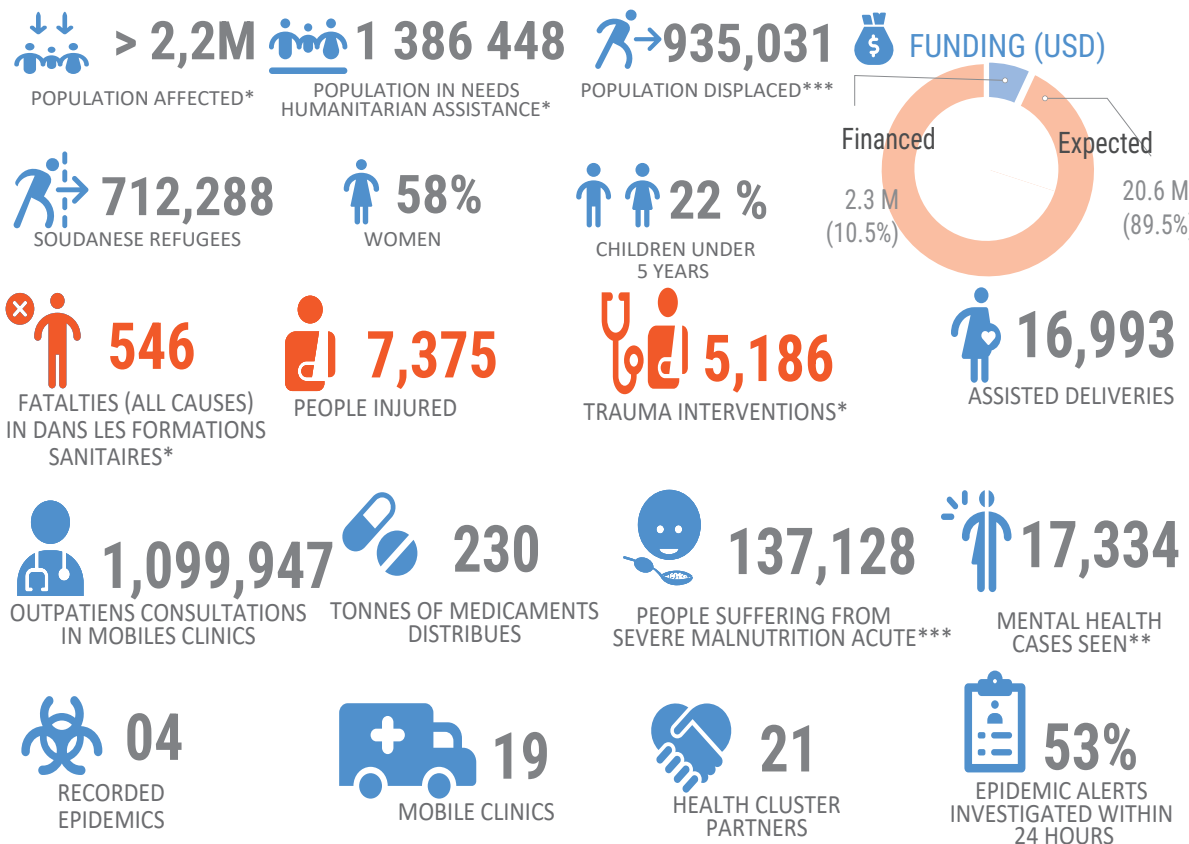


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 17 November 2024

More than 712,288 Sudanese and Chadians have fled Darfur to converge at 32 entry points in eastern Chad. Chad is the second most affected country by the crisis in Sudan, hosting 30.6% of Sudanese refugees and thousands of new arrivals each week. These refugees live in numerous formal and informal camps located in 9 health districts across 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 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 to flee 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 districts affected by the crisis in eastern Chad. The international community is urged to act swiftly to stop the violence and increase humanitarian aid, alleviate suffering, and prevent further displacement

