



Refugee Crossroads in Africa¹

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Abstract:

There are several refugee crossroads in Africa. One of the most significant and most recent is in the Sahel, where refugees from Sudan, Central African Republic, and Cameroon flee to the country of Chad. This paper examines the humanitarian and forced migration situation of the country with a crisis that affects at least 3.9 million people. The research analyses humanitarian organisations' dual approach to humanitarian assistance and development projects, particularly focusing on refugee support and capacity building in healthcare and education sectors. Through qualitative assessment of multiple intervention sites, including the Kalambari and Guilmei refugee camps, the study documents sustainable solutions in vocational training, healthcare delivery, and infrastructure development. More specifically, the assessment of multiple intervention sites demonstrates a Hungarian humanitarian aid and development organization, Hungarian Baptist Aid's impact through establishment of optical centres in N'Djamena and Moundou hospitals; delivery of specialized training for 40 IT professionals; implementation of sustainable sewing programs across four locations; and infrastructure development including solar energy systems at Guinebor 2 Hospital serving 172,000 people. The study documents critical operational challenges in Chad's complex environment, where only 22 percent of rural births receive qualified medical assistance, and telecommunications infrastructure remains severely limited with 0.68 mobile connections per person. Key findings demonstrate the necessity and effectiveness of integrated programming that simultaneously serves refugee and host communities while building local capacity through sustainable infrastructure and skills development, exemplified by successful sewing training programs and vision care initiatives. The research identifies critical operational challenges, including bureaucratic challenges, security concerns, and infrastructure limitations, while highlighting the importance of strategic partnerships with local authorities and international organizations for project sustainability. This analysis provides evidence-based insights for NGOs operating in the Sahel region, highlighting the correlation between security protocols and aid worker safety in conflict zones, noting that 33 percent of international staff incidents occur within the first three months of deployment. The findings underscore the necessity of comprehensive risk assessment, cultural sensitivity, and sustainable project design in humanitarian operations within the Sahel region.

Keywords:

Refugees; Humanitarian Assistance; Aid; Development; Capacity Building; Security; Operational Challenges; Sustainable Interventions; Sahel; Chad.

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Introduction

Emergency within a crisis: the general humanitarian context

The Republic of Chad, a landlocked country in Central Africa, faces a complex and alarming humanitarian situation. Factors such as armed conflict, political instability, massive population displacements, food shortages, disease, and environmental challenges contribute to a multidimensional humanitarian crisis that has a profound effect on the country's inhabitants. This situation is intensified by a combination of recurring factors and temporary crises, making the humanitarian response particularly difficult (UN OCHA, 2024b). Four major crises directly affect 3.9 million people in Chad:

- First, 32 percent of the population, i.e. 5.8 million people, 51% of whom are women, need multifaceted humanitarian assistance. More than 3.4 million people are affected by food insecurity and malnutrition, including 663,000 who are severely food insecure.
- Second, 550,000 people have been directly affected by population movements, including refugees, returnees, and internally displaced persons. Of these, 55% are women and 60% are children under the age of 18. However, this number increased rapidly by the intensified crisis in Sudan. By December 2024, the number of forcibly displaced persons climbed to 1.8 million including 1.2 million refugees (UNHCR TCHAD, 2025).
- Third, the health situation is characterised by the prevalence of diseases with epidemic potential, such as cholera and measles, while other diseases, such as malaria, impact the country where access to healthcare is poor.
- Finally, natural disasters (floods, drought, crop pests) are recurrent and increasingly frequent, and could affect up to 2.7 million people.

The humanitarian situation in Chad is complex and worrying, marked by a few interdependent issues, including the food crisis, insecurity and armed conflict, socio-economic vulnerability, and forced displacement. More than one third (36.8 percent) of the country's workers and their families live on less than 1.90 US dollars per person per day (UN OCHA, 2024. p. 11).

Chad is in the Sahel region, also known as the hunger belt of Africa, and is currently perhaps one of the most significant states in the region. The conflicts and civil wars raging for many years in the neighbouring countries, the Central African Republic, Sudan, and Libya, furthermore the presence and activity of the terrorist organization Boko Haram in Cameroon, Niger, and Nigeria, have left their mark on the quality of life of the people living in the region. Many people fled from the fighting in the region to Chad, still considered a stable country today, and therefore, these people movements lay an additional burden on the country. Chad hosts 1.8 million forcibly displaced persons (UNHCR TCHAD, 2025), facing limited resources. While humanitarian aid continues, integration of development efforts and strengthened self-reliance are crucial.

During the discussions with the local government bodies, officials of almost all the ministries emphasized that the humanitarian projects shall not exclusively be aimed at refugees, but also serve the needs of the host community, since the local residents living in the vicinity of the refugee camps often live in similar conditions as refugees. As a result of the refugee influx, the sudden increase in population in some areas strained the available basic needs resources (drinking water, food, energy, shelter, etc.) and are not sufficient for either the refugees, or for the host community. Humanitarian actors must strive to avoid the unfortunate adverse effect of conflict between the displaced population and the host communities.

