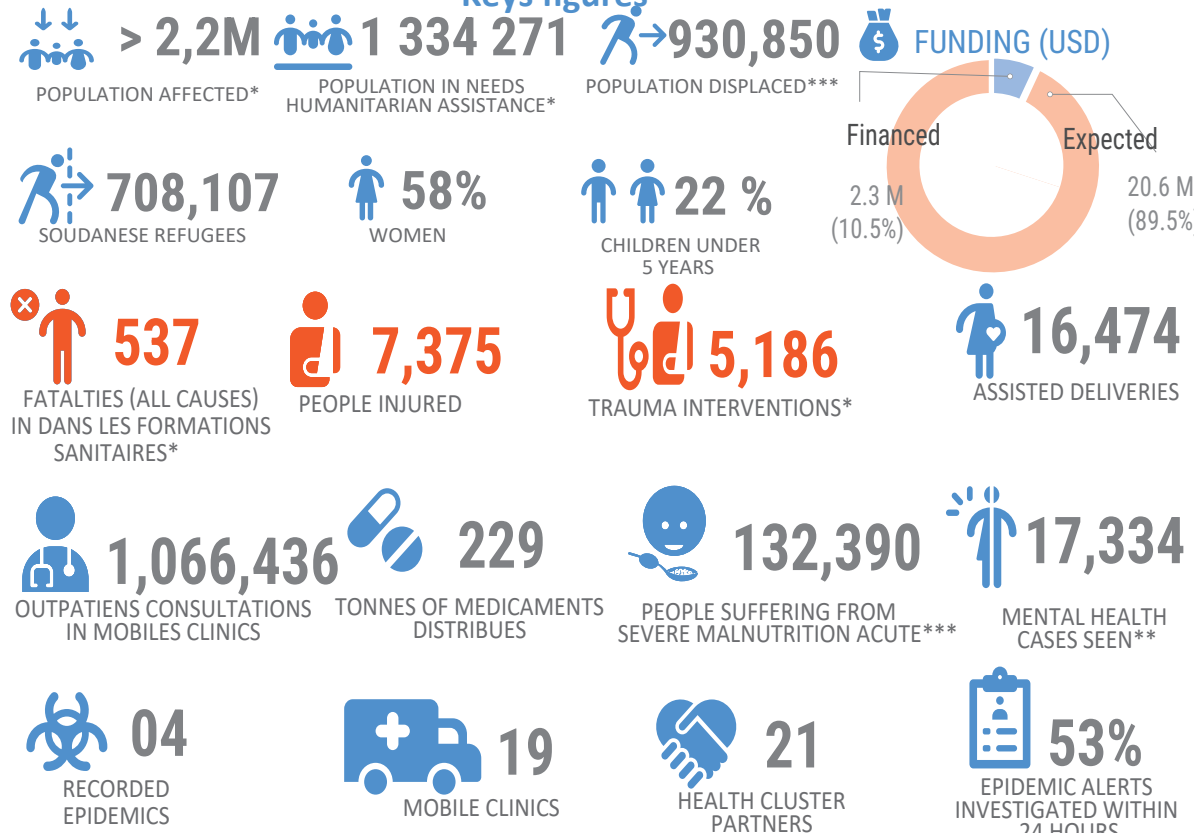


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 27 October 2024

More than 708,107 Sudanese and Chadians have fled Darfur and converged on the 32 entry points in eastern Chad. Chad is the second country most affected by the crisis in Sudan, with 30.5% of Sudanese refugees and thousands of new arrivals every week. These refugees are living in a large number of formal and informal camps in 09 health districts in 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 diarrhoea remain the most common pathologies. This humanitarian situation is exacerbated by epidemics of measles, chickenpox, hepatitis E and yellow fever. Since the beginning of the crisis, 7,311 people have been injured and treated with the support of MSF-F, PUI, the ICRC and an international emergency team deployed by the WHO. The humanitarian situation in Sudan continues to deteriorate with the escalation of the conflict in the states of Khartoum, Sennar, Darfur and Kordofan. Access to humanitarian aid is difficult due to insecurity, restrictions on movement imposed by the authorities, and the seasonal rise in water levels continues to affect humanitarian activities. The health situation is very worrying following unprecedented flooding due to heavy rainfall and rising rivers, making it impossible to travel for operations, access health facilities, evacuate patients, transport samples to the laboratory, etc. The WHO has difficulty accessing certain sites to provide a coordinated health response to the various public health events that may occur in these areas. The WHO has pre-positioned health kits, including cholera kits, in the districts affected by the crisis in eastern Chad.

