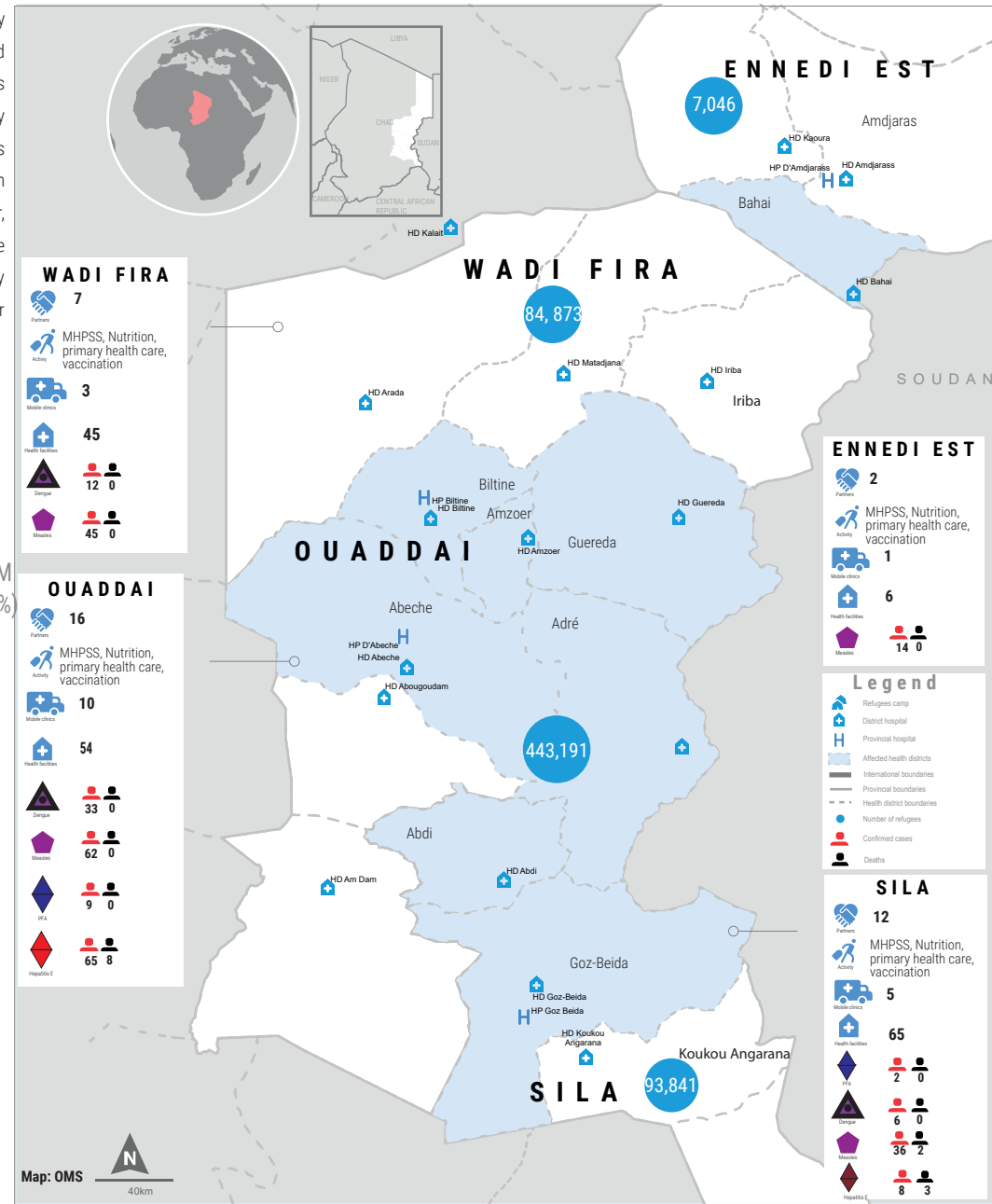
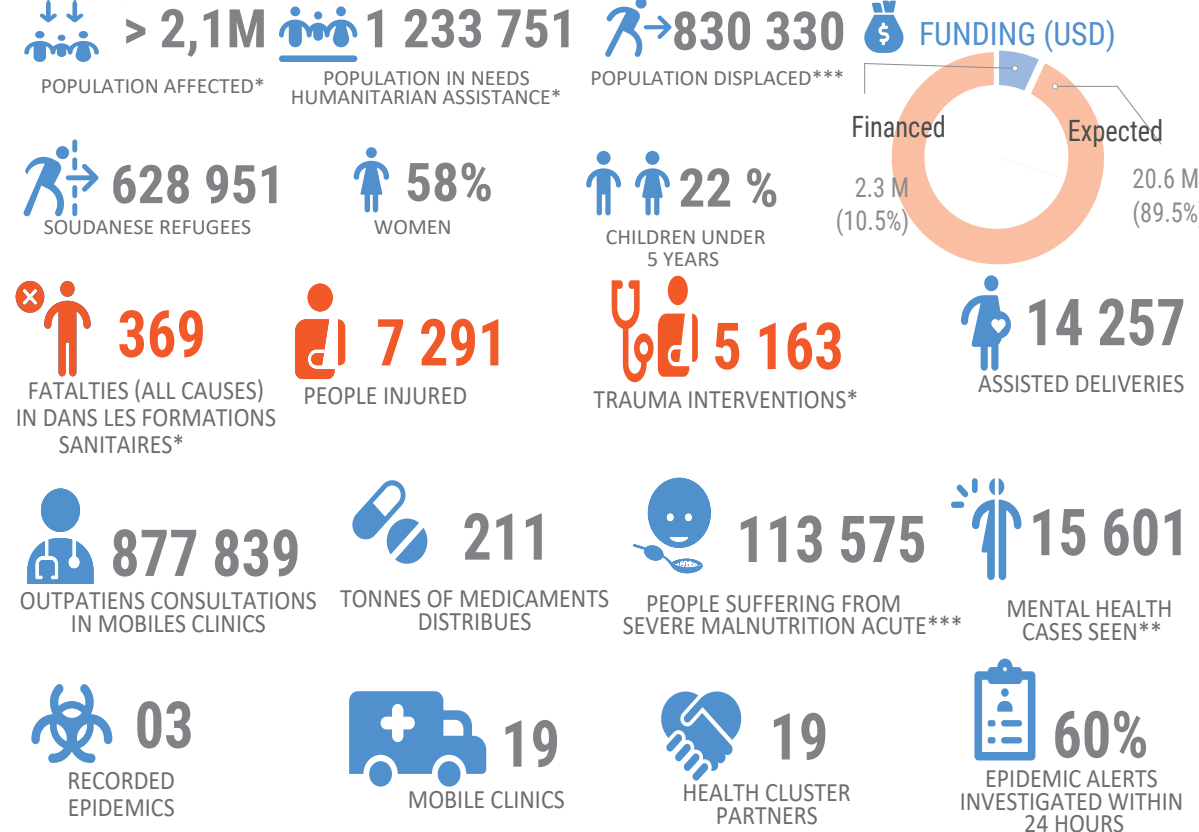