Starting in the second half of 2023, the Hungarian Baptist Aid (HBAid) participated in the complex humanitarian aid and development mission in Chad, in the framework of strategic cooperation with the Hungary Helps Agency (HHA). The HHA opened its office in January 2024 in N'Djamena, with the aim to strengthen the stability of Chad and the Sahel region, by providing humanitarian and development projects. HBAid, as an implementing partner of HHA, actively participated in the implementation of various humanitarian aid and development projects and programs throughout Chad. The main purpose of this paper is to present a comprehensive and realistic picture of the tasks performed by HBAid, addressing both successes and challenges. The secondary purpose of this article is to serve as a guide for other non-governmental organizations that may plan to carry out relief work in Chad in the future.

HBAid makes every effort to carry out sustainable solutions during both the planning and the implementation of humanitarian assistance and development projects. Within the framework of humanitarian action, we can identify two primary areas of challenge that sometimes overlap. These two areas are immediate humanitarian assistance and long-term development projects. Many humanitarian organizations, as well as HBAid, are active in both areas, providing humanitarian assistance, as well as development activities in Chad.

The following figure demonstrates the comparison of humanitarian assistance and rehabilitation/development assistance:

Comparison of Humanitarian Assistance and Rehabilitation/Development Assistance	Humanitarian Assistance	Rehabilitation / Development Assistance
Goals	reduction of mortality and morbidity, alleviation of deprivation	economic growth and poverty reduction through capacity building and sustainability
Implementation	fast	slow
Decision making	reactive	proactive
Period	shorter	longer
Context	natural or man-made crises	in developing countries

Occasion of intervention	in a crisis situation	any time
Mechanism of operation	filling immediate and direct needs	causal treatment
Media	high level of media interest	low level of media interest
Aid workers	often international	mainly local employees
Intervention logic	case-by-case	multidimensional
Visibility of results	visible in the short term	visible in the longer term, more difficult to measure

Figure 1: Source: Szilágyi, Horváthné Angyal and Gál, 2022, page 28.

Higher Education: Humanitarian Response Manager specialized training

At the close of the second decade of the new millennium, there are more than 60 military, civilian, and multidimensional peace operations worldwide, under the auspices of international organizations or multilateral treaties. In addition to wars and armed conflicts, natural and human-instigated disasters contribute to the suffering of millions, to the loss of critical infrastructure and to the deterioration of security many regions. While disasters and conflicts vary in nature, magnitude, and impact, the affected communities are frequently unable to cope with their negative effect or only to a limited extent. In such cases, there is a need for rapid and professional deployment and management of humanitarian operations until the crisis is resolved. While countries with stronger economic positions may have the advantage of being better prepared for disaster situations, the scale and uniqueness of a disaster can pose significant challenges even for more resilient states with advanced technology, infrastructure, and institutions. To respond at the highest possible level, humanitarian operations necessitate highly skilled professionals with specialized knowledge to manage and lead them (Holt, Taylor & Kelly, 2009).

Óbuda University (URL1), the university's Africa Research Institute (URL2) and Hungarian Baptist Aid with other partners have established the Humanitarian Response Manager specialized training (URL3) that, therefore, aims to cultivate highly qualified professionals who possess specialized theoretical and practical knowledge in the management of humanitarian operations. These professionals will be equipped to respond effectively to the challenges posed by crisis situations and to integrate their existing expertise with additional competencies to address issues within their designated area of responsibility. Only a few universities offer such education, most notable are Harvard, Fordham, Liverpool and the NOHA Network.

Óbuda University's Humanitarian Response Manager specialized training is a one-year post-graduate blended, on-line and in-person diploma course. Two intensive courses were provided in-person in Chad for refugee and IDP (Internally Displaced Person) camp managers, their deputies and colleagues, CNARR and other governmental agency employees, NGO (Non-Governmental Organization) employees, altogether to



40 students. Some had long years of vast experiences, others were fairly new to the humanitarian work or specialized in only one sector.

The Humanitarian Response Manager training provided extensive, deep knowledge with a wide range of practical opportunities and group work. The following areas are taught (not a complete list): Types of humanitarian crises, Sustainable Development Goals, Humanitarian accountability, Coordination of humanitarian action, Personal and organizational safety, Security management and planning, Event and crisis management, Vulnerable social groups, The beneficiaries and their involvement in humanitarian action, Protection of minorities, Financing humanitarian action, Fundraising, Project cycle management, Monitoring and Evaluation, The role of religion in conflicts and cultural communication, Humanitarian Negotiations, Civil-Military co-operation, The International Legal Protection Regime, Influence of illegal activities to humanitarian operations, Human trafficking and smuggling, Crimes against vulnerable groups, Child soldiers, Migration, Refugees, IDPs, Camp coordination and camp management, Water, Sanitation and Hygiene (WASH), Nutrition, Food aid and food security, Shelter, Health, Logistics, Prolonged crises, Nation-building and post-conflict reconstruction, Humanitarian aid simulation.

