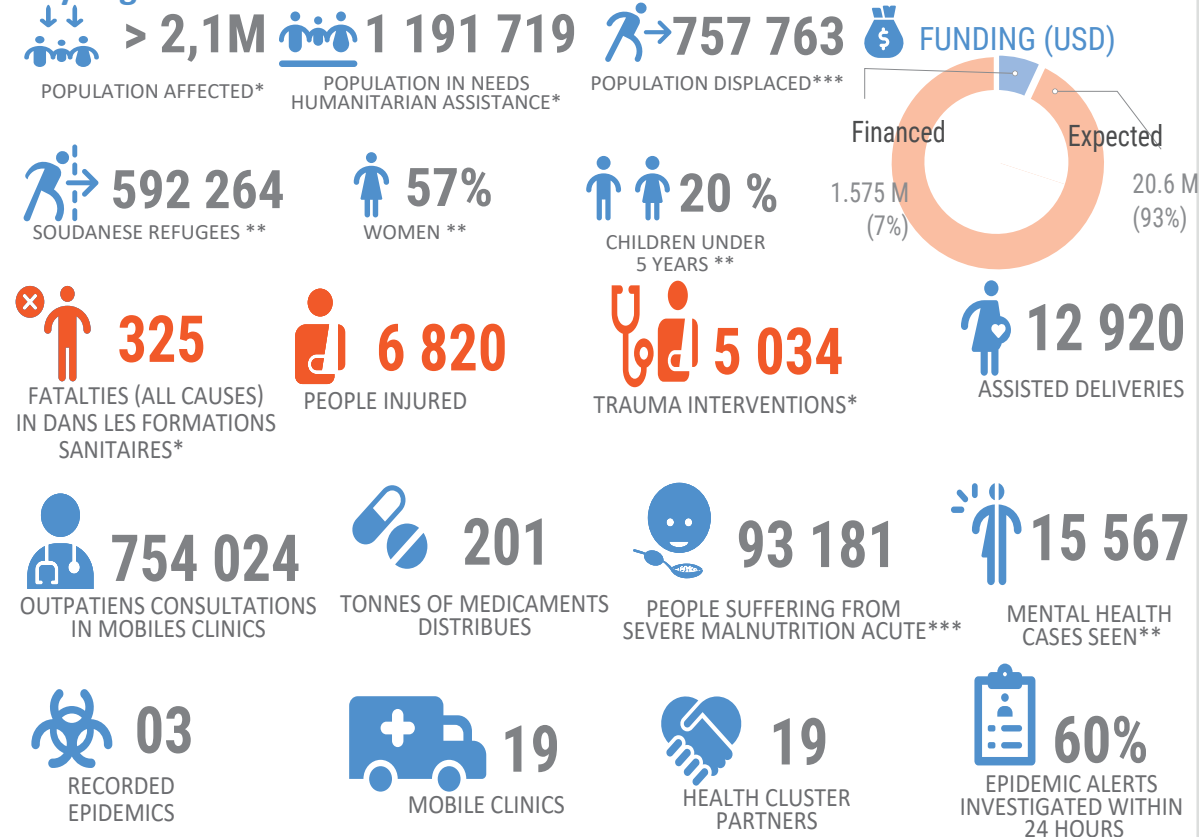


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 12 May 2024

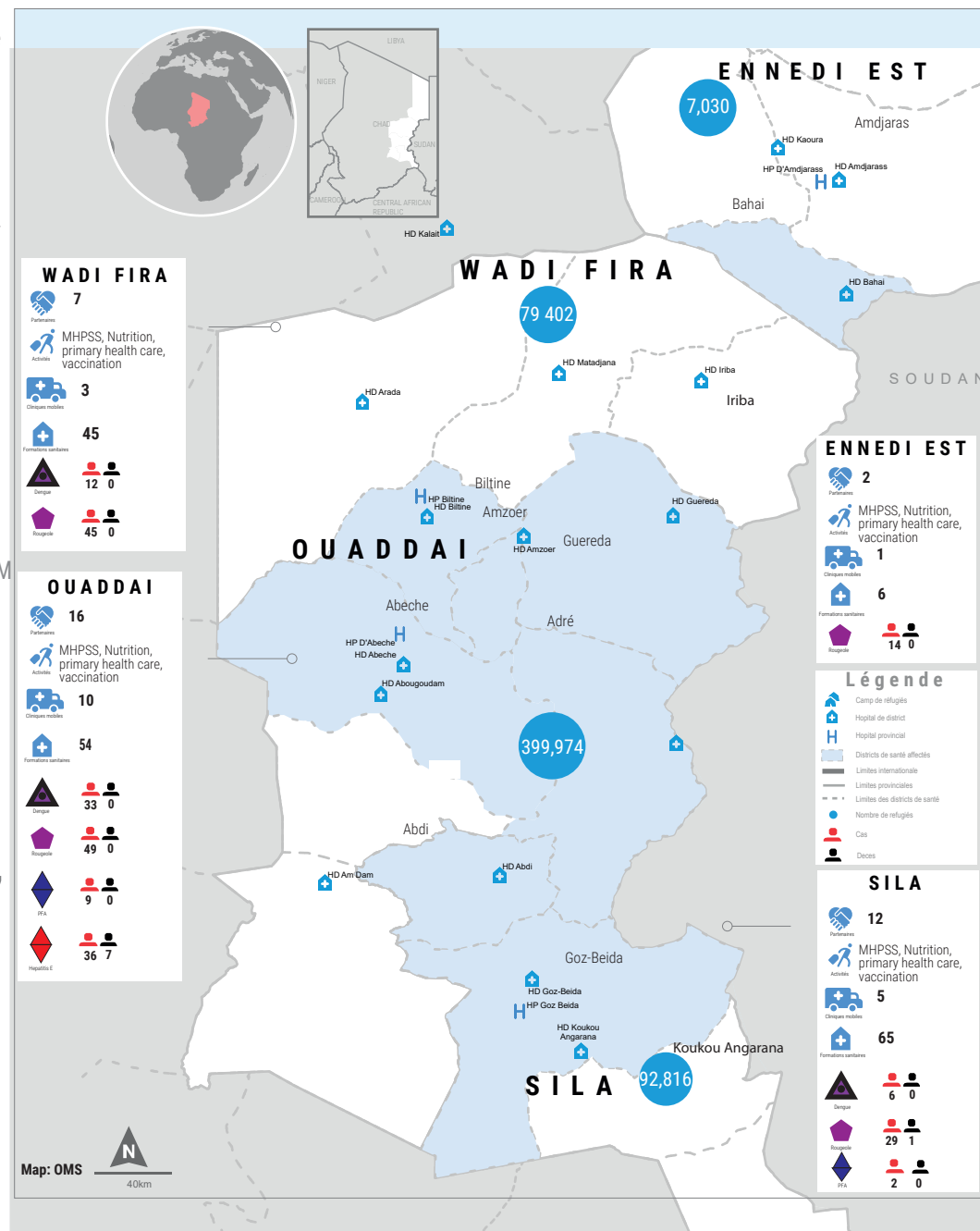
More than 757,000 Sudanese and Chadians have fled Darfur and converged on the 32 entry points in eastern Chad. Chad is the country most affected by the crisis in Sudan, with 45.4% of Sudanese refugees and thousands of new arrivals every week. These refugees live in a large number of formal and informal camps in 11 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, limited human and material resources and the inability to pay for health care. This humanitarian situation is exacerbated by epidemics of dengue fever, measles and hepatitis E. A total of 6,820 people have been injured. They have been treated with the support of MSF-F, PUI, the ICRC and an international emergency team deployed by the WHO. In recent days, fresh fighting has been reported in Sudan, likely to lead to new arrivals, particularly at the Tiné and Birak entry points in the province of Wadi Fira. With the rainy season approaching in less than three months' time, the health situation will be a major cause for concern due to the torrential rains (Ouadi), which are making it difficult to move temporary waterways. The WHO will no longer have access to certain sites to provide a coordinated health response to the various public health events that may occur. Pre-positioning of health kits, including cholera kits, in the districts affected by the crisis will take place before the rains arrive in these areas.

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



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Donors: CERF, WHO-CFE, Federal Foreign Office of Germany

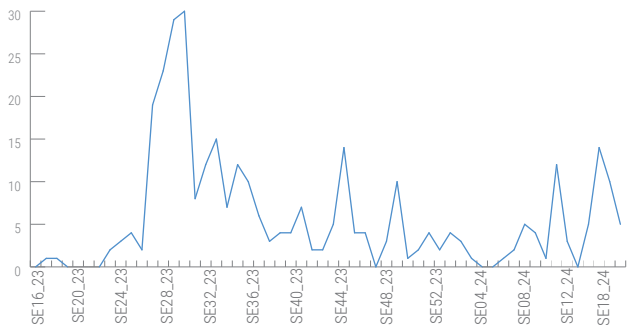
Disclaimer: The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the World Health Organization.