Keys figures

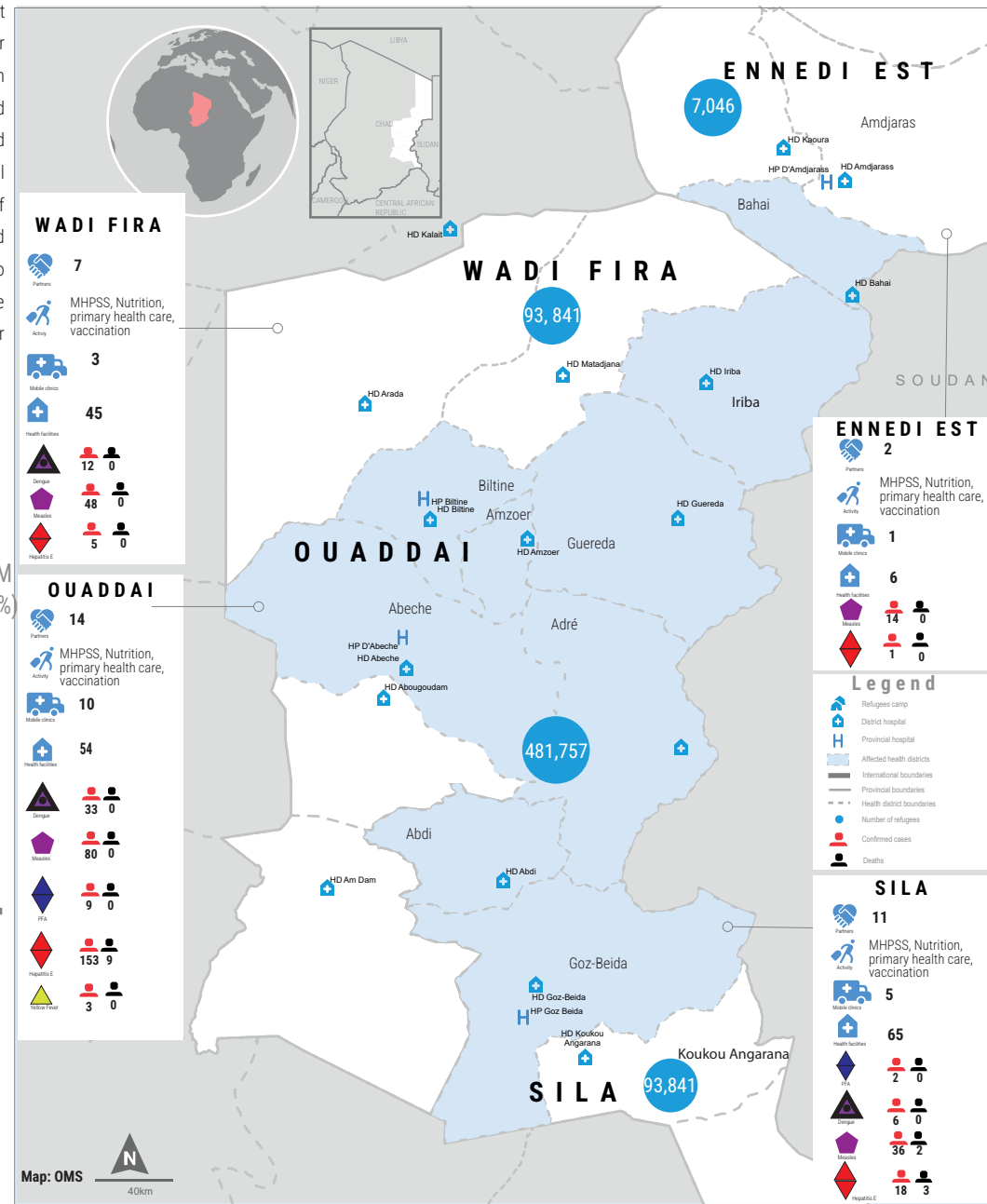


Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies.

