UNICEF/Chad/2025/ Annadjib

Aicha, a Sudanese refugee, smiles proudly as she holds her daughter's birth certificate after registering her birth through the Tasdjil system in Koukou Angarana village, eastern Chad.

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Humanitarian Situation Report No. 2

Reporting Period
1 January to 31 December 2025

Chad

HIGHLIGHTS

- In 2025, Chad continued to face a large-scale humanitarian influx, with over 179,275 new Sudanese refugees arriving during the year, and a total of 902,814 Sudanese refugees and 355,903 Chadian returnees having crossed into the country since April 2023, most of them women and children (87%) in urgent need of protection and basic services.
- From mid-July to mid-December 2025, Chad faced a cholera outbreak that began in Dougui refugee camp (Ouaddaï) and spread to Sila, Guéra, Hadjer Lamis, and Barh El Gazel provinces, resulting in 2,979 cases and 167 deaths.
- UNICEF supported the treatment of 427,646 children suffering from Severe Acute Malnutrition (SAM), achieving a cure rate of 95.8%. UNICEF ensured a 98.6% availability of Ready-to-Use Therapeutic Food (RUTF), including for 76,000 refugee children.
- With UNICEF support 1,125,826 children were vaccinated against measles in humanitarian settings.

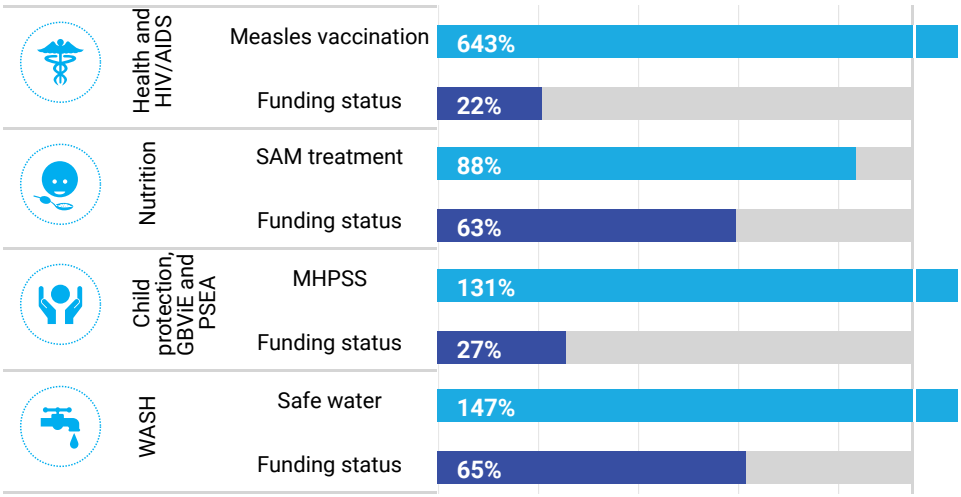
SITUATION IN NUMBERS

7,000,000
People in need of humanitarian assistance[1,2]

2,161,990
People displaced[3]

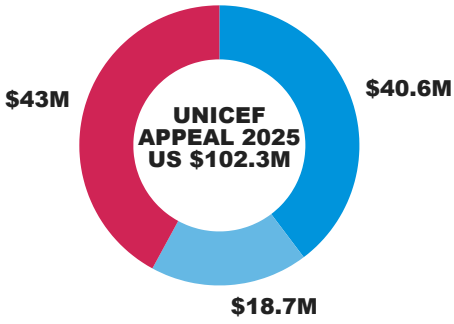
3,850,000
Children in need of humanitarian assistance[4]

UNICEF RESPONSE AND FUNDING STATUS*



* UNICEF response % is only for the indicator, the funding status is for the entire sector.

