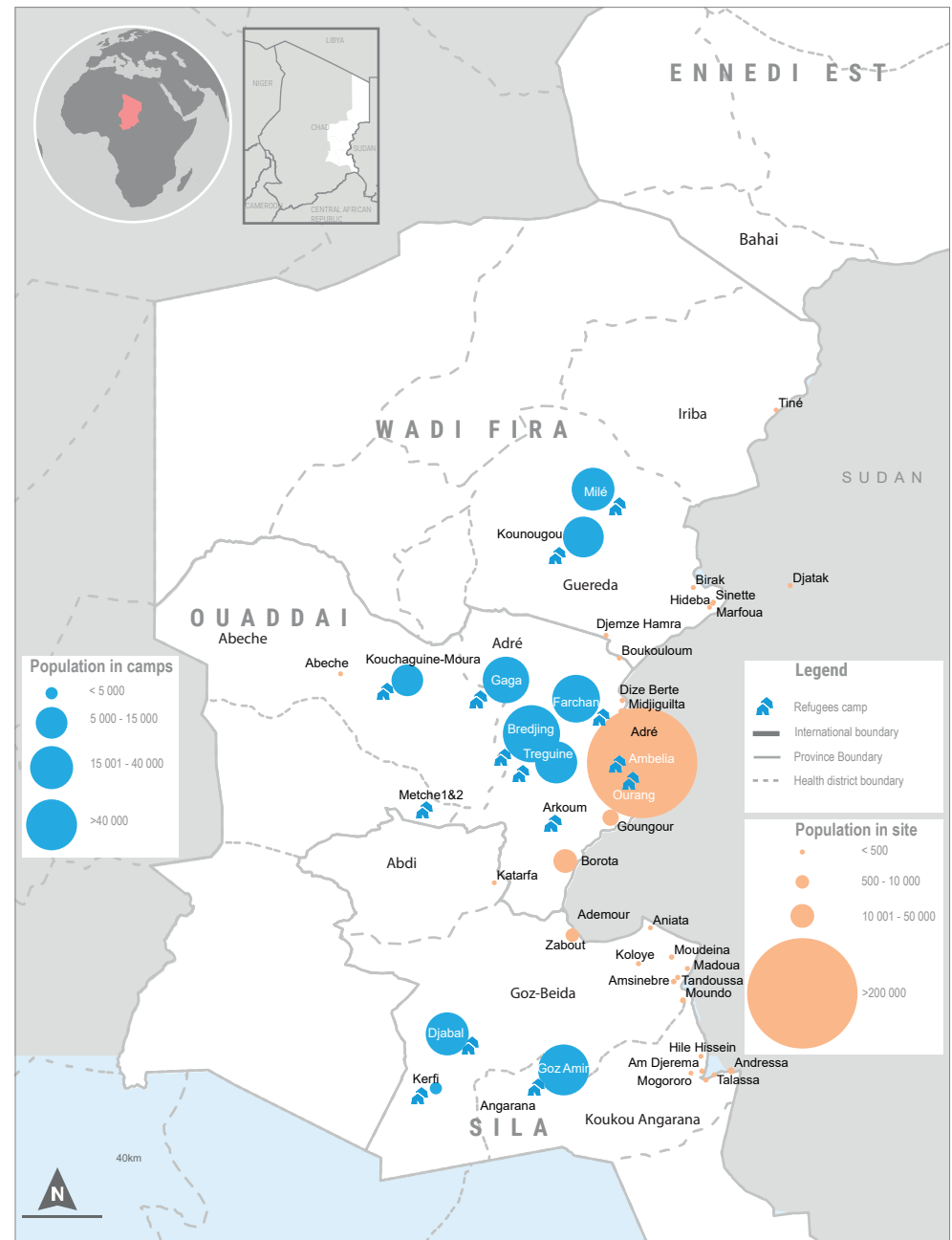
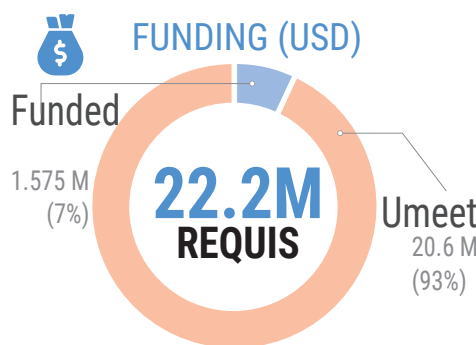
