

# Chad

## CHAD - Humanitarian and HIV Overview

### Humanitarian and HIV statistics

Total population (millions) (2007)10.3 million

Urban population in % (2007)26

Infant mortality rate (per 1,000 live births)124

Life expectancy at birth males46 years

Life expectancy at birth females48 years

Refugees, from Sudan

From CAR

243,100

55,950

IDPs

185,900

2006 Human Development Index171

Population below the national poverty line64%

Population undernourished33% (UNDP 2001-03)

Maternal mortality ratio (per 100,000 live births)1100

Adult HIV Prevalence Rate (%):

3.3%

No. of People living with HIV:

200,000

Adults aged 15 and up living with HIV

180,000

Women aged 15 and up living with HIV

110,000

Children

19,000

Orphans aged 0 to 17 due to AIDS85,000

Percentage of pregnant women living with HIV receiving ART to reduce mother-to-child transmission

1%

Deaths due to AIDS 14,000

#### Humanitarian and HIV situation

The spill-over of the conflicts in Sudan and Central African Republic, the prevailing power struggles and the continuous lack of political dialogue between the government and opposition groups have plunged Chad into an acute crisis. Fighting between the Chadian army and the main rebel groups (UFDD, RAFD and CNT) has intensified since last April. The 25 October peace agreement signed between the Government and four armed groups only lasted for one month as clashes were again reported between Chadian Armed Forces (ANT) and UFDD, RFC, ex FUC and FPRN. The planning for the deployment of a multidimensional presence comprised of EUFOR/MINURCAT is in its advanced stages. However, delays in the provision of vital assets are hampering deployment of the mission.

#### Refugees:

Eastern Chad - 12 refugee camps host about 243,100 Sudanese refugees. Southern Chad hosts 55,950 refugees from CAR (as of May) 2008.

#### Internally displaced persons (IDPs):

185,000. The response to the IDP situation was initially slow. Aid agencies were later able to bring the response to an acceptable level. However, more needs to be done to stabilize the IDP situation. A more comprehensive response is anticipated next year with the development of a long-term strategy and the consolidation of the cluster roll out. Access and security will, however, continue to be among the key challenges aid organisation face.

#### Natural hazards:

Chad is prone to natural disasters including drought, flooding and locusts invasion. Various areas of the country, including the Kanem and the Lake Chad regions, remain chronically food insecure.

#### Protection of civilians:

Attacks on civilians are on the rise. Inter-ethnic clashes have been a major cause of displacement this year. These clashes resulted in up-to 450 casualties and 9,000 Chadians being displaced in Tiero and Marena in March. Clashes were also reported in July, August and October in the Guereda area. Increased militarization of refugee and IDPs' sites is being reported, including the recruitment of child soldiers.

#### Humanitarian access:

Access to humanitarian aid is a major challenge and recent fighting between the Government and armed opposition groups as well as armed attacks against aid workers are hampering the delivery of aid. Food/nutrition status: The Sahelian zone (central and eastern Chad) is particularly affected by chronic food deficits. The arrival of thousands of Sudanese refugees since late 2003 has put additional pressure on limited resources, placing further stress on the already highly vulnerable local population.

80% of the population depend on subsistence farming and herding for their livelihoods. Cereal production is heavily affected by erratic rains, cyclical droughts and locust infestations. Nutritional surveys report alarming rates of malnutrition among refugee and local populations. Limited access to food and poor farming has led to malnutrition. More than one in 10 infants do not survive their first year, while one in five children die before reaching the age of five (WFP).

#### Health status:

Increase in population in the east has overstretched the capacity of health services and led to the depletion of crucial resources such as water and fuel. Chad's health indicators are among the worst in the world. The national health network cannot meet in full the needs of the population as health facilities are under-equipped and lack qualified staff.

The health infrastructure in Eastern Chad is weak, with marked limitations in trained personnel. Chad has only 300 doctors, 70% of whom are in N'djamena. In eastern Chad only 10% of the population has access to health centres. The capacity of NGOs is stretched and there is no streamlined referral system. Increased population density increases the danger of deadly diseases such as Malaria, particularly to children. Malaria is the number one cause of death among children under-five in eastern Chad, yet bed nets are not used widely. Overcrowding poses a major risk of transmission of deadly diseases such as measles, while at the same time malnutrition weakens children's capacity to fight off and recover from illness.

With the Consolidated Appeals process (CAP) and the Central Emergency Response Fund (CERF) funding, essential medicines are being provided to local health facilities, and epidemiological surveillance is being set. Basic reproductive health services are provided, which includes health education and community participation

HIV epidemic Chad has a generalized HIV epidemic, with the adult prevalence rate at 3.5%, and reaching up to 8% in N'Djamena. Prevalence in the south is 10% and in the East about 3%. An estimated 200,000 people, including 19,000 children are living with HIV. The drivers include low condom use, multiple sexual partners, poverty, low education status of women and girls, socio-political insecurity, conflict and limited access to AIDS services. 1

Most at risk:

- Sex workers and their clients
- Uniformed services personnel

Most vulnerable:

- women are increasingly vulnerable, especially in rural areas and refugee camps, as a result of their poor economic status, high rates of illiteracy and the prevalence of GBV
- young people
- mobile populations
- IDPs and refugees

Response to HIV among populations of humanitarian concern

The National Strategic Framework (2006–2010) and the multisectoral plan (2006–2008) have been developed and validated. Specific objectives adopted by the UN Theme Group include the following:

- strengthen coordination, monitoring and evaluation mechanisms for the implementation of the national multisectoral response in the context of the "Three Ones";
- Build civil society capacities to access and manage technical and financial resources;
- support the implementation of HIV policies and programmes in the UN workplace; and
- enhance coordination of AIDS action in the humanitarian response.