FUNDING STATUS (IN US$)**



** Funding available includes: funds received in the current year; carry-over from the previous year; and repurposed funds with agreement from donors

FUNDING OVERVIEW AND PARTNERSHIPS

Amidst significant shifts in the global funding landscape, UNICEF Chad's 2025 HAC appeal—initially approved at US$114.2 million in April 2025—was subsequently reprioritized and reduced to US$102.3 million in August 2025. This adjustment aimed to ensure that available resources were focused on addressing the most critical and life-saving needs of 1 million people, including more than 740,000 vulnerable children. This included US$48.3 million to sustain the provision of lifesaving interventions for 452,596 refugees, returnees and members of host communities in Eastern Chad.

In 2025, UNICEF Chad received US$40.6 million from the following donors: Catalan Agency for Development Cooperation (ACCD), Central Emergency Response Fund (CERF), Child Nutrition Fund, European Union Humanitarian Aid, Global Affairs Canada, Gobierno de Navarra (Spain), Government of Sweden/Sida, Government of Korea, United States Government (African Affairs Bureau, PRM), Swiss Agency for Development and Cooperation (SDC), UAE Aid Agency, UNICEF Germany, UNICEF Spain, UNICEF Switzerland and Liechtenstein, United States Fund for UNICEF as well as a Global Humanitarian Thematic Funding allocation. Carry-over funds from the previous year provided an additional US$18.7 million. As such, US$59.3 million, representing 58% of the appeal, was available in 2025, leaving a gap of US$43 million or 42% of the appeal.

UNICEF will continue to adapt and respond to critical humanitarian needs as they evolve and will advocate for flexible thematic and multi-year funding to reach the most vulnerable children and families with life-saving support. UNICEF is grateful to all partners for their continued support and collaboration and appeals for further assistance to the most vulnerable children in Chad affected by humanitarian situations.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

During 2025, Chad continued to face a complex and deteriorating humanitarian context characterized by a steady influx of Sudanese refugees, recurrent epidemics (cholera, measles, meningitis, diphtheria), ongoing internal displacement due to intercommunal conflicts, persistent food insecurity, and high levels of malnutrition nationwide. According to the 2025 Humanitarian Needs and Response Plan (HNRP), 7 million people, including 3.9 million children, required humanitarian assistance.

The Humanitarian Country Team (HCT) initially planned to target 5.5 million people for approximately US$ 1.45 billion. However, in April 2025, major efficiency reforms and funding constraints led the HCT to reprioritize the HNRP target to 2.8 million people, with a reduced budget of US$ 835.7 million. The Reprioritization was guided by a cross-sector analysis identifying areas with the most severe needs, with a strong focus on life saving interventions. By the end of the year, HNRP funding reached US$414.1 million (28.5%), enabling assistance to 1.6 million people (29%) in at least one sector.

As of 31 December 2025, Chad hosted 2,161,990 forcibly displaced people, including 1,502,264 refugees, 9,376 asylum seekers and 225,689 internally displaced persons (IDPs). Most refugees remain concentrated in Eastern Chad, while IDPs are predominantly located in Lac Province.

According to data from the National Commission for the Reception and Reintegration of Refugees (CNARR), UNHCR, and the International Organization for Migration (IOM), by the end of 2025 Chad was hosting 902,814 Sudanese refugees and 355,903 Chadian returnees who had arrived since April 2023. Of this total, 179,275 refugees arrived during 2025 alone, underscoring the sharp escalation in displacement driven by the intensifying conflict in Sudan, particularly the attacks on the Zamzam and Abu Shouk IDP camps and the late-October assault on El Fasher.

Refugees continue to enter through the border points of Adré, Adikong, Tissi, Tina, Oure Cassoni–Bahai, and Kariari, located across the eastern provinces of Ouaddaï, Sila, Wadi Fira, and Ennedi Est. While most Sudanese refugees crossed through Ouaddaï in 2024, the majority arrived through Wadi Fira and Ennedi Est in 2025.

The sustained and large-scale influx is placing considerable pressure on natural resources, basic services, and existing infrastructure. This situation has heightened tensions between host communities and refugees, especially in the fragile border regions of eastern Chad.

The Chad component of the 2025 Sudan Regional Refugee Response Plan (RRRP) required US$ 701 million, for lifesaving and critical humanitarian needs. By the end of 2025, only 24% of this requirement had been funded, leaving substantial gaps that threaten the continuation of essential protection and assistance services for refugees and host communities.

