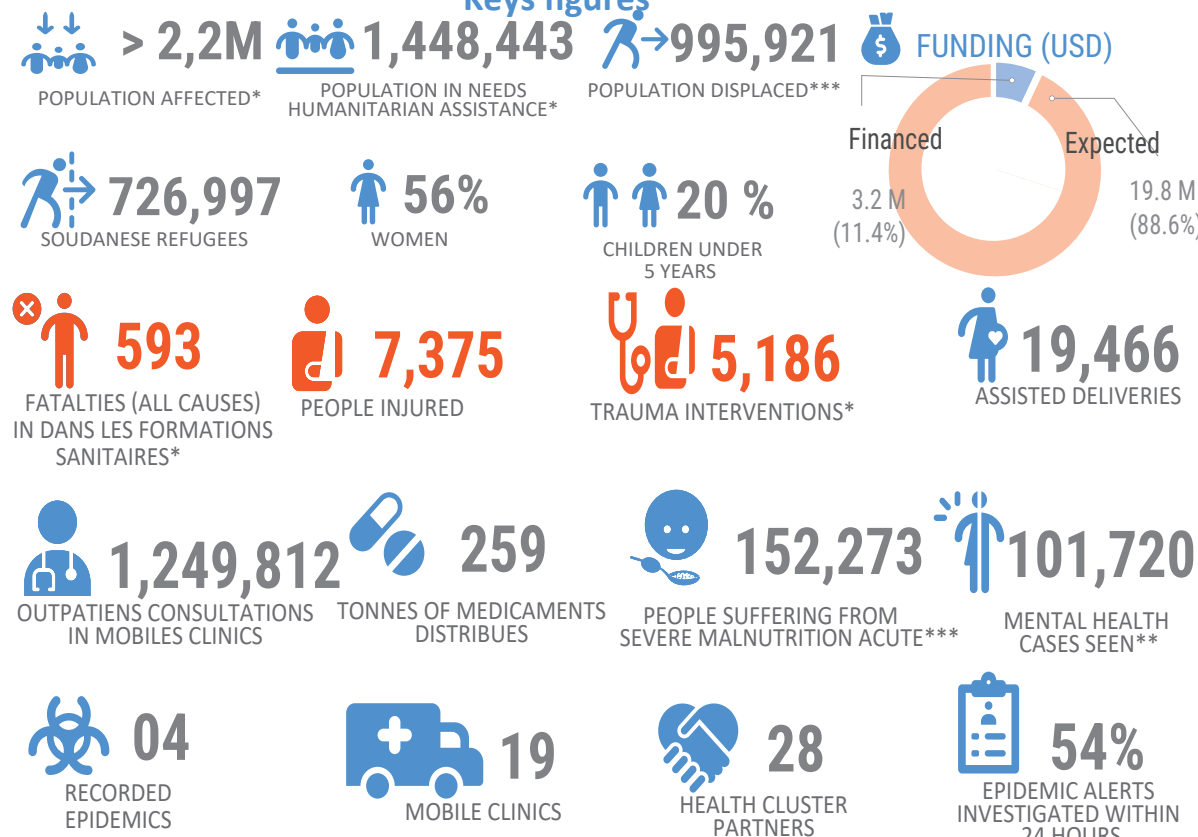


CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 27 April 2025

Over 995,900 Sudanese and Chadians have fled Darfur, converging on the 32 entry points in eastern Chad. Chad is the second country most affected by the crisis in Sudan, hosting 28.3% of Sudanese refugees, with thousands of new arrivals every week, after Egypt. These refugees live in numerous formal and informal camps in nine health districts spread across the provinces of Ennedi Est, Ouaddaï, Sila and Wadi-Fira. In the camps, access to essential health services is disrupted by difficult physical access and limited human and material resources. Malaria, acute respiratory infections, watery diarrhoea and malnutrition remain the most common pathologies. This humanitarian situation is exacerbated by epidemics of measles, chickenpox, hepatitis E, diphtheria and yellow fever, as well as suspected meningitis and Mpox. Since the beginning of the crisis, 7,375 people have been injured and treated with the support of Médecins Sans Frontières (MSF), Première Urgence Internationale (PUI), the International Committee of the Red Cross (ICRC) and an international emergency team deployed by the WHO. The situation in North Darfur continues to deteriorate, with repeated attacks and shelling around El Fasher, leading to further displacement and exacerbating the insecurity and humanitarian crisis in the region. The conflict is evolving with the growing involvement of several actors, leading to an increase in atrocities, including reprisal attacks and extrajudicial executions, targeting specific ethnic groups. Access to humanitarian aid is difficult due to insecurity, and the health situation is very worrying. WHO continues to pre-position health kits, including cholera kits, in crisis-affected districts in eastern Chad. The international community is urged to act swiftly to end the violence, increase humanitarian aid, alleviate suffering and prevent further displacement.

