# CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

**Data as of 10 November 2024**

More than 712,228 Sudanese and Chadians have fled Darfur to converge on the 32 entry points in eastern Chad. Chad is the second most affected country by the crisis in Sudan, hosting 30.6% of Sudanese refugees, with thousands of new arrivals each week. These refugees live in numerous formal and informal camps located in 9 health districts spread across the provinces of Ennedi East, Ouaddaï, 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 diarrhea remain the most common health issues. This humanitarian situation is exacerbated by outbreaks of measles, chickenpox, hepatitis E, and yellow fever. Since the beginning of the crisis, 7,375 people have been injured and treated with the support of MSF-F, PUI, the ICRC, and an international emergency team deployed by WHO. The humanitarian situation in Sudan continues to deteriorate with the escalation of violence, forcing thousands more people to leave their homes, worsening a humanitarian crisis that has left millions in urgent need of assistance. WHO continues to pre-position health kits, including cholera kits, in the districts affected by the crisis in eastern Chad. The international community is urged to act quickly to stop the violence and increase humanitarian aid, alleviate suffering, and prevent further displacement.

## Keys figures

**> 2,2M** POPULATION AFFECTED*

**1 386 448** POPULATION IN NEEDS HUMANITARIAN ASSISTANCE*

**935,031** POPULATION DISPLACED***

**712,288** SOUDANESE REFUGEES

**58%** WOMEN

**22 %** CHILDREN UNDER 5 YEARS

**542** FATALTIES (ALL CAUSES) IN DANS LES FORMATIONS SANITAIRES*

**7,375** PEOPLE INJURED

**5,186** TRAUMA INTERVENTIONS*

**16,814** ASSISTED DELIVERIES

**1,098,347** OUTPATIENS CONSULTATIONS IN MOBILES CLINICS

**230** TONNES OF MEDICAMENTS DISTRIBUES

**135,528** PEOPLE SUFFERING FROM SEVERE MALNUTRITION ACUTE***

**17,334** MENTAL HEALTH CASES SEEN**

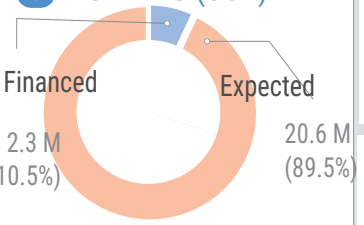
**04** RECORDED EPIDEMICS

**19** MOBILE CLINICS

**21** HEALTH CLUSTER PARTNERS

**53%** EPIDEMIC ALERTS INVESTIGATED WITHIN 24 HOURS

**FUNDING (USD)**

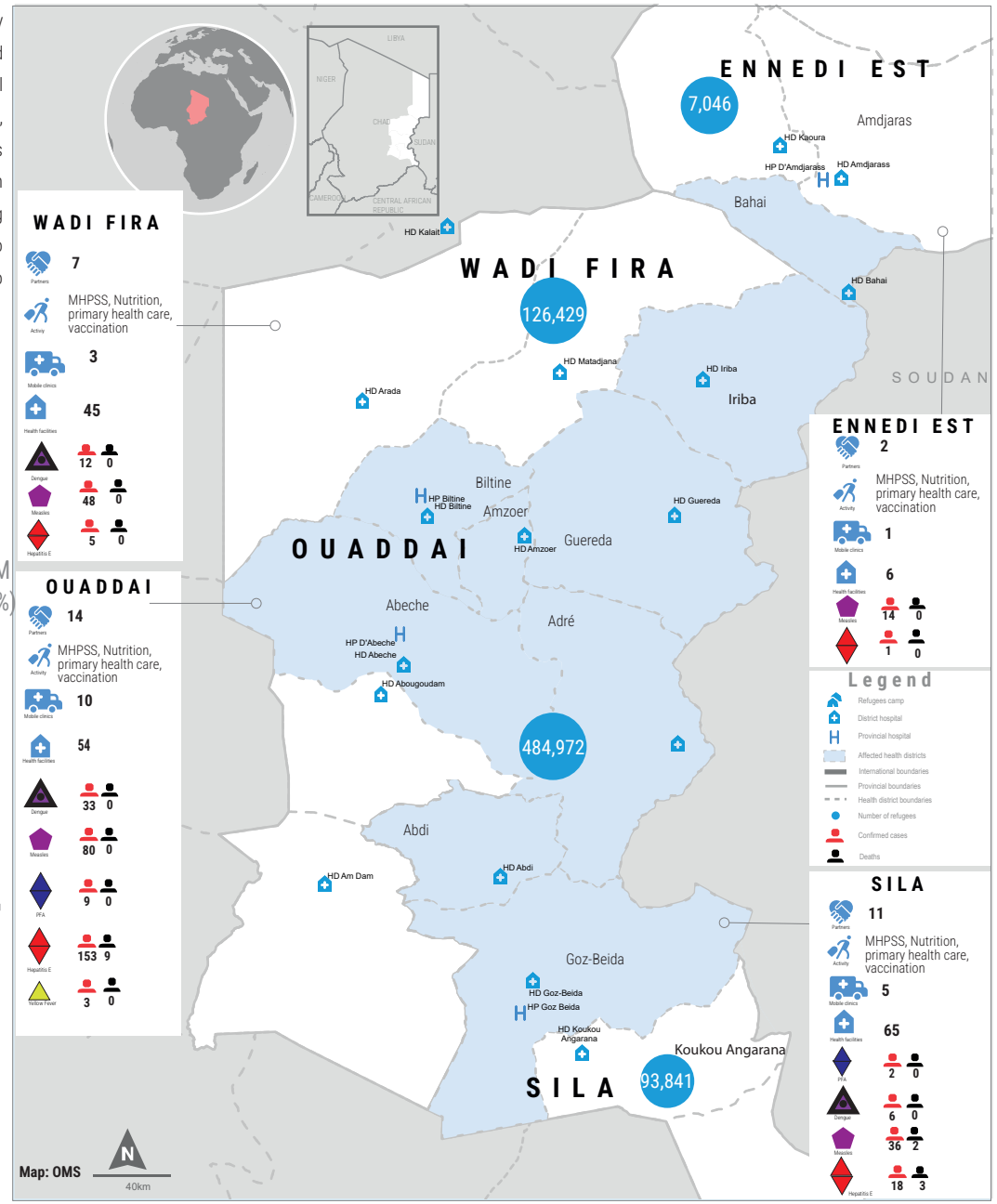



Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies.

* 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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**Data sources:** MoH , Partners in the health sector

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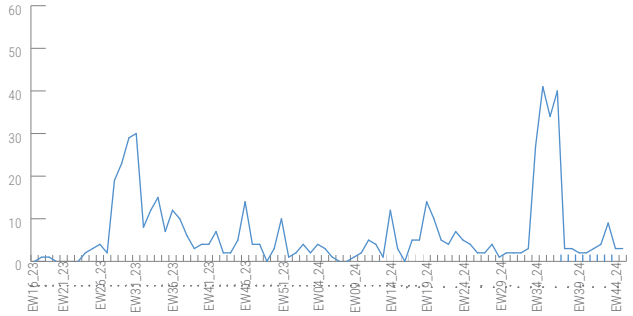
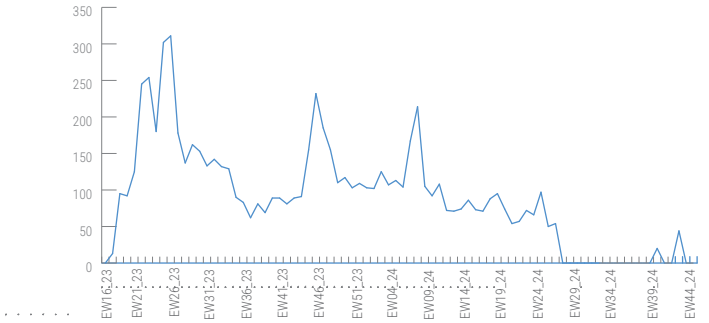
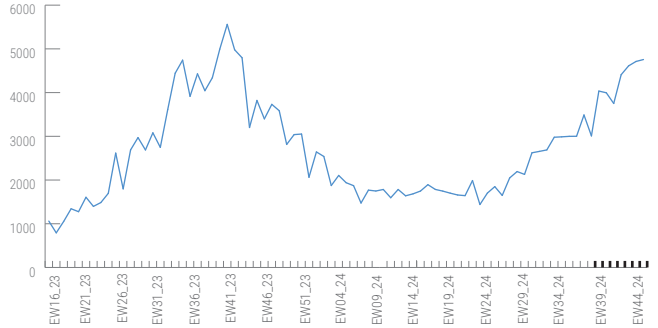
## MAIN HEALTH EVENTS BY WEEK



