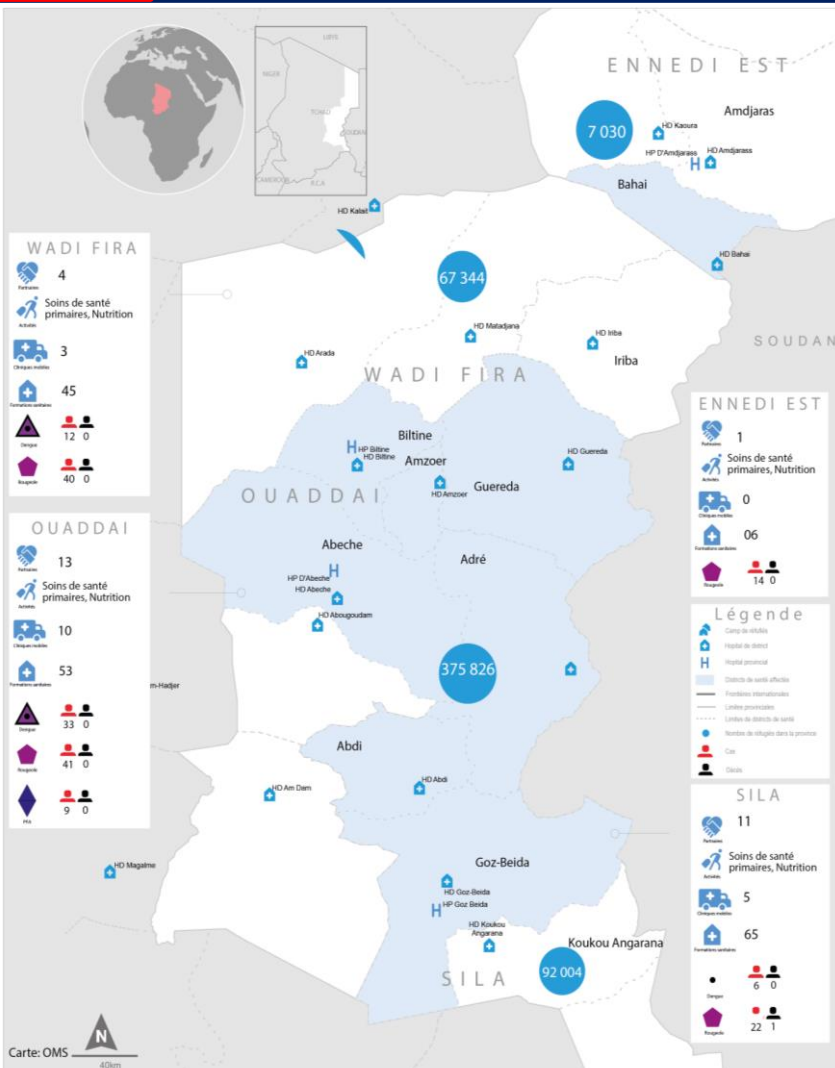




# WEEKLY REPORT ON THE HUMANITARIAN AND HEALTH CRISIS IN EASTERN CHAD LINKED TO THE INFUX OF REFUGEES AND RETURNEES FOLLOWING THE SUDANESE CONFLICT

N°28

Period from 29/01 to 04/02/2024



## HIGHLIGHTS

- Chad is the African country most affected by the armed conflict in Sudan, hosting 46.9% of Sudanese refugees to date.
- As of 04 February 2024, 4,566 new refugees have been registered in the 4 eastern provinces of the SE05, making a total of 546,770 Sudanese refugees registered (53.9% of whom are located in Adré, the epicentre of the crisis) and 139,932 Chadian returnees since the start of the conflict in Sudan.
- The refugees and returnees are spread across the provinces of Ouaddaï, Sila, Wadi-Fira and Ennedi East. A total of 5,449 injuries were recorded, including 104 new cases during this period, treated with the support of MSF-F, PUI, ICRC and the international emergency team deployed by the WHO.
- A total of 263 deaths were recorded, including 157 (59.7%) malnourished children, 34 maternal deaths, 22 casualties and 50 other deaths.
- For the period from April to November 2023, Penta3: 71.4% and Var1: 48.7% vaccination coverage in the crisis provinces.
- During SE05, no confirmed cases of AFP, measles, meningitis, yellow fever or cholera were recorded.