However, it must be noted that one of the most important strengths of the course is that the students who were also professionals, at the same time worked closely with each other enriching their studies with their mutual experiences. Furthermore, they also provided vital and essential information and great cooperation assistance for the effectiveness and localisation of work of HBAid in Chad.

Refugees and refugee camps

According to the UNHCR report (UNHCR TCHAD, 2025) released in January 2025, Chad hosts more than 1.8 million forcibly displaced people, including 1.2 refugees from conflicts in neighbouring Sudan, the Central African Republic, and Cameroon. More than 125,000 refugees and asylum seekers from the Central African Republic have fled to Chad escaping different waves of violence since 2005. There is a clear and immediate need for extensive humanitarian assistance in Chad, and this is therefore the largest operations of the UN specialized agencies in the region. With the support of other UN agencies and 40 non-governmental organizations, UNHCR leads and coordinates the refugee response in support of the Government of Chad.

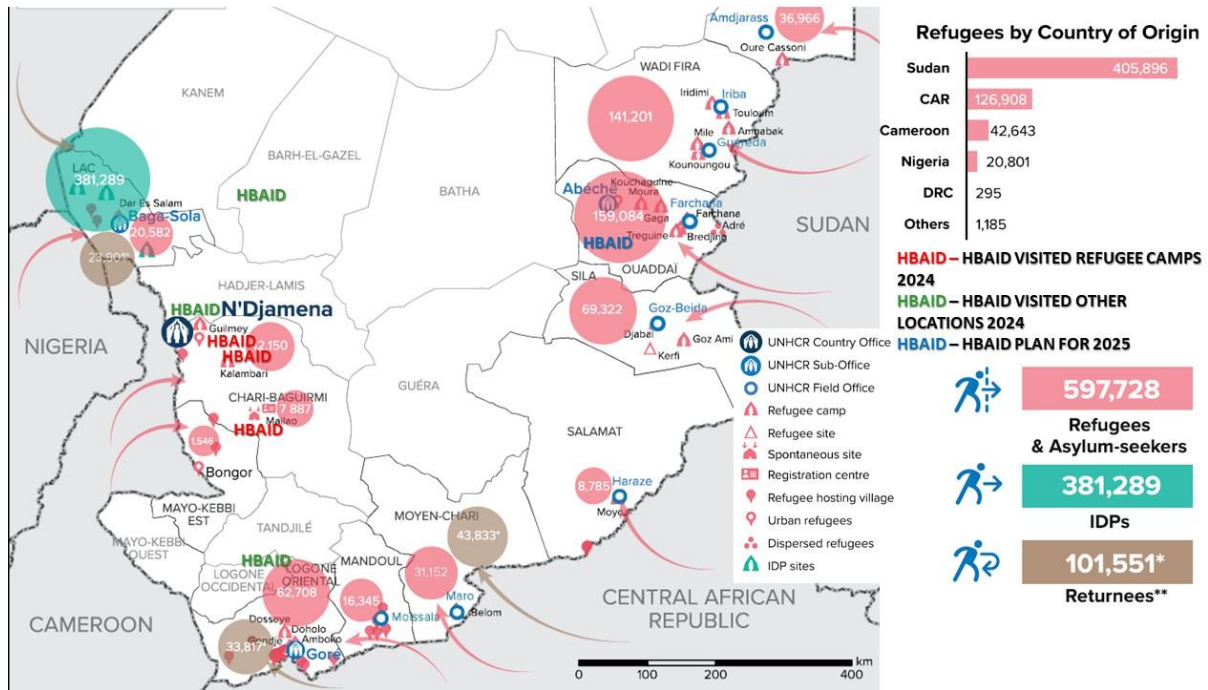


Figure 2: Source: Data abstracted by the author from UNHCR documents (UNHCR CHAD, 2023).

Kalambari refugee camp

The Kalambari camp is south of N'Djamena, in the vicinity of Kalambari, a village located to the west of the Koundoul sub-prefecture. According to the Commission Nationale pour l'Accueil et la Réinsertion des Réfugiés et des Rapatriés³ representative (M. Idriss Mahamat Ali Abdallah Nassour, head of CNARR), the Kalambari camp is a refuge for Cameroonian refugees who fled inter-community violence in the far north of Cameroon. This inter-community conflict pits several ethnic groups against each other, namely the Arabs with the Mousgoumes, Massa and other ethnic groups. The Mousgoumes and Massas are farmers and fishermen. The camp is 40.9 hectares in size and is made up of two zones, A and B, with 17 blocks, 100 to 155 households per block, 1850 shelters with 2860 households in total, and 9550 refugees, according to the UNHCR. The camp has 20 boreholes, 19 washing areas, 169 garbage bags, 438 latrines, a health centre, a school, a registration centre, a children's and women's area, and a market.