Keys figures

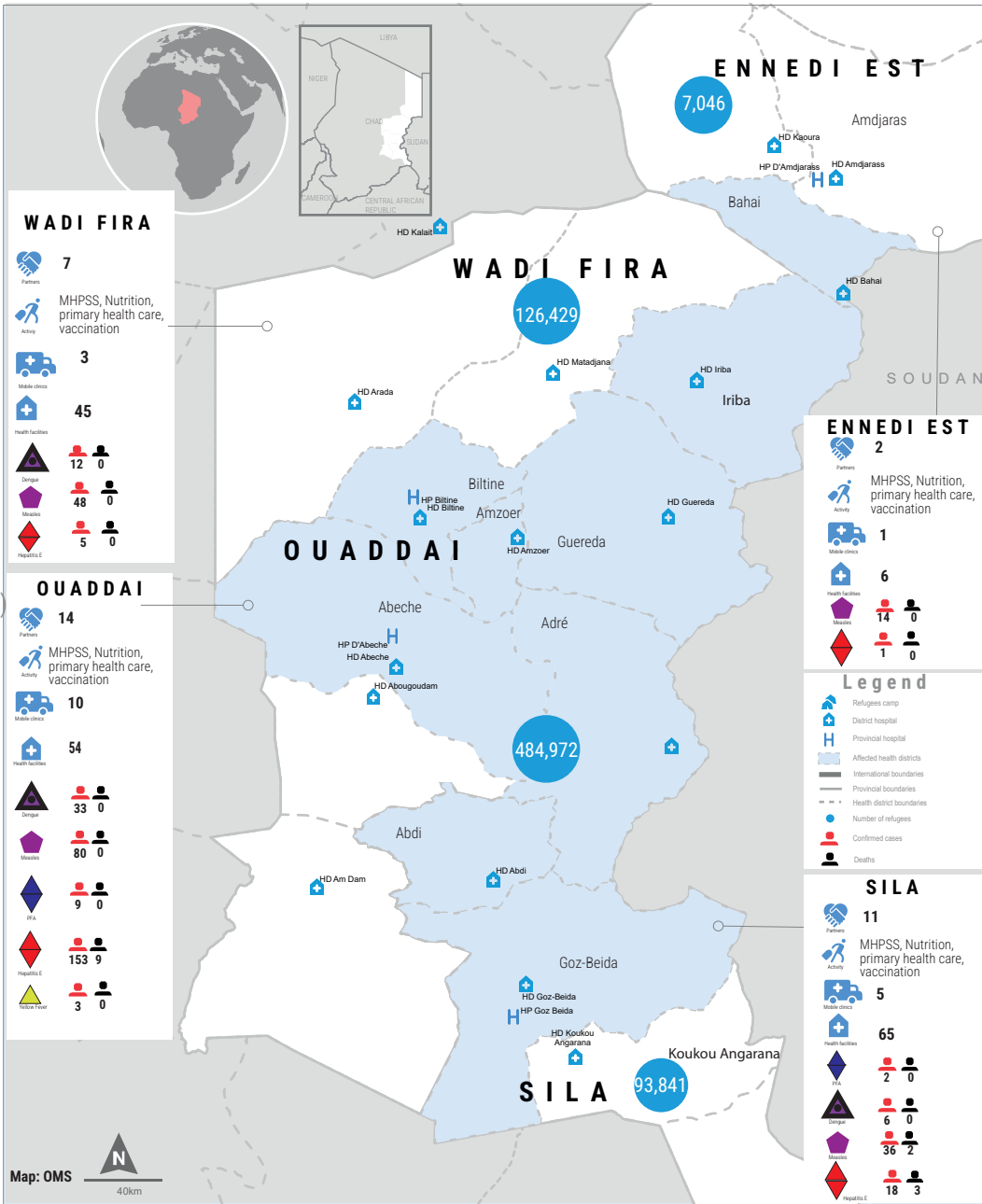


Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies.