Figure 1: Health situation in the provinces of Eastern Chad affected by the humanitarian and health crisis

## HUMANITARIAN PROFILE IN EASTERN CHAD ON 04 FEBRUARY 2024

<b>&gt; 2 million population affected</b> Including the host population	<b>1,120,192 people in need of humanitarian assistance</b> Refugees, returnees and host populations	<b>263 Deaths</b> <ul style="list-style-type: none"> <li>• 157 malnourished children (0)</li> <li>• 34 maternal deaths (0)</li> <li>• 22 injured (0)</li> <li>• 50 other deaths (01) <ul style="list-style-type: none"> <li>• 01 new</li> </ul> </li> </ul>	<b>5 449 Injured</b> <ul style="list-style-type: none"> <li>• 104 new</li> </ul>	<b>139 932 Chadian returnees</b> <ul style="list-style-type: none"> <li>• No new</li> </ul>	<b>546 770 Sudanese refugees</b> <ul style="list-style-type: none"> <li>• 4,566 new</li> </ul>

## HUMANITARIAN SITUATION

Since the outbreak of armed clashes in Sudan on 15 April 2023, Sudanese refugees and Chadian returnees from Darfur have been converging on more than 37 border entry points in eastern Chad in search of shelter. Conflict has displaced more than a million people in neighbouring countries, of whom more than 686,000 have sought refuge in Chad, with thousands of new arrivals every week. Some 139,932 Chadians living in Sudan have returned to their country without any means of subsistence. These refugees are living in numerous formal and informal camps in four provinces in eastern Chad (Ennedi East, Ouaddaï, Sila and Wadi-Fira). This devastating conflict is also accompanied by extreme hunger affecting more than 5 million children and pregnant and breast-feeding women, who have lost their means of subsistence. In the camps, access to essential health services is disrupted due to limited human resources and medicines. This complex humanitarian situation is compounded by epidemics of dengue fever and measles in the affected provinces, as well as acute gastroenteritis and suspected yellow fever and cholera.

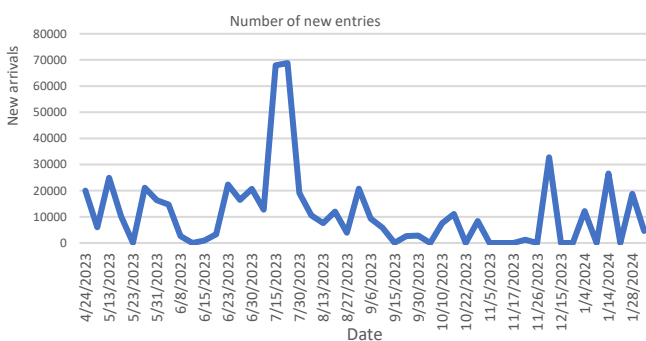


Figure 2: Weekly pattern of Sudanese refugee arrivals in Chad

As of 04 February 2024, a total of 546,770 Sudanese refugees (53.9% of whom are located in the

District d'Adré) and 139,932 Chadian returnees were counted in Eastern Chad. They are spread across 11 health districts in 4 provinces (Ouaddai, Sila, Wadi-Fira and Ennedi East):

- **Ouaddai (health districts of Adré, Abéché, Amleyouna and Hadjar Hadid) - the worst affected province with 71.2% of the displaced;**
- Sila (health districts of Koukou Angarana, Goz-Beida, Abdi)
  - 15.9% of refugees and returnees ;
- Wadi-Fira (Guereda, Iriba and Tiné health districts)
  - 11.5% of refugees and returnees ;
- Ennedi East (Bahaï health district)
  - 1.4% of refugees and returnees ;

At the start of the crisis, the Chadian government estimated that 910,000 refugees and returnees could arrive in eastern Chad and require humanitarian assistance.