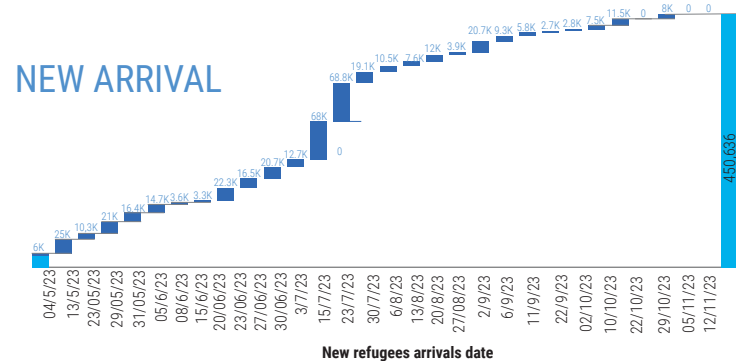
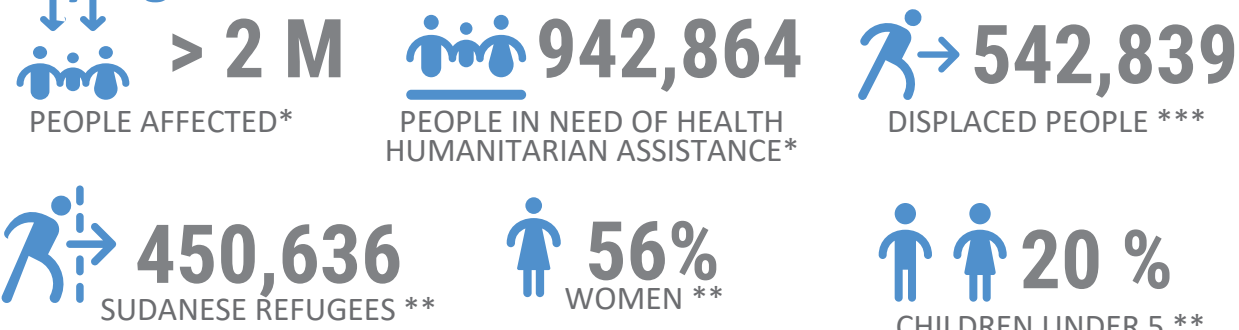


