Briefing Paper 5

Three CRF Board members (Bill Felstiner, Catherine Swysen and Dr. Mary-Louise Scully) were in Chad from January 24 – February 4, 2010.

*January 25, 2010*. We met with Matteo Cantoro of ACRA in N'Djamena. He reported that the UNHCR office in south Chad was moving headquarters to Doba, minimizing the importance of Goré and Danamadji. The partner NGOs were to move there as well. (Note that as of March 2011 no move has taken place). He stated that the UNHCR was moving from relief to integration, that CARE and COOPI were leaving and that ACRA was to get involved in 20 primary schools in the Goré area, including the CRF/UNICEF school at Beureuh. ACRA does development only: its program would involve teacher training and working with parent groups. ACRA will not work in Hazare since there are only refugees (15,000) there. He prefers that any collaboration with CRF be in Danamadji (Baldal 62-88-104) rather than Goré. There was a short discussion about the difficulties in keeping girls in school – cultural norms (the more educated the less "good" a woman), the need for incentives (school supplies, soap, a little money).

On the same day we met with M. Blague and Uwe Schiwek of Johanniter (German). Johanniter, which had replaced COOPI in providing health services to the refugees in the Goré camps had provided solar lighting at Dosseye. They had a doctor based in Goré. They provide the standard list of WHO drugs, modified by the UNHCR (274 different medicines). They ran a Vitamin A distribution program in Goré. They could buy & install at the Beureuh health center for CRF the same solar lighting system that they had installed in Dosseye for about $4,900. In discussing our need for local field staff we were told that they paid $740 per month for a full-time person with taxes and "security" (insurance?).

Later that day Felstiner & Scully met with Sue Bremmer and other officials of the US Embassy. They seemed more interested in assuring that we not become a problem for them than in what we had & planned to do in south Chad. They did tell us that the official who dealt with refugee matters was Mike Zorich (whom Felstiner later met in October 2010, see Briefing Paper 6).

*January 27*. In Goré. Security briefing. Goré quiet, the NGOs are an accepted presence. Risks are on the roads. There has been some child kidnapping & attacks on commercial trucks. Local authorities have intervened and attacks are down to one a month. Advice – Convoy if possible, do not resist an attack, make sure one has a change of tires & good communications. (Security tel. 620 15 36, radio 628 7945). An armed escort would be required to Danamadji.

Meeting with Monica Sandri (UNHCR chief in south Chad). UNHCR first phase was emergency care & maintenance. This phase was prolonged because of lack of funds. The next phase is to avoid a dependency syndrome & promote self-management and self-reliance & (the alternative of) integration into the local population. This phase is expensive since it involves integration, more than peaceful co-existence, with the local population. That is, to calm down the locals it is necessary to provide economic & social programs for them as well. The UN wants the refugees to (be able to) make durable decisions, to go back or to integrate. The UN does not want to undermine their possible return, but rather endow the refugees with dignity & freedom of choice. This is hard to do. The typical response is: "I'll do what you tell me to do." So from 2008, the UN has engaged in a process of shifting responsibilities to the refugees for certain services such as community development, water & education (put APE [parents' association] in charge of school resources). The UN has supported committees, associations & economic groups particularly in agriculture (food ration to be stopped) & other income generating activities. Where refugees have the capacity to contribute, they will be asked to contribute. An aim is to mimic the ordinary organization of CAR/Chadian villages. In "governing", the UN held a secret election to a body that is to become the counterpart to the UN itself. One-half the delegates were to be women. This body was to become the focal point for consideration of matters such as education & health. It is to get representation in the planning/program cycle of the UN, ACRA etc. The purpose is to provide experience with funds, budgets & setting priorities.

The UN would like to reinforce local structures & state services. There are many gaps and the UN is not in a position to close them for the local population. But in many of its programs for refugees (vocational training, agriculture), it includes locals. All in all, it is now time for the development agencies to come in.

The UN maintains its responsibilities for vulnerable refugees (single mothers, elderly, handicapped, children on their own and the socially excluded), in Amboko, for instance, estimated to be 10-15% of the population. The object is the same as with the other refugees, but the focus is different. In 2010 the UN will conduct a socio-economic survey of the refugees (all) and the local population (a sample) that will provide a basis for developing projects that suited the differing needs of various groups. They especially need data on people in the middle, between the obviously strong & the obviously vulnerable.