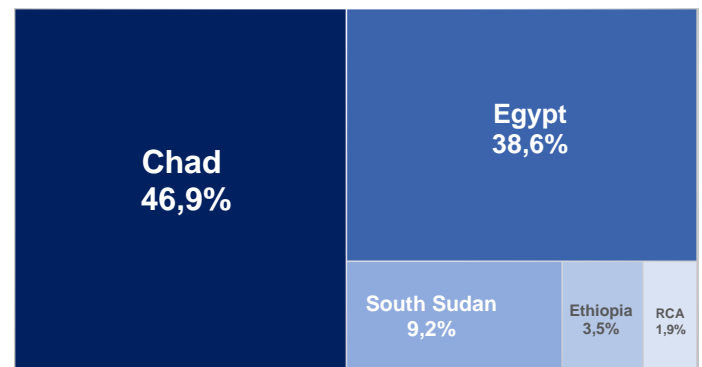


Figure 3: Breakdown of Sudanese refugees by country

- **Particular features of the crisis in Chad :**
  - Among the refugees: 58% women, 42% men, 18% children under 5 ;
  - 88% of refugees and 93% of returnees are women and children;
  - Malnutrition in children sometimes associated with measles, with a high mortality rate;
  - Rape of young girls and women.

**Thousands were seriously injured and traumatised, especially at the start of the crisis.**

## HEALTH SITUATION

As a result of the massive influx of refugees, Chad is facing numerous public health threats. It is therefore important to stress that epidemic threats will be increasingly observed in this context exacerbated by the humanitarian crisis. Forced to abandon their possessions and villages, displaced populations find themselves in hostile areas, which makes them vulnerable and encourages the development of diseases that were once under control, as well as other emerging diseases.

**Measles:** Since the beginning of 2024, 646 suspected cases of measles, including 103 IgM measles-positive cases, have been reported in 75 districts out of 158, i.e. 47.5% of districts. One death was recorded in the N'Djamena Centre health district in N'Djamena province. 12 health districts have reached the epidemic threshold, none of which are in crisis provinces. From SE01 to SE05, 10 suspected cases were recorded in the eastern provinces in crisis, with no deaths reported. It should be noted that 841 suspected cases have been recorded since the beginning of the crisis, with 117 confirmed cases, including one death recorded in the health district of Koukou Angarana in the province of Sila. 11 health districts have reached the epidemic threshold in the eastern provinces in crisis since April 2023 .

**Dengue:** From 03/08/2023 to SE01 of 2024, 12 health districts in four affected provinces recorded 2,404 suspected cases and 63 confirmed cases, with 01 death recorded in the health district of N'Djamena Sud. During SE01 2024, no new cases were confirmed in the crisis provinces. Since the start of the epidemic, 51 confirmed cases have been recorded in the Ouaddaï, Wadi-Fira and East Sila Ennedi provinces. No deaths have been reported in the four provinces affected by the crisis.

**Yellow fever:** A total of 83 suspected cases of yellow fever were notified nationally from S01 to SE05\_2024,

including 29 samples awaiting analysis by the National Laboratory for Biosafety and Epidemics (LaBiEp) in N'Djamena. During the same period, 40 out of 158 districts (25.3%) reported at least one suspected case of yellow fever. Since the start of the crisis in SE05\_2024, 77 suspected cases, including no deaths, have been recorded in the provinces in crisis. 23 suspected cases were recorded between SE01 and SE05\_2024. The last case was confirmed on 29/10/2022 in the health district of Guelo in the province of Mayo-Kebbi East.

**AFP:** Nationally from SE01 to SE05\_2024, 54 cases of AFP notified, 19 contacts and 00 healthy subjects. Between SE01 and 05 of the year 2024 in the provinces in crisis, a suspect case was notified in the Health District of Adré in the province of Ouaddaï. Since the beginning of the crisis in SE05\_2024, 189 suspected cases including 11 confirmed cases of AFP have been recorded in the Eastern provinces in crisis.

*Table I: Cumulative epidemiological surveillance data from SE16\_2023 to SE04\_2024 for the four eastern provinces affected by the crisis*

Provinces		Dengue fever	Measles	PFA	Yellow fever	Cholera	Meningitis
Ennedi East	Confirmed cases	0	14	0	0	0	0
	Deaths	0	0	0	0	0	0
Ouaddaï	Confirmed cases	33	41	9	0	0	0
	Deaths	0	0	0	0	0	0
Sila	Confirmed cases	6	22	2	0	0	0
	Deaths	0	1	0	0	0	0
Wadi-Fira	Confirmed cases	12	40	0	0	0	0
	Deaths	0	0	0	0	0	0
Total	Confirmed cases	51	117	11	0	0	0
	Deaths	0	1	0	0	0	0

\*\*SE01\_2024 data

# ACTIVITIES OF THE HEALTH RESPONSE TO THE CRISIS SITUATION IN EASTERN CHAD

## COORDINATION

On Tuesday 30 January 2024, the Minister for Public Health and Prevention, Dr Abdelmadjid Abderahim, received Dr Graaff Peter Jan, the WHO's interim representative in Sudan, who is visiting Chad from 29 January to 04 February 2024. He was accompanied by the WHO's interim representative in Chad, Dr Abdoulaye Yam. Dr Graaff Peter Jan came to discuss the humanitarian crisis in the eastern provinces of Chad and the possibilities for joint cross-border action. During his stay, he visited the field to get a first-hand feel of the realities, then visited the camps and met the health professionals administering care to displaced people in order to get a better idea of their needs.



