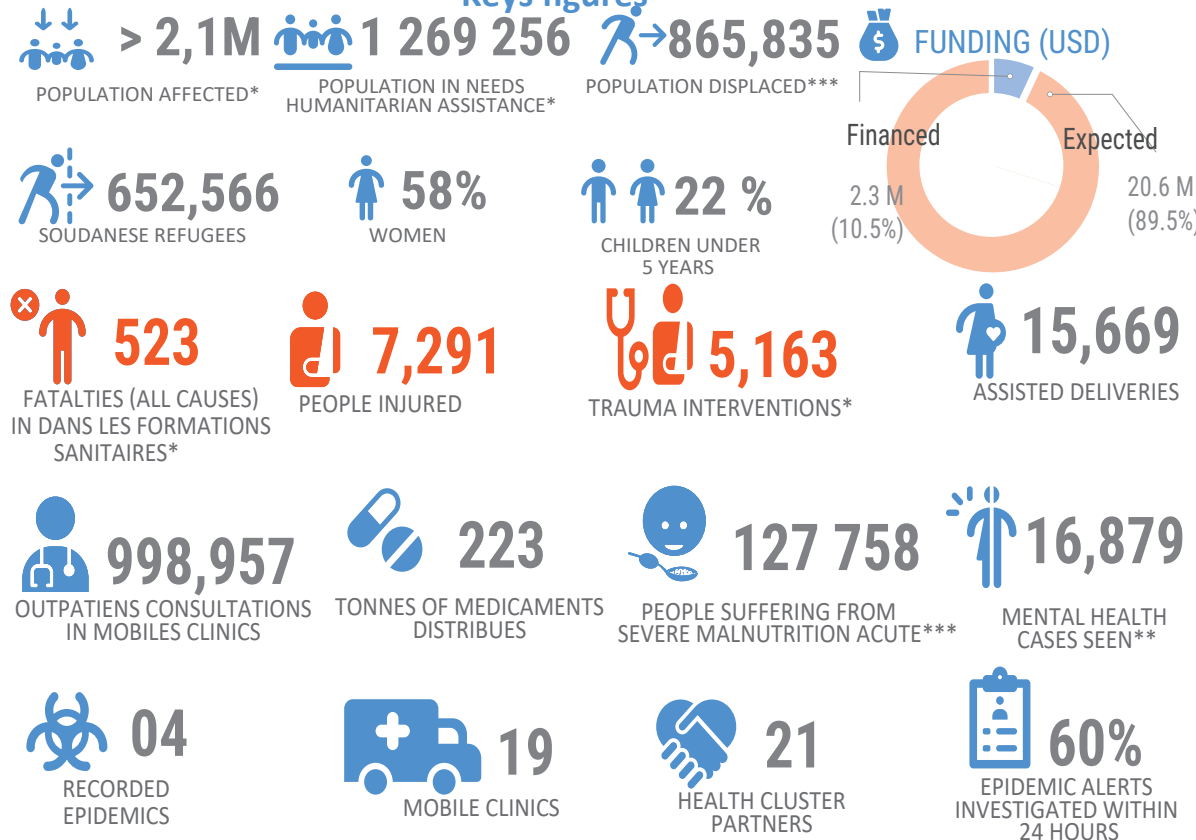


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 29 September 2024

More than 865,835 Sudanese and Chadians have fled Darfur and converged on the 32 entry points in eastern Chad. Chad is the country most affected by the crisis in Sudan, with 45.6% 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, 7,291 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