Keys figures

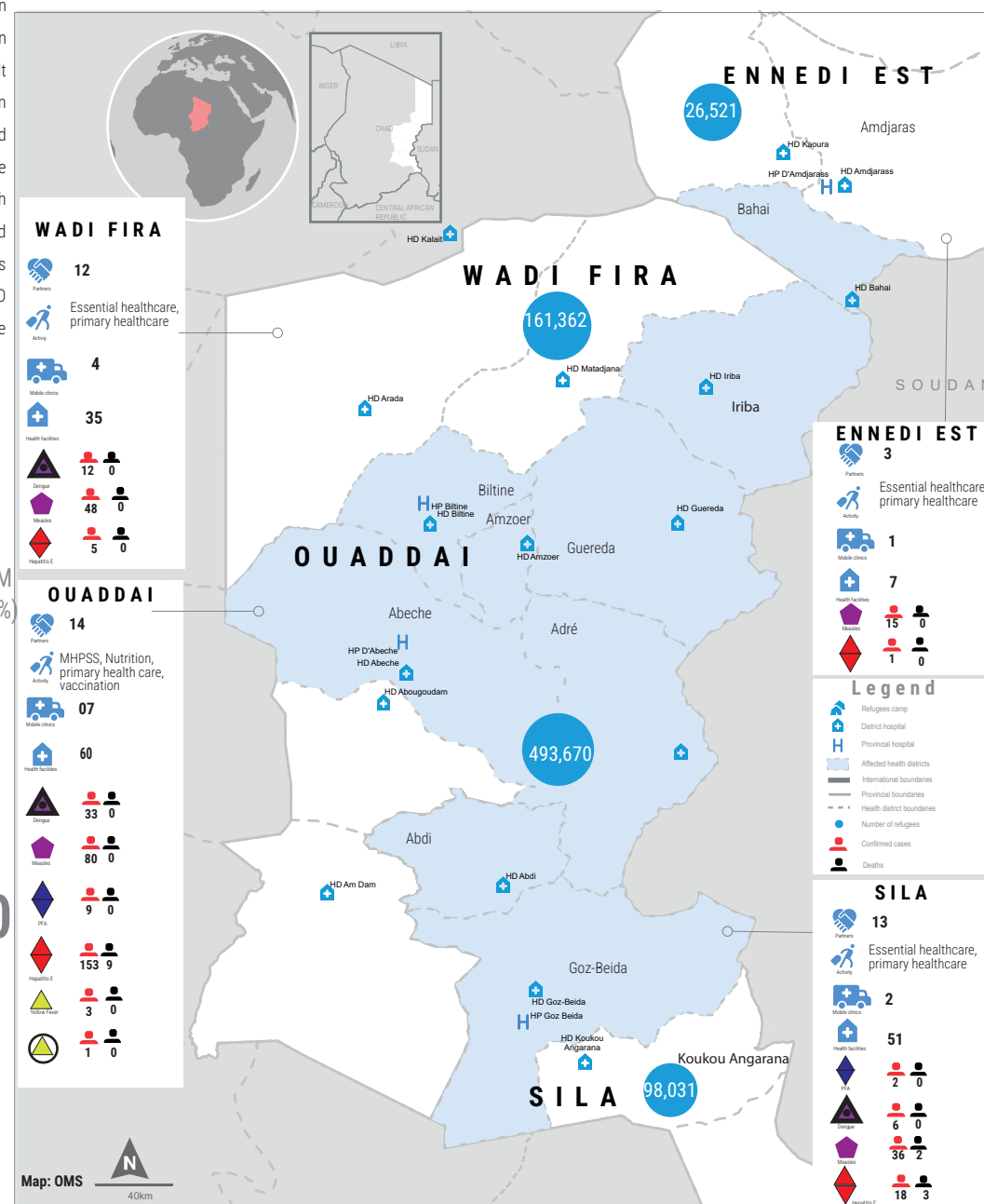


Malaria, acute respiratory infections, malnutrition and watery diarrhoea remain the most common pathologies.

