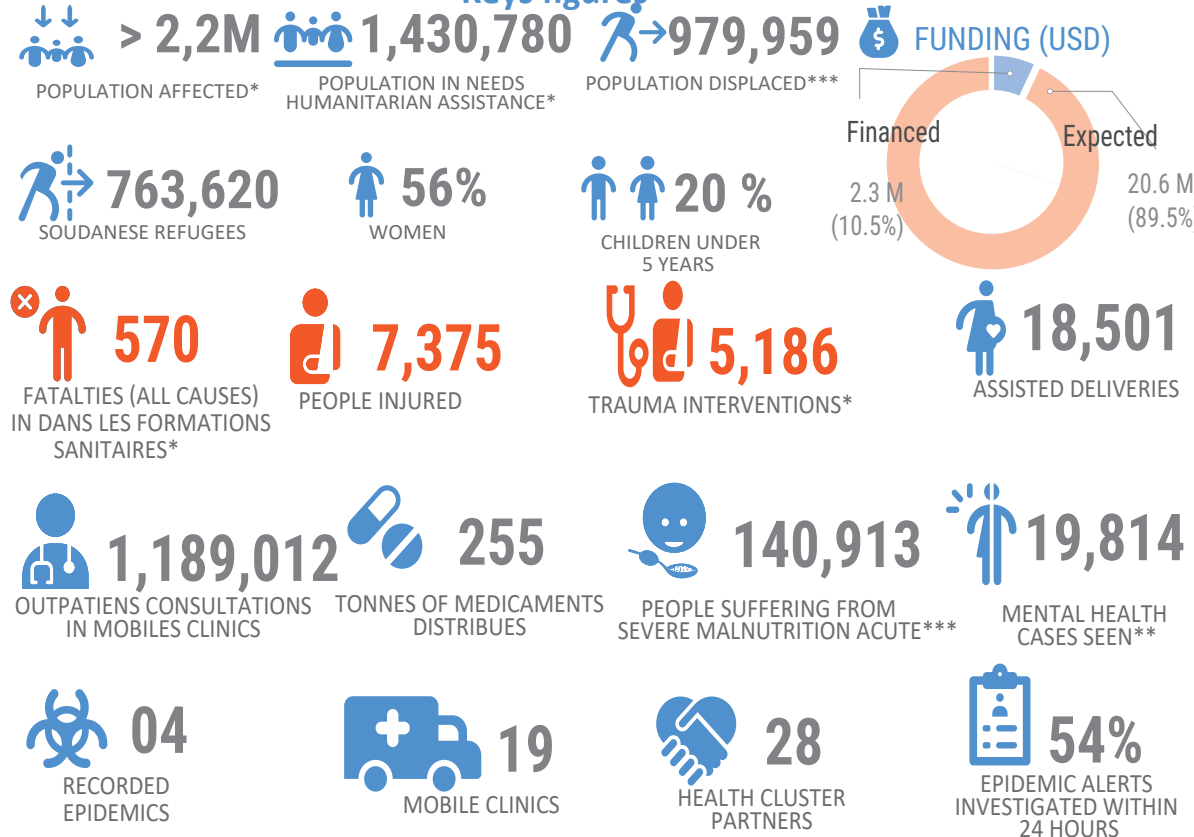


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 02 March 2025

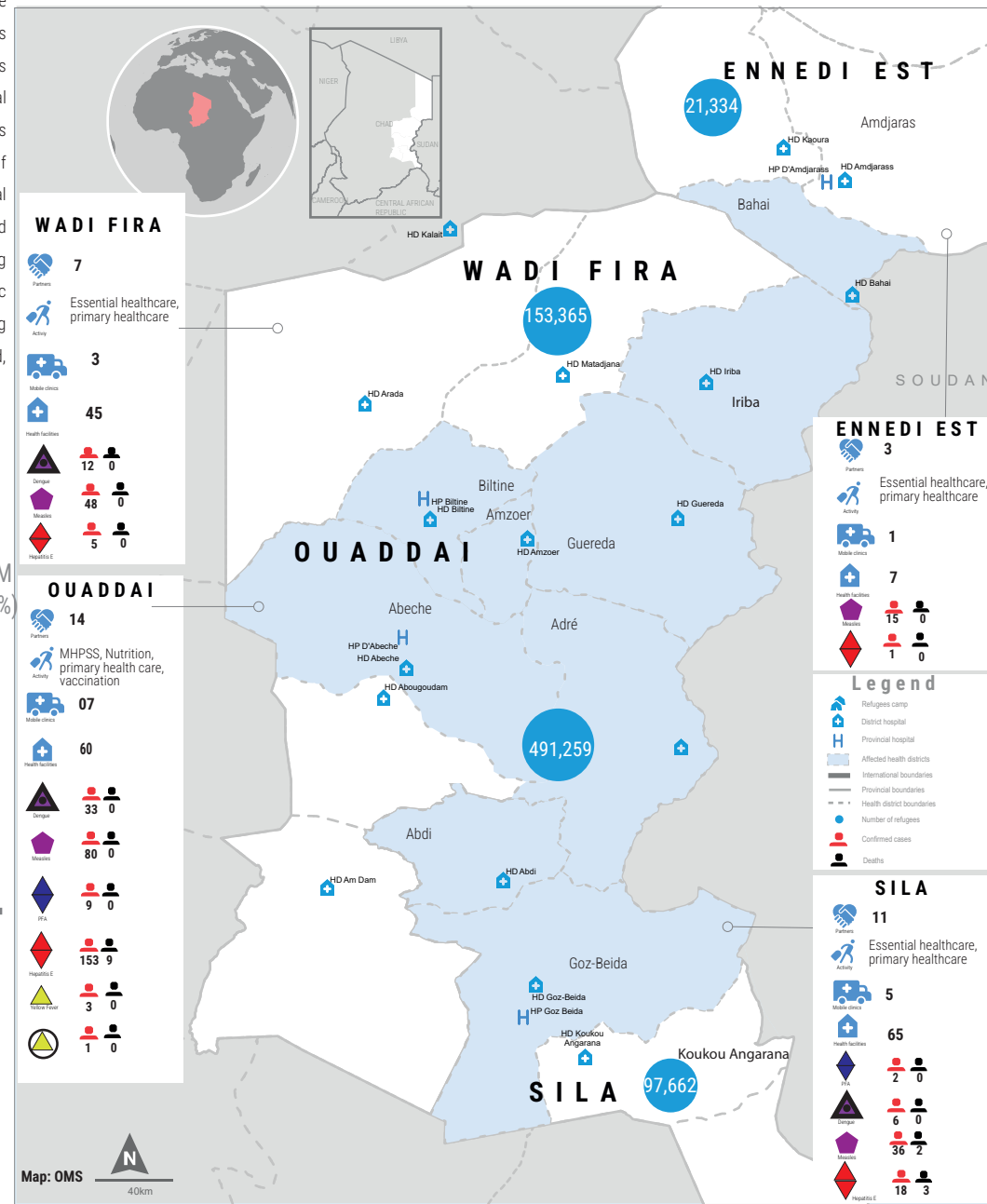
More than 979,900 Sudanese and Chadians have fled Darfur to converge at the 32 entry points in eastern Chad. Chad is the second most affected country by the crisis in Sudan, hosting 28.3% of Sudanese refugees, with thousands of new arrivals every week, after Egypt. Since the beginning of 2025, over 70% of new arrivals have crossed the border through Tiné, Birak, and Koulbous in Wadi Fira. These refugees live in numerous formal and informal camps located in nine health districts spread across the provinces of Ennedi East, Ouaddai, Sila, and Wadi-Fira. In these camps, access to essential healthcare services is disrupted due to difficult physical access and limited human and material resources. Malaria, acute respiratory infections, watery diarrhea, and malnutrition remain the most common conditions. This humanitarian situation is exacerbated by outbreaks of measles, chickenpox, diphtheria, hepatitis E, yellow fever, and suspected Mpox cases. Since the beginning of the crisis, 7,375 people have been injured and treated with the support of Médecins Sans Frontières (MSF), Première Urgence Internationale (PUI), the International Committee of the Red Cross (ICRC), and an emergency international team deployed by WHO. The situation in North Darfur continues to deteriorate, with repeated attacks and bombings around El Fasher, leading to further displacements and worsening insecurity and the humanitarian crisis in the region. The conflict is evolving with the increasing involvement of several actors, resulting in a rise in atrocities, including retaliatory attacks and extrajudicial executions, targeting specific ethnic groups. Humanitarian aid access is difficult due to insecurity, and the health situation is highly concerning. WHO continues to pre-position health kits, including cholera kits, in districts affected by the crisis in eastern Chad. The international community is urged to act quickly to end the violence, increase humanitarian aid, alleviate suffering, and prevent further displacement.