Public Health and Prevention, Dr Abdelmadjid Abderahim. The meeting focused on the forthcoming mission of cardiology specialists to follow up 253 Chadian patients and Sudanese refugees who have undergone cardiological operations. Other issues relating to the specialists' stay, the duration of the mission, the localities to be visited and the health facilities selected to monitor the patients were also discussed.



The representative of the United Nations High Commissioner for Refugees in Chad, Laura Lo Castro, was received this morning by the Minister of Public Health and Prevention, Dr Abdelmadjid Abderahim, in the presence of the Secretary of State for Public Health and Prevention, Professor Abderrazzack Adoum Fouda. Discussions focused on the care of refugees fleeing the Sudanese crisis in the east of the country.

A team from the NGO Emergency, led by Luca Rolla, was received on 30/01/2024 by the Minister for



Training of 50 Community Relais (30 in the Zabout camp and 20 in the Adré camp) on hygiene, sanitation, water and potabilisation.



In the early evening of Thursday 01 February 2024, the Minister of Public Health and Prevention, Dr Abdelmadjid Abderahim, received Khatab Ameer Muhy, interim representative of MSF OCA in Chad. He also reassured the audience of his organisation's willingness to further strengthen the partnership and to continue to work alongside Chad to support its health policy, as well as to assist with emergency management, particularly the crisis in the East. He thanked Chad for its hospitality and for welcoming hundreds of thousands of Sudanese refugees to its shores. He then discussed with the minister the various projects carried out in Chad and the outlook for the new year.



Nutritional care at the lycée2 camp in Adré on 29/01/2024



The inventory of pharmaceutical products and consumables by ALIMA on 29/01/2024 in Adré