Guilmey refugee camp

The Guilmey camp is home to Cameroonian refugees who fled the town of Kousseri in December 2021, following a deadly intercommunity violence between Arabs and Mousgoumes, Massa and several other ethnic groups. Guilmey is a village located 5 km from Farcha in the 1st arrondissement of the city of N'Djamena. It has a surface area of

³ National Commission for the Reception and Reintegration of Refugees and Repatriates



11 hectares subdivided into 6 blocks, with 711 shelters, 138 households, and a total of 4,657 refugees. Each block has a block leader, and the camp has a president or delegate. Refugees in the Guilmeiy camp have set up activity groups and committees to represent them in dealings with CNARR (M. Idriss Mahamat Ali Abdallah Nassour, head of CNARR) and its partners. The camp operates a health center, a school, a children's center, a women's center, and a market.

Several national and international organizations work closely with CNARR (Commission Nationale d'Accueil et Réinsertion des Réfugiés et Rapatriés (National Commission for the Reception and Reintegration of Refugees and Repatriates) in the camps to assist refugees:

- International Organization for Migration (IOM): refugee assistance
- United Nations High Commissioner for Refugees (UNHCR): refugee protection
- World Food Programme (WFP): assistance and food security
- APLFT: deals with GBV (gender-based violence)
- Jesuit Refugee Service (JRS): education and child protection
- INTERSOS: AGR, border monitoring and reforestation
- LM International (LMI): "WASH" water sanitation and hygiene
- Hebrew Immigrant Aid Society (HIAS): child protection and GBV
- International Rescue Committee (IRC): health
- International Committee for Relief and Development (CIAUD): emergency aid and empowerment
- Chad Red Cross (CRT): shelters and distribution
- Unité Nutritionnelle Ambulatoire (Ambulatory Nutrition Unit- UNA): nutrition

Mailao refugee camp

The Mailao site is located 1 km South-West of Mailao City, opposite a reception centre called CARM. The distance from N'djamena to Mailao is approximately 65 km. The Mailao site was made up exclusively of refugees from the Mousgoum community, who fled the December 2021 Arab-Mousgoum intercommunity conflict in Cameroon. It covers approximately 100 households. The site has been operational since the beginning of 2022 (M. Idriss Mahamat Ali Abdallah Nassour, head of CNARR).

HBAid's activities in these camps

Sewing training

HBAid organized a 4-week intensive sewing and clothing repair training for refugees. The students who completed the training "leased" the sewing machines for 3 years for free, including a raw material starter package, with the aim of empowering them to start a small business that provides them and their family's sustainable and increasing independence. In the mentoring phase following the training, the trainer monitored and

supported the start of the small business for a month. Even beyond that phase, the contact with the graduated students is still ongoing. The students will receive the sewing machines as a donation after the 3-year "leasing" contract expires. In the refugee camps, the sewing machines were placed in a designated room, where the graduates can support each other as a social cooperative (Mr. Sandor Horvath, HBAid's Chad project manager).

Vision examination

Hungarian specialists and local opticians previously trained by HBAid conducted eye and vision examinations for hundreds of refugees (women, men, and children). Serious cases (e.g. cataracts, cross-eyed vision) were reported to the head of the refugee camp. Nearly 40 percent of those examined had severely damaged eyes or vision problems. For the problems that can be remedied with glasses, the team prepared the glasses as a free donation (Mr. Benedek Raak, HBAid's head optometrist).

Medical assistance

HBAid medical professionals, colleagues from the HBAid Rescue24 (search and rescue and emergency medical unit with Commander Laszlo Pavelcze), and other doctors participating in the mission, carried out medical reconnaissance in medical institutions and refugee camps to provide specific medical assistance in the southern border section of the country, including malaria control, infectious disease control, paediatric and general health assistance for hundreds of refugees on several occasions.

Humanitarian aid and development outside refugee camps

Infrastructural developments

As part of the development projects, HBAid renovated two training rooms in the Baba Moustapha Cultural Centre in the capital city, N'Djamena. The aim was to create an education and training base where working professionals, civil and governmental employees, the unemployed, as well as internally displaced persons and refugees may benefit from further educational opportunities. In one of the poorest countries in the world, where the daily challenges of the population are aggravated by the influx of millions of refugees, further education opportunities are considered an enormous advantage. (Mr. Abdoulaye Souleymane Ousman Babale, Ministry of Cultural Affairs, Historical Heritage, Tourism and Hand Crafts, General Secretary).

The Hôpital Central de N'Djamena serves as a pivotal healthcare institution in the region. This hospital plays a crucial role in providing medical services and advancing public health initiatives within the community. It is recognized for its commitment to addressing various health challenges prevalent in the area, particularly infectious diseases (Africa Research Connect, n.d.). Hôpital Central de N'Djamena not only provides essential medical care but also engages in educational activities aimed at enhancing the skills of healthcare professionals. By fostering a collaborative environment, the hospital



aims to improve healthcare delivery and outcomes for the people of Chad. In the framework of the infrastructural improvements of the Ophthalmology department, HBAid renovated several examination rooms and patient rooms, in addition to donating medicines, optical and eye examination devices, to be discussed later.

