



# Situation Report

## Chad Humanitarian Response

1-28 February 2026

### Highlights

- New arrivals from Sudan into Chad continue to climb, reaching a cumulative total of 916,838 as of 1 March 2026, since the initial surge in April 2023.<sup>1</sup>
- Armed clashes in Tiné (Wadi Fira) caused damage to humanitarian infrastructure and led to a multi-day suspension of essential services, severely hindering the delivery of sexual and reproductive health (SRH) commodities.
- A “protection vacuum” persists in the Wadi Fira and Ennedi-Est zones; only five of nine refugee camps have minimum gender-based violence (GBV) service coverage, leaving four camps entirely without formal protection mechanisms for women and girls.
- In the Lac province, non-state armed groups (NSAGs) continue to carry out incursions, which threatens the well-being of the civilian population, heightens risks of GBV, causes further displacement and reduces access to services.
- To protect survivor confidentiality at Iridimi camp, a temporary shelter is required.
- UNFPA activated a level 2 emergency through the UNFPA Policy and Procedures for Emergency Response (EPPs) to respond to growing humanitarian needs in Eastern Chad. Consequently, the 2026 humanitarian appeal to maintain essential life-saving services has been revised to US \$18.7 million corresponding to revised service delivery targets.



**4,500,000**

Total people affected<sup>2</sup>



**1,035,000**

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



**140,896**

Estimated pregnant women<sup>2</sup>



**1,301,924**

People targeted with SRH services



**247,521**

People targeted with GBV programmes

<sup>1</sup> [Update on arrivals from Sudan - UNHCR 1 March 2026](#)

<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

As of February 2026, the humanitarian landscape in Eastern Chad is defined by heightened insecurity and a staggering disproportion between needs and available services. The total number of arrivals from Sudan since April 2023 reached 916,838 at the end of February 2026. Women and children comprise 86% of arrivals, while approximately 13% are identified as persons with specific needs, including a majority of women at risk.<sup>3</sup> Simultaneously, the Lac Province continues to face acute security volatility.<sup>4</sup> This instability is driving thousands toward urban centres and internally displaced person (IDP) sites, further saturating an already fragile response system.

The vulnerability of women and girls has reached a critical threshold, exacerbated by a pervasive “protection vacuum”. In the Wadi Fira and Ennedi-Est regions, the lack of minimum GBV services in nearly half of camps (four out of nine) leaves vulnerable women and girls without formal protection mechanisms. In the Lac region, the situation is even more dire: the complete absence of non-governmental organization (NGO) implementing partners means the integrated multisectoral One-Stop Centre in Baga-Sola remains the province's only facility for GBV response.

Significant contextual developments further hinder the response. Armed clashes in Tiné (Wadi Fira) damaged humanitarian infrastructure and led to a multi-day suspension of essential services, severely hindering the delivery of SRH commodities. In Ouaddaï, a lack of military escorts limits independent field monitoring and the ability to conduct inter-agency activities at the border. As of the end of February 2026, UNFPA Chad has secured less than 3% of the US \$18.7 million required to carry out its life-saving activities in the country.

## UNFPA Response

### Sexual and reproductive health:

In February 2026, UNFPA Chad deployed 138 midwives in total, 98 of whom are deployed in humanitarian zones across 72 health facilities in the east (Ouaddaï, Wadi-Fira, Sila, Salamat and Guera), the south (Logone Oriental and Moyen Chari), and the Lac province; the other 40 midwives were deployed in non-humanitarian zones (N'Djamena, Chari Baguirmi, Kanem and Hadjer Lamis). These 98 UNFPA deployed humanitarian midwives covered 64% of the total number of antenatal consultations, postnatal consultations and deliveries provided in these 72 facilities.

These midwives supported:

- 10,973 antenatal consultations;
- 3,008 assisted safe births;
- 5,016 postnatal consultations;
- 5,294 women reached with family planning services, including 2,282 new users;
- 667 sexually-transmitted infection (STI) cases managed;
- GBV survivors received clinical management of rape treatment and were referred to specialized care where needed;
- 45,237 male condoms distributed via the health facility and in the community;
- 715 obstetric complications recorded – 534 were managed and 181 were referred.

<sup>3</sup> [Update on arrivals from Sudan - UNHCR 1 March 2026](#)

<sup>4</sup> [Chad HNRP 2026](#).