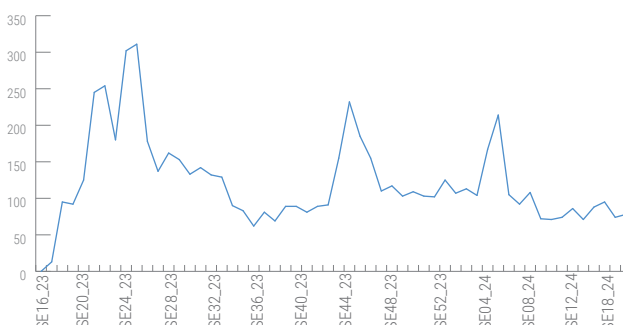
CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 12 May 2024

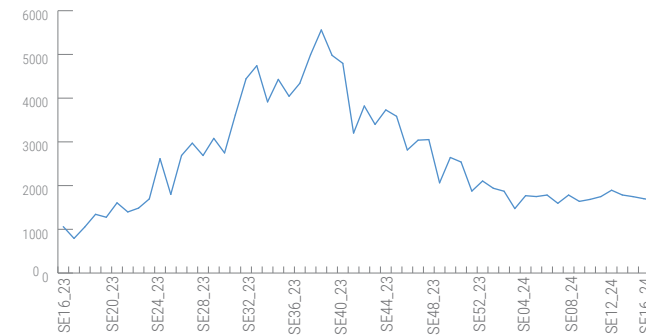
MAIN HEALTH EVENTS BY WEEK



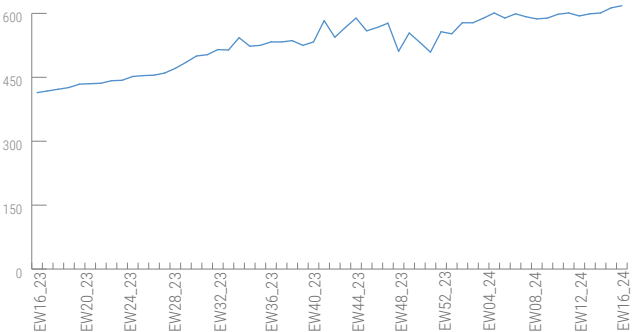
NUMBER OF DEATHS REGISTERED



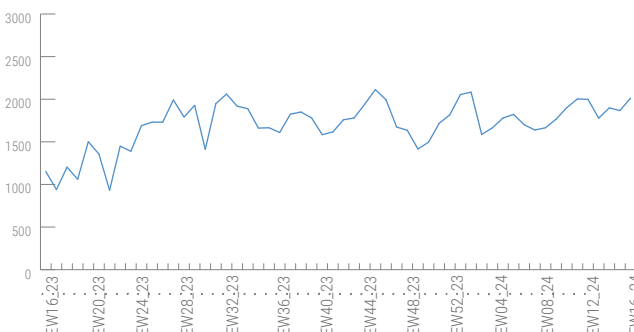
NUMBER OF INJURIES RECORDED



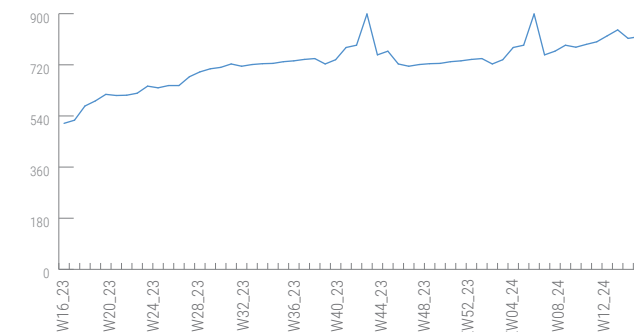
CONFIRMED CASES OF MALARIA



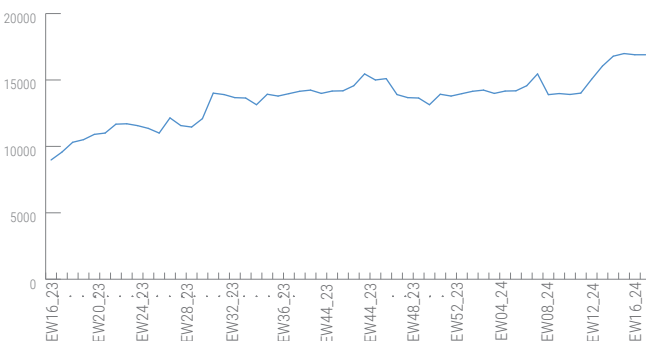
CASES OF DIARRHOEA



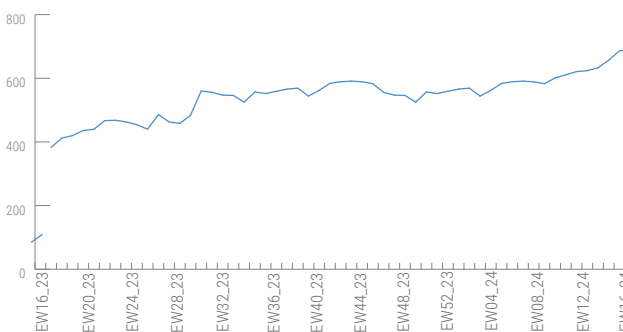
CASES OF SEVERE ACUTE MALNUTRITION



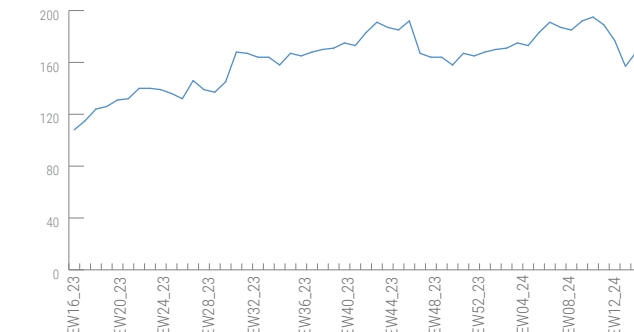
CASES OF RESPIRATORY INFECTION



NUMBER OF OUTPATIENT CONSULTATIONS



NUMBER OF PRENATAL CONSULTATIONS



ASSISTED DELIVERIES

CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 12 May 2024

Indicators	Standards Sphère	Achieved	Recommendations
The fatality rate for the main diseases has been reduced to an acceptable level (dengue fever and cholera).	Cholera < 1% Dengue < 1.6% Hepatitis E < 4%	Cholera < 0% Dengue < 1.6% 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 DURING EW19 2024

- WHO is working alongside the Ministry of Public Health and Prevention, UN agencies and operational partners in the response to the hepatitis E epidemic in the health districts of Adré and Hadjer-Hadid and the varicella epidemic in the Abéché prison in Ouaddaï province.
- The WHO is supporting the Ministry of Health and Prevention in coordinating the response, epidemiological surveillance, laboratory work, awareness-raising and training supervision in the areas of responsibility and in the refugee camps, where community awareness-raising sessions are being organised.
- The DOUGUI site, located in the Chokoyane health district, Ouaddaï province, has been approved by the authorities for the relocation of around 50,000 Sudanese refugees who are currently living on the undeveloped Adré site. This site was the subject of a joint evaluation visit on 08 May 2024 to take a physical look at the camp (around 72 hectares) and, above all, to determine the implementation plan for basic social services, i.e. the health post, water points and so on. The WHO participated with all the partners in the health sector to ensure that the partners were positioned to provide access to quality health care for the refugees in the new camp. The WHO reiterated its support for strengthening the leadership of the health district in coordinating health actions, strengthening epidemiological surveillance, training health workers, providing normative documents, providing emergency health kits as a last resort and formative supervision.