The UN plans a strategic conference to be held in October 2010. It will focus on regional needs and the development activities appropriate for varying sectors. The conference should provide the basis for decisions with the UN's implementing partners.

The UN also intends in 2010 to focus on children and problematic behaviors such as girls, and boy cattle herders, dropping out of school, widespread alcoholism, rape, domestic violence, HIV/AIDS, traditional medicine, polygamy (actually a form of prostitution providing economic security to men) (prostitution by married women is apparently common and not culturally very taboo or punished). A program to limit female genital mutilation has not been successful. The effort to change these behaviors requires sensitization programs which would be aided substantially by a community radio station (a project that Monica or Peggy Maneng had raised on at least one previous occasion) that would reach locals as well as refugees). A halfway measure would be to get Mondou or Doba stations to devote a set number of hours to refugee affairs.

In conclusion, Monica noted the inevitability of a gap between what is achieved and international standards and that the UN would not be around to see the end of the process.

We also made our usual formal call on the *Prefect*. In this instance he asked if we could fund a football field in Goré itself (later done) and finance the repair of the road from the village to the new hospital (out of the scale of CRF assistance).

We had a short briefing from Miriam and Keita about problems at the Beureuh school. Classes have too many students, more than 80 per class (700 students in 8 classrooms). This was UNICEF's responsibility but no discussions between it and UNHCR have occurred. Four of the classrooms have no tables & chairs. The state provides only three teachers, the rest are produced by the parents from among those refugees who have baccalaureates.

We also had a meeting with *CARE* on January 27. The full CARE staff was present including Richard, the coordinator for all three Goré camps. The main topic was the tricycles provided to refugees in early 2008. A large proportion of these machines are not functioning. CARE provided a list of problems involving wheels, tires, seats, forks etc.. The core problem seemed to be that the users of the tricycles had no money with which to secure needed spare parts. A solution requires more than dependence on an NGO. It seemed to run along the lines of identifying the kinds of income-generating activity that could be arranged for these refugees. In the meantime CRF expressed a willingness to fund repairs during a transition period. (In November, 2010 a grant for tricycle repairs, maintenance and training of $8,300 was made to CARE by CRF).

We asked CARE about maintenance of the latrine at Bitoye. No information was available, but CARE did report that there was also a latrine problem at the Beureuh school. Once UNHCR cancelled the budget for cleaning products, no cleaning was taking place.

CARE also presented several projects in outline form: (a) seven additional classrooms at Beureuh plus two additional latrine blocks plus a hygiene fund (a proposal was in the works to the German government). (b) new classroom doors (old ones stolen). (c) fencing around the school as a psychological barrier, to keep animals out, to keep kids from wandering off. (d) solar lighting for recreational centers in the camps. (e) materials that could be fashioned into primary school uniforms. (e) a fund from which people who take care of vulnerable people could be paid.

*Les Guides du Tchad.* We met with Antoinette Mbaikabal and Hadatte Rachtte (sp.?). The Guides program is Education Through Action, focusing on girls 5-18 years old. They want young women to stand on their own, to become what they can become. Thy have been recognized by the state since 1963, are a member of the International Association of Girl Guides & serve 6,450 girls in five regions of Chad.

The protection project. In October 2009 volunteers were trained in N'Djamena to assist women and girls to leave behind the status as victims, to take charge of their own destiny. The program provided information about unacceptable behavior and how women and girls could protect themselves against violations of their rights. It stressed the formation of groups and the generation of income. The project also included work in the FMG (female genital mutilation) area where the emphasis was on explaining the physical and psychological consequences to women. Stage two of the project has been meetings with refugees, initially women and men. The introductory subject was "what does sexual violence mean?" The effort was to make clear that it means more than rape. Unfortunately, at these meetings men did all the talking & eventually were asked to leave. The program was especially difficult in Dosseye. There, when the subjects of sex, FGM, forced marriage & pregnancy were raised, most of the women started to leave. They were told: You are mothers, sisters, grandmothers. You are asked to help. In the end, most stayed. The drill – education starts at home. If you have information, you can teach your children who then may not have to face the problems that plague you. Rather than rely simply on meetings and focal points, they went block by block, talked to everyone who would listen, especially to younger people and tried to identify leaders. They told us they wanted to return and work in more detail. They have had discussions with men separately. When asked what led to violence, the men replied it occurred on occasions when they wanted sex and the women did not.

Protection of children. They intend theatre presentations stressing children's rights to education, to be taken care of by parents (provide food & clothing), to be free of violence.

