



Situation Report

Chad: Growing humanitarian needs and underfunded response

1-30 November 2025

Highlights

New influx of Sudanese refugees in eastern Chad: The Sudanese refugee crisis in Chad has worsened significantly, leading to a new spike in mass displacement, with over 179,000 new Sudanese refugees, mostly women and children. This has pushed the total displaced population in Chad to over 2.1 million, placing immense strain on local health and protection systems. High levels of gender-based violence (GBV) are reported among displaced women and girls, including physical assaults, rape, and forced or early marriage.

Funding crisis: Humanitarian assistance in Chad remains critically underfunded, resulting in serious delays and gaps in lifesaving health and protection services. As of November, only one quarter of the \$1.45 billion required under the Humanitarian Needs and Response Plan for Chad in 2025 had been mobilized. Consequently, essential programmes—including sexual and reproductive health (SRH) services and GBV prevention and response—have been significantly scaled back. These shortfalls pose a direct threat to the lives and wellbeing of refugees, internally displaced persons (IDPs), and vulnerable host communities.

Sexual and reproductive health response: Despite persistent funding gaps, UNFPA maintained its life-saving interventions in Chad, including the distribution of Inter-Agency Reproductive Health (IARH) kits and the deployment of humanitarian midwives to underserved areas. In November alone, UNFPA reached nearly 50,000 people with essential SRH services.



7,000,000

Total people affected¹



1,256,000

Women of reproductive age²



219,170

Estimated pregnant women²



1,196,800

People targeted w/ SRH services



388,000

People targeted w/ GBV programmes

¹ [Chad Humanitarian Needs and Response Plan 2025](#)

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

Situation Overview

As of November 2025, Chad hosts 2,138,506 forcibly displaced persons. This includes 1.48 million refugees, of which 89% are from Sudan. Women and girls make up 56% of refugees and asylum seekers in Chad, with just over half of these being females of childbearing age.³ Following the late October attacks in El Fasher, these arrivals are heavily concentrated in the eastern provinces of Ennedi East (56%), Wadi-Fira (35%), and Ouaddai (8%), creating a significant and localized demand for targeted maternal health and protection services.

The cholera epidemic that has affected four provinces in eastern Chad since July 2025 is now declining. As of November 2025, a total of 2,979 cases had been reported. According to the Ministry of Health, 155 new cases were recorded in November, representing a 52% decrease compared to October. Women have been disproportionately affected, with a female-to-male ratio of 2:1 and a median age of 23. This pattern reflects their heightened exposure and vulnerability as primary caregivers and frontline health workers. The outbreak is unfolding in a context where the reproductive healthcare system is already weakened by funding reductions, further endangering the lives of pregnant women and newborns.

UNFPA Response

Sexual and Reproductive Health:

Across the Eastern, Southern, and Lake provinces, 143 UNFPA-deployed humanitarian midwives provided essential SRH services to almost 50,000 individuals, 95% of whom were women. In addition, UNFPA distributed 14 IARH kits across over 70 service delivery points, providing essential medicines to thousands of vulnerable women and infants. These interventions significantly improved the quality of maternal care in remote areas, and enabled approximately:

- **6,400** clean deliveries for pregnant women without access to health facilities.
- **1,000** obstetric complications were managed, with over 160 urgent cases referred to higher-level hospitals.
- **16,600** pregnant women received prenatal care.
- **19,600** women received at least two antenatal consultations.
- **6,800** breastfeeding mothers received postnatal services.
- **10,000** women received family planning services, including nearly 5,800 new users.
- **700** individuals received STI treatment and HIV management.

As part of its response to the cholera epidemic, UNFPA also donated 10 tents and 20 handwashing stations to the Ouaddai Health Delegation, and an additional 23 tents and SRH kits were distributed to implementing partners.

Gender-Based Violence

To address immediate health, hygiene and protection needs, 400 dignity kits were distributed to women and adolescent girls in Adré and Dougui. These supplies also served as an entry point to discuss GBV and reproductive health services for women and girls.

In November, nearly 700 women and girls accessed psychosocial support in UNFPA-supported safe spaces. UNFPA also deployed a Clinical Management of Rape (CMR) and Mental Health and

³ [UNHCR CHAD. Forcibly Displaced Persons. November 2025.](#)

Psychosocial Support (MHPSS) Specialist from UNFPA’s Global Emergency Response Team (GERT) to support MHPSS integration in GBV and SRH programming in emergencies.

GBV cases reported at the UNFPA-supported one-stop centres and women and girls safe spaces were primarily categorized as psychological abuse (29%), denial of resources (25%), physical assault (22%), and sexual violence or assault (21%). Among survivors of physical and sexual violence, 60% received essential medical services and 15% also benefited from comprehensive case management.