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 28 July 2024

More than 830,000 Sudanese and Chadians have fled Darfur and converged on the 37 entry points in eastern Chad. Chad is the country most affected by the crisis in Sudan, with 45.6% of Sudanese refugees and thousands of new arrivals every week. These refugees are living in a large number of formal and informal camps in 09 health districts in the provinces of Ennedi East, Ouaddai, Sila and Wadi-Fira. In the camps, access to essential health services is disrupted due to difficult physical access and limited human and material resources. Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies. This humanitarian situation is exacerbated by epidemics of dengue fever, measles, chicken pox, hepatitis E and yellow fever. A total of 7,291 people have been injured and treated with the support of MSF-F, PUI, the ICRC and an international emergency team deployed by the WHO. The humanitarian situation in Sudan continues to deteriorate with the escalation of the conflict in the states of Khartoum, Sennar, Darfur and Kordofan. Access to humanitarian aid is difficult due to insecurity, restrictions on movement imposed by the authorities and the onset of the rainy season. The health situation is very worrying because of the torrential rains (Ouadi), which make it difficult to move around due to temporary watercourses. The WHO has difficulty accessing certain sites to provide a coordinated health response to the various public health events that may occur in these areas. The WHO has pre-positioned health kits, including cholera kits, in the districts affected by the crisis in eastern Chad.

Keys figures



Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies.