* 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 : 31/10/2024 : Data sources: MoH , Partners in the health sector

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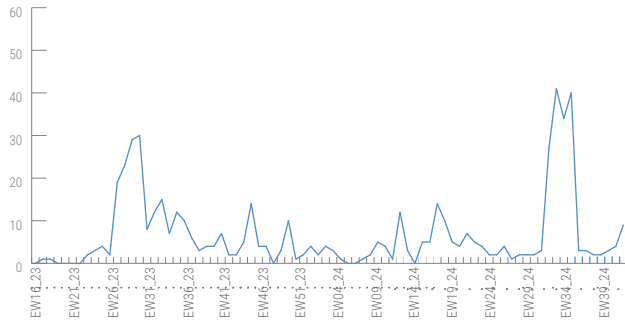
Disclaimer: The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the World Health Organization.



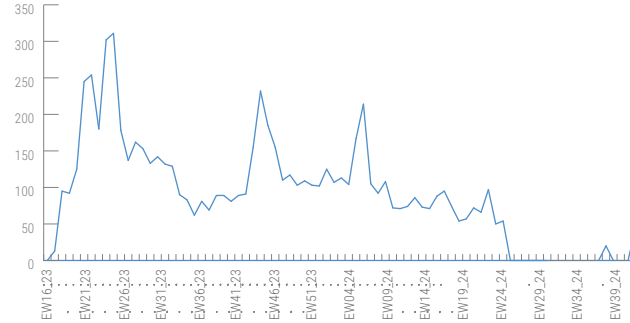
CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 27 October 2024

