

The Refugee Crisis in Chad—An Urgent Appeal For Nets

Background to the Crisis

Spring, 2006: The rebel groups retreated to the eastern border of Chad just north of Abeché. Through the following rainy season government troops fought rebel groups based in this border region with Darfur. However, as the rainy season ended and the many wades that form in the rains began to dry up, large rebel forces crossed back into Chad attacking Goz Beida in late October and then attacking Abeché and other eastern and more inland towns from November. (Goz Beida has been a key crossing point for refugees and local communities and the local health centers have been severely strained for several years coping with refugee and local host community needs.)

Rebel groups have moved rapidly from area to area in the east and have adopted a similar approach to the rebel groups in Darfur, attacking opportunistically and causing maximum population displacement and disruption. This deterioration and unpredictability of security led quickly to the partial evacuation and down-scaling of UN and many NGO teams working in the eastern refugee camps and host communities. The overall humanitarian capacity to respond to the increased needs of the many displaced Chadians and the worst affected host communities has decreased sharply at the time when more support has been most needed.

Mentor, a British NGO, has been working closely with the UNHCR, UNICEF and the Chad Ministry of Health to help reinforce existing malaria control efforts and to significantly expand effective malaria control across the district. The situation in the refugee camps is quite reasonable as UNHCR have been working with partners in the camps for several years and many insecticide-treated net distributions have been conducted already. However, the situation for the rest of Goz Beida district is severely concerning. During the last few months attacks on communities in Goz Beida district have resulted in major population displacement (over 120,000 people). The resulting crisis leaves these extremely poor populations even more vulnerable to disease and invasion. With the rainy season upon them, they try to renew their lives from the direst of circumstances. Normal coping mechanisms in the district are overstretched and access to health care is limited.

Farther south, in Goré, where over 30,000 CAR refugees are living in camps of “cones and sticks,” detailed insecticide-treated net coverage and utilization surveys have not been conducted, but reports from partners suggest that insecticide-treated net coverage is inadequate.

The Crisis Today

The overall caseload of around 208,000 Darfurian refugees in eastern Chad has remained fairly stable since 2004. The refugees live in 13 camps widely spaced along the eastern border districts. However, as many as a further 28,000 refugees live in Chadian host communities. The majority of these live in villages across Goz Beida district. Goz Beida

also hosts over 33,000 registered refugees in two well established and well supported camps. Through the first half of 2006 over 35,000 internally displaced people from Chadian villages near the Darfur border also took refuge in sites near to Goz Beida town as a direct result of mounting insecurity. In addition, with the further dramatic deterioration of security since October 2006, many more villages have been attacked and many thousands of newly displaced people have sought refuge nearer to Goz Beida town and the surrounding area.

By Spring, 2007, the internally displaced people (IDP) case load in Goz Beida had risen to a minimum of 105,800 people in camps or defined groups (based on World Food Programme food distribution data) with around 64,100 people severely affected in IDP host communities. In June the number of IDPs had increased, and is currently estimated between 120,000-140,000 by agencies working on the ground.

Health Infrastructure

Infrastructure at all levels in Chad has not recovered from its long history of destruction and conflict, and remains minimal across most areas of the country. Chad has some of the lowest socio-economic indicators within Africa. The life expectancy is just 46.3 years and the under five mortality rate is 117 per 1000 live births. Access to effective health care and community services has been poor to non-existent for most. Many of these highly vulnerable communities are significantly more at risk of disease and death than the well established and supported refugee populations living in UNHCR camps nearby. Attacks have continued on numerous communities in the district and show no sign of abating. The numbers of IDPs and affected host families is expected to continue to grow as conflict expands.

The Threat of Malaria

Malaria is a disease of great importance in this region and transmission of the disease is expected to rise sharply during the rainy season (June to November) and could result in epidemic outbreaks as coverage of effective malaria prevention amongst the IDPs and host community is extremely low. Even before the influx of new populations, malaria, along with acute respiratory and diarrhoeal diseases, was the main health concern and the primary reason patients sought medical assistance. In Chad, north of Abeche, malaria has 12% case mortality. South of Abeche that 12% rises to 20-25%, and using speculative data (fever cases), that number is even higher.

As the IDP case load has escalated now to 105,800. The vast majority of the host and IDP families currently have no access to an effective means of protection from malaria.

[Send a net to Chad to help protect them.](#)

Map of Refugee Camps, Chad

