

Victim Assistance in Chad: then and now

Chad	1	2	3	4	5	6
According to original study		•		•	•	•
According to LM 2002		•			•	
According to LM 2003						•

Key Developments (LM 2002):

The results of the Landmine Impact Survey completed in May 2001 were published, revealing that a greater proportion of communities are severely impacted than initially projected, and their geographic distribution is unexpectedly wide. The LIS identified 417 contaminated areas covering a total of 1,801 million square meters of land; mines and UXO affect 249 communities, and a total of 284,435 persons. Chad, for the first time, revealed that it has a stockpile of 2,803 mines. It reported having destroyed 1,210 mines in June 2001 and April 2002. Chad submitted its initial Article 7 Report, dated 12 December 2001, as well as a follow-up report, dated 29 April 2002.

Indicator 1: The extent to which information on mine victims' demographics and needs is available.

According to original study:

LM 2000 reports that reliable and comprehensive information on victims is hard to come by in Chad. Accidents that take place at great distances from a medical facility are unlikely to be officially recorded. But in October 1999, the HCND reported 127 mine and UXO-related casualties since September 1998. It is not known how many nomads have been killed or injured by mines or UXO; Chad has a considerable nomadic population. A Level 1 Impact Survey is currently underway in Chad and employs an IMSMA database in which mine casualty data can be recorded.

According to LM 2002:

In 2001, comprehensive data on new mine/UXO casualties is not available. Following the completion of the Landmine Impact Survey in May 2001, no on-going data collection system has been initiated. According to HCND, it occasionally receives reports of new casualties, but lacks resources to set up and maintain a database.⁵⁶ The Landmine Impact Survey recorded two incidents in 2001, one in January and one in May. In the incidents, five people were killed and five injured, including eight children.⁵⁷

Between January 1998 and May 2001, 339 casualties were reported: 122 were killed and 217 injured, of whom 87 percent were men. The fatality rate was 39% for males and 18% for females. Among both men and women, the age group most affected is 5-29 years old, with 260 of the recorded casualties. Of the total of 295 male casualties, 286 were civilians. Activities at the time of the mine/UXO incidents were: tampering 121, herding 73, traveling 48, farming 28, playing 15, military activities 9, housework 8, collecting food/water 5, and 32 casualties while engaging in other activities or unknown.⁵⁸ Of the 339 recent casualties, 39 were as a result of incidents involving abandoned munitions/UXO on military firing ranges.

Landmine/UXO Casualties 1 January 1998 to 1 May 2001⁶⁰

	Total	Killed	Injured	Male	Female	Child (M or F)	Civilian	Military
1998	104	29	75	95	9	28	98	6
1999	148	60	88	128	20	43	148	0
2000	76	27	49	61	15	31	75	1
2001 ⁶¹	10	5	5	10	0	8	10	0
Unknown	1	1	0	1	0	0	0	2
	339	122	217	295	44	110	330	9

The number of "victims of less recent date" as recorded by the Landmine Impact Survey totaled 1,349 casualties, of which 703 were killed and 646 injured.⁶² Of 249 communities surveyed, 180 reported a history of mine incidents.⁶³ No data is available for the Tibesti region in the north.

In 2001, no casualties have been reported during demining operations.⁶⁴

On 21 April 2002, during the parliamentary elections, a senior opposition figure, Gueti Mahamat, was killed when the car in which he was traveling hit a landmine on the road to Faya-Largeau airport.⁶⁵

Indicator 2: The extent to which a national disability coordination mechanism exists and recognizes mine victims.

According to original study:

No information available.

According to LM 2002:

No information available.

Indicator 3: The extent to which programs and services for the medical care and rehabilitation of mine victims are available.

According to original study:

LM 1999 reports that Chad has three hospital structures capable of treating war-related injuries: Faya Largeau Hospital in the North, the National Hospital in Ndjamen, and the military hospital in Ndjamen. LM 2000 reports that these are generally rudimentary and lack of health and evacuation infrastructure leads to an average of 4-5 days for mine victims to reach hospital. There is one functioning prosthetic rehabilitation workshop in the capital run by the Catholic development organization, SECADEV, and supported by the ICRC.

