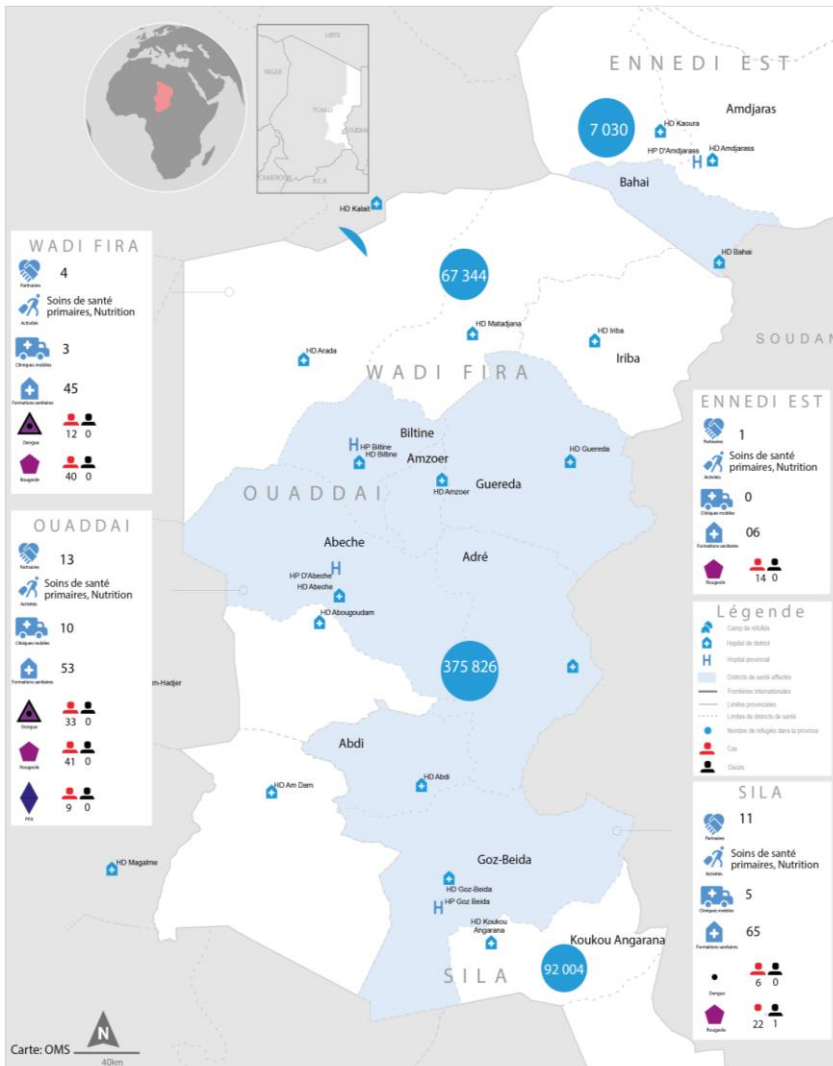




# WEEKLY REPORT ON THE HUMANITARIAN AND HEALTH CRISIS IN EASTERN CHAD LINKED TO THE INFUX OF REFUGEES AND RETURNEES FOLLOWING THE SUDANESE CONFLICT

N°27

Period from 01 to 28/01/2024



## HIGHLIGHTS

- Chad is the African country most affected by the armed conflict in Sudan, hosting 48.8% of Sudanese refugees to date.
- As of 28 January 2024, 57,578 new refugees had been registered in the 4 crisis-affected eastern provinces of SE01 and SE04, making a total of 542,204 Sudanese refugees registered (53.2% of whom were located in Adré, the epicentre of the crisis) and 139,932 Chadian returnees since the start of the conflict in Sudan.
- The refugees and returnees are spread across the provinces of Ouaddaï, Sila, Wadi-Fira and Ennedi East. A total of 5,345 injuries were recorded, including 447 new cases during this period, treated with the support of MSF-F, PUI, ICRC and the international emergency team deployed by the WHO.
- A total of 262 deaths were recorded, including 157 (59.9%) malnourished children, 33 maternal deaths, 22 casualties and 49 other deaths.
- For the period from April to November 2023, Penta3: 71.4% and Var1: 48.7% vaccination coverage in the crisis provinces.
- Between SE01 and SE04, no confirmed cases of AFP, measles, meningitis, yellow fever or cholera were recorded in the eastern provinces affected by the crisis.