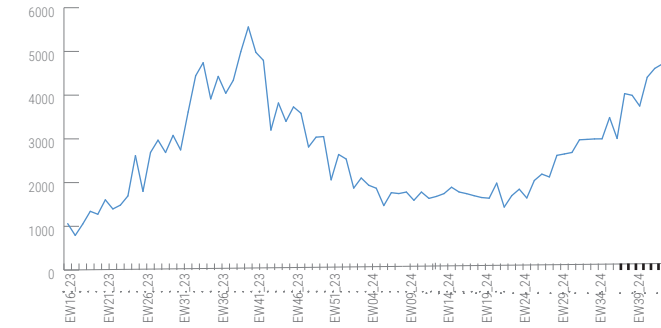
MAIN HEALTH EVENTS BY WEEK



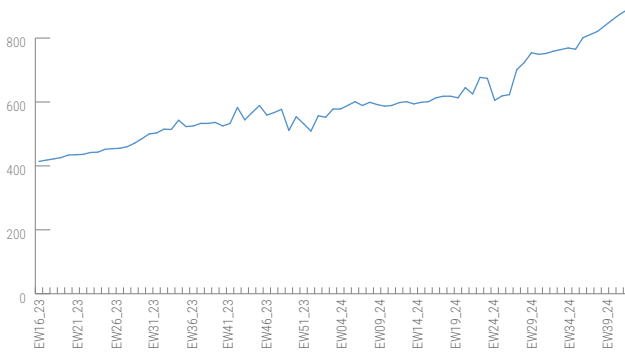
NUMBER OF DEATHS REGISTERED



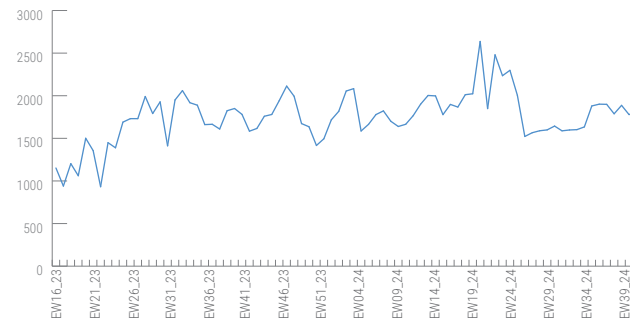
NUMBER OF INJURIES RECORDED



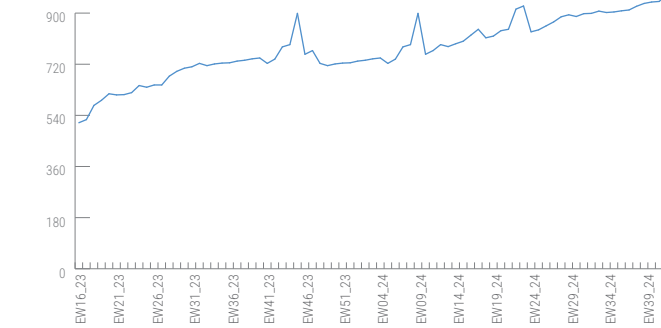
CONFIRMED CASES OF MALARIA



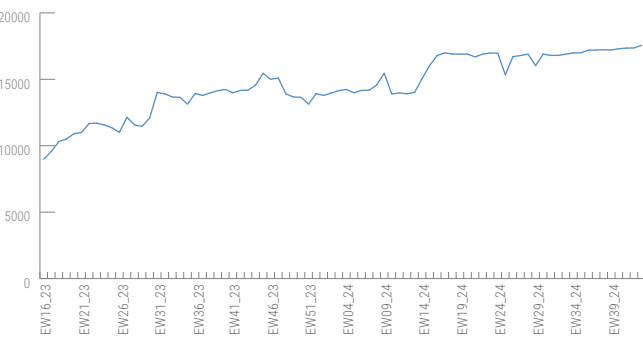
CASES OF DIARRHOEA



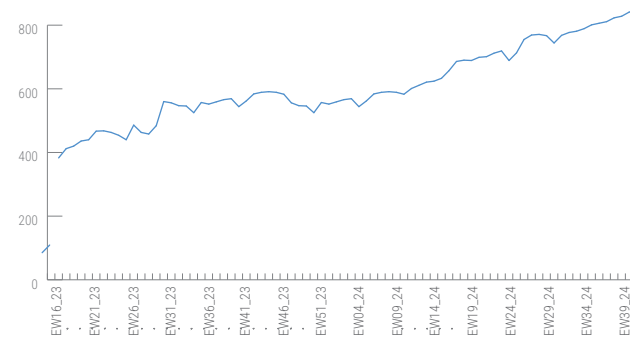
CASES OF SEVERE ACUTE MALNUTRITION



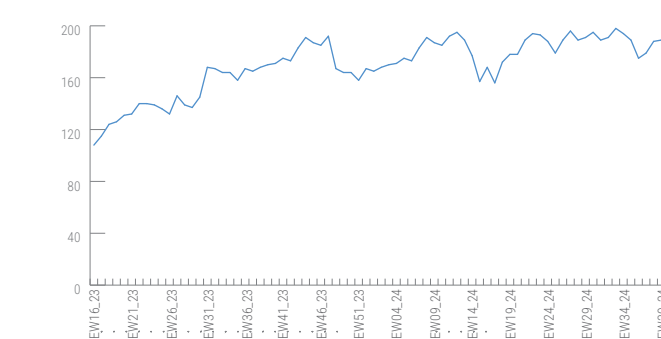
CASES OF RESPIRATORY INFECTION



NUMBER OF OUTPATIENT CONSULTATIONS



NUMBER OF PRENATAL CONSULTATIONS



ASSISTED DELIVERIES

*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 27 October 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	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)	55%	5%	Support health facilities by providing medicines and funds to ensure free care
Percentage of complete EWAR/monitoring reports submitted on time	>53%	>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

**This is not a sphere indicator

Published on : 31/10/2024

Data sources: MoH, Partners in the health sector

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

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

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WHO OPERATIONS AND RESPONSE DURING EW43 2024