Keys figures



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

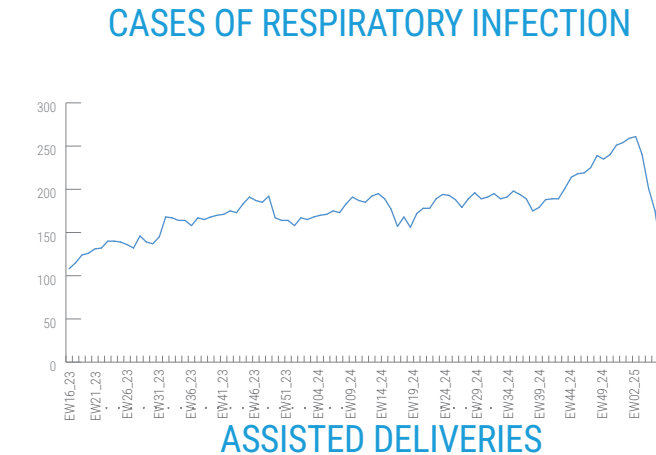
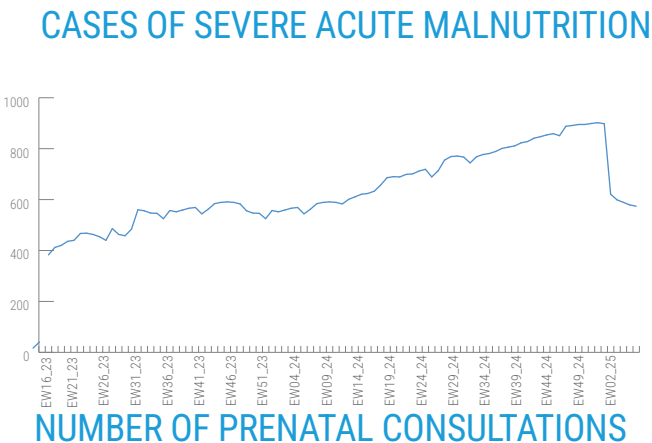
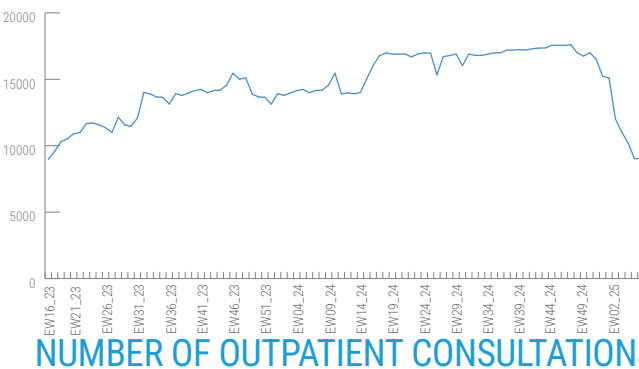
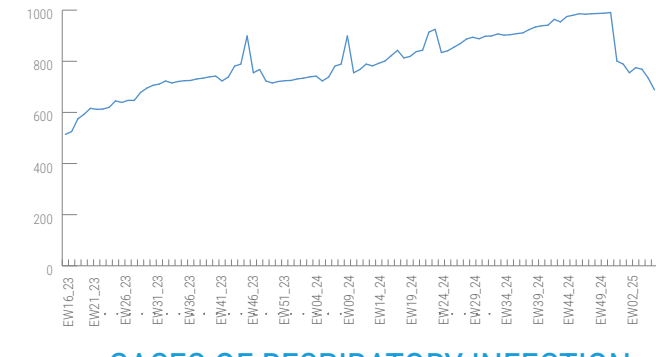
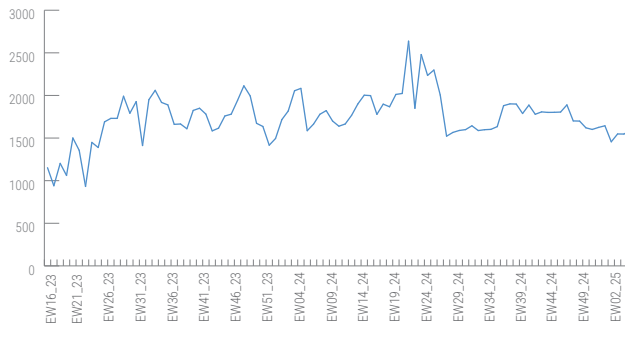
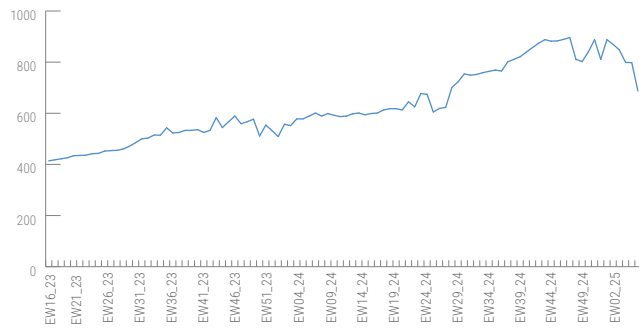