Figure 1: Health situation in the provinces of Eastern Chad affected by the humanitarian and health crisis

## HUMANITARIAN PROFILE IN EASTERN CHAD AS AT 28 January 2024

<b>&gt; 2 million</b> population affected Including the host population	<b>1,115,626</b> people in need of humanitarian assistance Refugees, returnees and host populations	<b>262 Deaths</b> • 157 malnourished children (05) • 34 maternal deaths (0) • 22 injured (3) • 49 other deaths (05) • 13 new	<b>5 345</b> Injured • 447 new	<b>139 932</b> Chadian returnees • 41,162 new	<b>524 204</b> Sudanese refugees • 57,578 new

## HUMANITARIAN SITUATION

Since the outbreak of armed clashes in Sudan on 15 April 2023, Sudanese refugees and Chadian returnees from Darfur have been converging on more than 37 border entry points in eastern Chad in search of shelter. Conflict has displaced more than a million people in neighbouring countries, of whom more than 620,000 have sought refuge in Chad, with thousands of new arrivals every week. Some 139,932 Chadians living in Sudan have returned to their country without any means of subsistence. These refugees are living in numerous formal and informal camps in four provinces in eastern Chad (Ennedi East, Ouaddaï, Sila and Wadi-Fira). This devastating conflict is also accompanied by extreme hunger, affecting more than 5 million children and pregnant and breast-feeding women who have lost their means of subsistence. In the camps, access to essential health services is disrupted due to limited human resources and medicines. This complex humanitarian situation is compounded by epidemics of dengue fever and measles in the affected provinces, as well as acute gastroenteritis and suspected yellow fever and cholera.

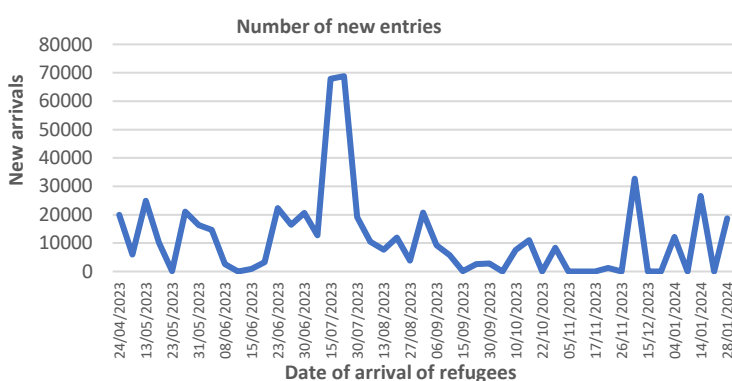


Figure 2: Weekly pattern of Sudanese refugee arrivals in Chad

As of 28 January 2024, a total of 542,204 Sudanese refugees (53.2% of whom were located in the

District d'Adré) and 139,932 Chadian returnees were counted in Eastern Chad. They are spread across 11 health districts in 4 provinces (Ouaddai, Sila, Wadi-Fira and Ennedi East):

- **Ouaddai (health districts of Adré, Abéché, Amleyouna and Hadjar Hadid) - the worst affected province with 71.8% of the displaced;**
- Sila (health districts of Koukou Angarana, Goz-Beida, Abdi) -15.6% of refugees and returnees ;
- Wadi-Fira (Guereda, Iriba and Tiné health districts) - 11.3% of refugees and returnees ;
- Ennedi East (Bahaï health district) - 1.3% of refugees and returnees ;

At the start of the crisis, the Chadian government estimated that 910,000 refugees and returnees could arrive in eastern Chad and require humanitarian assistance.

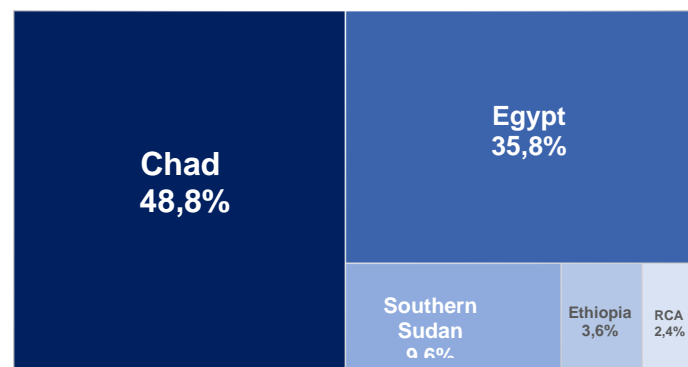


Figure 3: Breakdown of Sudanese refugees by country

- **Particular features of the crisis in Chad :**
  - Among the refugees: 58% women, 42% men, 18% children under 5 ;
  - 88% of refugees and 93% of returnees are women and children;
  - Malnutrition in children sometimes associated with measles, with a high mortality rate;
  - Rape of young girls and women.