* 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



Published on : 22/11/2024 :

Data sources: MoH , Partners in the health sector

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

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

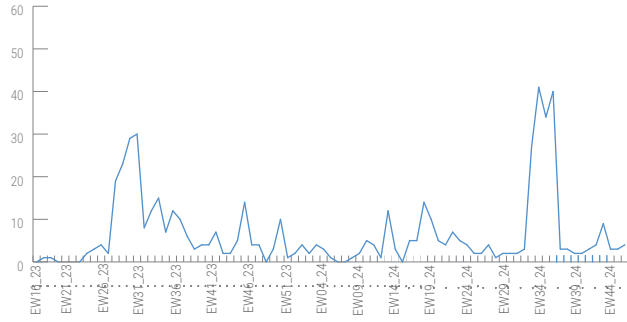
Disclaimer: The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the World Health Organization.



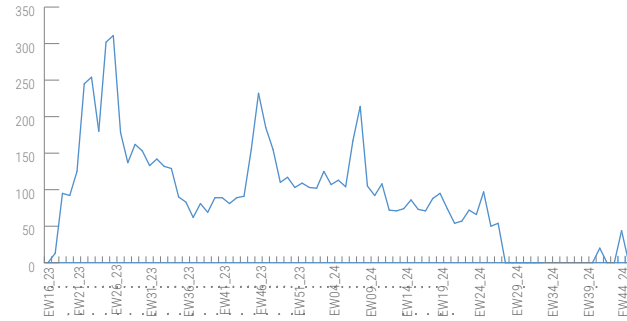
CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 17 November 2024