## Gender-based violence:

UNFPA intensified its multisectoral response to address the “protection vacuum” in Eastern Chad, where a surge in new arrivals at Adré significantly increased the number of vulnerable women and girls. UNFPA delivered the following services through implementing partner Comité International pour l’Aide d’Urgence et le Développement (CIAUD) and UNFPA-supported One-Stop Centres for GBV response:

- **Case management:** All GBV survivors received psychosocial support and of the 79% who required specialized medical care, all received it immediately. In the Iridimi and Goudrane camps (Wadi Fira), in Farchana (Ouaddaï), and in Baga Sola (Lac). 63 dignity kits were distributed — 33 in the Touloum camp (Wadi Fira) and 30 provided to Médecins Sans Frontières (MSF) Spain for the Metche camp (Ouaddaï). These kits support women with basic hygiene items, a flashlight, whistle and supplies needed to take care of herself and mitigate some risks of GBV.
- **Safe Spaces:** UNFPA maintained support for 38 safe spaces in the Ouaddai, Wadi Fira and Lac provinces.
- Four out of nine camps in the Wadi Fira/Ennedi-Est zone remain without formal protection mechanisms.
- **Outreach:** Implementing partner CIAUD conducted large-scale awareness sessions reaching 3,123 individuals in Ouaddaï; this included a specific session on peaceful coexistence for 224 women and girls from the refugee community and the host community, and a session on GBV prevention and response reaching 2,899 people (52% women and girls).

## Adolescents and youth:

- UNFPA expanded its outreach on menstrual health and hygiene, engaging 955 young people at the Dar-es-Salam Safe Space and in schools across Digué and Gassi. These educational talks and awareness sessions provided vital information on the menstrual cycle, pregnancy prevention, and STI and HIV/AIDS awareness.
- Across four youth centres, UNFPA reached 420 youth with essential SRH care, including targeted family planning, STI treatment and the distribution of prevention materials.
- **Joint monitoring and partnerships:** A joint programmatic monitoring mission (UNFPA, UNICEF and WFP) was conducted under the ‘Breaking Barriers to Girls’ Education’ (BBGE) project. The mission evaluated the impact of multisectoral interventions on girls’ retention in school and their overall well-being in the Lac province.
- **Policy and peacebuilding:** UNFPA provided technical support to the Ministry of Youth and Sports for the formulation of the National Strategy on Youth, Peace and Security (YPS). This framework positions Chadian youth as central actors in national stability and conflict prevention.

## Results Snapshot



**25,378**  
People reached with SRH services



**72**  
Health facilities supported



**326**  
People reached with GBV prevention,  
mitigation and response activities  
**96% female, 4% male**



**38**  
Safe spaces for women and  
girls supported



**63**  
Dignity kits distributed



**5**  
Youth spaces supported

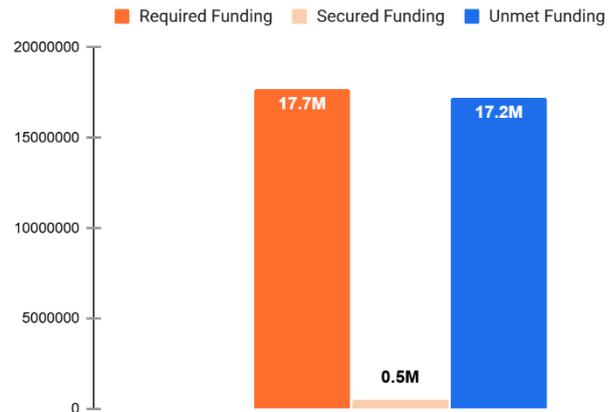
## Coordination Mechanisms

UNFPA demonstrated strategic leadership by standardizing data collection and aligning partner interventions across the Eastern region. A major achievement was the successful rollout and implementation of the new 5W matrix (Who is doing What, Where, When, and for Whom), which has now been adopted by all sub-cluster partners in Iriba. A joint advocacy note is currently being developed to address the acute lack of economic reintegration services for survivors in Ouaddaï, where such support is currently noted as almost non-existent.

In Assounga, UNFPA led a strategic re-orientation session with the UNHCR Inter-Agency Officer to unify the GBV sectoral response for the 2026 action plan, resulting in the designation of dedicated focal points for the Eastern response. Furthermore, UNFPA coordinated seven GBV Sub-Working Group meetings (four in Wadi Fira, two in Ouaddaï and one in the Lac province), and updated the 3W mapping and the Assounga action plan. These coordination efforts identified the “protection vacuum” in Wadi Fira and Ennedi-Est, specifically revealing that four out of nine camps remain entirely without formal protection mechanisms.

## Funding Status

As of February 2026, UNFPA has secured US \$476,000 toward its \$18.7 million requirement – with \$395,000 of those funds coming directly from UNFPA Emergency Funds and \$81,000 from the Women's Peace and Humanitarian Fund. This leaves a critical funding gap of 97.5%.



**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.

*“It is a place of female solidarity, a refuge where hope for survival is reborn.”*

– Fatou (pseudonym), safe space user in the Iridimi refugee camp.

### Current Donors

- UNFPA Emergency Fund
- Humanitarian Thematic Fund
- 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)