HIV task forces and action plans exist within ten line ministries. The current focus is on mainstreaming HIV into the humanitarian response.

Prevention priorities

- Overcoming cultural and religious resistance to prevention method of condoms
- Increasing knowledge of HIV transmission and prevention
- Reducing stigma and discrimination
- Raising awareness of and combating SGBV

Care/treatment coverage

There are 200,000 persons estimated to be living with HIV, of whom 55,000 currently need antiretroviral therapy (ART). An estimated 6,500 persons are accessing ART to date.

The Health sector aims to integrate vital HIV services into refugee and IDP camps, including HIV testing, HIV prevention messages, care and support for PLHIV, and antiretroviral treatment.

The Food Security sector will provide supplementary rations for PLHIV.

The Water, sanitation and health (WASH) will ensure that education on HIV prevention is included in hygiene information at water distribution points.

Similarly, the Protection sector will focus on HIV prevention messages as well as increased HIV awareness campaigns among target populations in an effort to reduce stigma and discrimination towards PLHIV.

The Emergency Shelter sector will ensure that the specific needs of vulnerable populations, including PLHIV, are considered in the development of shelter and camp services.

Funding for HIV in humanitarian situations

Global Fund: USD 7,140,543 disbursed for HIV as of May 2007. Principal recipient: The Fonds de Soutien pour les activités en matière de population pour la lutte contre le Sida (FOSAP).<sup>2</sup> This round 3 grant (2004) focused on prevention – blood safety, voluntary counselling and testing (VCT), prevention of mother to child transmission (PMTCT), strengthening safe behaviours; and care - improving comprehensive case management for PLHIV, orphans

and vulnerable children, strengthening community psychosocial support services and building human technical capacity.

MAP: none

PEPFAR: none

The Consolidated Appeals Process (CAP): The 2008 CAP is requesting almost USD 288 million. The 2007 CAP of \$272 million was 96% funded; the best funded CAP of 2007.

The strategic priorities for the 2008 CAP for Chad are:

- Ensuring that populations affected by insecurity (refugees, IDPs and host populations) have access to protection and assistance programs to cover their acute needs;
- Facilitate the search for durable solutions for all affected populations;
- Reinforce the capacity of humanitarian actors and communities to respond to acute humanitarian needs
- Reinforce security for humanitarian actors and consolidate and increase humanitarian space

The 2008 CAP aims to address HIV and AIDS as a multi-sectoral issue, following a dedicated session on addressing HIV in the emergency response as part of the CAP planning workshop. In all sector response plans, PLHIV and AIDS-affected households are mentioned as specifically vulnerable groups requiring target programming.

Chad's Common Humanitarian Action Plan (CHAP) aims to target three key groups: refugees (mainly from Darfur in the East and CAR in the South), displaced populations, and host populations.

Central Emergency Response Fund (CERF:) USD 1 million allocated in August 2007. Previous CERF USD 7,280,842 to consolidated appeal. The ERC has already allocated USD 7.5 million from CERF to the IDPs response. The total amount, USD 214,000 was dedicated to HIV prevention activities and promotion of access to AIDS services among IDPs.

Humanitarian and HIV coordination structures

National:

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The National Programme against AIDS (PNLS)

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OCHA Presence

OCHA has been present in Chad since the end of the 2004. The reinforcement of OCHA is now completed with 12 international staff, including a Deputy Humanitarian Coordinator and a Head of Office. In addition to the N'Djamena field office, OCHA has three sub-offices in the east in Abeche, Goz Beida and Farchana. An antenna will be opened in Koukou in 2008.

Key international organizations present in CHAD:

UN agencies: FAO, UNDP, UNFPA, UNHCR, UNICEF, WHO, WFP

Other agencies: ICDO, ICRC, IMC,

International NGOs: CARE, OXFAM, Medecins Sans Frontières

Key organizations working in HIV in humanitarian situations:

National:

National Network of People living with HIV and AIDS

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Red Cross Society of Chad (RCC)

Training on the IASC guidelines

A training was held in November 2006, hosted by UNICEF/UNAIDS/UNFPA, and attended by 52 participants. Another training is planned for the end of 2008.

Sources: OCHA for humanitarian information and UNAIDS for HIV information, unless otherwise noted.

1. UNAIDS country profile

2. The (FOSAP was established in 1995 (World Bank) to finance public and private sector programs that intervene in AIDS control and population activities. FOSAP is autonomous and funded from IDA.