



Crisis in Sudan and Chad



In the grim landscape of a refugee camp in Chad, children find a moment of joy.

CARE's Emergency Response

November 2004 through April 2005

Introduction

Sudan's January 2005 peace agreement between the government and southern rebel groups was justly hailed as a triumph of reason over the violence that has, over 21 years, destroyed untold millions of lives. The agreement, however, has no bearing on Sudan's other war, the clash of government and the *janjaweed* militias against rebels in the western states of Darfur – and more importantly, all parties' depredations against ordinary civilians. The United Nations¹ estimate that the Darfur crisis is taking up to 10,000 lives a month, by violence, disease or malnutrition. Watchdog agencies² calculate a death toll of 380,000 since the crisis began in 2003. Today nearly 2 million people are displaced within Darfur, forced to abandon home and farm; another 200,000 have fled into neighboring Chad in search of safety. And while peace negotiations sputter on and off in Chad's capital, N'djamena, the armed factions in Darfur flout one ceasefire agreement after another and there is little realistic hope that the crisis will end soon.

¹ UN Under-Secretary for Humanitarian Affairs, as cited in the (London) Daily Telegraph, "Darfur Death Toll Double Previous Estimates," March 16, 2005.

² Washington Post, "Darfur's Real Death Toll," April 25, 2004.

"In Darfur nearly 2 million people have been driven from their homes; continued abuses and unrelenting attacks are a tragic blight on the peace process. A peace settlement that does not seriously address the causes of conflict in Darfur and other areas cannot be comprehensive, nor can it be sustained without community involvement. The crisis of governance, the lack of respect for human rights and the marginalization of ordinary citizens that contributed to the war have also fostered new crises."

CARE advocate, upon the signing of the peace agreement between the government and rebel groups in the south, January 2005

CARE's large-scale, multi-faceted emergency program on behalf of **well over 1 million war-affected people in Chad and Darfur** continues in the face of danger and violence, a daunting environment and logistical difficulties. On the ground, our staff and those we serve are never free of the threat of violence, and we struggle daily to overcome the logistical hurdles of working across a vast terrain with little reliable infrastructure. CARE's workforce in Sudan has increased by more than 300 people, and in Chad by about 120 people, all of whom are wholly devoted to meeting the needs of those affected by the Darfur crisis. At the same time, we are advocating at all levels for a just and durable end to the conflict, and for peace and security for the people of Darfur.

Sudan

Security in Darfur is tenuous at best, and abrupt outbreaks of violence and intimidation force our staff to assess daily the likelihood of being injured or killed while carrying out CARE's humanitarian programs. In the reporting period, banditry was common, but more worrying was the increase in attacks on the international community: drivers of food trucks were shot and killed, the vehicles of a nonprofit organization were fired upon, and a U.S. government official was critically injured by gunfire. African Union peacekeepers have also been targeted. Less dramatically, our humanitarian work is hampered by camp relocations, road closures, military checkpoints and similar impediments to an assured flow of aid to the hundreds of thousands in need.

General Food Distribution: In our food distribution program, CARE reaches war-traumatized people in South Darfur and the eastern portion of West Darfur³. The food, which includes grains, corn-soy blended flour, beans and oil, comes from the United Nations' World Food Programme (WFP); our staff are in charge of receiving and warehousing the commodities; registering the ever-growing numbers of beneficiaries across shifting locations; transporting food to more than 25 distribution sites; managing distributions; and monitoring results. CARE remains alert for new population movements and coordinates rapid, ad hoc distributions for survivors of fresh violence and displacement. In addition to providing food to displaced people, CARE reaches out to resident communities whose ability to produce or purchase food has been stressed or disrupted by the ongoing war and by a growing drought affecting Darfur and neighboring states.

A summary of our recent food distributions appears at right.

Month	People Reached	Tons of Food
January	93,002	1,716
February	333,812	6,000
March	350,990	6,746
April*	102,221	1,935

*April data were recorded before month's close and are incomplete.

³ Darfur Region is divided into three states: South, West and North.

Specialized Food Program for the Malnourished: Darfur is a harsh environment at the best of times, but war and displacement take an additional toll on children, who are at high risk of malnutrition due to precarious food security linked with diseases, particularly diarrheal, that can sap them of the calories and nutrients they consume. CARE's approach to treating and preventing malnutrition among children and pregnant or lactating women has three major levels. At the top tier, CARE has helped health services in Nyala town (the capital of South Darfur state) not only to develop a dedicated center for therapeutic feeding with proper equipment and supplies, but to train health workers to screen for and treat malnutrition. The second level is to build a system of knowledge and referral so that local health workers and humanitarian staff throughout the state send malnourished individuals to the therapeutic feeding center that CARE supports in Nyala or two therapeutic and supplementary feeding programs managed by other organizations. The third and broadest level aims to prevent malnutrition in as many instances as possible given the difficult conditions of camp life. To this end, CARE and other humanitarian agencies provide health and nutrition education to parents, discussing the causes of malnutrition, the importance of proper food preparation, and the impact of environmental sanitation, breastfeeding and weaning, among other factors, on a child's nutritional status. CARE has trained these staff to screen for malnutrition and to promptly refer severe cases to the feeding center for intensive food support; moderately malnourished children, by contrast, are registered for supplementary rations of specialized grain blends that are rich in calories, protein, minerals and vitamins.