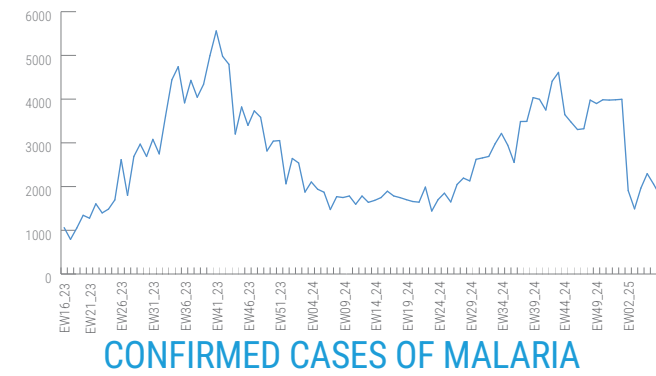
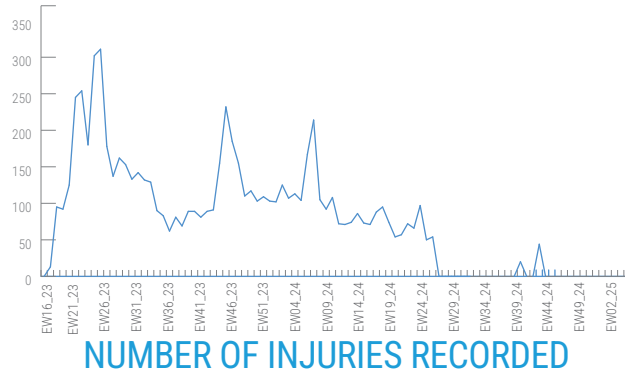
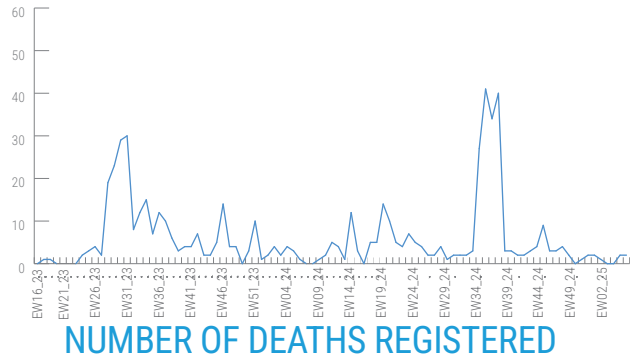
* Managed by an international emergency team deployed by WHO, MSF, ICRC and PUI ** Cases of GBV are under-reported ***Data from the 4 provinces in crisis



CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 02 March 2025

MAIN HEALTH EVENTS BY WEEK



*The increase in recorded death cases in recent weeks is due to the floods that have caused the deaths of 102 people in the eastern provinces of Chad since July 2024



CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 02 March 2025

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%	>55%	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%	101%	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	0.4	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

**This is not a sphere indicator

Published on : 07/03/2025

Data sources: MoH, Partners in the health sector

Contacts: idrissm@who.int (TL EPR ai.); djinguebeyr@who.int (IM); tewos@who.int (IMO)

Donors: CERF, WHO-CFE, United Arab Emirates, France

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



WHO OPERATIONS AND RESPONSE DURING MONTH FEBRUARY 2025

Coordination

- Evaluation of Chad's health cluster by HealthGen, as part of the global health cluster evaluation. The coordination model established in Assoungba was reviewed from February 3 to 5, 2025
- Technical support from WHO for the preparation and organization of the 2024 second semester review meetings for the Iriba health district and the Wadi Fira health delegation;
- Technical and financial support from WHO for the organization of health-nutrition sub-cluster coordination meetings in Guéréda, Iriba, Adré, Goz Beïda, and Abéché;
- Organization of two meetings in Goz Beïda (Sila): the GTT-SMSPS (Sila) meeting and the GTT-GBV meeting in February 2025 at the health delegation, with the participation of key technical partners such as WHO, UNHCR, ACF, JRS, APLFT, ALIMA, CONCERN Worldwide, and Intersos.

Donation of medicines

- In the Dougui refugee camp (Ckokoyane/Ouaddaï health district), WHO provided IMC with psychotropic medications for the treatment of mentally ill patients over a period of two months;
- A donation by WHO, through the CERF Fund, of a batch of medicines to World-Relief for the Koursigué site, which hosts 6,118 refugees and 8,873 locals, aimed at treating common illnesses such as malaria, ARIs (acute respiratory infections), and diarrheal diseases ;
- Donation of psychotropic medications by WHO to its partner ADES, responsible for the Gaga and Kouchaguine-Moura camps in the Amléyouna health district (Ouaddaï), intended for the treatment of mental health disorders ;

Vaccination

- In collaboration with MSF and PUI, WHO provided technical support for the vaccination response campaign conducted following a confirmed case of diphtheria in the Adré health district, enabling the vaccination of approximately 2,000 people in six villages within the Goungour area of responsibility;

Supervision

- Joint multisectoral supervision mission organized in Adré from February 7 to 8, 2025, by the CPA and CDA, with the participation of UNICEF, WHO, the Secretary General of the Assoungba department, the Provincial Health Delegate of Ouaddaï, the Adré District Medical Officer, as well as representatives from the CPA, CDA, education, and the Ministry of Water

Capacity building

- WHO technical support, funded by ECHO, for a four-day training provided to 52 health workers, including members of humanitarian partners. This training, organized in Adré (25 participants) and Goz-Beïda (27 participants), focused on basic psychosocial care and psychological first aid (PFA)
- Training in Adré for 47 health workers, including 27 women, by UNFPA in collaboration with WHO, on the prevention and clinical management of sexual violence, intimate partner violence, and quality care related to abortion in humanitarian settings.
- Support from WHO to the UNFPA partner for the training organized from February 26 to March 1, 2025, in Abéché, aimed at strengthening the capacities of CISM (Adré and Abéché) service providers on case management and clinical care for survivors of GBV, benefiting 19 participants, including 2 referral doctors, 8 midwives, 3 judicial police officers, and 6 case managers.