**Thousands were seriously injured and traumatised, especially at the start of the crisis.**

## HEALTH SITUATION

As a result of the massive influx of refugees, Chad is facing numerous public health threats. It is therefore important to stress that epidemic threats will be increasingly observed in this context exacerbated by the humanitarian crisis. Forced to abandon their possessions and villages, displaced populations find themselves in hostile areas, which makes them vulnerable and encourages the development of diseases that were once under control, as well as other emerging diseases.

**Measles:** Since the beginning of 2024, 474 suspected cases of measles, including 43 IgM measles-positive cases, have been reported in 63 districts out of 158, i.e. 39.9% of districts. One death was recorded in the Health District of N'Djamena Centre in the province of N'Djamena. 05 health districts reached the epidemic threshold, none of them in provinces in crisis. Between SE01 and SE04 (January 2024), 05 suspected cases were recorded in the Eastern provinces in crisis, none of which were deaths. It should be noted that 831 suspected cases have been recorded since the beginning of the crisis, with 117 confirmed cases, including one death recorded in the health district of Koukou Angarana in the province of Sila. 11 health districts have reached the epidemic threshold in the eastern provinces in crisis since April 2023 .

**Dengue:** From 03/08/2023 to SE01 2024, 12 health districts in four affected provinces recorded 2,404 suspected cases and 63 confirmed cases, with 01 death recorded in the health district of N'Djamena Sud. During SE01 2024, no new cases were confirmed in the crisis provinces. Since the start of the epidemic, 51 confirmed cases have been recorded in the Ouaddaï, Wadi-Fira and East Sila Ennedi provinces. No deaths have been reported in the four provinces affected by the crisis.

**Yellow fever:** A total of 51 suspected cases of yellow fever were notified nationally from S01 to SE04\_2024, including 28 samples awaiting analysis by the National Laboratory for Biosafety and Epidemics (LaBiEp) in N'Djamena. During the same period, 30 out of 158 districts (18.98%) reported at least one suspected case of yellow fever. Since the start of the crisis in SE04\_2024, 77 suspected cases, including no deaths, have been recorded in the provinces in crisis. 15 suspected cases were recorded between SE01 and SE04\_2024. The last case was confirmed on 29/10/2022 in the health district of Guelo in the province of Mayo-Kebbi East.

**AFP:** Nationally from SE01 to SE04\_2024, 37 cases of AFP notified, 12 contacts and 00 healthy subjects. Between SE01 and 04 of year 2024 in the provinces in crisis, a suspect case was notified in the Sanitary District of Bahaï in the province of Ennedi East. Since the beginning of the crisis in SE04\_2024, 188 suspected cases including 11 confirmed cases of AFP have been recorded in the Eastern provinces in crisis.

*Table I: Cumulative epidemiological surveillance data from SE16\_2023 to SE04\_2024 for the four eastern provinces affected by the crisis*

Provinces		Dengue fever	Measles	PFA	Yellow fever	Cholera	Meningitis
Ennedi East	Confirmed cases	0	14	0	0	0	0
	Deaths	0	0	0	0	0	0
Ouaddaï	Confirmed cases	33	41	9	0	0	0
	Deaths	0	0	0	0	0	0
Sila	Confirmed cases	6	22	2	0	0	0
	Deaths	0	1	0	0	0	0
Wadi-Fira	Confirmed cases	12	40	0	0	0	0
	Deaths	0	0	0	0	0	0
Total	Confirmed cases	51	117	11	0	0	0
	Deaths	0	1	0	0	0	0

\*\*SE01\_2024 data

# ACTIVITIES OF THE HEALTH RESPONSE TO THE CRISIS SITUATION IN EASTERN CHAD

## COORDINATION

The semi-virtual coordination meeting for the response to the humanitarian and health crisis in the East chaired this Friday 12 January 2024 by Dr Moussa Mahamat Brahimi, manager of the National Incident of the Ministry of Public Health and Prevention. The meeting was chaired by Dr Moussa Mahamat Brahimi, National Incident Manager at the Ministry of Public Health and Prevention, and included presentations by stakeholders, the strengthening of the health information system, and the planning of activities for 2024. The Incident Manager for the Eastern crisis, Dr Moussa Mahamat Brahimi from the Ministry of Public Health and Prevention, urged all financial and technical partners to become more involved in supporting the Chadian government's vision for dealing with this situation.