* 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 : 04/05/2025 : Data sources: MoH , Partners in the health sector

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

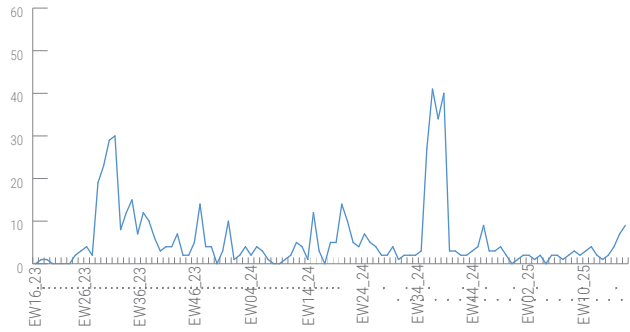
Donors: CERF, WHO-CFE, ECHO, United Arab Emirates, France

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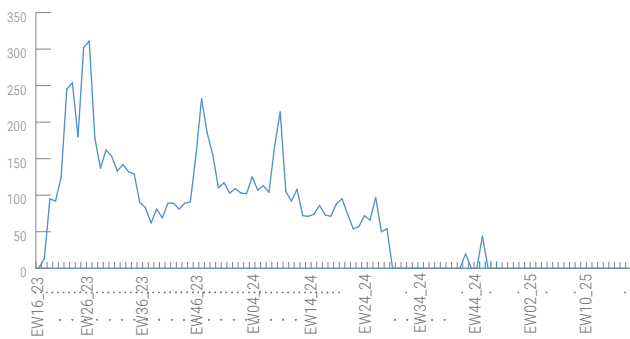
CHAD: SUDAN CRISIS HEALTH SITUATION DASHBOARD