- Validation of sitrep N°27 by the SGI team

## Vaccination coverage for the main antigens April-November 2023

Provinces	BCG	VPO1	VPO3	Penta1	Penta3	VAR1	VAA	VPI1	MenA	VPI2	VAR2	Td2+	Penta1/Penta3 ab rate	Penta1/VAR1	Categorisation
<b>Dar Sila</b>	226.9	208.2	166.8	207.5	165.7	168.1	176.8	175.2	176.4	70.8	12.3	46.3	20.2	19.0	CAT2
Abdi	164.5	166.7	146.1	166.0	145.2	139.0	141.1	142.2	141.1	4.6	1.3	36.2	12.5	16.3	CAT2
Goz Beida	349.5	311.4	266.4	316.2	267.8	251.5	269.5	271.5	267.9	162.6	19.1	79.7	15.3	20.5	CAT2
Koukou Angarana	106.2	105.8	70.8	99.9	67.3	94.3	98.1	83.4	98.8	4.2	10.6	14.9	32.6	5.6	CAT2
Tissi	175.6	149.5	75.3	142.0	71.1	98.8	98.7	105.4	99.3	21.3	12.2	19.2	49.9	30.4	CAT2
<b>Ennedi East</b>	136.4	125.5	103.2	124.0	103.4	104.3	104.3	103.2	104.3	65.9	3.8	22.7	16.6	15.9	CAT2
Amdjarass	186.7	156.8	100.9	152.4	101.6	103.3	104.5	100.9	103.3	51.5	11.8	20.8	33.4	32.2	CAT2
Bahai	112.4	113.8	111.5	113.8	111.4	105.1	104.1	111.5	105.0	72.2	0.0	22.2	2.1	7.6	CAT1
Kaoura	92.8	91.7	86.5	91.7	86.5	83.6	83.6	86.5	83.6	86.2	0.0	20.7	5.7	8.9	CAT1
Mourdi Djona	189.6	161.1	116.9	158.3	116.9	161.4	161.4	116.7	161.4	32.1	3.5	37.9	26.2	-1.9	CAT2
<b>OUADDAI</b>	132.1	130.6	120.0	131.2	119.0	121.4	119.6	118.9	122.9	68.3	1.4	28.6	9.3	7.5	CAT1
Abeche	138.7	137.6	131.5	137.2	130.8	145.0	131.6	128.5	128.4	95.8	0.6	26.5	4.7	-5.7	CAT1
Abougoudam	116.5	113.8	117.5	116.3	122.8	108.2	116.5	110.4	120.5	44.3	6.0	27.3	-5.6	6.9	Q_Data
Adré	167.1	162.9	137.0	162.0	139.6	135.4	139.4	140.2	139.5	82.2	0.0	36.4	13.8	16.4	CAT2
Amdam	142.8	139.3	122.2	141.2	123.9	116.5	118.9	123.4	117.1	102.4	0.0	31.7	12.2	17.5	CAT2
Hadjer-hadid	104.6	111.5	112.5	111.5	110.7	114.9	114.5	86.9	117.6	30.9	5.8	18.9	0.7	-3.1	CAT1
Chokoyane	233.6	241.8	227.0	239.5	224.6	218.9	218.9	221.3	218.9	57.5	0.0	28.6	6.2	8.6	CAT1
Amleyouna	55.2	53.8	51.2	56.5	51.3	50.1	50.1	53.5	50.0	13.1	1.8	23.4	9.2	11.3	CAT3
Amhitane	317.6	308.8	281.3	311.6	258.5	298.6	281.0	298.4	325.1	60.0	1.3	26.8	17.0	4.2	CAT2
<b>WADI FIRA</b>	102.4	107.6	99.5	108.1	101.2	95.9	96.5	102.3	98.3	44.2	0.5	24.0	6.3	11.2	CAT1
AMZOER	133.9	120.4	119.2	128.7	126.1	115.5	114.9	127.1	114.7	2.9	0.0	33.2	2.0	10.2	CAT1
ARADA	103.4	107.9	94.6	109.7	99.0	91.8	85.4	94.9	93.5	2.9	0.0	24.8	9.8	16.3	CAT1
BILTINE	83.4	99.1	86.3	98.7	87.2	88.6	90.5	88.3	90.2	77.4	0.0	22.9	11.7	10.2	CAT2
GUEREDA	108.4	106.7	99.7	105.7	102.0	99.0	100.4	103.1	100.0	42.6	0.6	28.5	3.6	6.3	CAT1
IRIBA	93.7	118.1	110.3	118.8	110.2	97.2	97.2	111.9	103.0	41.2	0.2	15.4	7.2	18.2	CAT1
Kapka (Matadjana)	97.7	86.7	84.9	86.6	85.1	74.1	74.3	89.7	86.6	40.6	5.6	19.9	1.7	14.4	CAT3
Tine	125.1	107.9	100.4	107.9	98.4	89.8	89.6	99.6	89.8	30.7	0.0	14.5	8.8	16.7	CAT1


## MONITORING RESPONSE PLAN INDICATORS

Indicators	Target	Value SE04_2024	Value SE 05_2024	Variation
Weekly situation reports (Sitrep) produced and distributed	24	27	28	↑
Healthcare professionals of all categories identified, recruited or sub-contracted and deployed in the field	616	606	606	■
Medical ambulances per refugee site purchased and deployed in the field	2	0	0	■
Rate of change in fatalities among injured people	50%	0%	0%	■
Percentage of alerts and signals notified and investigated within 24 hours of response activities being initiated	80%	40%	40%	■
At least 3 active nutritional screening campaigns organised in the 4 provinces	3	-	-	-
Percentage of births attended by qualified personnel	80%	73.3%	57.5%	↓

Percentage of health facilities treating refugees, returnees and the host population with an ICP card score of 75% or more	80%	40%	40%	
Percentage of refugees, returnees and host population with access to at least 15 litres of water per person per day for their daily needs	80%	40%	40%	
Percentage of refugees, returnees and host population with access to improved latrines.	80%			
Number of risk communication and community engagement campaigns carried out for refugees, returnees and the host population in the 4 provinces	3%			
Vaccination coverage for all antigens in children aged 6 months to 14 years, women of childbearing age and pregnant women in refugee/returnee camps and host communities	90%	-	-	-

