

Chad

The other side of Darfur

Context and health situation

Since the beginning of 2003, the conflict in the western Sudanese region of Darfur resulted in an influx of 230,000 Sudanese refugees in Eastern Chad living in many camps. The local population was already living in poor conditions with limited access to health care, aggravated by the cost recovery system and water sanitation.

Ongoing military operations in the zone have displaced thousands of Chadians from their homes. In addition, around 42,000 Central African refugees have crossed into the southern region of Sarh, including up to 7,000 since the beginning of 2006.

Traditional coping mechanisms are failing and inadequate food availability and lack of water supply, both in quantity and quality. Communicable diseases are the principal factors impacting on the health and nutritional status of these populations.

The burden of disease of the refugees follows a similar pattern of the five most common diseases in Chad: malaria and acute respiratory infections coming first. Alarming rates of malnutrition exist in both refugee and local populations. Prevalence of diarrhoea is high and mainly attributable to malnutrition and lack of potable water and bad sanitation. Chad also was hit by an outbreak of meningococcal disease in 2005, and major hepatitis E outbreak, which has also been brought under control.

Finally, HIV/AIDS remains a public health concern, with a prevalence up to 10% in urban areas. Malaria is the reason for one quarter of medical consultations and a relatively high fatality rate (up to 12% in the country). Climatic and hygienic conditions make measles, cholera and meningitis endemic.

WHO scope of work in the country

WHO has currently 2 international essential staff, 2 national professional staff and 7 support staff in the area to support coordination, diseases and nutrition surveillance, and training to contribute to the reduction avoidable morbidity and mortality due to communicable diseases. WHO is working in collaboration and coordination with other UN Agencies, especially UNHCR and UNICEF, and NGOs to contribute to the reduction of avoidable deaths.



Following the instability in areas of refugees and countrywide, especially following the recent events in April 2006, the priorities of the UN (and of WHO) have focused on staff security, access to population, and regional contingency planning.

Health priorities as formulated in the CAP 2006 are still valid

- ✓ Implementation of Minimum Activities Package and the Complementary Activity Package
- ✓ Ensure that refugees have access to psychological support and mental care in their communities
- ✓ Prevent the spread of HIV/AIDS among local and refugee populations
- ✓ Reinforce and improve the capacity of facilities to provide medical and nutritional care
- ✓ Integrate refugee health services into the national system
- ✓ Ensure equal access to health care, including access to information campaigns and training on reproductive health, HIV/AIDS and STDs
- ✓ Evaluate health concerns to prevent epidemics and other diseases in refugee settlements

Action pillars for implementation

- ✓ Sustaining WHO presence for public health coordination, surveillance and outbreak control
- ✓ Reinforcement of preparedness and response to epidemics in the north-east part of Chad
- ✓ Nutritional survey and set up of a nutritional surveillance system in CAR refugee camps and host populations in the south of Chad
- ✓ Set up of mental health care and psychosocial support for Sudanese refugees

Challenges

- ✓ While the overall situation in Chad had improved since the last incidents in April 2006, the recent fighting has had serious implications on 1) security, 2) protection, including protection of refugees and possible IDPs, and 3) relations with Sudan.
- ✓ The need for additional funding, including for assistance to CAR refugees in the south of the country, is a special challenge.
- ✓ Health coordination is both crucial and a particular challenge because of multiplicity of actors: UN agencies (UNHCR, UNICEF, WFP, FAO, UNFPA), the Red Cross/Red Crescent movement, and numerous NGOs. Additionally, the Ministry of Health has an active part in the response, through its health programmes (Malaria control, PEV, etc.), its regional Directorates, and the eight Health Districts involved in the current crisis.

- ✓ The health coordination and epidemiological surveillance and early warning system in Eastern Chad covers a territory of around 160 000 km² with means of communication – roads, vehicles and telecommunication – which are limited at best. As a result, the epidemiological and health notification has sometimes been delayed and irregular, with a clear impact on the capacity for the early detection of outbreaks.

Funding

Item	USD
Funds requested in 2006	998 000
Funds pledged up to May 2006	0
Unmet needs 2006	998 000