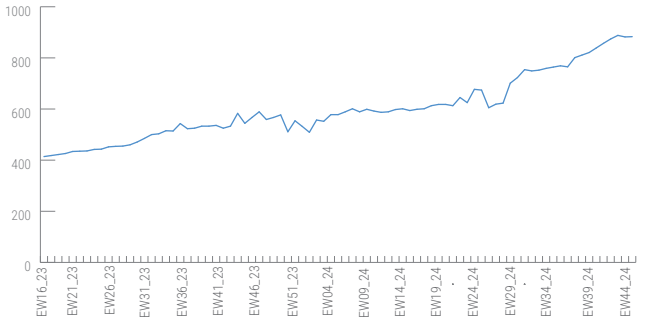

NUMBER OF DEATHS REGISTERED



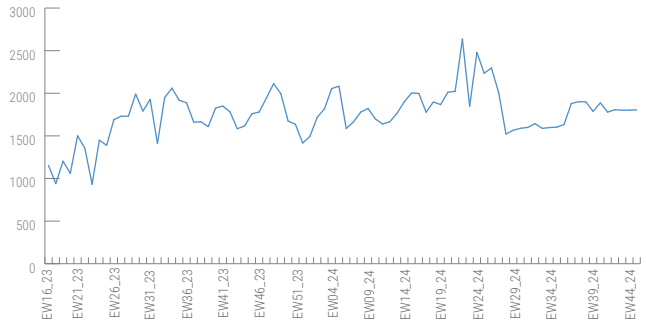

NUMBER OF INJURIES RECORDED



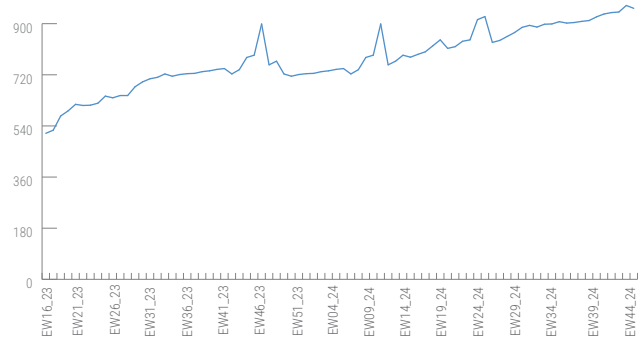

CONFIRMED CASES OF MALARIA



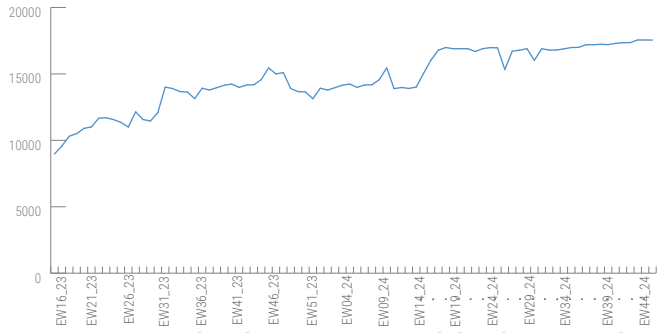

CASES OF DIARRHOEA



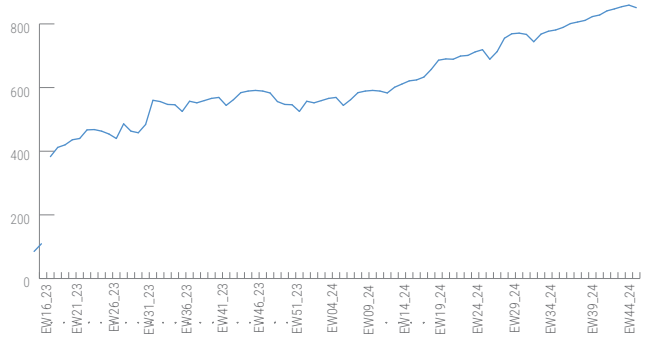

CASES OF SEVERE ACUTE MALNUTRITION



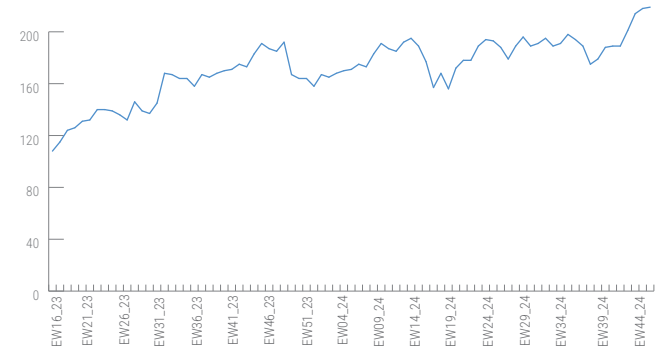

CASES OF RESPIRATORY INFECTION




NUMBER OF OUTPATIENT CONSULTATIONS




NUMBER OF PRENATAL CONSULTATIONS




ASSISTED DELIVERIES

*Tincrease in the number of reported deaths (137 cases) between July and August 2024, due to flooding that occurred in the eastern provinces of Chad

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| 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%<br>Dengue <1%<br>Hepatitis E < 4% | Cholera < 0%<br>Dengue < 0.4%<br>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 | 9 | 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% | 45% | Support health facilities by providing medicines and funds to ensure free care |
| Percentage of complete EWAR/monitoring reports submitted on time | >72% | >55% | Continue the deployment of community surveillance through EWARS Mobile in the affected areas |
| Percentage of alerts checked and investigated within 24 hours | >90% | 53% | Training surveillance officers and monitoring alerts of the community |
| Penta 3 vaccination coverage | >79% | 84% | 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

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## WHO OPERATIONS AND RESPONSE DURING EW45 2024

### Coordination

- Technical and financial support from WHO for the organization of the Health-Nutrition coordination meeting in Abéché, which was held both in-person and online. This activity brought together six members of the District Framework Team, as well as representatives from IMC, BASE, OCHA, UNFPA, UNICEF, IRC, and MEDAIR. Among the topics discussed were: i) the epidemiological situation, particularly the increase in malaria cases, the localized chickenpox outbreak at the detention center, and inconsistencies in surveillance data; ii) the nutritional situation, marked by the theft of inputs and the need to enhance their security.