The Moundou Provincial Hospital is a public healthcare institution located to the South-West of the city of Moundou on the left bank of the Logone River, in the residential district, covering an area of approximately 960,000 m². It is bordered to the south by the Diaspora Hotel and the Hôtes. The (SNE) Société Nationale d'Electricité and the (MCT) Manufacture des Cigarettes du Tchad are located to the West and the Adoum Dallah High school is to the North, to the East is the Collège d'Enseignement Général. It was created in the 1950s and has undergone various transformations like other public health facilities. It is under the supervision of the Ministry of Public Health and is part of the Logone Occidental regional health delegation. Moundou Provincial Hospital has the following departments: Emergency ward, General Medicine, Paediatrics, Surgery, Ophthalmology, Medical Imaging, Biomedical Analysis Laboratory, Pharmacy, Operating theatre, ARV dispensing unit, social service with voluntary testing centre, Hygiene and sanitation, Maternity ward (Dr. Mahamat Ahmat Adoum Adjid, Moundou Hospital director).

HBAid carried out infrastructural improvements in the Ophthalmology department of the Moundou hospital, several examination rooms, patient rooms and water systems were renovated. In addition to the renovation, medicines, state-of-the-art optical and eye examination devices, to be discussed later, were donated.

The Guinebor 2 Hospital (Ms. Lucia Bastos hospital administrator) (Christian Health Service Corps, n.d.) located on the western outskirts of N'Djamena, has been providing health-care services to surrounding communities since 2011. Currently a 70-bed hospital with a reputation for good quality and affordable surgery, it is continually growing and seeking to develop the range and quality of services it offers. Guinebor 2 Hospital (G2) serves a multi-ethnic local population of 172,000 and receives patients from multiple people groups across Chad, from neighbouring Cameroon, and sometimes even from Sudan and the Central African Republic (CAR). In a typical month, G2 Hospital will serve over 1,000 new out-patients, plus approximately 800 appointments for follow-up or dressing changes, 400 - 500 emergency cases and 200 in-patients. Each month, on average, they deliver 180 babies, complete 100 surgeries, 4,500 lab tests, 380 physiotherapy appointments and 450 ultrasounds. A wide spectrum of surgeries can be performed at G2 Hospital, including orthopedics, urological and abdominal surgeries. Chad remains one of the poorest and least developed countries in the world, and so malnutrition, malaria, and maternal/infant mortality are commonplace within the communities they serve. In order to support the sustainability of the hospital and decrease operational costs, HBAid constructed a significant solar energy storage battery plant, extended the hospital existing electricity production solar panels system and also donated two oxygen concentrators.

Health assistance and Education programs

As part of the immediate assistance, based on the protocol agreed upon with the Ministry of Health, several hospitals in the capital and also in rural areas received donations of medicines, medical supplies and hospital equipment on several occasions in 2024 (Dr. Abdel-Madjid Abderahim Mahamat, Ministry of Public Health and Prevention of the Republic of Chad). In addition, negotiations are underway for additional medical missions to Chad. In addition to the above, medicine was also donated on an ad hoc or extraordinary basis, for example, when assisting the wounded of the ammunition warehouse that exploded next to the N'Djamena airport in June 2024 (Wright & Njie, 2024).

Optician training

Optician training is an essential part of the HBAid's projects in Chad. The aim of the optician training is to teach the latest techniques and technical innovations of eye examination, using modern, state-of-the-art technology to local professionals working in the field of optometry, and train them in the various types of spectacle lenses and spectacle making. During the training, HBAid cooperated, among others, with the domestic office of the OPC (l'Organisation pour la Prévention de la Cécité, in English: Organization for the Prevention of Blindness), the international organization for the prevention of blindness, and with the head of the PNLC, the National Program against Blindness organization.

In almost the entire African continent, but especially in equatorial countries and countries with a high number of hours of sunshine, cataracts are a common disease in the population over 50 years old, according to Mr. Benedek Raak, HBAid master optician (Foster, 1987). The training to the local specialists also addressed this issue. Another grave challenge is the unavailability of vision tests and glasses, especially for the rural population. One of the reasons for this is the small number of specialists and optical shops, as well as the lack of available modern tools and raw materials.

Among the general population, especially the elderly, women and children, as well as the population over 45 years old, near vision is largely unresolved, which can be remedied with reading glasses. HBAid is committed to continue this project, with the involvement of newly trained local opticians, to screen additional refugee camps, schools, and local people in need.

In addition to the training, HBAid also supported the basic health care system in Chad by renovating optometrist centers providing optometry equipment and a fleet of vision improvement equipment in the N'Djamena Central Hospital and the Moundou Provisional Hospital. An additional center will be renovated and equipped in Abeche. In order to ensure sustainability, an optical center will be established, where glasses will be made for the needy, free or at a reduced price, with the involvement of local specialists. The optometry equipment in this latest center will also be used for mobile



outreach. With these tools and professionals, the eye examination campaign will take place in refugee camps, schools, and other places where the need is identified.

The long-term vision is the construction and operation of a self-sustaining system that will be able to support the vision tests and the provision of glasses for those most in need.