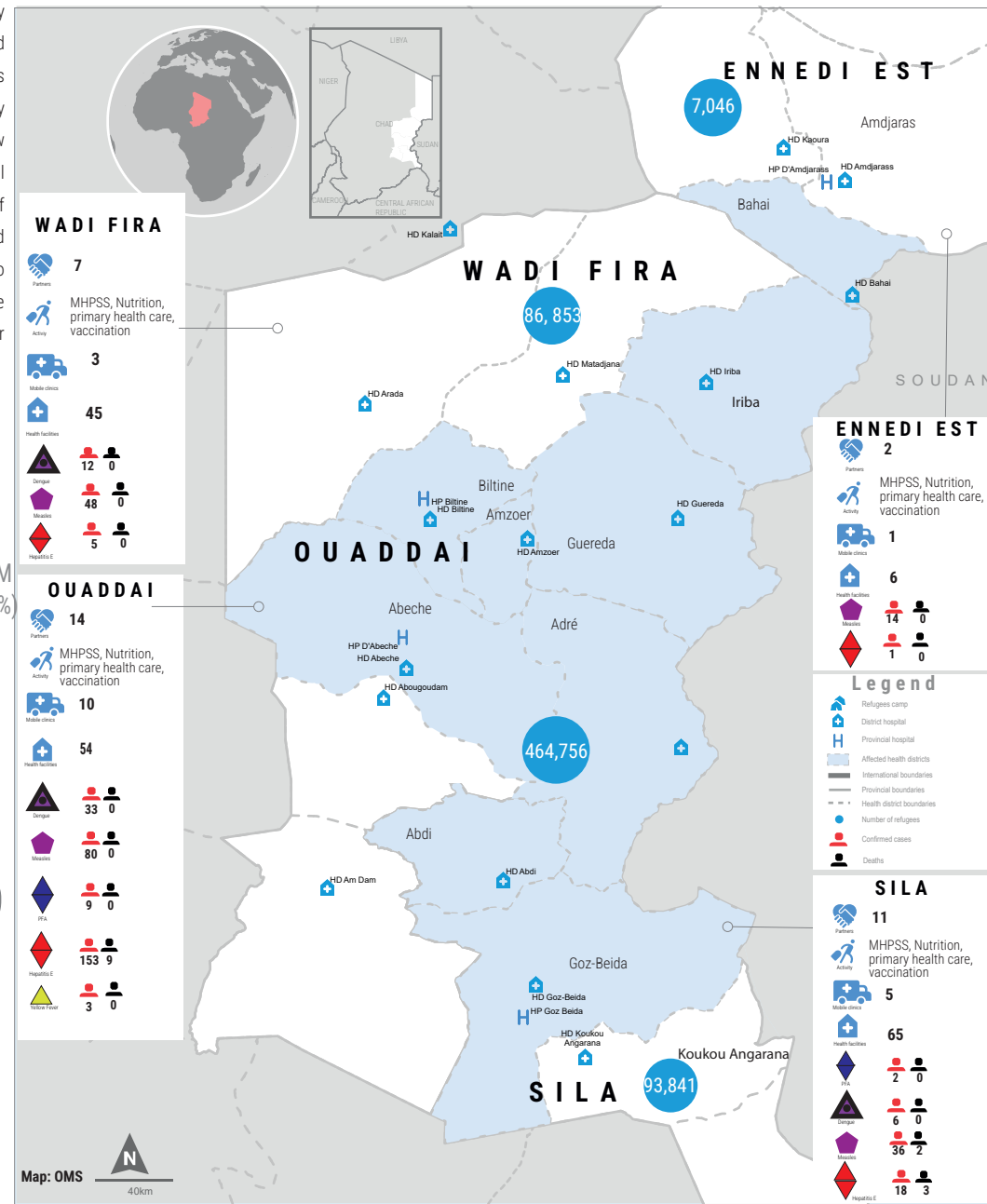


Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies.

* 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 : 03/10/2024 : Data sources: MoH , Partners in the health sector

Contacts: daizoa@who.int (PF EPR) ; djinguebeyr@who.int (IM) ; tewos@who.int (IMO)

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

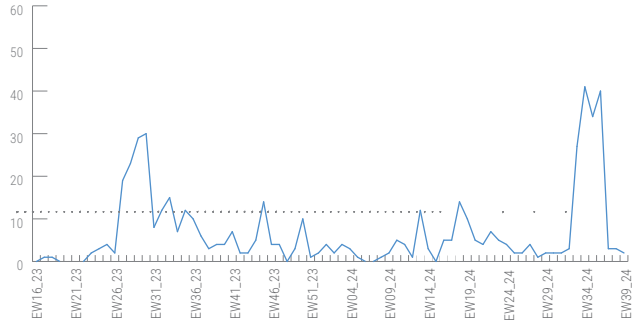
Disclaimer: The boundaries, names and designations used on this map do not imply official endorsement or acceptance by the World Health Organization.



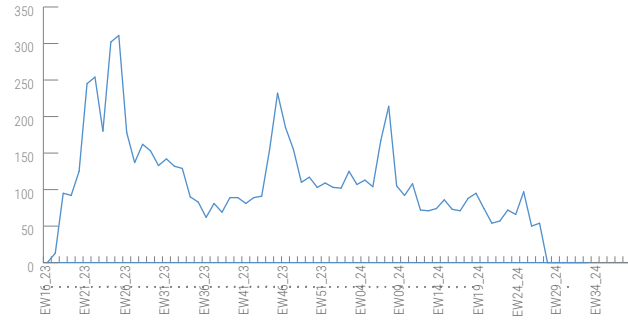
CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 29 September 2024