Data as of 27 April 2025

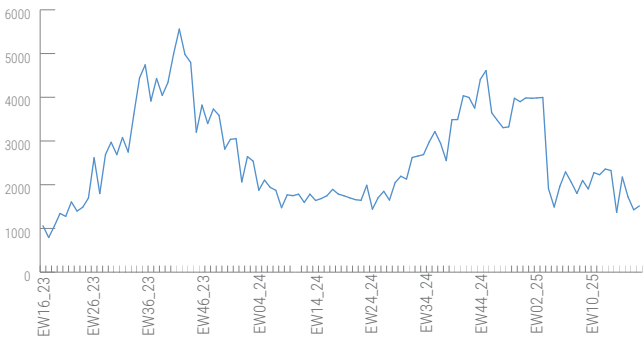
MAIN HEALTH EVENTS BY WEEK



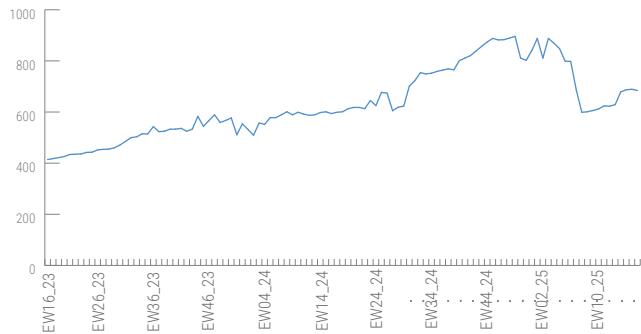
NUMBER OF DEATHS REGISTERED



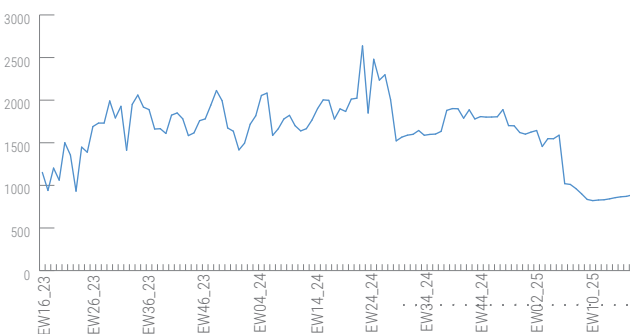
NUMBER OF INJURIES RECORDED



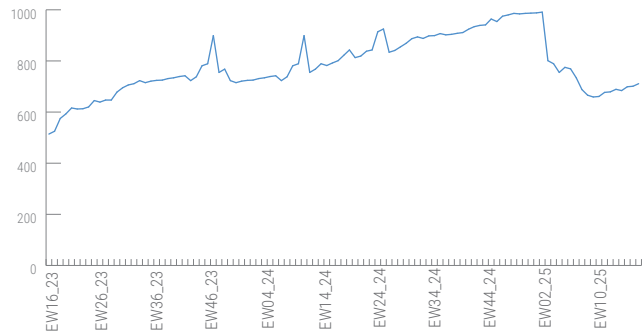
CONFIRMED CASES OF MALARIA



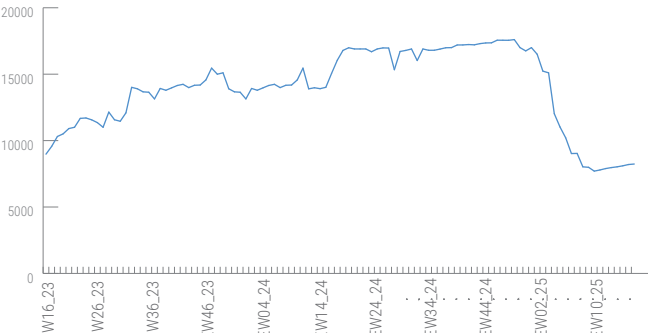
CASES OF DIARRHOEA



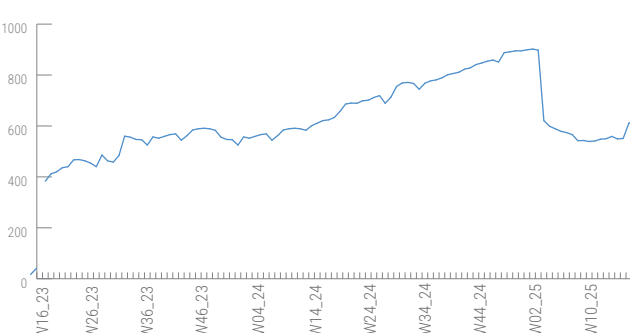
CASES OF SEVERE ACUTE MALNUTRITION



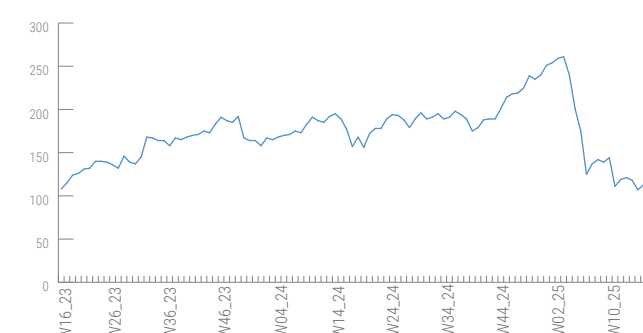
CASES OF RESPIRATORY INFECTION



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 April 2025

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%	>55%	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%	101%	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 : 04/05/2025

Data sources: MoH, Partners in the health sector
Contacts: rodriguem@who.int (TL EPR); djinguebeyr@who.int (IM); tewos@who.int (IMO)
Donors: CERF, WHO-CFE, United Arab Emirates, France

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WHO OPERATIONS AND RESPONSE DURING MONTH APRIL 2025

Coordination

- Visit by the United Nations High Commissioner for Refugees, Mr Filippo Grandi, to the East (Adré and Iriba) to enquire about achievements under the Humanitarian-Development-Peace Nexus and discuss the issue of financial freezes and to raise awareness among donors and development actors of the growing needs associated with the massive and continuing influx of Sudanese refugees.
- A PRSEAH technical support mission, led by the regional office, was deployed to various camps in the provinces of Sila and Ouaddaï to provide supervision and risk assessment in this area. 52 partners, including members of the Ministry of Health, were made aware of the principles of the PRSEAH and the applicable rules of conduct.
- Visit to the CISM in Adré by a mission consisting of the European Union Commissioner for Emergencies and Humanitarian Response, the DG of ECHO and the European Union Delegate in Chad in the presence of the other PTFFs. The mission visited each of the counters, including those run by WHO consultants for medical and psychological care. The European Union Delegate expressed his satisfaction with the WHO's coordination of health and mental health. Funds have been promised to support the response to this crisis
- Official launch by World relief in the province of Wadifira of the project entitled: 'Emergency medical assistance to women and children displaced in Eastern Chad as a result of the conflict in Sudan'. Financed by the WHO with Emirati funds, the eight-month project, with a budget of USD 125,000, aims to support 23,000 beneficiaries, including refugees and indigenous populations. The ceremony took place in Guéréda in the presence of representatives of international organisations, humanitarian actors, as well as religious and community leaders.
- From 22 to 24 April 2025, the WHO office organised an intra-action review workshop in Abéché on the activities carried out in 2024, bringing together the entire team dedicated to the crisis in the East under the direction of the EPR/WHO Team Lead. The aim of this meeting was to draw up a draft roadmap for interventions in 2025, taking into account the new global economic context marked by the freezing of funding from the US and other donors, as well as developments in the situation in Darfur.
- Donation of approximately 03 tonnes of medicines to the SILA health delegation for the treatment of common diseases including malaria, ARI and diarrhoeal diseases.