Information technology course

HBAid carried out two IT/computer skills courses for a total of 40 people in the newly renovated classrooms in the Baba Moustapha Cultural Center. In addition to the students delegated from the refugee camps, young Chadian job seekers were among the participants who wanted to find a job but missed the IT skills for a successful job application. Other participants worked in minor roles in some segments of the government apparatus, but their work required more IT knowledge. The course material was prepared with the involvement of a local accredited teacher, and the certificate awarded at the end of the courses is recognized as an official certification in the Chadian vocational training system (Minister Dr. Ndolembai Sadé Ndjesada, Ministry of National Education and Civic Promotion).

Sewing training for people with disabilities

As assistance, education and empowerment of people with disabilities (Coordination of Development Actors for Disabled People in Chad, led by Mr. Serge Mahamat) is a priority for HBAid and it has been heavily involved in these programs in Hungary and in over 20 countries in the world, another sewing course was implemented for persons with multiple disabilities, in a classroom renovated to host them specially, thereby giving them the opportunity to integrate into the world of work and start their own small business. Additionally, all the participants underwent eye and vision examination, and over 80 percent needed glasses that were provided to them.

Midwife training

Ministry of Health officials, rural local authority leaders, hospital workers all stressed the importance of and vast need for midwifery training. It has been emphasized throughout all the meetings that the provision of maternal and infant care services in rural Chad is consistently low.

The data on maternal health is devastating: There were 287,000 maternal deaths in the world in 2020, globally one woman dies in every two minutes from a maternal cause. Sub-Saharan Africa accounted for around 70% (254,000) of estimated maternal deaths worldwide and has a 545 maternal deaths per 100,000 live births ratio, in comparison Europe and North America is at 13 maternal deaths per 100,000 live births. Chad was among the three countries with extremely high maternal mortality rates in 2017, actually the second worst in the world: South Sudan (1,223 maternal deaths per 100,000 live births), Chad (1,063 maternal deaths per 100,000 live births) and Nigeria

(1,047 maternal deaths per 100,000 live births). A 15-yearold girl in Chad is estimated to have a 1 in 15 chance of dying of maternal causes during her lifetime – the highest lifetime risk in the world! (WHO et al, 2023). In Chad one in 16 women die due to complications while giving birth, which translates to a rate of 6.2 percent. Only 22 percent of women were assisted by qualified health personnel while giving birth in 2015 (Institut National de la Statistique, des Études Économiques et Démographiques (INSEED), Ministère de la Santé Publique (MSP) et ICF International, 2016). This figure is likely to be much more alarming in rural areas and particularly for nomadic farming communities, due to factors like geographical inaccessibility of modern medicine, political neglect, and cultural preferences, exacerbating their vulnerabilities (Zinsstag, Ould Taleb & Craig, 2006).

The infant mortality rate refers to the number of infants who do not survive past the first year of life, expressed as a value per 1,000 births. The infant mortality rate in Chad declined in 2022 and saw its lowest number, with 64.1 deaths per 1,000 live births.

The hospital's professional developed high-impact interventions to reduce maternal and neonatal mortality. These are:

- Improve family planning coverage (including for young people)
- Training and deployment of skilled birth attendants
- Organize maternity units capable of handling obstetric and neonatal emergencies (15% of pregnancies): EmONCs
- Reduce financial barriers to services (EmONC, obstetric emergency referral)
- Development of community networks in RH
- Monitoring and management: maternal death surveillance and response, SONU monitoring.

Of the high-impact interventions listed above, the midwife training is planned to focus on teaching and empowering the midwives to be capable of

- Proper management of postpartum hemorrhage
- Quality prenatal care and consultations
- Indicating and using the obstetric suction cup
- Providing SONUB care correctly
- Performing neonatal resuscitation

The first training is planned to be held in N'Djamena as a TOT session. 15 participants, gynaecologists and midwives are expected to take part from Moundou, Abéché and N'Djamena and the areas of these regions. Then they will work with local birth providers in three pools in their respective regions, most of whom received little training before if any, thus multiplying the effect of the training and the population reached (Dr. Lydie Danmadji, Head of Hopital Mere et Enfants).

The security risks humanitarian actors face



The implementation of humanitarian tasks in conflict zones is an increasingly dangerous task, and those providing assistance are so-called "soft" targets. Those performing humanitarian tasks are unarmed and untrained in combat. Perhaps this, among many other factors, contributes to the increase in the number of atrocities against aid workers. In fact, the statistics show a slowly increasing trend, both in terms of volume and severity of incidents. Comparing the data of the Aid Worker Security Database (AWSDB, Humanitarian Outcomes: Aid Worker Security Database) from the 1990s, we can see 7-10 times increase in some data in the 2010s: The number of total security incidents rose from 35 in 1997 to 277 in 2019. The number of humanitarian workers who fell victim of a crime increased from 75 to 483. 39 humanitarian workers were killed in 1997, however 125 were killed in 2019. 30 humanitarian workers were kidnapped in 1997, while 124 in 2019 (Horváth, Szilágyi & Besenyő, 2024, pp 27-30.).

From a security point of view, it is an alarming figure that 33% of international employees fell victim in the first three months of service, while 17% in the first 30 days (Land, 2016). What do these numbers communicate? Do they point to a lack of preparation, local knowledge, culture, local characteristics, or a deliberate violation of safety rules?