From January through April of this year, **114 children** suffering malnutrition were admitted into the CARE-supported therapeutic feeding center in Nyala.

Basic Supplies and Shelter Materials: CARE manages and monitors the logistics of a common pipeline for non-food, essential items – including soap, blankets, plastic sheeting, buckets and mosquito netting – destined for distribution to **1.7 million war-affected people** in all three of Darfur's states. CARE takes receipt of these items from WFP, UNICEF and other donors into two commodity hubs, at which points our staff are responsible for warehousing, stock accounting, distribution planning and dispatching of items. CARE coordinates with peer agencies that undertake distribution throughout Darfur.

Water and Sanitation: The centrality of clean water and basic sanitation to the survival of war-affected populations in the arid expanse of Darfur cannot be overstated. CARE's extensive water and sanitation work – benefiting over **200,000 people a month** in camps and in Nyala town – has

Fatma Adama is among the therapeutic feeding center's most ardent supporters. Eighteen years old and the mother of two sons, Fatma brought her eldest boy to Nyala hospital when he was 33 months old. He was found to weigh barely 12 ½ pounds and was promptly admitted for intensive food support. During his stay, Fatma turned her worry and grief to good use, learning a great deal about food, nutrition and child health.

After three weeks, the boy was discharged at over 17 pounds. His mother is scrupulously careful about food preparation and her boys' nutrition. Not only that, she encourages her neighbors in the camp and town to adopt new feeding practices, and to have their children's screened for malnutrition. Fatma is a regular visitor on the therapeutic feeding ward, where she helps other mothers care for their children. "Without the [center], I would have lost my beloved son," Fatma says, the only explanation needed for her newfound avocation.



A woman and healthy infant in Darfur.

clearly helped to stabilize or decrease in the incidence of various water-related diseases among displaced and resident populations. CARE exploits an array of technologies to ensure access to clean water: these include dug wells, drilled boreholes with hand pumps or piped distribution networks, water tankers and bladders, and even donkey carts and barrels to transport water to areas where drilling for water is not feasible or permitted by authorities. Clean water supply in Kalma, the largest camp, is approximately 12 liters per person per day, more than double the availability in August.

In the same period, latrine coverage in Kalma jumped from 1 facility for every 500 people to 1 per 35 people in November and better than 1 per 28 today. Other vital environmental sanitation work includes spraying to control flies and mosquitoes, a program to manage cleanliness in marketplaces



Clean water and basic health care are vital if children are to thrive despite the unasked-for circumstances affecting them.

– especially where animals are slaughtered for meat – and programs for regular latrine maintenance and cleaning.

CARE's water and sanitation work relies on a heavy dose of public education and participation. By April 2005, more than 5,500 displaced women had formed about **460 health clubs** with our help; among their responsibilities are ensuring cleanliness around water wells and tap stands, and organizing their fellow camp residents regularly to clear and dispose of garbage. CARE has trained about 220 people as health promoters in the camps; these individuals conduct campaigns that include water container clean-up (the vessels in which people carry and store water can be an important source of contamination if not regularly sanitized) and awareness-raising in food and water handling, latrine use and environmental hygiene.

Health: Since December 2004, CARE has provided two mobile clinics, built one primary health care clinic and trained health workers in quality service provision. The three clinics have offered essential reproductive health care to roughly **10,000 people**; this includes pre- and post-natal care, deliveries, immunizations, treatment for sexually transmitted diseases, family planning services, health education and referral to Nyala hospital where necessary. In the same period, about **10,000 children, women and men** have availed themselves of primary health care, which includes acute care and nutrition screening.

Community Services and Social Support: CARE has undertaken an extensive assessment to identify how and in what arenas we could further help displaced people rebuild their sense of community and their social support networks, both utterly vital to people who have survived violence and tremendous loss and who now find themselves living in near-total dependence. CARE's present plans, barring unforeseen interruption, are to create meeting centers in two camps where social, educational and income-generating services will be offered, with specialized activities for particularly vulnerable or affected groups. Should these pilot centers be successful, we will replicate them in other camps for war-displaced people.

Chad

In Chad's far eastern reaches along the border with Sudan, about 200,000 refugees from the Darfur crisis have sought a margin of safety, and the number of new arrivals continues to grow. The United Nations' High Commissioner for Refugees takes overall responsibility for the well being of these refugees, but it is largely a coordinating body. International humanitarian agencies implement the programs that actually serve the Darfur refugees; CARE alone manages four camps that are temporary home to some **65,000 people**, or about one-third of the refugee population.