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data at 12 November 2023

Over 570,000 Sudanese and Chadian people fled Darfur to converge to the eastern entry points of Chad. Chad is the most affected country by the crisis in Sudan as it hosts 49.6% of Sudanese refugees, with thousands of new arrivals every week. These refugees live in numerous formal and informal camps located in 11 health districts across four provinces (Ennedi East, Ouaddai, Sila and Wadi Fira). In the camps, access to essential health services is disrupted due to difficult physical access, limited human resources, medicines and the inability to afford health care. This complex humanitarian situation is exacerbated by epidemics of dengue fever and measles. A total of 3,956 people were injured. They are being operated on with the support of MSF-F, PUI, ICRC and an international emergency team deployed by the WHO. In recent days, the situation in West, Central and South Darfur has been unpredictable, with events in El-Geneina affecting the tranquillity of the humanitarian corridor.

Key Figures



Source: * Based on MoH, UNHCR and IOM evaluation ** Provided by UNHCR and IOM *** Displaced people are Sudan refugees and Chad returnees

CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data at 12 November 2023

222
DEATHS (ALL CAUSES)
IN HEALTH FACILITIES

3,956
PEOPLE INJURED

3,239
TRAUMA INTERVENTIONS*

4,296
ASSISTED DELIVERIES

47,362
SEVERE ACUTE
MALNOURISHED CHILDREN***

518
GBV CASES
MANAGED

372,223
OUTPATIENT CONSULTATIONS
IN MOBILE CLINICS

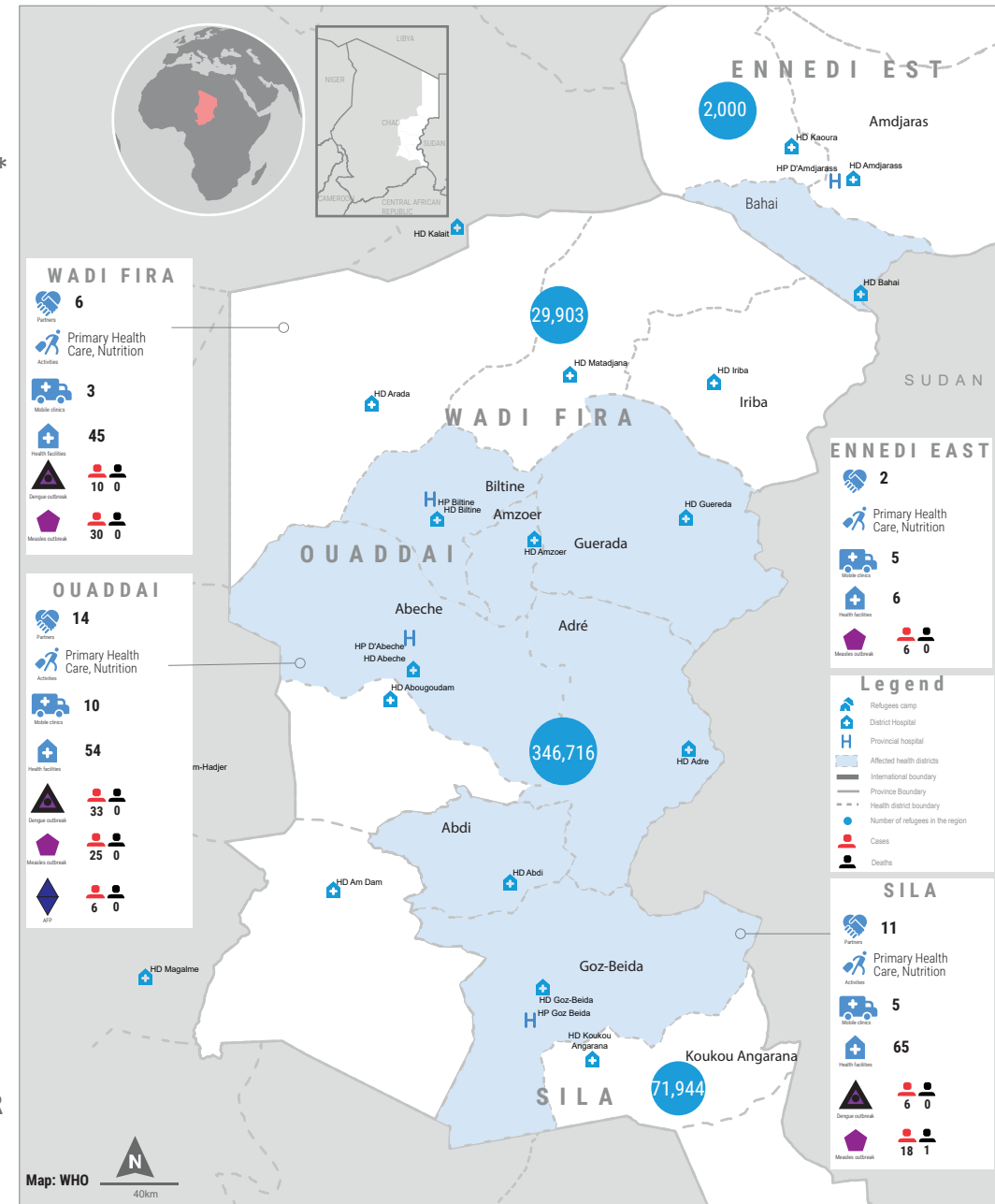
207
DRUGS KITS DISTRIBUTED
BY WHO

80%
EPIDEMIC ALERTS
INVESTIGATED IN
24 HRS

03
RECORDED DISEASES
OUTBREAKS

19
RUNNING MOBILE
CLINICS

32
HEALTH CLUSTER
PARTNERS



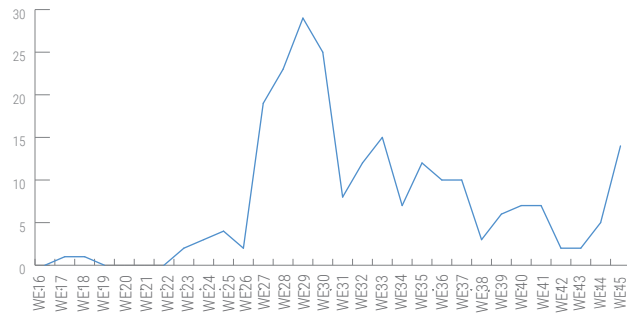
* Managed by International emergency Unit deployed by WHO, MSF, ICRC and PUI

