



# Situation Report

## Chad Humanitarian Response

1-31 December 2025

### Highlights

- In December alone, an additional 20,485 refugees—primarily from Sudan—crossed into Chad, bringing the total number of displaced people in the country to 2.1 million by the end of 2025, including 1.5 million refugees. Displaced women and girls are especially vulnerable, as they face urgent sexual and reproductive health (SRH) needs alongside heightened protection risks.
- In 2025, UNFPA received only 11% of the US\$27 million required to deliver critical SRH and GBV interventions in Chad. This significant shortfall severely constrained UNFPA's capacity to provide lifesaving maternal health services, protection support, effective SRH and GBV coordination, and the procurement and distribution of Inter-Agency Reproductive Health (IARH) kits. As a result, the lives, health, and dignity of the most vulnerable populations—particularly displaced women and girls—were profoundly affected.



**7,000,000**

Total people affected<sup>1</sup>



**1,256,000**

Women of reproductive age<sup>2</sup>



**219,170**

Estimated pregnant women<sup>3</sup>



**1,196,800**

People targeted w/ SRH services



**388,000**

People targeted w/ GBV programmes

<sup>1</sup> [Chad Humanitarian Needs and Response Plan 2025](#)

<sup>2</sup> Estimated figures are based on the Minimum Initial Services Package (MISP) for Sexual and Reproductive Health in Humanitarian Settings calculator.

## Situation Overview

Chad's humanitarian needs have been reshaped by the war in Sudan, which has driven a large influx of refugees and returnees. Eastern border provinces shelter significant numbers of displaced families, mostly women and children, while host communities contend with rising food prices, scarce water and overstretched clinics. For pregnant women, long distances and insecurity can turn manageable complications into fatal emergencies. For adolescent girls and women with disabilities, crowded transit points and makeshift shelters heighten exposure to harassment, exploitation, and violence.

Inside camps and settlement towns, daily risks are constant. Privacy is limited, lighting is poor, and safe transport is rarely available. Frequent power and fuel shortages compound these shortfalls, and shifting frontlines and seasonal floods repeatedly disrupt referral pathways. These conditions keep survivors from seeking help and prevent women from reaching antenatal or emergency obstetric care. Health facilities struggle to retain skilled staff or maintain essential supplies, including during a recent cholera outbreak.<sup>3</sup>

To maintain access to people in need, responders rely on proximity and integrated responses. The latter encompasses women and girls' safe spaces located within walking distance of shelters, mobile teams equipped with post-rape treatment and contraception, and clinic networks linked to community protection groups that can activate referrals quickly when violence occurs. In such settings, even a single break in the chain—a stalled ambulance, an empty pharmacy, a closed safe space—can carry serious consequences. Keeping the services intact allows women and girls to find care and, for survivors of GBV, to avoid terrible choices between seeking help and staying silent.

## UNFPA Response

### Sexual and reproductive health

UNFPA deployed 143 humanitarian midwives, significantly bolstering maternal health capacity. During December, they facilitated approximately 5,520 skilled deliveries, including 140 caesarean sections. Outreach efforts were highly effective, with 20,457 women initiating antenatal care (ANC), and 100% of those who delivered at the facilities having completed the recommended minimum of four ANC visits. Beyond routine care, facilities successfully managed 702 obstetric complications and expanded preventive services to over 6,600 individuals through family planning and treatment for sexually transmitted infections (STIs).

Clinical services were reinforced through community outreach, with approximately 22,330 people sensitized on SRH and GBV, including 446 persons with disabilities. By combining facility-based care with mobile services and community engagement, access to care and awareness among vulnerable women, men, and young people was strengthened across the region.

To support maternal and reproductive health, 1,450 dignity and mama kits were distributed across refugee camps. This was complemented by targeted SRH education for university students, informing them of their rights to bodily autonomy and providing essential health knowledge to those in vulnerable positions.

<sup>3</sup> On 15 December 2025, Chad officially declared the end of its cholera outbreak. The outbreak affected five provinces—Ouaddaï, Sila, Guéra, Hadjer-Lamis, and Barh El Gazel—across 18 health districts and 98 health areas. In total, there were 2,979 suspected cases, 112 confirmed cases, and 167 deaths were recorded.

Overall, 45,724 individuals were reached by SRH services, including refocused prenatal consultations, assisted deliveries, postpartum consultations, acceptance of new contraceptive method and renewals, management of obstetric complications, and treatment of STIs.

## Gender-Based Violence

UNFPA’s humanitarian interventions expanded access to lifesaving services for vulnerable groups. Among the women and girls receiving GBV case management, 39% were survivors of physical violence, and 27% were survivors of rape.

Integrated protection and prevention services in Ouaddaï and Wadi Fira reached over 3,000 women through UNFPA support to 32 dedicated safe spaces, providing essential psychosocial services and confidential care.

