

Chad

Sudanese Refugees Influx

Flash update #20

4 to 17 October 2025



HUMANITARIAN OVERVIEW

- Since the outbreak of conflict in Sudan in April 2023, Eastern Chad has become a refuge for hundreds of thousands fleeing violence, fear, and uncertainty. By 13 October 2025, Chadian authorities, UNHCR, and IOM reported 880,166 Sudanese refugees and 306, 865 Chadian returnees. 61% of refugees and 67% of returnees are children under the age of 18. The humanitarian situation in Wadi Fira and Ennedi Est has reached a critical point due to this sustained influx of Sudanese refugees: 98,576 refugees have arrived here since April 2025.
- Since mid-July 2025, Chad has been facing a rapidly escalating cholera outbreak. Initially affecting the Dougui refugee camp in Chokoyane District (Ouaddaï Province), the outbreak promptly spread to both refugee settlements and host communities in the East. Most recently, Tissi health district, located near the Sudan border in Chad's Sila province, has reported cholera cases. As of 11 October, the epidemic has affected 81 health areas across 12 health districts: Chokoyane, Hadjer Hadid, Adré, Farchana, Amleyouna, Abougoudam, Amdam and Abéché in Ouaddaï Province; Abdi, Goz Beida and Tissi in Sila Province; and Bitkine in Guéra Province. 2,727 suspected cases have been reported to date, including 83 cases confirmed by culture and 152 associated deaths (66 occurred within the community). The overall case fatality rate (CFR) remains high at 5.57%.

HUMANITARIAN RESPONSE

- UNHCR and partners, including UNICEF, are actively responding to high levels of humanitarian needs while continuing to face severe underfunding and logistical challenges.
- On October 6, 2025, a joint mission composed of UNICEF, UNHCR, the JRS NGO, Technidev, and the National Agency for Secure Documents (ANATS), coordinated by the child protection sub-group, visited Amleyouna in the Ouaddaï province. The mission aimed to discuss the establishment of a Single Birth Registration Window (GUEN) for civil registration services, with the goal of increasing the birth registration rate, which is currently only around 15% in this sub-prefecture. Local authorities, as well as refugee and host communities, have supported this initiative through the signing of a memorandum of understanding.
- The cholera outbreak response is being coordinated by the Ministry of Public Health and Prevention (MPHP) at the provincial level, in close collaboration with the Governor of Ouaddaï Province. Regular coordination meetings are convened with key stakeholders, including United Nations agencies, international and national non-governmental organizations, and other humanitarian partners. These meetings serve to align strategic priorities, monitor progress, and ensure a harmonized and effective response to the evolving public health emergency.
- Following the notification of multiple cholera cases in two areas in Chokoyane Health District, UNICEF, representatives from the Ouaddaï Provincial Health Delegation and key partner agencies conducted a joint investigation mission. Preliminary findings highlight two major challenges: limited access to safe drinking water and weak community mobilization, both of which negatively impact the effectiveness of prevention and response efforts.
- UNICEF, MSF Holland, and the health delegation of Sila coordinated the response to a cholera outbreak in the Tissi health district in the Sila province. In this hard-to-reach area, located on the border with the Sudanese locality of Um Dukhun in Central Darfur, UNICEF provided 20 cholera beds, 2 AWD treatment kits, and a 72 m² tent. MSF set up the cholera treatment unit and trained local healthcare staff.
- UNICEF's funding needs for the response in Eastern Chad are US\$48.3 million, with a funding gap of 39% as of 1st October 2025. UNICEF requires US\$18.9 million to respond to the complex humanitarian emergency in Eastern Chad.

UNICEF'S RESPONSE



In response to the cholera outbreak, UNICEF implemented Case-Area Targeted Interventions (CATI) approach in Chokoyane health district entailing the spraying and disinfection of 2,857 households in Dougui camp, Fene and surrounding villages. In addition, 14,285 people were sensitized on good hygiene practices for cholera prevention, and 1,420 PUR sachets and 175 Javel were distributed to support household water treatment. The distribution by water trucking has started and 40 m³ are distributed per day to ensure access to water to the community of Galgas to cut all chains of cholera transmission. As part of the ongoing cholera vaccination campaign in the health districts of Abéché, Abdi and Goz-Beida, community mobilizers conducted intensive interpersonal communication activities to promote life-saving prevention practices and strengthen community trust in vaccination. These locally led efforts focused on handwashing with soap, cholera prevention measures, and the importance of oral vaccination to protect families and communities. As part of the psychosocial response to the cholera outbreak, 65 affected children, including 18 girls, received individual care. Through door-to-door engagement, **187,434 households were reached and 569,343 people were sensitized, including 342,601 women**—reinforcing equitable access to timely and accurate health information.



UNICEF and its partners provided 7.5 litres/person/day of safe water to more than 33,000 individuals, primarily in camps at Iridimi, Koursigué, Tiné, and Mile Extension. Hygiene and sanitation services reached 29,030 people, including the installation of 1,095 latrine-shower units. Additionally, hygiene promotion and awareness activities on the Prevention of Sexual Exploitation and Abuse (PSEA) reached 2,659 individuals in Mile camp, surrounding villages, as well as in Tiné, Iridimi, and Oure Cassoni.



UNICEF provided Mental Health and Psychosocial Support (MHPSS) assistance to 248 newly registered children, including 149 girls and 15 children living with disabilities (10 boys and 5 girls). This brings the total number of children receiving MHPSS services since mid-April 2025 to 15,717. A total of twenty children (10 girls and 10 boys), including 16 unaccompanied and 4 separated children—8 of whom are girls—received individual case management, bringing the total number of cases to 1,157. Of these unaccompanied children, 5 were placed with temporary foster families. Fifty-two new cases of gender-based violence were reported, including one case of rape, six cases of sexual assault, thirteen cases of psychological violence, and thirty-two cases of denial of resources. Sexual violence prevention activities reached 3,541 people, including 1,310 girls and 866 women.



UNICEF contributed to the treatment of 131 children (59 girls and 72 boys) suffering from Severe Acute Malnutrition (SAM) during the reporting period. With this, 4,110 SAM cases have been treated overall since the crisis began. 35 health professionals, including those from NGOs, were trained in Infant and Young Child Feeding (IYCF) in emergency as part of the measures to prevent malnutrition in the context of cholera outbreak. 2,833 women were reached through sensitization among whom 1,166 pregnant and lactating women with children ages 0–23 months attended counseling sessions on the best IYCF practices. These vital nutrition services have helped 14,690 women since the start of the refugee crisis in mid-April 2025.



During the reporting period, 2,908 children under the age of five received medical consultations and treatment for various childhood illnesses, raising the cumulative total of treated children since April 2025 to 33,639. As part of immunization efforts, 232 children under five were vaccinated against measles. Additionally, 428 pregnant women were screened for HIV, with no positive cases detected. For cholera outbreak response, 888,072 people were vaccinated, including 366,537 children under the age of 15 in the newly affected health districts. Additionally, 44 health workers were trained on the case management protocol in the health districts of Abougoudam and Amdam, and 12 cholera kits were provided to the Amdam health district for case management.



To enhance preparedness and resilience, Risk Communication and Community Engagement plans were developed for the Provincial Health Delegations of Sila, Wadi Fira and Ouaddaï, ensuring coordinated and community-centered response strategies. These results reflect strong collaboration between health authorities, community leaders and partners, contributing to improved cholera prevention and community confidence in essential health services.