GBV and mental health activities

- In the mental health services of the three provinces, 820 patients were cared for, including 551 in Ouaddaï, 182 in Wadi Fira, and 87 in Sila.
- In the Eastern facilities supported by the WHO, 151 cases of GBV (Gender-Based Violence) were recorded, including 107 in Ouaddaï and 44 in Sila. Among them, 24 cases of rape were reported, with 17 receiving care within 72 hours.

Sensibilisation

- Technical support from WHO for awareness-raising actions on reproductive health, including GBV (Gender-Based Violence), in refugee and displaced persons camps in the East, benefiting 953 people, including 555 women

Epidemiological Surveillance in the Eastern Provinces EW06 - EW09 (03/02 to 02/03/2025)

- Diphtheria:** The first confirmed case was recorded in SE09 (24/02 to 02/03/2025) in the Adré health district, Ouaddaï province. In February, 25 suspected cases were reported, marking a 92% decrease compared to the previous period. Since the beginning of 2025, 73 suspected cases have been notified with no deaths, resulting in a case fatality rate of 0%. Over 95% of the cases originate from the Wadi Fira region.
- Hepatitis E :** In February, 21 suspected cases were recorded. Since the start of the year, 28 suspected cases have been identified with no deaths reported in the crisis-affected eastern provinces.
- Measles:** In February, 43 suspected cases were reported in the crisis-affected eastern provinces, reflecting a 31.03% increase compared to the previous period.
- Yellow Fever:** Since the beginning of 2025, 59 suspected cases of yellow fever have been reported with no deaths, including 30 cases recorded in February.

DIFFICULTIES ENCOUNTERED

- Insufficient resources for the implementation of response activities;
- Insecurity due to the proximity of refugee camps and the Sudanese border, necessitating the use of mandatory, often costly military escorts for most interventions. Insufficient reporting of data from epidemiological surveillance using the EWARS tool.
- Financial freezes: The reduction in staff among certain partners is affecting activities in refugee camps, particularly epidemiological surveillance in Gaga and Kouchaguine, with delays in data transmission.
- Suspension of World Vision's activities at border sites where it collaborates with MSF Belgium in mobile clinics and human resource support for health centers in Birak and Koulbous, with no partner currently planned to replace it.
- Poor quality of internet connection with field teams, causing delays in report transmission.

URGENT ACTIONS

- Strengthen the Abéché office through the deployment of an administrator and the Farchana office by recruiting an OSL ;
 - Redeploy the epidemiologist from the Amléyouna health district to Hajer Hadid to bolster this corridor hosting four refugee camps (Arkoum, Tréjin, Bredjing, and Allacha) and to enhance the organization's visibility ;
- Involve other partners in the use of the Early Warning Alert and Response System (EWARS) Mobile ;
 - Organize the second training session on GBV/SRH in Adré, Goz Beïda, and Guéréda, in collaboration with UNFPA;
 - Sustain support in coordination, supervision, surveillance, and investigations, as well as epidemic response and the supply of medicines;
 - Provide support to the Dougui camp, intended to host refugees relocated from the high school site;
 - Continue advocacy efforts to mobilize the financial resources necessary for the implementation of response activities
 - Ensure operational support, particularly in terms of technical, administrative, logistical, and financial assistance, for activities in the East, as well as for the proper functioning of offices (internet connectivity).