According to the results of the Standardized Monitoring and Assessment of Relief and Transitions (SMART) Survey for Nutrition conducted in November 2024, 15 provinces have exceeded the alert threshold of 10% for global acute malnutrition (GAM), and seven of them have reached the emergency threshold of 15%. This survey reveals that GAM affects children aged 6 to 23 months more significantly than those aged 24 to 59 months. This situation is observed in most provinces.

According to Nutrition Cluster projections, 2.7 million people were estimated to need nutritional assistance in 2025, including nearly 2 million children under five. This caseload included approximately 526,607 children with SAM and 1,385,007 with moderate acute malnutrition (MAM). An estimated 279,740 pregnant and breastfeeding women were also expected to be affected by acute malnutrition.

In June 2025, a cholera outbreak was reported in El Geneina (West Darfur), leading to cross border transmission into Eastern Chad. Due to porous borders, overcrowded refugee sites, limited access to health and WASH services, and the onset of the rainy season, Chad experienced a cholera epidemic from mid-July to mid- December 2025. The outbreak originated in Dougui refugee camp (Ouaddaï) and spread to Sila, Guéra, Hadjer Lamis, and Barh El Gazel provinces, resulting in 2,979 cases and 167 deaths, 5.6% case fatality rate (CFR) Through coordinated efforts by the Ministry of Health, UNICEF, WHO, and partners, the epidemic was successfully contained. The epidemic highlighted the significant vulnerability of refugee and host communities and reinforced the need for sustained investments in WASH, community engagement and health systems, particularly in border areas and displacement sites, to prevent future epidemics.

In 2025, the Comité Technique National de Lutte contre les Epidémies (CTNLE) reported 6,012 cases of measles, including 20 deaths. The main outbreak of hotspots was N'Djamena, Ouaddaï, Batha and Wadi Fira provinces. There were 541 suspected cases of meningitis and 50 deaths during the first semester with hotspots in Ouaddaï and Mandoul provinces. 1,157 yellow fever cases and 5 deaths were reported across all 23 provinces. The Government, with

its partners, has conducted several vaccination campaigns, and the outbreaks are under control.

According to the Health Emergency Operations Center (PHOC) of the Ministry of Health's public and prevention 2025, the country recorded a total of 4,840 suspected cases of diphtheria, including 52 deaths. Cases are confirmed and concentrated in the provinces of Barh El Gazel, Ouaddaï, and Wadi Fira.

The CTNLE reported 939 cases of Acute Flaccid Paralysis of polio across 22 out of 23 provinces (Tibesti did not report any case). The second round of the annual polio vaccination campaign took place in December 2025 with a vaccination coverage of 114%. The target was overachieved as a mass vaccination campaign was conducted.

In 2025, OCHA recorded 25 intercommunal conflicts resulting in 136 deaths, 166 injuries, widespread looting, and 12,500 newly displaced people. Women and children were disproportionately affected. Non state armed groups (NSAGs) remained active across the Lake Chad islands, contributing to ongoing insecurity. Lac province hosts over 220,000 people. Access restrictions prevented humanitarian actors from conducting assessments or providing assistance during three major displacement events in Logone Occidental, Ouaddaï, and Mayo Kebbi Ouest. (OCHA Chad, Humanitarian Situation Overview, January – September 2025).

Chad continued to rank as the second most climate vulnerable country for children, facing recurrent floods, droughts, and diseases outbreaks.

Floods impacted the provinces of Mandoul, Moyen-Chari, Salamat, and Wadi Fira, resulting in loss of life and localized population displacement. In addition, crop-destroying bird in Koundjourou (Batha) destroyed more than 3,000 hectares of millet, affecting 40 out of 263 villages in the province and exacerbating food insecurity in already vulnerable communities. The HCT supported the Government in finalizing a national contingency plan and establishing contingency stocks to improve preparedness. Overall, the scale and severity of the 2025 floods were lower compared with the major flooding events of 2024 and 2022 (OCHA Chad, Humanitarian Situation Overview, January – September 2025).