* Managed by an international emergency team deployed by WHO, MSF, ICRC and PUI

** Cases of GBV are under-reported

***Data from the 4 provinces in crisis

Published on : 02/08/2024 : Data sources: MoH , Partners in the health sector

Contacts: daizoa@who.int (PF EPR) ; djinguebeyr@who.int (IM) ; tewos@who.int (IMO)

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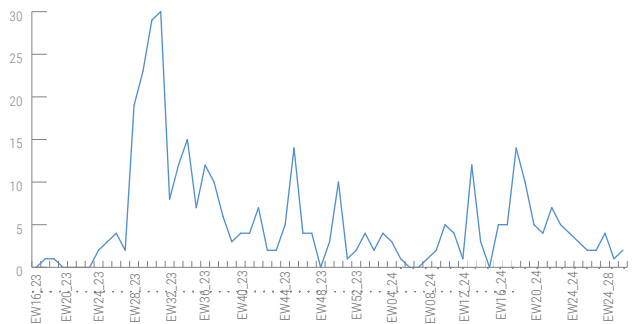
Disclaimer: The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the World Health Organization.



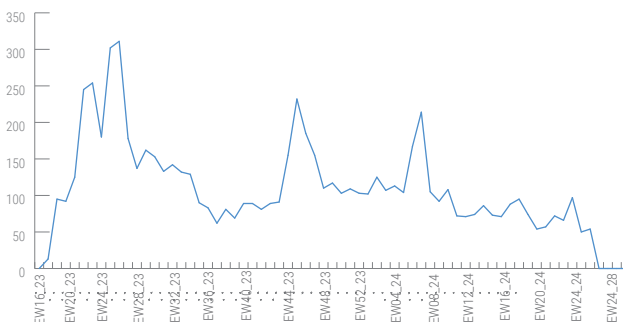
CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 28 July 2024