According to a 2014 UN Office for the Coordination of Humanitarian Affairs report (Land, 2016), international staff tend to overestimate security risks, which varies with the length of time spent in the field. In the case of local employees, the situation is reversed, as they generally underestimate dangers and risks, since they grew up and live in that environment, they are already "accustomed" to critical situations daily. From the statistical data, it can be read that currently, kidnapping for financial gain has become one of the biggest sources of danger. When analysing the risks and exposure, it can be concluded that the local employees are more exposed to this type of danger due to their greater number and familiarity, while the members of the international contingent - and therefore considered "more valuable" - are in the crosshairs of the perpetrators in terms of the hoped-for or expected profit. In view of the risk analysis of the given area, as well as the above, colleagues participating in the HBAid mission in Chad are either former peacekeepers with several years of humanitarian experience or seasoned humanitarian workers with extensive security preparatory training behind them to carry out the tasks in Chad. Besides the essential local partnerships on many levels including, staff, driver, translator and local authorities, personnel selection, training, contingency preparation, continuous analysis of evolving situations, and flexibility in project implementation are all key elements to keep local and international staff safe.

**Numbers of reported attacks on aid workers
Between 2021 and 2023**

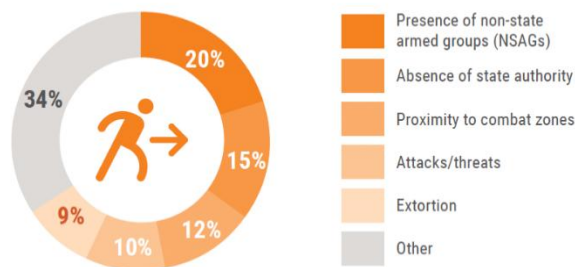


Figure 3: Source: UN OCHA: 2024 Humanitarian Needs and Requirements Overview, Sahel. p. 19.

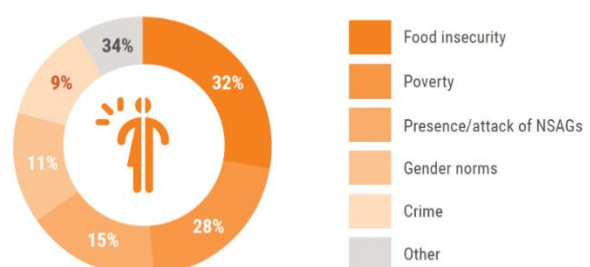
At the same time, it is of outmost importance to assess the security of the beneficiaries, as well. The following figure describes their reasons of insecurity and the incidents especially children face.

Central Sahel and Chad

Reasons for feelings of insecurity



Reasons for the increase in gender-base violence incidents



Types of movement restriction

Incidents involving children

Figure 4: Source: UN OCHA: 2024 Humanitarian Needs and Requirements Overview, Sahel. p. 19.

Operational Challenges

Transportation and movement

Driving in Chad is dangerous due to unsafe driving habits, poor road conditions, flooding, crime, and other hazards. According to all health care providers we worked with, more people die of accidents on the roads than of malaria!

In view of the security situation, as well as close ministerial supervision, a detailed planning and authorization procedure precede rural trips. For rural trips, the local authorities issue a so-called "mission order" or "movement order" upon request, which proves the "service" nature of the trip. The mission order / movement order assists passing through checkpoints along the way, as well as informs the regional managers with our task.

Due to the varied topography of Chad and the weather characteristic of the given season, it is important to choose the right vehicle, prepare a route plan, the

communication connection and, depending on the destination, the use of local "security personnel". The latter is often offered or provided to us by the responsible regional official. This is especially true for the Lake Chad area, but also for the Northwest and East regions. Establishing a contingency plan and planning for sufficient water, food, various supplies, and the communication network, is mandatory for projects in Chad (Mr. Sandor Horvath, HBAid's Chad project manager).

Communication

Chad is massively lagging in the development of telecommunications. Under the country code +235, there were a total of 12.11 million connections in 2023 (WorldData.info, n.d.). Among them were 12.10 million mobile phones, which corresponds to an average of 0.68 per person. Chad's telecommunications market is one of the least developed in the world but experiences a rapid growth and investment. The Government of Chad and foreign investors are focused on developing mobile cellular technology and fibreoptic infrastructure to improve web connectivity and digitize documents and services (International Trade Administration, 2020). Fixed telephone lines are rarely used; broadband internet is extremely limited. Most users rely on mobile internet connections. Huawei broke ground on a national data centre in July 2020 and is in the construction of a 4G network and fibreoptic cables. Mobile networks offer basic mobile data services using GPRS and EDGE technology as well as 3G/4G. The local GSM coverage is variable, as is the majority of the data traffic. Even satellite phone communication is unreliable.

Infections/diseases

Yellow fever is common in the region; proof of vaccination must be presented upon entry to the country. Malaria is not only widespread year-round, but the second most frequent killer in the population. Other insect-borne diseases including filariasis and African sleeping sickness, are also present. HIV/AIDS is widespread. Waterborne, foodborne and infectious diseases include typhoid, cholera, tuberculosis, and rabies. Communicable diseases, such as diarrheal diseases, lower respiratory infections, and malaria, are the major contributors to death among the population of Chad (WHO, 2023).