** GBV Cases are under notified

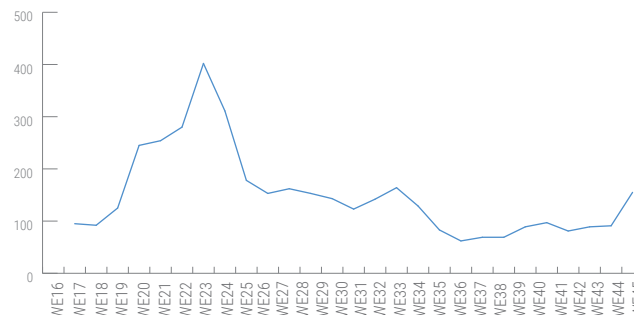
*** Data from the 4 provinces in crisis

CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

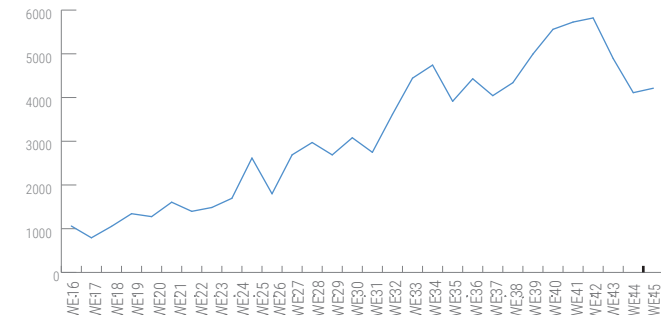
Data at 12 November 2023



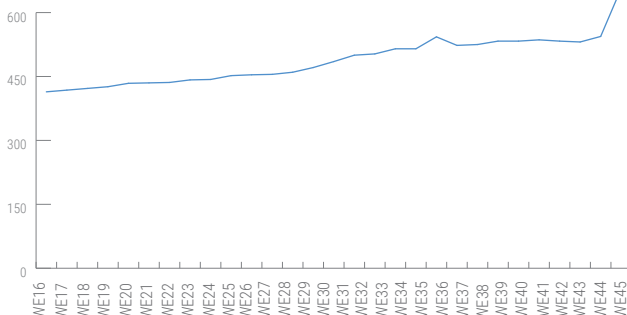
EVOLUTION OF RECORDED DEATHS



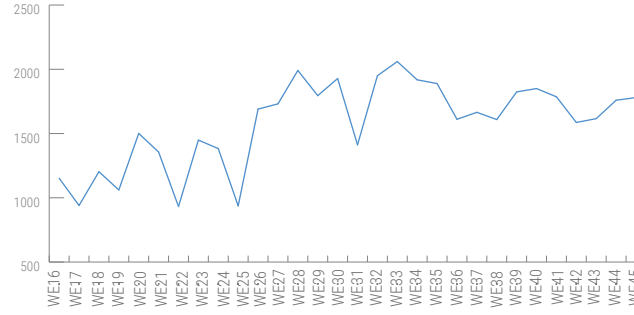
EVOLUTION OF RECORDED INJURIES



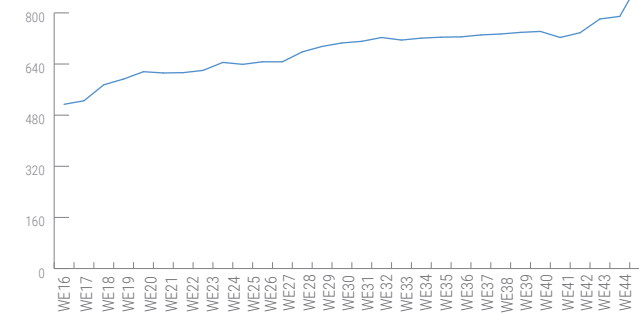
MALARIA CASES



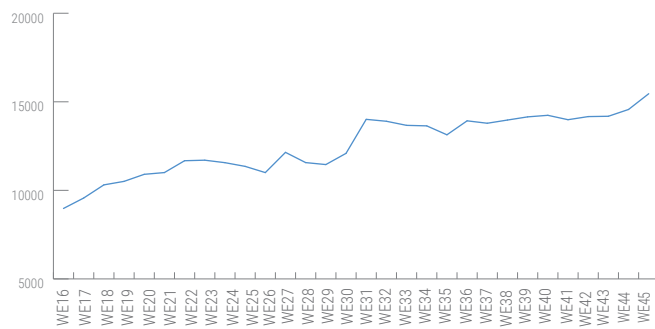
DIARRHOES CASES



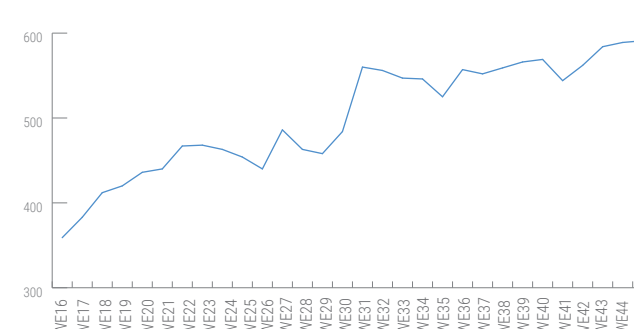
SEVERE ACUTE MANUTRITION CASES



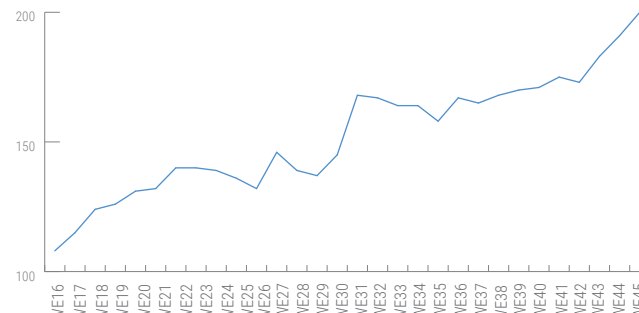
NUMBER OF RESPIRATORY TRACK INFECTIONS



NUMBER OF OUTPATIENT CONSULTATIONS



NUMBER OF ANTENATAL CONSULTATIONS



NUMBER OF ASSISTED DELIVERIES

CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data at 12 November 2023

Indicators	Sphere norms	Achieved	Recommendations
The fatality rate for the main diseases has been reduced to an acceptable level (dengue fever and cholera)	Cholera < 1% Dengue <1%	2.5%	Reinforce epidemic preparedness and response with implication of the community
Number of inpatient beds (excluding maternity beds) per 10,000	>17	5	Support health facilities with donation of beds and other materials
Percentage of the population with access to primary healthcare within an hour's walk of home	>79%	50%	Sustain and improve the activities of mobile clinics to reach more areas and be durable
Number of skilled birth attendants (doctors, nurses, midwives) per 10,000 people	>22	8	Recruit and /or train healthcare for management of deliveries
Percentage of medical establishments not charging user fees for priority care (consultations, treatments, examinations and provision of medicines)	100%	5%	Support health facilities with medicines and funds for proving care free of charge to vulnerable people
Percentage of complete EWAR/monitoring reports submitted on time	>79%	60%	Deploy Community based surveillance via EWARS in a box in affected areas