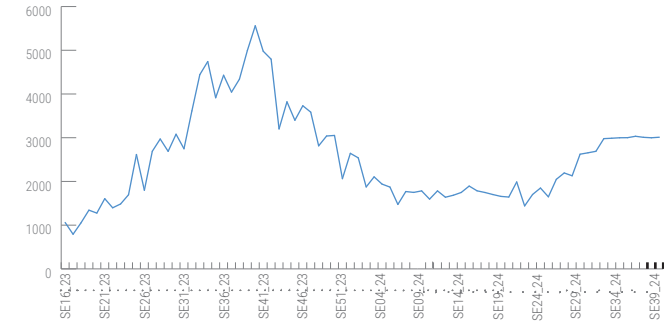
MAIN HEALTH EVENTS BY WEEK



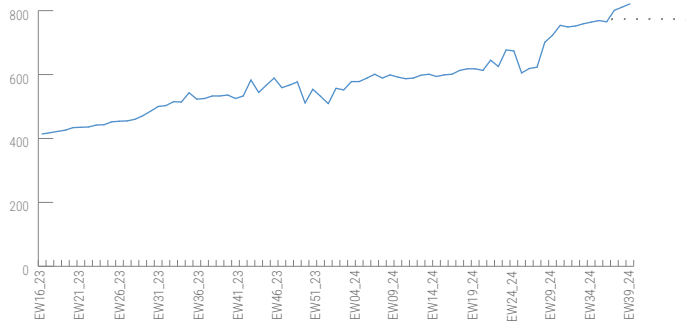
NUMBER OF DEATHS REGISTERED



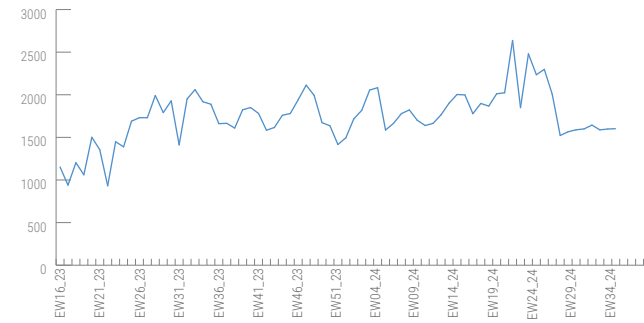
NUMBER OF INJURIES RECORDED



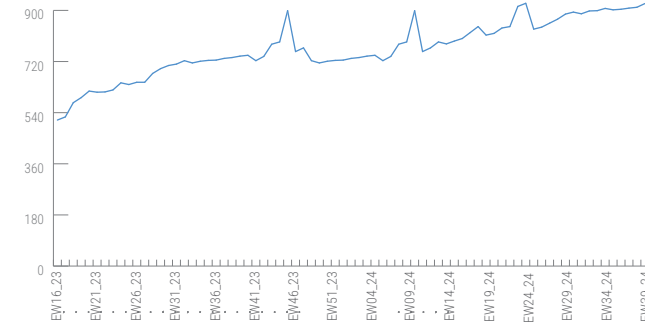
CONFIRMED CASES OF MALARIA



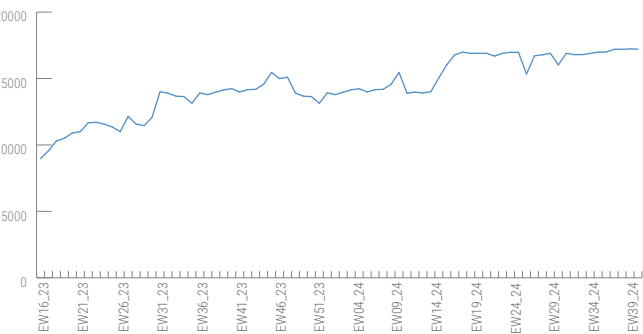
CASES OF DIARRHOEA



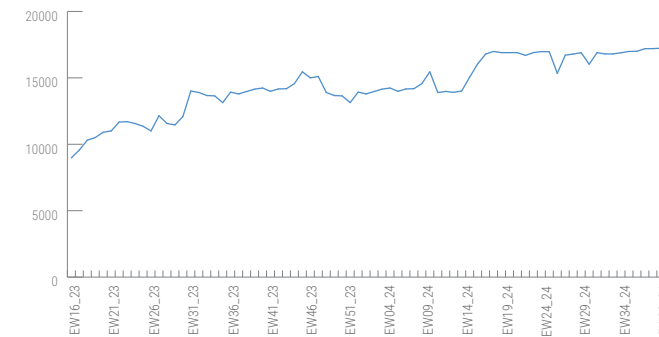
CASES OF SEVERE ACUTE MALNUTRITION



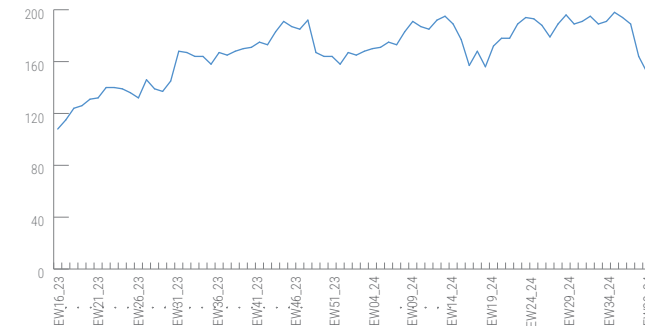
CASES OF RESPIRATORY INFECTION



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 29 September 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)	100%	5%	Support health facilities by providing medicines and funds to ensure free care
Percentage of complete EWAR/monitoring reports submitted on time	>79%	>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 : 03/10/2024

Data sources: MoH, Partners in the health sector

Contacts: fbanzamutoka@who.int (TL EPR ai.); 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 EW37 2024

Coordination

- Visit of Her Excellency Lana Nusseibeh, Under-Secretary of State for Foreign Affairs of the United Arab Emirates, accompanied by the Under-Secretary of State for Foreign Affairs of the Republic of Chad, the UN Resident Coordinator and representatives of UN agencies, including WHO, on September 13, 2024, in Abéché. This mission was marked by the announcement of a \$10 million support to UN agencies and \$3 million to WHO for maternal and child health for refugees and host populations
- Visit of the WHO Director-General: Dr. Tedros Adhanom Ghebreyesus, the Director-General of the World Health Organization, undertook a mission to Chad from September 15 to 17, 2024, to assess the realities of the humanitarian and health crisis caused by the Sudanese conflict. He was accompanied by the Minister of Health, the WHO representative in Chad, who is also the interim UN Resident Coordinator, the CEO of the Carter Center, the governor of the Ouaddaï province, and several other officials from the Ministry of Health. Three main activities marked this mission: (i) a visit to the border for the launch of the passage of seven trucks carrying humanitarian aid, including three WHO vehicles loaded with medicines; (ii) the donation of medicines to Ouaddaï; (iii) a visit to the transit site located in the city of Adré, where over two hundred thousand refugees are awaiting relocation.