NEEDS/ CHALLENGES

- Insufficient resources for the implementation of the WHO response plan to the TSE crisis, in particular the strengthening of coordination between health partners and the strengthening of the WHO's operational presence, the strengthening of surveillance through the implementation of "EWARS-in-box", the strengthening of mental health capacities including the supply of psychotropic drugs

- Implementation of priority activities in the WHO Humanitarian Response Plan for the Sudanese refugee crisis in eastern Chad in 2024, to the tune of USD 200,000;
- Security problems: The proximity of the refugee camps to the Sudanese border exposes them to security problems, which means that security needs to be stepped up. Military escorts are required for most operations.
- Underfunded appeal and resource constraints: In 2023, only 30% of the humanitarian appeal for Chad was funded, leaving a shortfall in health: The limited availability of resources and staff is hampering the response operation and the assessment of needs.

URGENT AND PRIORITY ACTIVITIES

- Continue to coordinate health actions while strengthening leadership at all levels of the health pyramid, including through the organisation of joint MSPP-WHO supervisions.
- Continuing the response to the hepatitis E epidemic in the Adré and Hadjer-Hadid health districts and the varicella epidemic in the Abéché prison in Ouaddaï province, with particular emphasis on strengthening active surveillance in the areas of responsibility and community-based surveillance;
- 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;
- Implement the project to refurbish and equip the bacteriology unit at Abéché University Hospital.
- Digitise the Health Information System by providing health districts with IT tools and internet connections, and implement the early warning and rapid response system using the EWARS-in-a-Box tool,
- Strengthen 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.
- Continue to improve access to quality healthcare for vulnerable populations by providing medicines and medical equipment to operational partners through the MSPP in a coordinated manner according to the gaps identified based on the mapping of the presence of partners at operational level.