We had a side discussion about FGM. We were told that it began in Egypt to limit sexual desire and promiscuity. It became part of an initiation process, like a test, an act of bravery that marked them as a woman. If a girl refuses, she is rejected, is a disgrace, she loses the respect of her mother who wants her to do it. Included in the notion of being a woman is the ability to stand pain. However, they said, education campaigns do work. They referred to the Ivory Coast where the focus was on medical consequences. There they retrained women as midwives who were doing FGM and prosecuted those who continued to do FGM. Part of the campaign is to put the listeners in the shoes of the excised women; less desire, therefore more trouble with husbands. Do you want to put your daughter in that predicament? Apparently, there are focal points in each block in each camp to provide advice to girls & women, but rape is considered so shameful that they do not seek counsel there. In Dosseye, many men are opposed to women making money. The Guides explain that women's income is for the benefit of the family. In Gondje, alcohol abuse is a major cause of violence. Women who are deserted by their extended families become "witches." In sum, there are traditional and cultural barriers, but the Guides think that they can break them down.

*Mentor (UK)*. We met with Alexandra Panis. Mentor works mostly in the camps (providing drugs for those up to 13 years old): they need help in prevention activities among the local population. For instance, an indoor residual spraying program would cost $100,000; two people to do sensibilization would be $25,000 a year. The refugee program is paid for by US BPRM/USAID. They receive some help from ASTBRF, a Canadian NGO. We indicated that we had limited resources: we were urged to make even a small contribution. (We took advantage of positive exchange rate fluctuations to make a $5,000 contribution (1,100 nets) later in 2010).

*Goré District Hospital.* We met with the District Medical Officer, Dr. Jerabi, at the hospital. He is responsible for the health of 174,957 people, not including refugees, and supervises 17 health centers. The only other doctors in the district are from the UNHCR and Johanniter, but they work only with refugees. MSF had run the hospital in Goré from 2002 until November, 2009, at which time it departed after a 2 month transition period, leaving a three months supply of medicines behind. At that time the new hospital opened. The staff decreased from 460 (?) to 15. Unlike at the MSF hospital, patients need pay. The number of admissions, 25-70 (10 surgeries & 3 emergencies a week), is down from the MSF days but greater than before MSF. MSF had three physicians including an anesthesiologist & a surgeon. Problems at the hospital – not enough staff, electricity for only 5 hours a day, inadequate equipment, rooms too small, broken bathrooms, inadequate water supply, need serum for IV drips, antibiotics, malaria medications. Two biggest medical problems – malaria among anemic children and diarrhea from bad water. We delivered half of our DRI medications to Dr. Jerabi. Dr. Scully spent a day assisting him at the hospital.

*January 28.* After visits to Beureuh (at which we observed the inaugural football field that we had built at Beureuh) and Amboko, we met with local chapters of the Red Cross, the Association of Young People Against AIDS and the Association of Young Mothers. Regrettably, these groups do not have the institutional capacity (record keeping, bank accounts) to process CRF assistance.

*January 29.* We observed Guides sessions with groups of women in Amboko and Dosseye. The women complained of too many children, inability to space children, violence from husbands and sons, accusations of being a whore, forced marriages, theft by a husband's family, no work, desertion, no microcredit, hunger, HIV, a need to prostitute one's self, alcoholism, and isolation. The advice given -- talk to husbands about violence when they do not want sex, get a medical person to tell the husbands that their wives might die in childbirth, educate daughters about what pregnancy does to their bodies, use the information they are given about spacing children, learn to read.

We met with Dr. André Kapend of the UNHCR and Dr. Koulehotom Tetdjim (675 1443, nassartet@yahoo.fr) and Aristide Masdebaye (629 4219, kingmassimc@yahoo.com), an administrator, of Johanniter. Aristide reported a problem with the solar lighting at the Beureuh health center. We discussed the Vitamin A situation. The national program aimed at providing Vitamin A to all children 5 and under and all lactating mothers. To meet those objectives in the camps they needed 14,000 doses per year. They had 6,000. We turned over the 7,000 doses that we had hand carried to them. Dr. André stated need for "labs" at Beureuh and Dosseye with rapid testing devices, urine dips and handheld, battery operated CBCs. He said he would check to see if they were available in Chad.

We had a brief discussion of the school situation with Keita and Miryam. A priority seemed to be books, at least one for every 3 students. We did not receive figures on the number of students.