- WHO's participation in the extraordinary meeting bringing together all humanitarian response actors, convened and chaired by the prefect of Assoungha in Adré. This meeting focused on the urgent relocation of refugees present at the Adré site, which has approximately 230,000 people. The prefect emphasized that this site is temporary and should not host any infrastructure or sustainable humanitarian programs. A two-week deadline was given to humanitarian actors to proceed with the relocation. Refugees who refuse to move to the designated camps would be forced to return to Sudan.
- WHO provided technical support during the coordination meeting of the reproductive health working group in Adré. Participants in this meeting included WHO, UNFPA, ASTEBEF, MSF-F, and ECD. The agenda included an audit of maternal deaths that occurred in the health district. It was noted that audits are not conducted systematically, as recommended, which hinders the identification of shortcomings in the care of women in labor. WHO was requested to provide technical support for the implementation of this activity.
- WHO representatives participated in the humanitarian coordination meeting chaired by CNARR, which was held at the UNHCR premises and gathered all response actors, including WHO, UNHCR, WFP, IOM, UNHAS, ACF, ADES, World Vision, Concern, JRS, APLFT, Alerte Santé, CIAUD, and CRT. The discussions focused on the implementation of activities from the previous month as well as prospects in the following areas: child protection and gender-based violence (GBV), food security, health and nutrition, water, hygiene and sanitation, as well as humanitarian transport provided by UNHAS.