In parallel, GBV prevention initiatives engaged nearly 3,500 community members—including men and boys—to address reproductive health and digital safety. These efforts were reinforced by the distribution of dignity kits to women and adolescent girls, which contained vital information about available GBV services.

The Clinical management of rape (CMR) and mental health and psychosocial support (MHPSS) Specialist from UNFPA’s Global Emergency Response Team (GERT), currently deployed in Chad, facilitated a training session to UNFPA staff on the organizational Policy and Procedures for Emergency Response to strengthen the planning, coordination, and implementation of emergency response interventions.



Photo: © UNFPA / Chad

## Results Snapshot



45,724

People reached with SRH services  
87% female, 13% male



73

Health facilities supported



41,954

People reached with GBV prevention,  
mitigation and response activities  
62% female, 38% male



32

Safe spaces for women and  
girls supported



1,450

Non-food items (such as  
dignity and mamma kits)  
distributed to women and girls



10

Youth spaces supported

## Coordination Mechanisms

**Gender-Based Violence:** UNFPA led two coordination meetings in Ouaddaï and four weekly meetings in Iriba to strengthen partner alignment and information sharing. The sessions supported the 16 Days of Activism campaign, introduced the new UNFPA information-management 5W matrix, and analyzed 2025 GBV trends in Iriba. The 5W matrix has been rolled out to stakeholders, with partners beginning to report against it, and all data for the month collected using this standardized tool. The GERT CMR-MHPSS Specialist also conducted a learning session on MHPSS integration in GBV response for the GBV Sub-Cluster members in Iriba.

**Protection from Sexual Exploitation and Abuse:** From December 16–18, 2025, strategic consultations between UN agencies, international partners, and national NGOs were held to unify protection priorities for the 2026 response in eastern Chad. Focused on the Assounga region, the initiative streamlined GBV and Protection from Sexual Exploitation and Abuse (PSEA) coordination to maintain an efficient, multi-partner intervention strategy despite dwindling humanitarian resources.

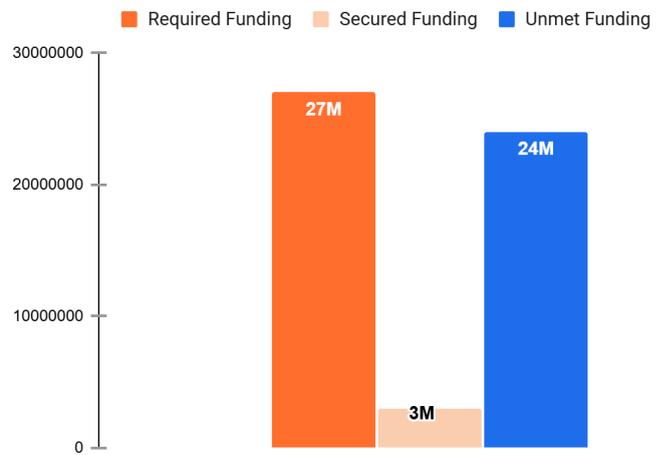
**Sexual and reproductive health:** UNFPA held a strategic monthly meeting of the national SRH Working Group. The 2026 action plan was finalized, information management protocols were established, and the terms of reference for the clinical management and intimate partner violence survivors Task Force under the SRH Working Group were also finalized. By aligning partners on these strengthened frameworks, the coordination efforts ensure a more cohesive and rapid response to critical protection and reproductive health challenges across the region.

## Funding Status

As of December 2025, **UNFPA secured only US\$3 million of the US\$27 million required, leaving a critical 89% funding gap.**

This funding shortfall has already left **306,957 women and girls without access to life-saving reproductive health services.** It has led to the loss of 262 humanitarian midwives, and the closure of 16 women and girls' safe spaces and 28 mobile clinics. Without immediate intervention, an additional 32 mobile clinics face imminent closure in 2026.

This escalating collapse of frontline services is crippling UNFPA's emergency response, turning a budgetary gap into a direct threat to maternal survival across Chad.



**Disclaimer:** Funding available is based on cash received during the current year as well as funding rolled over from previous years, and transfers from/to other UNFPA departments. It does not include funds from agreements that have been signed but not yet received.

*“I have been cared for by a very dedicated team, especially the UNFPA midwife. I felt that my health and that of my baby were their top priority. Their kindness and professionalism are a great comfort to me while being far from home.”*

— Raounda, who gave birth at the Aboutengué camp health centre, where over 100 women receive prenatal care each week, and more than 50 births are recorded.

### Current Donors

- UNFPA Emergency Fund / Humanitarian Thematic Fund
- Peace Building Fund
- Global Affairs Canada
- Women's Peace and Humanitarian Fund

### For more information

**Yewande Odia**  
Resident Representative  
[yodia@unfpa.org](mailto:yodia@unfpa.org)

**Joel Kakitsha**  
Humanitarian Coordinator  
[kakitsha@unfpa.org](mailto:kakitsha@unfpa.org)