Coordination

- Meeting at the WHO Abéché sub-office between staff and the emergency program manager on October 21, 2024. The aim of the meeting was to review the challenges of the response, achievements and progress against the work plan, and collaboration with other partners.
- WHO support for the health and nutrition coordination meeting attended by the Adré District Management Team, WHO, UNICEF, UNHCR, ECHO, OCHA, IRC, PUI, ACF, CRT, UNFPA and MSF (France-Switzerland-Spain): On the agenda was the massive influx of wounded and refugees in view of the ongoing fighting in Sudan not far from the border. From 01 to 24 October 2024, a total of 12,815 (3,429 households) arrived and were registered at the Adré entry point.
- Technical support from WHO for the health/nutrition cluster meeting under the leadership of the provincial health delegate, attended by the following institutions: WHO, UNICEF, UNHCR, WFP, ACF, CRF, ADES, Alerte santé/ALIMA, the MCD of Goz-Beida and the SG of the governor of Sila province: WHO, UNICEF, UNHCR, WFP, ACF, CRF, ADES, Alerte santé/ALIMA, the MCD of Goz-Beida and the SG of the governor of Sila province. The agenda included a presentation of the bi-weekly activities of humanitarian actors in Sila province in the fields of health, nutrition and water, hygiene and sanitation, as well as the outlook and the difficulties encountered.
- Mental health:** WHO technical support for the organisation of the MHPSS working group meeting, facilitated by ACF and attended by the following technical and financial partners: WHO, ACF, JRS, INTERSOS and COOPI. Discussions focused on revitalising the MHPSS working group by drawing up its terms of reference, the 3W/4W matrix, updating the mailing list, managing mental health data and an annual action plan to guide joint actions. The Health Delegation is the lead and the WHO is the co-lead.
- GBV:** WHO support for the GBV working group meeting in Adré, which brought together the following partners: WHO, ACTED, MSF Switzerland, ASTBF, ADHESCO, ADRHA, HIAS, UNHCR, UNFPA, DRC, APLFT, MFPE, CRT: WHO, ACTED, MSF Switzerland, ASTBF, ADHESCO, ADRHA, HIAS, UNHCR, UNFPA, DRC, APLFT, MFPE, CRT. At the end of this meeting, the following points were discussed: (i) presentation by ACTED of the results of its security audit carried out in Adré, which showed that GBV remains a challenge in the locality; (i) development of a communication plan on GBV in the town of Adré with a focus on the transit site for 200,000 refugees.

Donation

- On October 24, 2024, the World Health Organization (WHO) made a donation of psychotropic medications to Médecins Sans Frontières (MSF) Switzerland, with the aim of ensuring an adequate continuity of care for patients suffering from mental health issues. This donation is intended to support the treatment of various patients, including a significant number of pregnant women.
- Official donation by the WHO to MSF-Belgium of around two tonnes of trauma kits for the treatment of people injured in clashes during the Sudanese crisis in transit sites (Birak and Koulbous) in the province of WadiFira.

Training

- Technical support from the WHO for the training of health center managers and Expanded Program on Immunization (EPI) coordinators regarding the introduction of three new vaccines (Rotavirus, pneumococcus, and malaria). In total, 12 health center managers and 14 EPI coordinators were trained, including 5 women.

DIFFICULTIES ENCOUNTERED

The implementation of activities in the three provinces is encountering a number of difficulties:

- 1. 05 health centres collapsed in Sila (Koloma at the Gozbeida health centre; Sassilgo, Aradip, at the Koukou health centre), Ouaddaï (the UNT building in Amdam) and Wadidra (Keless at the Tiné health centre) - 16 health structures flooded and inaccessible, in particular the health centres in : Gozamir, Koukou urbain, Aradip, Sassilgo, Kreta, Machiborgo, Addressa, Louboutigué Daguessa, Anderere, Marfakatal, Ambourgne, Bandekao, Agourtouloum, Kerfi and Sèssébané.
- 2. Insecurity linked to the proximity of the refugee camps and the Sudanese border, which means that military escorts, often costly, are required for most operations.
- 3. Insufficient resources to implement plans to respond to the crisis and the floods, which ultimately affected all of the country's 23 provinces.
- 4. Insufficient human resources (doctors, surgeons) for the hospitals in Adré and Goz Beida.

URGENT ACTIONS

- 1. Continue to advocate for the mobilisation of financial resources and finalise the concept note for the three million dollars donated by the Emirates for maternal and child health;
- 2. Continue to coordinate health actions while strengthening leadership at all levels of the health pyramid, including through the organisation of joint MSPP-WHO supervisions, and the recruitment of HR for optimal operationality;
- 3. Continue the response to the hepatitis E epidemic, measles, yellow fever, chickenpox (at Abéché central prison) and suspected cases of dengue fever and Mpox;
- 4. To continue to improve access to quality healthcare for vulnerable populations by providing medicines and medical equipment to operational partners through the Ministry of Public Health in a coordinated manner according to the gaps identified based on the mapping of the presence of partners at operational level;
- 5. Strengthen the implementation of GBV case management in the areas affected by the crisis.
- 6. - Provide support for operations, in particular technical, administrative, logistical and financial support for operations in the east of the country, as well as the running of offices.