>
<td>NOV 2013</td>
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<td>Early Recovery</td>
<td>Join assessment on resilience in Sila Region</td>
<td>UNDP, FAO, WFP</td>
<td>Febr 10-20 2014</td>
<td>IDPs, Returned populations and host populations (Ade, Moudeina and Tissi)</td>
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<td></td>
<td>Join assessment in Moyen Chari and Logone Orientale regions</td>
<td>UNDP, UNHCR, OCHA</td>
<td>April 5-15 2014</td>
<td>Hosts communities of CAR refugees (Maro and Gore)</td>
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<tr>
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<td>Join assessment in Kanem and Lac Regions</td>
<td>UNDP, FAO, WFP</td>
<td>May 10-20 2014</td>
<td>Hosts communities of Lybian returnees and communities affected by natural disasters</td>
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