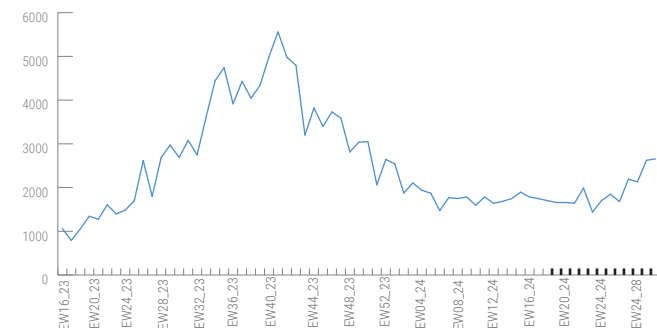
MAIN HEALTH EVENTS BY WEEK



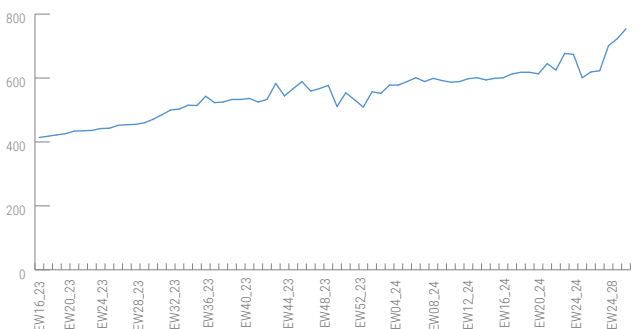
NUMBER OF DEATHS REGISTERED



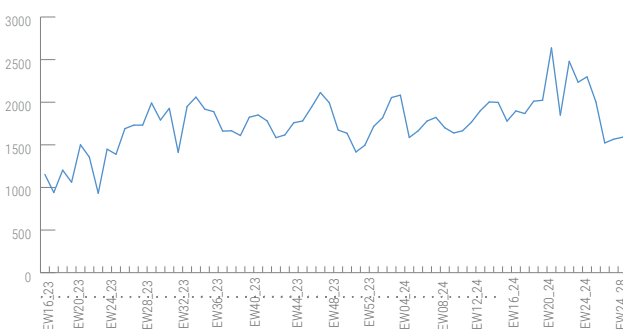
NUMBER OF INJURIES RECORDED



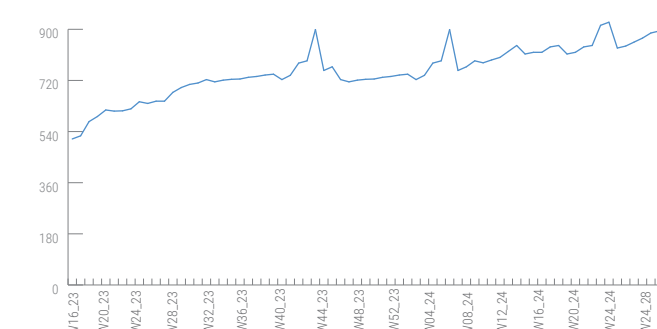
CONFIRMED CASES OF MALARIA



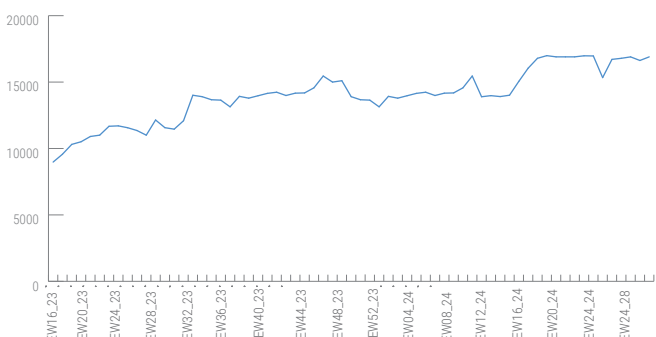
CASES OF DIARRHOEA



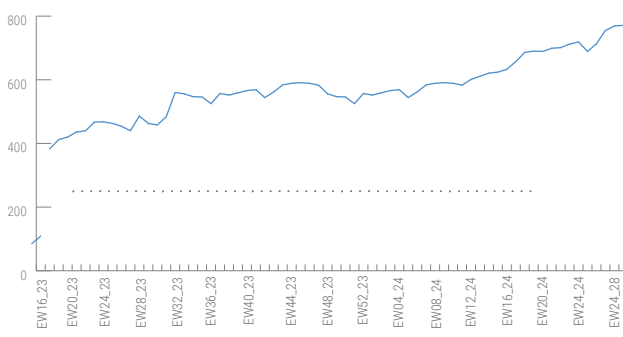
CASES OF SEVERE ACUTE MALNUTRITION



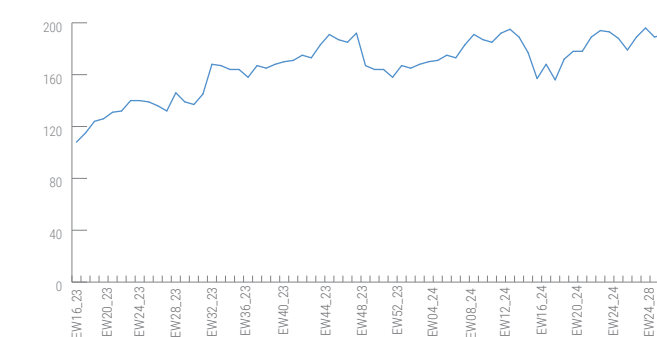
CASES OF RESPIRATORY INFECTION



NUMBER OF OUTPATIENT CONSULTATIONS



NUMBER OF PRENATAL CONSULTATIONS



ASSISTED DELIVERIES



CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 28 July 2024

Indicators	Standards Sphere	Achieved	Recommendations
The fatality rate for the main diseases has been reduced to an acceptable level (dengue fever and cholera).	Cholera < 1% Dengue <1% Hepatitis E < 4%	Cholera < 0% Dengue < 0.4% Hepatitis E < 0.3%	Strengthening epidemic preparedness and response with community involvement
Number of hospital beds (excluding maternity beds) per 10,000 inhabitants	>17	5	Support health establishments by donating beds and other equipment
Percentage of population with access to essential healthcare within one hour's walk of home	>79%	50%	Perpetuate the activities of mobile clinics so that they reach more areas
Number of skilled attendants (doctors, nurses, midwives) per 10,000 inhabitants	>22	8	Recruit and/or train health professionals to manage deliveries
Percentage of medical establishments that do not charge for priority care (consultations, treatment, provision of medicines)	100%	5%	Support health facilities by providing medicines and funds to ensure free care
Percentage of complete EWAR/monitoring reports submitted on time	>79%	>72%	Deployment of community surveillance via EWARS in a box in affected areas
Percentage of alerts checked and investigated within 24 hours	>89%	60%	Training surveillance officers and monitoring alerts of the community
Penta 3 vaccination coverage	>79%	119%	Support emergency vaccination activities carried out by health cluster partners
Percentage of births attended by qualified personnel	>79%	59%	Training doctors and nurses for community deliveries
Ambulances for 10,000 people	>1	0.2	Mobilising resources to deploy more ambulances in the affected areas
Number of community health workers per 1,000 inhabitants	>1	0.2	Recruiting, training and supporting the activities of the community health workers
Percentage of health facilities with functioning essential medical equipment	>79%	51%	Support health facilities by providing essential medicines and medical equipment