 Increase

 Decrease

 No change

### Main achievements at SE05

Indicators	Host population	Refugees	Total
<b>Reproductive health</b>			
Number of CPN1	98	316	414
Number of CPN4	3	25	28
Number of maternal deaths	0	0	0
Cause of maternal death	-	-	-
Number of births attended by health personnel	45	24	69
Number of unassisted births	10	37	47
Number of caesarean sections	0	4	4
Number of women in family planning	30	53	83
Number of pregnant women referred		9	9
<b>Gender-based violence (GBV)</b>			
Number of cases of GBV identified		10	10
Number of cases of GBV treated		10	10
People who received psychological support	0	19	19
<b>Malnutrition</b>			
Children under 5 screened	611	6326	6937
Children under 5 screened (deaths)			0
Cases of uncomplicated SAM	14	206	220
Death from SAM No complication			0
Cases of SAM with complications referred	12	3	15
SAM deaths with complications referred			0
Cases of MAM for children under 5 years of age	441	246	687
Death of MAM children under 5 years of age			0
Malnutrition in pregnant women			0
Deaths of malnourished pregnant women			0

Date	Categorisation of cases				Case classification				Types of injury			Patients admitted to the operating theatre	Referred patients	Patients admitted to hospital at the end of the day
	Adults		Children		Greens	Yellow	Red	Black Cases (Death)	Balls	Burns	Fractures			
	M	F	H	F										
29/01/2024	20	7	1	1	24	5	0	0	1	0	0	23	0	2
30/01/2024	8	3	1	0	10	7	0	0	5	0	0	15	0	5
31/02/2024	7	3	2	0	10	5	0	0	1	0	0	15	0	3
01/02/2024	5	4	4	3	7	2	0	0	1	0	1	24	0	1
02/02/2024	9	4	3	1	10	8	0	0	2	0	0	10	0	6
03/02/2024	7	2	2	2	2	7	0	0	0	0	0	21	0	0
04/04/2024	4	1	0	0	4	2	1	0	1	0	1	1	0	3
<b>Total</b>	<b>60</b>	<b>24</b>	<b>13</b>	<b>7</b>	<b>67</b>	<b>36</b>	<b>1</b>	<b>0</b>	<b>11</b>	<b>0</b>	<b>2</b>	<b>109</b>	<b>0</b>	<b>20</b>

During SE05, a total of 104 new casualties were reported to Adré hospital by MSF-F and ALIMA.

#### Characteristics of injuries among refugees and returnees in Chad

- 0.0% of those injured were black (serious injury resulting in death);
- 0.96% of casualties were red (serious life-threatening injury);
- 34.6% of those injured were yellow (moderate severity injury);
- 64.4% of those injured were green (less serious injury to an ambulant);
- 10.6% of injuries were caused by firearms;
- 29.8% of those injured were women;
- 19.2% of those injured were children

**Table:** completeness of SE05/2024 data

Partners	Partners who submitted	Partners who did not send	Total	Percentage (%)
MSF-France, MSF-Switzerland, MSF-Holland, Alima, Concern Worldwide, IRC, UNHCR, WHO	YES		08	42.1%
HI, CICR, CRF, CRT, ACF, PUI, ADES, UNFPA, UNICEF, ADESOH, MSF-E,		NO	11	57.9%
<b>Total</b>			<b>19</b>	<b>100%</b>



## DIFFICULTIES ENCOUNTERED

- Limited financial resources in view of budgetary constraints ;
- Lack of a health and humanitarian data management system for the crisis in the east of France
- Insufficient health human resources deployed in the field (surgeons, anaesthetists, paediatricians, gynaecologists and obstetricians, clinical psychologists, nutritionists, etc.);
- Shortage of essential medicines, medical materials and equipment;
- Lack of hospitals with technical facilities for rapid treatment of the injured, pregnant women and children with SAM ;
- Insufficient logistical resources for rapid referral of patients (medical ambulances and helicopters);
- Weak coordination at the level of the health districts and their delegations affected by the crisis in the East.

## NEXT STEPS

- Set up a mechanism to manage health and humanitarian data on the crisis in the East at all levels;
- Review and share the national health response plan for the humanitarian crisis in the east of the country;
- Continue to lobby donors to mobilise resources;
- Deploy or relocate the human resources required in the affected eastern provinces;
- Pre-position medicines and inputs in the intervention zones;
- Strengthen monitoring in terms of the completeness and timeliness of partners' activity data.

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