*September 30.* We drove from Goré to the UNHCR post at Danamadji. We had an armed escort as far as Sarh.

*September 31.* We met with Baldal (251 9223, byanko@yahoo.fr) of ACRA at his office in Maro. Baldal has been there since June 2009. ACRA runs programs in the primary schools in the area from Danamadji to the CAR border (at 5 schools plus Yaroungou they have trained the parents' association to run the schools) and they train teachers for literacy programs that they have started in villages (there are no training materials). They have a joint teacher-training program with the Ministry of Education's centers of continuing education in Maro and Danamadji. There are a total of 26 schools between Maro and the CAR border. The state inspectors had no means of visiting them so ACRA provided motorcycles. In these schools they teach at the lowest levels in the local language (Gamma). They gradually switch to French so that in the last two years of primary school and in secondary school all instruction is in French. Teacher quality is a problem. 80% are paid by the parents: the government pays only for a school director. No teachers are available during the rainy season (May to October): they are working on farms. ACRA's strategy is to find ways to assist parents to buy desks, books &

pay for teachers. They do not suggest activities; rather they get proposals from the community. They want to adopt programs to keep girls in school. They have plans to introduce microcredit programs through Belac in Sarh.

We also met that day with Masssimo Zecchini (670 4002, mario@coopi.org) of COOPI. COOPI is 80% financed by LRRD. They are working in 5 sectors –good governance, health, food security, income generation and watsan (water & sanitation). Their contract is for 2008-2012. One quarter of their resources are devoted to Yaroungou although it is less than one-quarter of the population. Integration of the refugees there into the "zone" is a main objective. Good governance – promote roundtable discussions of NGOs, state, herders, farmers, etc. & give support to associations that already exist (motorbikes, office supplies, training in human rights). Agriculture and food security – they work with groups, not individuals; they provide seeds, fertilizers, oxen & plow sets & technical training. Microcredit – partners with Belac, developed cells at Maro and Yaroungou; working well, people saving, using loans, making repayments: growing peanuts, small mills, restaurants; they follow up the projects. Watsan – revised and strengthen watsan committees in Danamadji, Yaroungou, Sido and Maro: the big challenge is to get people to pay a fee (as is normal in Chad per family per month) so that the facilities can be maintained. Health – in the same communities they stock medicines, provide equipment, & train the medical staff. Across the board they do not have enough resources. Oxen & plows cost 350K for each set. This zone is particularly abandoned by the government. The familiar three stages – emergency, integration, development but the line between the last two is fluid. Six years is not an emergency but the UNHCR people need jobs, in this sense Moula is a complicating factor.

*Feb. 1, 2011.* We met with the District Medical Officer in Danamadji. (Incidentally, the interview, which was in the evening, took place in the dark since the hospital generator runs only from 8 am to 2:30 pm). He supervises 17 health centers and the hospital. If a case is too serious for them, the patient goes to Sarh. Biggest causes of death are malaria, road accidents, farm accidents (fruit picking kids falling out of trees), diarrhea, and respiratory infections. He has 520 HIV cases, 128 of whom are on antiretroviral drugs. It is difficult to persuade HIV+ mothers not to breast feed their babies: they cannot afford to buy milk and if they do it gives the babies diarrhea. He gets the necessary malaria medications for the refugees from the government. Mentor has stopped the supply for locals: if it is not resumed soon, they will have to rely on older, less effective, medicines. They are able to treat infections in infants, but no nutritional supplements are available. The government provides money for medicines, but not enough. His only transportation is by motorcycle. He cannot visit all the outlying health centers because he might be too far away from the hospital in an emergency. He sends his head nurse instead. The hospital has beds for 65 patients: it is usually 50-75% occupied. The doctor graduated from medical school in N'Djamena in 2007. He worked for one year for MSF and a second year in the hospital at Doba. In the third year out of medical school he became the DMO in Danamadji. He reported that there are less than 400 doctors in Chad and only 60% of those practice medicine. Half of that 60% are in N'Djamena. This means that outside of the capital, there are 120 doctors for over 9 million people, about one doctor for every 75,000 people. (In the US there is one doctor for every 390 people or 192 times that in Chad). They occasionally get help from NGOs – medicines for children from UNICEF, help with refugees from COOPI and Belac. He has no ultrasound equipment and when he goes to meetings in Sarh or N'Djamena there is no doctor in the district. Emergency treatment is free.