At the close of the last reporting period, our staff oversaw four refugee camps of 12 in eastern Chad. In January 2005, CARE took on management of a fifth camp. Shortly afterward, following attentive planning, CARE passed the responsibility for a camp known as Bredjing to the International Federation of the Red Cross due to that camp's great distance from the others under our management. We now manage Milé, Amnabak, Iridimi and Touloum camps and directly provide humanitarian services (as described below) or coordinate the work of other agencies, including Oxfam, Médecins sans Frontières, the International Medical Corps and Norwegian Church Aid.

Food: Using bulk supplies from the WFP, CARE distributes monthly rations to all residents of the four camps. In the reporting period, food included grain, beans or lentils and cooking oil. In addition, CARE provided a supplement of fortified food, such as corn-soy blend, to women who are pregnant or lactating, and to children under the age of five; the supplement is designed to add 300 high-quality calories to the individual's daily diet.

Water and Sanitation: As in Darfur, ensuring sufficient supplies of clean water and adequate sanitation is a challenge of enormous scope. In early 2005, CARE took over responsibility for direct water provision in the four camps, and immediately undertook hydrological studies in and around them. In April, work began on five boreholes to provide water for human consumption and on five wells destined for use by livestock (refugees brought a good number of animals with them). Separating the water sources will greatly reduce contamination, and the cattle watering holes will be available to Chadian residents, thereby easing tensions that have arisen as a result of greater numbers of people and animals competing for painfully scarce resources in the area. It is worth noting that CARE was unable to locate any water sources in the vicinity of Amnabak camp; the water supply will continue to be trucked in. CARE's aim in all camps is that each individual have access to a minimum of 15 liters of clean water per day; up from, in some cases, a low of four liters per day when CARE assumed responsibility in January.

By March, construction of about 1,000 latrines was underway, as part of our aim to bring latrine coverage to one facility for every 20 people, up from a range of one person to every 35 to 120 latrines.

An outbreak of hepatitis E among the resident population led CARE to expand its water and sanitation work to the villages near the camps. We have trained 35 individuals to properly chlorinate well water (and regularly follow-up on their work) and launched large-scale education campaigns to help people in villages and camps understand the link between water contamination and the disease, and to accept chlorinated water.



Garden plots are startling counterpoints to the desert landscape and dust-laden sky.

Natural Resources Management:

Even in the absence of tens of thousands of refugees, resources such as water, land (for farming or grazing) and firewood are in tremendously scarce supply in eastern Chad. The arrival of people and livestock from Darfur has exacerbated the scarcity and probably permanently altered the landscape. In addition to including resident and refugee populations in the management of new water sources (above), CARE is piloting a handful of activities designed to maximize resources and minimize tension over access to them. In early

activities, our staff are collaborating with refugees and villagers to establish two tree nurseries with a combined capacity of more than 53,300 saplings; plant small gardens in mutually agreed-upon sites and distribute vegetable seeds and hand tools; and develop a rational plan for the collection and distribution of dead wood to be used as cooking fuel.

Community Services and Social Support: Our community services work in Chad has met far fewer impediments than in Darfur, and thus has expanded rapidly to include numerous activities and services by and for refugees. In all four camps, CARE has helped people organize themselves into “blocks” or communities. This is a practical matter (each block is responsible for its own garbage clean-up and latrine maintenance, for example) but also a social matter, important as traumatized people rebuild, even if temporarily, a sense of community and mutual help. Each camp now enjoys a large meeting hall, and each camp block a traditionally constructed community center, where 200 refugees trained as community service workers offer activities such as income-generation skills training for women, informal education/literacy courses for adults, and culturally acceptable trauma recovery activities, including teaching refugees to provide counseling and other mental health support to their peers. CARE has also trained traditional birth attendants, who use the centers to provide perinatal advice and other health services to women, and offered community services training to refugees who in pre-war times served their villages as teachers, traditional healers and religious leaders.

CARE built a vocational training center in each of the four camps, and has recruited as teachers refugees whose livelihoods derived from tailoring, food preparation, hairdressing, traditional handicrafts, blacksmithing and shoemaking. We have provided materials for both trainers and apprentices, and encouraged the traditional apprentice relationships that typically develop in peacetime villages. By the end of March, over 2,000 people – most among the extremely vulnerable – were engaged in learning a new skill and more than 600 artisans were plying their livelihoods in the camps. More than 3,000 women and men had enrolled themselves in adult literacy courses.

Primary Education: CARE is dedicated to ensuring that every child can fulfill his or her right to gain an education, and by the end of March about 78 percent of school-age refugee children – roughly 15,700 youngsters – in the four camps were in class. Moreover, we established a preschool center in each camp block for children aged 3 to 5, and trained women as caretakers;

more than 6,000 children are enrolled. Both types of school are an important stabilizing force in the children's lives.

Conclusion

CARE has made a long-term commitment to the people of Darfur. Along with our vast and difficult aid program, we are advocating at all levels for peace and security. CARE intends to remain in Darfur and eastern Chad until the conflict's victims can again stand on their own with dignity, safety and hope for the future.

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