Coordination meeting of the health and nutrition sector chaired by the Sila Provincial Delegate for Public Health and Prevention, Dr Ahmat Ismaël Hassan, on Thursday 18 January 2024. The delegate thanked the partners for their collaboration, sense of coordination and synergy of action during the year just ended, and urged them to continue with the same impetus to meet the challenges ahead. The meeting discussed the planning of activities, the criteria for recruiting agents, the strengthening of epidemiological surveillance, the rational use of nutritional inputs, governance, compliance with care protocols and the difficulties encountered in 2023. The presentations then focused on building the capacity of agents, raising awareness among refugees, returnees and the host population about vaccine-preventable diseases, and monitoring and harmonising data. The provincial delegate stressed that the transitional phase calls for a job well done to achieve the desired results. He urged staff to be self-sacrificing, and called on partners to step up their support in order to improve the indicators.



- Validation of sitrep N°26 by the SGI team

Field visit by the WHO mental health expert to the Metche Sudanese refugee camp in the Adré health district on 18/01/2024 to get a feel for the realities and discuss with the displaced population the psychological traumas experienced during migration.



Consultation of a child received at a clinic: Adré site © PUI, January 2024



Delivery by the PUI midwifery team - UNFPA: Site de Retournés de Tongori, © PUI, Janvier 2024

## SURVEILLANCE

- Continuation of data collection using the EWARS-in-a-box tool by the community relays under the supervision of the zone chiefs and the chief district physicians of the 3 health districts of Amleyouna, Adré and Hadjer Hadid, supported by the WHO team and the national Incident Management System.
- Site visits by the Heads of Epidemiological Surveillance Units in the Eastern provinces with the support of the WHO.
- Distribution of praziquantel in the 3 districts of Goz Beida, Koukou and Abdi to children aged 5 to 14.