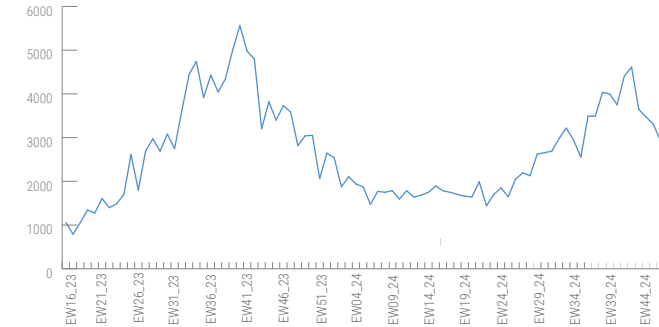
MAIN HEALTH EVENTS BY WEEK



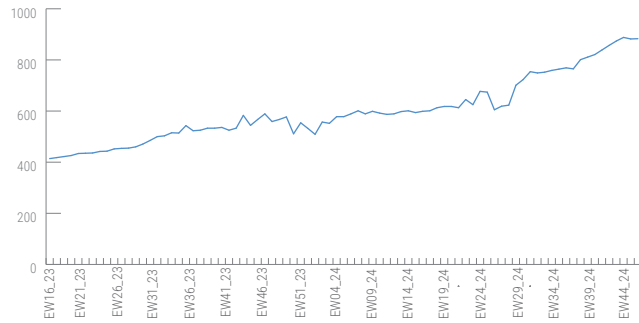
NUMBER OF DEATHS REGISTERED



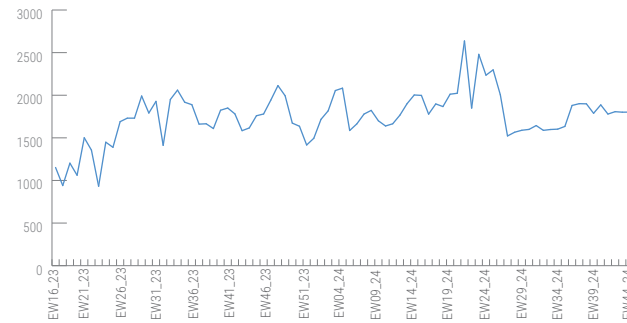
NUMBER OF INJURIES RECORDED



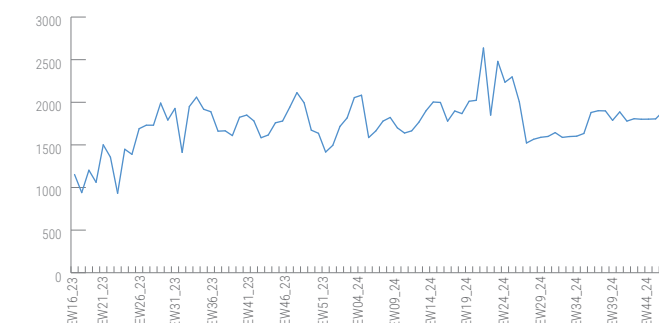
CONFIRMED CASES OF MALARIA



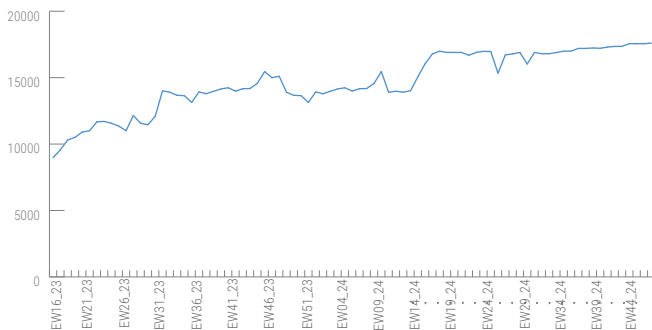
CASES OF DIARRHOEA



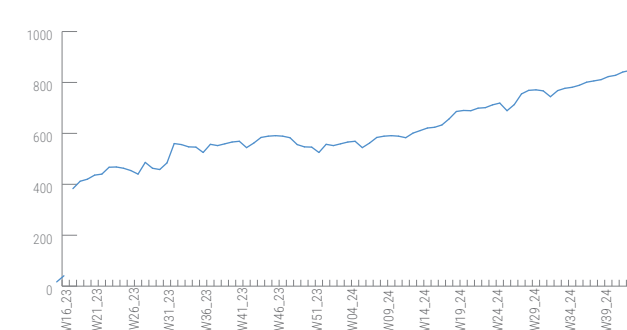
CASES OF SEVERE ACUTE MALNUTRITION



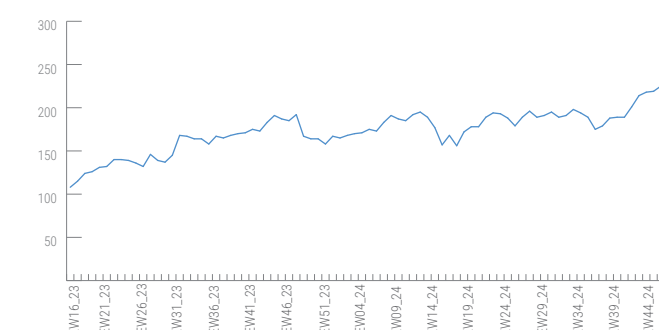
CASES OF RESPIRATORY INFECTION



NUMBER OF OUTPATIENT CONSULTATIONS



NUMBER OF PRENATAL CONSULTATIONS



ASSISTED DELIVERIES

*Increase in the number of deaths recorded between July and August 2024 due to flooding, which caused the death of 137 people in the provinces of eastern Chad

CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 17 November 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% 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	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

Published on : 22/11/2024

Data sources: MoH, Partners in the health sector

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

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WHO OPERATIONS AND RESPONSE DURING EW46 2024