Vaccination

- Technical and logistical support for the supervision of Supplementary Immunisation Activities (SIAs) against poliomyelitis in the provinces of Sila and Ouaddaï by the partners (BASE, WR and ADESOH) as well as EPR staff in the response to the health crisis, who also carried out independent monitoring using the ODK tool. Begun in SE17, this activity will come to an end in SE18;
- Technical and logistical support in Abéché for the training of 118 monitors from 07 different provinces (Sila, Ouaddaï, Wadifira, Ennedi-Est, Ennedi-Ouest, Borkou and Tibesti), as well as the training of 14 LQA investigators;
- Technical and logistical support from WHO in the vaccination response around confirmed cases of measles at the Amléyouna DS, where some 200 children aged between 06 months and 15 years received VAR;

GBV activities and mental health and psychosocial support (MHPSS) / Surgery.

- In mental health services in the three provinces, 696 patients were treated, including 475 in Ouaddaï, 50 in Wadi Fira and 171 in Sila.;
- Management of cases of GBV by implementing partners in WHO-supported facilities in the east: a total of 132 cases of GBV of all types were recorded, 19 cases of rape were reported, 15 of which were managed within 72 hours
- 766 surgical consultations were carried out 139 operations in the HDs of Adré (205 consultations and 53 operations), Goz-Beida (38 consultations and 32 operations), and (523 consultations and 54 operations)

Epidemiological Surveillance in the Eastern Provinces EW14 - EW17 (31/02 to 27/04/2025)

- Diphtheria:** As of April 2025, no suspected cases have been reported. Since the beginning of 2025, 84 suspected cases have been reported, with no deaths, giving a case-fatality rate of 0%. More than 95% of cases originate from the Wadi Fira region..
- Hepatitis E:** During this period, 07 suspected cases were recorded, a decrease of 66.7% compared with the previous period. Since the start of the year, 57 suspected cases have been reported in the crisis-hit eastern provinces, none of them fatal.
- Measles:** Since the beginning of 2025, 256 suspected cases, including 03 deaths, have been reported. During the period SE15 to SE17, 143 suspected cases, including three deaths, were reported, an increase of 34.5% compared with the previous period.
- Yellow Fever:** Since the beginning of 2025, 94 suspected cases of yellow fever have been reported, including no deaths, with 20 cases recorded in April 2025, an increase of 33.3% compared with the previous period.
- WHO support for investigations into suspected cases of meningitis reported in the Amléyouna Health District, Erlé Area of Responsibility, in the village of Seref, where 11 suspected cases have been recorded, all admitted to the Erlé Health Centre, and the community has reported 04 deaths. A raid was carried out with the district management team and partner UNICEF. Samples were taken and are currently being sent to the laboratory in N'Djamena for analysis.

DIFFICULTIES ENCOUNTERED

- Insufficient resources for the implementation of response activities;
- 2. Insecurity linked to the proximity of refugee camps and the Sudanese border, resulting in the need for compulsory and often costly military escorts for the majority of operations;
- 3. Budget cuts: Staff cuts by some partners are affecting the implementation of activities in the refugee camps;
- 4. Suspension of World Vision's activities at border sites where it collaborates with MSF Belgium in mobile clinics and human resource support for health centers in Birak and Koulbous, with no partner currently planned to replace it;
- 5. Insecurity around the camps and the Sudan border;
- 6. Poor quality of internet connection with field teams with resulting delay in transmission of reports;

URGENT ACTIONS

- 1. Strengthen the Abéché office through the deployment of an administrator and the Farchana office by recruiting an OSL ;
- 2. Redeploy the epidemiologist from the Amléyouna health district to Hajer Hadid to bolster this corridor hosting four refugee camps (Arkoum, Tréjine, Bredjing, and Allacha) and to enhance the organization's visibility ;
- 3. Involve other partners in the use of the Early Warning Alert and Response System (EWARS) Mobile ;
- 4. Organize the second training session on GBV/SRH in Adré, Goz Beïda, and Guéréda, in collaboration with UNFPA;
- 5. Sustain support in coordination, supervision, surveillance, and investigations, as well as epidemic response and the supply of medicines;
- 6. Provide support to the Dougui camp, intended to host refugees relocated from the high school site;
- 7. Continue advocacy efforts to mobilize the financial resources necessary for the implementation of response activities
- 8. Ensure operational support, particularly in terms of technical, administrative, logistical, and financial assistance, for activities in the East, as well as for the proper functioning of offices (internet connectivity).