Percentage of alerts verified and investigated within 24 hours	>89%	30%	Train surveillance officers and track alerts from the community
Vaccination coverage for Penta3 and Measles	>79%	-	Support emergency vaccination activities from health cluster partners
Percentage of births attended by skilled personnel	>79%	35%	Train doctors and nurses for deliveries in the community
Ambulances for 10,000 people	>1	0.2	Mobilise ressources for deploying more ambulances in affected areas
Number of community health workers per 1,000 people	>1	0.2	Recruit, train and support activity of community health workers for early detection of public health threats
Percentage of health facilities with functional essential medical devices	>79%	45%	Support health facilities with essential medicines and medical devices

CURRENT WHO OPERATION AND RESPONSE

- Strengthening the coordination of partners' interventions in the field through an effective WHO presence both in field interventions and in the incident management system by the creation of three field offices in Abéché and Farchana/Adré, and the deployment of more than 20 staff members.
- Deployment of an emergency medical team of surgeons to the hospital in Abéché to assist with surgical procedures in cases of serious trauma.
- Set up of Mobile clinics with the Alliance pour l'action médicale internationale (ALIMA).
- WHO has supported the Ministry of Public Health and Prevention in the training of 30 national health workers to build emergency medical teams (EMTs) focusing on primary health care (PHC).
- Support the WHO logistics team in supplying medicines and medical consumables to vulnerable populations.
- Support to NGOs and other TFPs to facilitate operations from WHO AFRO emergency warehouses in Nairobi and Dakar.
- Risk communication on the crisis to inform people of the situation and mobilise resources for the response.