Coordination

- Active participation of WHO in the meeting of the Inter-Agency Network for Protection against Sexual Exploitation and Abuse (PSEA) - Ouaddaï, which took place on November 12. This meeting brought together representatives from UNHCR, CRT, HIAS, Plan International, IRC, UNICEF, SOS Village, JRS, UNFPA, WHO, MSF Spain, ACTED, Action Against Hunger, NRC, DRC, IOM, LMI, APLFT, ADES, WR Chad, and WFP. The objective of this meeting was to coordinate the Focal Points in Ouaddaï and to present the tools harmonized by the UN (Country Humanitarian Team)
- Technical support from WHO to UNICEF for the briefing of the management teams from the four districts hosting refugees (Adré, Hadjer-Hadid, Amléyouna, and Ckokoyane) regarding the screening campaign scheduled from November 1 to 19, 2024. Present were: the Health Delegate of Ouaddaï, the four concerned MCDs, the nutrition focal point of the delegation, the nutrition focal points of the districts, the zone leaders, the Delegation's Management Team, as well as two consultants from WHO and three from UNICEF. The strategy involves recruiting community relays locally to cover 100% of the villages in the area of responsibility, with the goal of screening at least 70% of children.
- The bi-monthly meeting of the GTT SMSPS (Technical Working Group on Mental Health and Psychosocial Support) was held on November 13. The following points were on the agenda: (i) review of previous recommendations; (ii) development of the 4W SMSPS matrix; (iii) assessment of needs, resources, and gaps in SMSPS by a firm mandated by World Vision International, with the support of a technical committee composed of representatives from UNHCR, ACF, and HIAS; (iv) identification of SMSPS gaps for each partner and various stakeholders.
- Support from WHO for the organization of preparatory meetings for the 16 Days of Activism, attended by the following partners: WHO, JRS, HIAS, ADRAH, INTERSOS, UNHCR, APLFT, and COOPI.
- Briefing of maternity staff at the hospital, frontline CRF providers, and ALIMA health agents on the clinical management of victims of rape.

Capacity building

- WHO provided technical support to the Adré district by training 30 vaccination agents operating in the camps and sites (Metché, Abouteingué, Lycée, Tongori, Koufroune, and Adré Urbain) on the new vaccines, including the pneumococcal vaccine, rotavirus vaccine, and antimalarial. The objective was to equip the camp and site vaccination agents with the necessary knowledge to integrate these new vaccines into routine Expanded Program on Immunization (EPI) activities. Additionally, WHO took this opportunity to present a module on Mpox surveillance
- Capacity building on the fundamental concepts of gender-based violence (GBV) and psychological first aid, organized by HIAS for staff and partners involved in the fight against GBV. The goal was to equip participants with the necessary skills to provide immediate support to beneficiaries from the first contact and to offer them the required assistance. The training brought together representatives from WHO, APLFT, IRC, NIRVA, the judicial police, ADRAH, ADESHO, HIAS, DRC, as well as the district's SMSPS focal point.

Sensibilisation

- Technical support from WHO for organizing a focus group with 10 APLFT relays on the topic of rape and its consequences, in order to enhance their knowledge for raising awareness and referring cases within 72 hours.

- WHO supported several awareness sessions at the Integrated Multifunctional Services Center (CISM) in Adré, including: (i) a mass awareness campaign in the Safe Space of the CISM, aimed at women and girls, on the disadvantages of female genital mutilation, with the goal of informing them about the consequences of this practice; (ii) an educational talk with 14 adolescent boys on the role of girls in society; (iii) in collaboration with CRT, WHO organized an educational talk with 20 girls on the typology of gender-based violence (GBV) and its consequences. The objective of this activity was to inform adolescents, regardless of their gender, about GBV.
- WHO supported prevention activities, including raising awareness among 225 people on the following topics: rape and its consequences, the typology of gender-based violence (GBV), and the disadvantages of female genital mutilation, in the Adré health district.

DIFFICULTIES ENCOUNTERED

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

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

URGENT ACTIONS

- Continue coordinating 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.
- Continue advocacy for mobilizing financial resources for the implementation of response activities.
- Continue responding 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.
- 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.
- 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 the offices.
- Recruit two specialized surgeons to address gaps in the hospitals of Adré and Gozbeida.