### Capacity building

- WHO provided technical support to the partner PUI in training 44 community relays from Tongori, Toumtouma, Koufroun, and Adré Urbain, focused on community epidemiological surveillance. This activity was carried out with funding from ECHO. The objective of this training is to strengthen community health strategies in order to improve activities for the prevention and management of acute malnutrition as well as diseases under surveillance within the community.

### Supervision

- Joint integrated supervision by WHO and the Abéché district health team was conducted in nine areas of responsibility (Salamat, AEB, Doulbarit, Kacha, Kamina, Al Insaf, Simaradjana, Evangélique, and Torbiguine), benefiting 34 health workers and 29 community relays. Action plans were developed with the relevant agents to address the identified shortcomings and improve activities.

## GBV ACTIVITIES

- 1. In the health facilities and camps in Adré, 10 cases of gender-based violence (GBV) have been reported and addressed. Furthermore, in the field of mental health, approximately 327 patients have received care in various health structures managed by partners, the majority of whom are registered in refugee camps.
- 2. In the Sila province, WHO provided technical support to partners (ADES, Alerte Santé/Alima, and CRT) for the management of patients suffering from mental disorders and to offer them psychological support. A total of 114 patients were treated, of which 90% were refugees, primarily women, who represented 63% of this group.
- In the mental health services of the Wadifira camps, 110 cases of mental disorders were recorded, with a particularly high prevalence of epilepsy and chronic psychosis.

## DIFFICULTIES ENCOUNTERED

The implementation of activities in the Eastern provinces is facing some difficulties. These are related to:

- 1. Flooding that has slowed activities in some collapsed health facilities (Kolomna, Amdam, Keless).
- 2. Insufficient resources for the implementation of response activities.
- 3. Insecurity related to the proximity of refugee camps and the border with Sudan, necessitating military escorts, which are often costly for most interventions.
- 4. Insufficient human resources (doctors, surgeons, paramedics at UNT) for the hospitals in Adré, Goz Beida, and Guéréda.
- 5. Poor internet connectivity with field teams, resulting in delays in report transmission."

## URGENT ACTIONS

- 1. Continue to coordinate health actions while strengthening leadership at all levels of the health pyramid, particularly through the organization of joint supervisions between the MSPP and WHO, as well as by recruiting human resources to ensure optimal operational capacity.
- 2. Continue advocacy for mobilizing financial resources for the implementation of response activities.
- 3. Continue the response to the outbreaks of hepatitis E, measles, as well as cases of yellow fever, chickenpox (at the central prison of Abéché), and suspected cases of dengue and Mpox.
- 4. Continue to improve access to quality healthcare for vulnerable populations by providing medicines and medical supplies to operational partners, as well as by collaborating with the Ministry of Public Health in a coordinated manner, based on identified gaps from the mapping of partners present at the operational level.
- 5. Ensure support for operations, particularly in terms of technical, administrative, logistical, and financial assistance for activities in the East, as well as for the proper functioning of offices.
- 6. Recruit two specialized surgeons to address gaps in the hospitals of Adré and Gozbeida.

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