- Coordination Organization: A joint organization between WHO and the Provincial Health Delegation of Ouaddaï held the monthly coordination meeting of the health and nutrition technical group on September 26, 2024, in the UNICEF meeting room. The meeting recorded the participation of 27 individuals and resulted in the formulation of recommendations, including the unanimously adopted proposal to maintain the same health-nutrition coordination format in Adré as well

Logistics

- Donation of 2 tents to IRC for the enhancement of the health center at Dougui Camp.
- Mobilization by WHO of 3 tons of medicines valued at over \$62,000, funded by CERF and ECHO, for donation to Adré, Ouaddaï province, during the visit of the WHO Director-General on September 16, 2024. These medicines aim to treat common ailments (malaria, acute respiratory infections, diarrheal diseases), as well as mental health issues, cholera, and severe acute malnutrition, and are intended for the care of 4,750 individuals.

GBV activities

- SETTING UP THE CISM IN ADRE: a core group made up of : WHO, UNICEF, MSF France, UNFPA and the District Management Team is responsible for setting up the Integrated Multi-Service Care Centre (CISM) to provide holistic care for survivors of GBV, one of the recommendations of the United Nations Deputy Secretary-General, who visited Adré a few weeks ago. This nucleus coordinates the implementation of the CISM by pooling the necessary resources. The WHO has contributed by making available to the structure 02 midwives specialised in the clinical management of GBV survivors, as well as an agent for psychological support, who are already present in Adré. The organisation will also provide medicines and technical support to build the capacity of CISM staff.

Capacity Building

- WHO technical support for WFP-funded IMCI training from 17 to 19 September 2024, for 24 participants from the Amléyouna health district, including 12 health centre managers and 12 nutrition assistants, 5 of whom were women.
- A PREAHS briefing was given to 37 participants (including 09 partners) during the training of trainers (Polio NIDs), with particular emphasis on the zero tolerance policy.

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, Andressa, Louboutigué Daguessa, Anderere, Marfakatal, Ambourgne, Bandekao, Agourtouloum, Kerfi and Séssébané.
- 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.