Risks, dangerous places and situations

There is a continuing risk of instability in Chad, particularly in its border regions and during major political events. Chad is undergoing a political transition, and voting in Presidential elections concluded on May 6, 2024. Following the announcement of preliminary results, opposition groups called for protests. Legislative elections are also due to take place before the end of 2024. Chad is extremely dangerous due to the risk of terrorism, kidnapping, civil unrest and violent crime. The terrorist groups, Islamic State West Africa and Boko Haram, remain active in the Lake Chad region (Venturi &

Barana, 2021). In an attack in 2022, Boko Haram killed at least 30 Chadian soldiers near Baga Sola, Lac Province. A state of emergency is in place in the Lac and Kanem provinces with Chadian security forces conducting military operations. In October 2024, Boko Haram killed at least 40 soldiers in an attack on a Chadian military base in Barkaram, Lake Chad region. Clashes between security forces and protestors have previously resulted in deaths. Violent conflict, including with armed rebels, continues to occur in parts of Chad. Kidnapping, armed robbery, and carjacking, has increased, including in daylight. Police checkpoints are common. For this reason, one is strongly advised to follow the advice of local authorities. To travel outside N'Djamena, one must get authorisation from the Ministry of the Interior, which is normally granted without difficulty in a few days' time. (Mr. Sandor Horvath, HBAid's Chad project manager).

Conclusion

The assessment of Hungarian Baptist Aid's humanitarian and development initiatives in Chad in 2023-2024 reveals several significant findings regarding the implementation of sustainable humanitarian assistance in complex crisis environments. The organization's dual-track approach, simultaneously addressing immediate humanitarian needs while pursuing long-term development goals, demonstrates both the challenges and opportunities inherent in contemporary humanitarian operations.

The research findings indicate that successful humanitarian interventions in Chad require careful attention to three critical dimensions. First, the integration of refugee and host community needs proves essential for project sustainability, as evidenced by HBAid's vocational training programs and healthcare initiatives. This approach aligns with current humanitarian best practices and helps mitigate potential tensions between displaced populations and local communities. Second, the study underscores the importance of capacity building through knowledge transfer and infrastructure development. HBAid's implementation of specialized training programs - including humanitarian response manager, optical, midwifery, and IT training - represents a significant contribution to local capacity enhancement and empowerment. The success of these initiatives suggests that technical skill development, when properly aligned with local needs and market demands, can contribute meaningfully to community resilience. Third, the research highlights the critical role of security considerations in humanitarian operations. The documented increase in incidents involving aid workers, particularly during their initial deployment period, emphasizes the need for comprehensive security protocols and thorough pre-deployment preparation. This finding has significant implications for humanitarian organizations operating in the Sahel region.

Several key conclusions emerge from this analysis:

1. Sustainable humanitarian assistance in Chad requires a balanced approach that addresses both immediate crisis needs and long-term development goals.



2. The effectiveness of humanitarian interventions depends heavily on strong partnerships with local authorities, international organizations, and community stakeholders.
3. Security challenges in the region necessitate careful risk assessment and management strategies, particularly for international staff.
4. Infrastructure limitations, particularly in communications and transportation, significantly impact project implementation and require careful advance planning.

These findings contribute to the broader discourse on humanitarian assistance in complex emergencies and offer practical insights for organizations planning similar interventions. The research suggests that successful humanitarian operations in Chad require a nuanced understanding of local contexts, robust security protocols, and sustainable project design.

Looking forward, this analysis indicates several areas requiring further attention from the humanitarian community. These include the need for improved coordination mechanisms among aid organizations, enhanced security protocols for field operations, and more systematic approaches to capacity building. Effective assistance is based on knowledge of distinct local characteristics and possible solutions to needs, respective to the community being served. Knowledge can be obtained in the most authentic way from the local partners and recipients (authorities, beneficiaries, other actors in need), as well as from national and international aid organizations working in the area performing similar tasks, thus building relationships with representatives of ministerial, local, and international actors is of fundamental importance. Additionally, the study suggests that future humanitarian interventions in Chad should prioritize sustainable technology transfer and infrastructure development while maintaining sensitivity to local contexts and needs.

The experience of HBAid in Chad demonstrates that effective humanitarian assistance requires a careful balance between immediate aid and long-term development, underpinned by strong local partnerships and comprehensive security measures. These lessons have broader implications for humanitarian operations in similar complex emergency environments, particularly within the Sahel region. This conclusion acknowledges both the achievements and limitations of current humanitarian approaches in Chad, while pointing toward opportunities for improved effectiveness in future interventions. The findings underscore the continuing need for adaptive, context-sensitive humanitarian assistance that can effectively address both immediate crises and long-term development challenges in complex operational environments.

Conflict of Interest

The authors hereby declare that they have no financial interest in this manuscript.

Notes on Contributors

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