WHO OPERATIONS AND RESPONSE IN JULY 2024

- WHO is working alongside the Ministry of Public Health and Prevention, UN agencies and operational partners to respond to the hepatitis E epidemic in the health districts of Adré, Hadjer-Hadid and Amleyouna in Ouaddaï province, Koukou Angarana, Gozbeida in Sila province, Iriba in Wadi-Fira province, Bahaï in Ennedi-Est province as well as the varicella epidemic in Abéché prison in Ouaddaï province.
- The WHO is supporting the Ministry of Health and Prevention in coordinating the response, epidemiological surveillance, laboratories and training supervision in the areas of responsibility and in the refugee camps where community awareness sessions are being organised.
- Exchange sessions in Adré, Farchana and Abeché with the health authorities and operational partners (NGOs and UN agencies) in Ouaddaï province on the challenges, opportunities and needs for integrating the prevention of sexual exploitation, sexual abuse and sexual harassment (PRSEAH) into all health activities.
- As part of the drive to strengthen epidemiological surveillance in the eastern health districts affected by the humanitarian and health crisis linked to the influx of refugees and returnees following the conflict in Sudan, the Ministry of Public Health, with technical support from the WHO, has undertaken to deploy the EWARS Mobile tool. Training sessions for health workers from the Ministry of Public Health and its partners were held in the provinces of Wadi-Fira, Sila and Ouaddaï. A total of 136 people, including provincial public health delegates, heads of epidemiological units, district medical officers, zone heads, health centre managers, health information collectors and partners have already been trained in 3 sessions in reporting health and humanitarian data from the crisis in the east, as well as in early detection and rapid response to public health events in refugee and returnee sites and among the host population, thanks to financial support from the European Union. TLa dernière session de formation se tiendra à Adré du 05 au 09 août 2024 pour 44 autres agents de santé et partenaires opérationnels du district sanitaire d'Adré et de Hadjer-Hadid. 2024 for 44 other health workers and operational partners from the Adré and Hadjer-Hadid health district.

NEEDS/ CHALLENGES

- Insufficient resources to implement the WHO's response plan to the crisis in the east, in particular to strengthen the coordination of health partners and increase the WHO's operational presence (only 30% of the response plan will be underfunded by 2023).
- Security problems: The proximity of the refugee camps to the Sudanese border exposes operational staff to problems of insecurity. Security must be reinforced and military escorts are required for most operations.

- Insufficient implementation of mental health and gender-based violence activities in intervention areas. around in operations, evacuate patients, transport samples, etc.
- Poor coverage of mobile telephone networks (all operators combined), making it difficult to collect data on EWARS-mobile.
- Inaccessibility to certain intervention areas due to the high level of temporary watercourses (Ouadi), making it impossible to move

URGENT AND PRIORITY ACTIVITIES

1. Continue to coordinate health actions while strengthening leadership at all levels of the health pyramid, including through the organisation of joint MSPP-WHO supervisions, and the recruitment of HR for optimal operability;
2. Continue to strengthen the epidemiological surveillance system so that it is capable of detecting, notifying and responding to possible epidemics;
3. Continue the response to the hepatitis E epidemic in the health districts in the province of Ouaddaï, Sila and Wadi Fira, as well as the varicella epidemic in the Abéché prison in the province of Ouaddaï, with particular emphasis on strengthening active surveillance in the areas of responsibility and community-based surveillance; NB: Confirmed cases of yellow fever have been reported in the health district of Adré and Amleyouna in the province of Ouaddaï;
4. Strengthen the diagnostic capabilities of the Biosafety and Epidemics Laboratory by providing access to optimised PCR testing for hepatitis E, epidemiological surveillance, sequencing and genomic surveillance;
5. Implement the project to refurbish and equip the bacteriology unit at Abéché University Hospital;
6. Strengthening the coordination, structure and governance of mental health and psychosocial support (MHPSS) in the 4 provinces of Eastern Chad affected by the Sudanese refugee crisis;
7. Strengthen the implementation of GBV case management in the areas affected by the crisis;
8. Continue to improve access to quality healthcare for vulnerable populations by providing medicines and medical equipment to operational partners through the MSP in a coordinated manner according to the gaps identified based on the mapping of the presence of partners at operational level;
9. Ensuring support for operations, in particular technical, administrative, logistical and financial support for operations in the East and the running of offices.