*Feb. 2, 2010.* We met in Sarh with a Catholic priest who works for Belac or Belacd, the Office for the Study of Liaison of Charitable Activities and Improvement. It began in 1973 as the result of a drought in sub-Saharan Africa. In the beginning it was run by ex-pat priests and nuns. In 1986 it was recognized as a foreign association. By 1990 it had gone from a crisis to a development mode in 5 sectors – education, health, agriculture, gender & communications, and microfinance in the diocese of Sarh. It was re-structured in 2007 after the international NGO moved to other regions. In the process of becoming a Chadian NGO it had to fire 130 employees. Now all are Chadian plus the use of Swiss consultants. Responsibility for education has gone back to the diocese and microcredit was spun off to Parsec. So they now work on socio-economic conditions in urban and agricultural areas and run 20 health centers. In the Danamadji area they support 2 health centers. With the UNHCR they are responsible for the Moula health center for which they train nurses and supply

medicines. For that work they have 4 employees in Sarh and one in Moula. In the health center in Sarh they focus on HIV/AIDS ad chronic diseases (hepatitis, TB & vascular disease). These activities are supported by Catholic organizations in Germany, Oxfam Spain, & religious congregations. The government pays for nurses in the health centers. In agriculture the problem is that farmers sell their produce at harvest when prices are low and then later pay more for food. They are now working on a strategy. Their partner here is CARITAS/Suisse. They are switching from a focus on individuals to one on groups. Catholic Relief Services (US) supports the diocese in its justice and peace project and in aid in the time of flooding and for refugees at Maya. The WFP provides food for HIV/AIDS patients taking antiretroviral drugs (974 patients HIV+ and 164 kids with no parents who are HIV+). ***They are against the use of condoms unless prescribed by a doctor and he burns them when he finds them.*** They run their hospitals and health centers as Catholic institutions. They have a radio station that supports their campaigns in three languages.

Microfinance was begun by Belac at the request of the Bishop of Sarh in 1999 following a1996 study that identified the region of Sarh as the poorest in Chad. They began with an educational campaign about savings. They created a bank that had associates (could deposit & borrow) and affiliates (saving only). They had term deposits (6 months) and open deposits (current accounts). From 2000-09 they developed 28 branches in villages, they plan to add 2 a year in 2010-12. Currently there is 700 million CFA in current accounts and 200 million in term accounts. Loans are 400 million a year. Educated youths managed the village operations: they held elections for those in charge. The only computerized branch is in Sarh. At first they were just servicing poor people, but now they lend to merchants as well. The interest rate is 2% a month. Groups can borrow if they are members; they have a preference for women's groups. They can borrow for educational, harvest & planting costs. The problem is the very poorest folks: they cannot save so they cannot borrow. They try to form these folks into groups which can then borrow – something called a solidarity credit. A 15K deposit can lead to a 50K credit.

We also met with Koami Anani Kpekpe (kpekpe_pasc@yahoo.fr), the CEO of Parcec, the institution that has taken over microfinance from Belac. Parcec has a network with "boxes" in each village (there are 2 in Maro for refugees). There is also a central, supervisory box. The central can loan to the locals & vice versa. Caritas (Swiss) provide administrative support. They have conducted big campaigns to persuade people to save (for illness & old age). They train their members in how to manage finances. They have a representative wherever there is a box. They have a small insurance program where for a small fee the survivors of a borrower do not have to repay the loan. From 2000-09 23,000 people have participated via 34 boxes in the districts of Sarh and Mondou. Deposits have totaled 1.2 billion CFA while 800 million have been loaned. They charge 24% a year interest and pay 4%. There are 177 employees of whom 32 are in Sarh. Repayment equals 95%. The surplus is put aside for a rainy day when Caritas withdraws. He talked about the poorest of the poor question. They have tried, without success, by getting women to form groups of savers and borrowers.

*Feb. 3, 2011.* We drove from the sugar cane plantation outside of Danamadji to N'Djamena.

*Feb. 4, 2010.* We met again with Uwe Schwiek of Johanniter. He said the problem with the solar system at Beureuh was that the nurse was charging everything in the village. The system is now locked. He explained that solar refrigerators were available locally, but cost 3,450,000 CFA. He recommended using a frigo normal with its own solar setup for our project at Dosseye. We checked at a distributor in N'Djamena and all the components are apparently available in N'Djamena. At the end of this meeting we had agreed to do the Dosseye project together. (In the event, Johanniter withdrew from Chad and we did Dosseye with CSSI using a solar frigo).