In collaboration with implementing partners Association of Women Lawyers of Chad (AFJT) and NIRVANA, UNFPA significantly expanded its protection outreach across the Wadi-Fira and Ouaddaï provinces. This included training 13 community outreach volunteers in Marrasabre refugee camp on guiding principles and core concepts of GBV (including types of GBV, impacts and available support services) in order for them to relay information and key messages within their communities. These capacity-building efforts were bolstered by extensive awareness and education campaigns with communities. Approximately 32,000 individuals in Iriba and Adre received information on psychosocial support and protective environments, while an additional 3,100 people in Ouaddaï—including nearly 2,000 women and 800 girls—participated in targeted sessions on combating physical assault and various forms of GBV.

Additionally, UNFPA worked with partners such as the International Committee for Emergency Relief and Development (CIAUD), AFJT, and NIRVANA, to strengthen community protection and resilience through integrated interventions in the Ouaddaï and Sila regions. These efforts included resolving over 25 community conflicts to promote social cohesion and conducting educational talks in Farchana to inform women of available services.



Results Snapshot



49,689
People reached with SRH services
95% female, 5% male



73
Health facilities supported



32,752
People reached with GBV prevention,
mitigation and response activities
68% female, 32% male



27
Safe spaces for women and
girls supported



400
Non-food items (such as dignity
kits) distributed to individuals



10
Youth spaces supported



14
Reproductive health kits
provided to service delivery
points to meet the needs of
2,800 people



142
Midwives deployed

Coordination Mechanisms

Gender-Based Violence:

Five case management meetings were conducted in the Abouteingue, Farchana, and Adré refugee camps to review GBV cases reported by one-stop centres and women and girls' safe spaces.

UNFPA revised the mapping of GBV service providers, adding four new partners: Association for the Promotion of Fundamental Freedoms (APLFT), Technidev, Avocats Sans Frontières (ASF), and Action Against Hunger (ACF). This update expands the range of available psychosocial support and mental health services and has been distributed to GBV sub-group members.

Two field missions were conducted in Guéréda, Koulbous, and Marassabré by UNFPA's Iriba-based GBV Specialist. These missions enabled integrated assessments of GBV, SRH, and MHPSS service delivery and strengthened coordination with partners and local authorities. The findings indicate strong engagement and commitment among field teams. However, significant gaps remain, including the absence of MHPSS professionals such as psychologists, the need for continuous technical support, and coordination mechanisms for GBV that are still insufficiently effective. The activities carried out also helped support partner deployment, supervise existing structures, and identify clear priorities for improving the quality of the response.

Sexual and Reproductive Health:

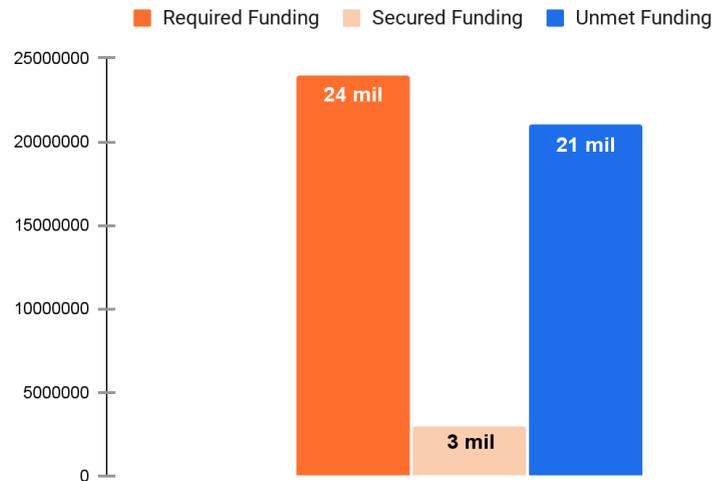
UNFPA's cholera response included deploying Inter-Agency Reproductive Health (IARH) kits to ensure continued essential services through its network of SRH Working Group members to facilitate safe deliveries, manage rape cases, and prevent and treat STIs.

Funding Status

UNFPA requires US\$27 million to deliver critical SRH and GBV services in Chad during 2025. The appeal includes US\$15.2 million for the [2025 Humanitarian Response Plan](#) and US\$12.5 million for the [2025 Regional Refugee Response Plan](#).

However, as of November 2025, only US\$3 million has been received, leaving a staggering US\$24 million gap. Without an urgent and significant increase in support from donors, UNFPA will be unable to deliver the services needed, including:

- **Clinical Care:** Mobile clinics, obstetric complication management, and medical evacuations.
- **Protection and Support:** One-stop centres and maternal mortality prevention.
- **Leadership:** Coordination of the SRH Working Group and partner capacity-building.



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.

“We arrived here with nothing, but we refused to just wait for help. We created this centre to care for ourselves, but above all to support each other. We greatly appreciate UNFPA's approach, which is to come to us to offer support and guidance, rather than impose its will. This confirms that our work is meaningful and gives us the strength to continue fighting for the survival and dignity of our sisters.”

— Mme Zara Barhim Adam, Sudanese refugee women who created their own structure, the ‘Al Genina Medical Clinic’.

Current Donors

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

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