## SOME ACTIVITIES CARRIED OUT IN THE FIELD BY PARTNERS



Management of a MAS patient (appetite test) : Koufroun site, © PUI, January 2024

## Vaccination coverage for the main antigens April-November 2023

Provinces	BCG	VPO1	VPO3	Penta1	Penta3	VAR1	VAA	VPI1	MenA	VPI2	VAR2	Td2+	Penta1/Penta3 ab rate	Penta1/VAR1	Categorisation
<b>Dar Sila</b>	226.9	208.2	166.8	207.5	165.7	168.1	176.8	175.2	176.4	70.8	12.3	46.3	20.2	19.0	CAT2
Abdi	164.5	166.7	146.1	166.0	145.2	139.0	141.1	142.2	141.1	4.6	1.3	36.2	12.5	16.3	CAT2
Goz Beida	349.5	311.4	266.4	316.2	267.8	251.5	269.5	271.5	267.9	162.6	19.1	79.7	15.3	20.5	CAT2
Koukou Angarana	106.2	105.8	70.8	99.9	67.3	94.3	98.1	83.4	98.8	4.2	10.6	14.9	32.6	5.6	CAT2
Tissi	175.6	149.5	75.3	142.0	71.1	98.8	98.7	105.4	99.3	21.3	12.2	19.2	49.9	30.4	CAT2
<b>Ennedi East</b>	136.4	125.5	103.2	124.0	103.4	104.3	104.3	103.2	104.3	65.9	3.8	22.7	16.6	15.9	CAT2
Amdjarass	186.7	156.8	100.9	152.4	101.6	103.3	104.5	100.9	103.3	51.5	11.8	20.8	33.4	32.2	CAT2
Bahai	112.4	113.8	111.5	113.8	111.4	105.1	104.1	111.5	105.0	72.2	0.0	22.2	2.1	7.6	CAT1
Kaoura	92.8	91.7	86.5	91.7	86.5	83.6	83.6	86.5	83.6	86.2	0.0	20.7	5.7	8.9	CAT1
Mourdi Djona	189.6	161.1	116.9	158.3	116.9	161.4	161.4	116.7	161.4	32.1	3.5	37.9	26.2	-1.9	CAT2
<b>OUADDAI</b>	132.1	130.6	120.0	131.2	119.0	121.4	119.6	118.9	122.9	68.3	1.4	28.6	9.3	7.5	CAT1
Abeche	138.7	137.6	131.5	137.2	130.8	145.0	131.6	128.5	128.4	95.8	0.6	26.5	4.7	-5.7	CAT1
Abougoudam	116.5	113.8	117.5	116.3	122.8	108.2	116.5	110.4	120.5	44.3	6.0	27.3	-5.6	6.9	Q_Data
Adré	167.1	162.9	137.0	162.0	139.6	135.4	139.4	140.2	139.5	82.2	0.0	36.4	13.8	16.4	CAT2
Amdam	142.8	139.3	122.2	141.2	123.9	116.5	118.9	123.4	117.1	102.4	0.0	31.7	12.2	17.5	CAT2
Hadjer-hadid	104.6	111.5	112.5	111.5	110.7	114.9	114.5	86.9	117.6	30.9	5.8	18.9	0.7	-3.1	CAT1
Chokoyane	233.6	241.8	227.0	239.5	224.6	218.9	218.9	221.3	218.9	57.5	0.0	28.6	6.2	8.6	CAT1
Amleyouna	55.2	53.8	51.2	56.5	51.3	50.1	50.1	53.5	50.0	13.1	1.8	23.4	9.2	11.3	CAT3
Amhitane	317.6	308.8	281.3	311.6	258.5	298.6	281.0	298.4	325.1	60.0	1.3	26.8	17.0	4.2	CAT2
<b>WADI FIRA</b>	102.4	107.6	99.5	108.1	101.2	95.9	96.5	102.3	98.3	44.2	0.5	24.0	6.3	11.2	CAT1
AMZOER	133.9	120.4	119.2	128.7	126.1	115.5	114.9	127.1	114.7	2.9	0.0	33.2	2.0	10.2	CAT1
ARADA	103.4	107.9	94.6	109.7	99.0	91.8	85.4	94.9	93.5	2.9	0.0	24.8	9.8	16.3	CAT1
BILTINE	83.4	99.1	86.3	98.7	87.2	88.6	90.5	88.3	90.2	77.4	0.0	22.9	11.7	10.2	CAT2
GUEREDA	108.4	106.7	99.7	105.7	102.0	99.0	100.4	103.1	100.0	42.6	0.6	28.5	3.6	6.3	CAT1
IRIBA	93.7	118.1	110.3	118.8	110.2	97.2	97.2	111.9	103.0	41.2	0.2	15.4	7.2	18.2	CAT1
Kapka (Matadjana)	97.7	86.7	84.9	86.6	85.1	74.1	74.3	89.7	86.6	40.6	5.6	19.9	1.7	14.4	CAT3
Tine	125.1	107.9	100.4	107.9	98.4	89.8	89.6	99.6	89.8	30.7	0.0	14.5	8.8	16.7	CAT1


## MONITORING RESPONSE PLAN INDICATORS

Indicators	Target	Value SE03_2024	Value SE 04_2024	Variation
Weekly situation reports (Sitrep) produced and distributed	24	25	26	↑
Healthcare professionals of all categories identified, recruited or sub-contracted and deployed in the field	616	606	606	■
Medical ambulances per refugee site purchased and deployed in the field	2	0	0	■
Rate of change in fatalities among injured people	50%	0%	0%	■
Percentage of alerts and signals notified and investigated within 24 hours of response activities being initiated	80%	40%	40%	■
At least 3 active nutritional screening campaigns organised in the 4 provinces	3			
Percentage of births attended by qualified personnel	80%	59,8%	73,3%	↑

Percentage of health facilities treating refugees, returnees and the host population with an ICP card score of 75% or more	80%			
Percentage of refugees, returnees and host population with access to at least 15 litres of water per person per day for their daily needs	80%			
Percentage of refugees, returnees and host population with access to improved latrines.	80%			
Number of risk communication and community engagement campaigns carried out for refugees, returnees and the host population in the 4 provinces	3%			
Vaccination coverage for all antigens in children aged 6 months to 14 years, women of childbearing age and pregnant women in refugee/returnee camps and host communities	90%			