- Donation 103.1 tons (182,818.7 USD) of drugs and medical equipments to the Ministry of Public Health and Prevention for free health care in affected areas.
- Monitor sexual exploitation, abuse and harassment.
- Assist the MoH to ensure regular publication of both the weekly SITREP of the Eastern Humanitarian Crisis
- Deployment of 15 members of the national emergency medical team to the provinces affected by the crisis.

DIFFICULTIES

- Insufficient funding (less than 9% of HRP funded and 40 % of the appeal to the Sudanese crisis)
- Insecurity in the areas of intervention
- Limited financial resources in view of budgetary constraints;
- Insufficient health human resources deployed in the field (epidemiologist, surgeons, anaesthetists, paediatricians, gynaecologists and obstetricians, midwives, nurses, clinical psychologists, nutritionists, etc.);
- Insufficient supply of essential medicines, medical materials and equipment;
- Not all cases of rape are reported because of the fear of being marginalised;
- Insufficient number of hospitals with the technical facilities and human resources required to provide rapid care for the injured, pregnant women or SAM children.
- Insufficient logistical resources for the rapid referral of patients (medical ambulances or helicopters);
- Dengue and measles epidemic registered in the affected humanitarian zones
- Insufficient human resources and health commodities
- Insecurity in certain areas registering additional population movement

NEXT STEPS

- Revise the humanitarian response plan (HRP);
- Revise and share the national health response plan for the humanitarian crisis in the east of the country;
- Implement EWARS in a box in Ouaddaï province;
- Continuing to lobby donors to mobilise resources;
- Deploying or relocating the human resources required in the affected provinces in the East;
- Pre-positioning medicines and inputs in the intervention zones.