According to LM 2002:

In Chad, medical care and rehabilitation services for mine casualties remain rudimentary.⁶⁶ According to the Landmine Impact Survey, of recent casualties not killed immediately in the incident, 181 received some form of emergency care; however, no survivors reported receiving physical rehabilitation or vocational training. Eighteen survivors reported receiving no care. As a result of their wounds and type and level of care they received, 45 of the survivors had amputation of the upper limbs and 17 of the lower limbs. In addition to the victims with upper limb amputations, another 20 victims reported losing all or some of their fingers. Sixteen survivors are now blind and another ten lost partial sight. Another 119 sustained other types of injuries, mostly burns or fractures, with a few cases of paralysis reported. Only six survivors were permanently incapacitated by their injuries, however, a significant number reported being unable to earn an income due to their injuries.⁶⁷

The HCND has one old ambulance to evacuate mine victims to the hospital at Faya.⁶⁸ However, under an informal agreement, all Chadian and French airplanes are obliged to carry landmine casualties free of charge.⁶⁹ U.S. funding for Chad's Mine Action Program includes funds to support medical evacuation by air.⁷⁰ The French army operates a surgical unit at the military hospital in N'Djamena with the capacity to assist mine victims.⁷¹ The military hospital also provides continuing medical care for mine survivors. Other hospitals or health centers reportedly do not have the capacity to do so.⁷²

In September 2001, first aid training was organized in Faya Largeau by the Chadian Army Medical Service and the ICRC to enhance participants' knowledge in the areas of treating the war-wounded, emergency care, and preparing casualties for evacuation.⁷³ The ICRC supplied the army's medical facilities in Faya Largeau with two dispensary tents, three hospital beds and 50 blankets and medical supplies. In October 2001, the Ministry of Defense and the ICRC organized a war-surgery seminar for 24 civilian and military surgeons from the main hospitals in N'Djamena, Faya Largeau, Abéché, and Sarh, to enable participants to improve their skills in war-surgery techniques.

SECADEV, a Catholic development organization, works with the ICRC, to provide physical rehabilitation services for amputees at their prosthetic/orthotic center in the capital, N'Djamena. In 2001, with financial support from the ICRC, the center was renovated and 94 landmine survivors were fitted with artificial limbs. The ICRC also arranged for nine amputees from Faya Largeau to be airlifted to the center to be fitted with prostheses, with the costs of their 14-day stay fully covered by the ICRC. The ICRC works in partnership with the HCND to identify beneficiaries for its amputee assistance program.⁷⁴

Indicator 4: The extent to which programs and services for the social and economic reintegration of mine victims are available

According to original study:

No information available.

According to LM 2002:

Authorities report that, due to a lack of resources, insufficient effort has been made to address the needs of landmine survivors for physical and psycho-social rehabilitation and economic reintegration. International assistance and expertise is needed for infrastructure, capacity building and rehabilitation programs.⁷⁵

Indicator 5: The extent to which mine victims are protected and supported by effective laws and policies.

According to original study:

No information available.

According to LM 2002:

No information available.

Indicator 6: The extent to which there is a disability community advocacy network.

According to original study:

No information available.

According to LM 2002:

It is also acknowledged that mine survivors, and other persons with disabilities, are stigmatized both at the private and public level.⁷⁶

Endnotes:

⁵⁶ Interview with Lt. Col. Mahamoud Adam Bechir, Coordinator, HCND, Geneva, 29 May 2002.

⁵⁷ Landmine Monitor analysis of Landmine Impact Survey "Recent Victims" data.

⁵⁸ "Landmine Impact Survey, Republic of Chad," pp. 31-34.

⁶⁰ Landmine Monitor analysis of Landmine Impact Survey "Recent Victims" data. Due to discrepancies between various sources, the number of civilian casualties each year add to one more than the total of 330.

⁶¹ Only two incidents were recorded; one in January and one in May.

⁶² "Landmine Impact Survey, Republic of Chad," p. 31.

⁶³ Ibid., p. 9.

⁶⁴ Interview with Lt. Col. Mahamoud Adam Bechir, Coordinator, HCND, Geneva, 29 May 2002.

⁶⁵ "Chad opposition leader dies after hitting 'terrorist' mine," Agence France Presse, 22 April 2002.

⁶⁶ Interview with Moussa Ali Sountali, Program Administrator, HCND, N'djamena, 5 February 2002.

⁶⁷ "Landmine Impact Survey, Republic of Chad," p. 34.

⁶⁸ Information provided by Moussa Ali Sountali, Program Officer, and Tahir Togou Djmet, HCND, on the Standing Committee on Victim Assistance and Socio-Economic Reintegration Questionnaire on Landmine Victim Assistance, 31 May 2002.

⁶⁹ Interview with Moussa Ali Sountali, Program Administrator, HCND, N'djamena, 5 February 2002.

⁷⁰ Landmine Monitor Report 2001, p. 65.

⁷¹ Interview with Alasoum Bedoum, Program Officer, UNDP, N'djamena, 8 February 2002.

⁷² Information provided by Moussa Ali Sountali, and Tahir Togou Djmet, 31 May 2002.

⁷³ ICRC (Geneva), Special Report, Mine Action 2001, July 2002, p. 17.

⁷⁴ Ibid.

⁷⁵ Interview with Lt. Col. Mahamoud Adam Bechir, Coordinator, HCND, Geneva, 29 May 2002; information provided by Moussa Ali Sountali and Tahir Togou Djmet, 31 May 2002.

⁷⁶ Information provided by Moussa Ali Sountali and Tahir Togou Djmet, 31 May 2002.