 Increase

 Decrease

 No change

### Main achievements from SE01 to SE04

Indicators	Host population	Refugees	Total
<b>Reproductive health</b>			
Number of CPN1	777	1241	2018
Number of CPN4	47	175	222
Number of maternal deaths	0	0	0
Cause of maternal death			
Number of births attended by health personnel	178	304	482
Number of unassisted births	14	31	45
Number of caesarean sections	15	0	15
Number of women in family planning	156	215	371
Number of pregnant women referred	4	16	20
<b>Gender-based violence (GBV)</b>			
Number of cases of GBV identified	0	5	5
Number of cases of GBV treated	0	5	5
People who received psychological support	0	15	15
<b>Child health and malnutrition</b>			
Children under 5 screened	6039	12153	18192
Children under 5 screened (deaths)	0	0	0
Cases of uncomplicated SAM	215	680	895
Death from SAM No complication			0
Cases of SAM with complications referred	48	61	109
SAM deaths with complications referred	1	0	1
Cases of MAM for children under 5 years of age	551	1876	2427
Death of MAM children under 5 years of age	0	0	0
Malnutrition in pregnant women	187	189	376
Deaths of malnourished pregnant women	0	0	0

Date	Categorisation of cases				Case classification				Types of injury			Patients admitted to the operating theatre	Referred patients	Inpatients for the period
	Adults		Children		Greens	Yellow	Red	Black Cases (Death)	Balls	Burns	Fractures			
	M	F	H	F										
	52	20	9	5	69	17	0	0	9	2	2	65	0	16
	41	22	18	7	61	27	0	0	4	0	5	57	0	22
	38	14	13	5	43	26	1	0	1	2	2	50	0	16
	35	10	13	6	40	21	2	1	4	3	3	53	0	18
	32	15	12	6	42	23	0	0	8	2	5	50	0	21
	26	6	8	5	27	16	1	1	5	2	6	44	0	12
	16	5	6	2	17	10	1	1	3	1	2	3	0	6
<b>Total</b>	<b>240</b>	<b>92</b>	<b>79</b>	<b>36</b>	<b>299</b>	<b>140</b>	<b>5</b>	<b>3</b>	<b>34</b>	<b>12</b>	<b>25</b>	<b>322</b>	<b>0</b>	<b>111</b>

Between SE01 and 04, a total of 447 new casualties were reported to Adré hospital by MSF-F and ALIMA.

### Characteristics of injuries among refugees and returnees in Chad

- 0.8% of those injured were black (serious injury resulting in death);
- 1.1% of those injured were red (serious life-threatening injury);
- 31.3% of those injured were yellow (moderate severity injury);
- 66.9% of those injured were in the green (less serious injury to an ambulant);
- 30.7% of injuries were caused by firearms;
- 20.6% of those injured were women;
- 23.9% of those injured were children

**Table:** completeness of data from SE01 to SE04/2024

Partners	Partners who submitted	Partners who did not send	Total	Percentage (%)
MSF-France, MSF-Switzerland, MSF-Holland, Alima, Concern Worldwide, UNICEF, PUI, IRC, UNFPA, HCR, WHO	<b>YES</b>		<b>12</b>	<b>60%</b>
HI, CICR, CRF, CRT, ACF, ADES, ADESOH, MSF-E,		<b>NO</b>	<b>8</b>	<b>40%</b>
<b>Total</b>			<b>20</b>	<b>100%</b>



## DIFFICULTIES ENCOUNTERED

- Limited financial resources in view of budgetary constraints ;
- Lack of a health and humanitarian data management system for the crisis in the east of France
- Insufficient health human resources deployed in the field (surgeons, anaesthetists, paediatricians, gynaecologists and obstetricians, clinical psychologists, nutritionists, etc.);
- Shortage of essential medicines, medical materials and equipment;
- Lack of hospitals with technical facilities for rapid treatment of the injured, pregnant women and children with SAM ;
- Insufficient logistical resources for rapid referral of patients (medical ambulances and helicopters);
- Weak coordination at the level of the health districts and their delegations affected by the crisis in the East.

## NEXT STEPS

- Set up a mechanism to manage health and humanitarian data on the crisis in the East at all levels;
- Review and share the national health response plan for the humanitarian crisis in the east of the country;
- Continue to lobby donors to mobilise resources;
- Deploy or relocate the human resources required in the affected eastern provinces;
- Pre-position medicines and inputs in the intervention zones;
- Strengthen monitoring in terms of the completeness and timeliness of partners' activity data.

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