The education system faced growing pressure, with 1.6 million children in need of learning support. The majority of refugee children prior arriving in Chad from Sudan have been out of school for approximately two years, leaving them at heightened risk of learning loss and reduced protection.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health and HIV/AIDS

In 2025, UNICEF supported the Ministry of Public Health and prevention in epidemic response across emergency-affected areas, including the East (Ouaddaï, Wadi Fira, Sila, and Ennedi East), Lac, and southern provinces. UNICEF facilitated the vaccination of 1,125,826 children aged 6–59 months against measles nationwide, including 574,410 girls and 551,416 boys. This includes children vaccinated against measles during the response campaign, totaling 967,585 (493,467 girls and 474,118 boys). Throughout the year, UNICEF procured 100,000 doses of measles vaccine and essential supplies for HIV/AIDS services. A total of 821,669 pregnant women attended prenatal consultations, with 532 testing positive for HIV and initiated on antiretroviral therapy (ARVs).

UNICEF provided critical support for epidemic response to cholera, meningitis, and measles. This included the delivery of 44 cholera kits, 265 cholera beds, 12 rapid diagnostic kits, eight 72m² tents, deployment of 31 health workers, and rehabilitation of the Tongori health center for case management. Additionally, UNICEF strengthened diphtheria response through capacity building for health workers and provision of vaccines and case management supplies. The crisis exposed the fragility of water, sanitation, and health services in refugee and host areas, underscoring the urgency of long-term WASH and health infrastructure investments.

Nutrition

In 2025, UNICEF supported the Ministry of Public Health and Prevention in implementing the Severe Acute Malnutrition (SAM) Management Programme through 936 treatment units (881 outpatient therapeutic programmes and 55 inpatient facilities), working closely with the health system to ensure effective supply chain management. By December 2025, 427,646 children with SAM were treated, reaching 88.3% of the annual caseload with a recovery rate of 95.8%. Supply chain performance was critical, with 401,072 cartons of Ready-to-Use Therapeutic Food (RUTF) distributed - representing 98.6% of annual needs. In humanitarian contexts, including the Sudanese refugee response in Eastern Chad, nearly 81,800 children with SAM received treatment with a recovery rate of 95.9%. Over 54,000 caregivers were trained in MUAC screening. Sector coordination was strengthened through harmonized tools for mass screening, integrated supervision, and capacity building on Infant and Young Child Feeding (IYCF) in emergencies, alongside cholera response integration.

Progress in implementing the RUTF risk management plan included: (i) development of a strategic plan to operationalize the Prime Minister’s circular on the “Prohibition of the Sale of Nutritional Supplies”; (ii) creation of a RUTF distribution tracking system using RapidPro; and (iii) digitalization of incident reporting related to misuse of therapeutic nutrition supplies, including fraud and losses.

Quality of service delivery for Mother, Infant and Young Child Nutrition (MIYCN) was strengthened through context-appropriate approaches tailored to emergencies, such as mother-to-mother support groups and safe spaces for IYCF. Through these platforms, 77,186 primary caregivers of children aged 0–23 months in Eastern Chad received counseling complemented by culinary demonstrations to improve dietary diversity. Home food fortification with Micronutrient Powders (MNPs) reached nearly 30,000 children aged 6–23 months. Two rounds of vitamin A supplementation covered more than five million children nationwide, while deworming campaigns reached 4.8 million children. These achievements were enabled by strategic partnerships with Nutrition International, national NGOs, and the Ministry of Health, ensuring robust microplanning and cost-sharing mechanisms.

Education

In 2025, UNICEF supported access to learning for 83, 554 children, including 41,451 girls, through school infrastructure (establishment of 70 temporary learning spaces, construction of 36 latrines blocks and 31 water points as well as rehabilitation of existing schools), provision of school feeding programme and payment of subsidies to 301 contractual teachers (101 women) in Eastern Chad, Lac, Logone Oriental, Mayo Kebbi Est and N’Djamena. In Chad, households face high education-related costs. To help alleviate this burden, UNICEF covered teacher stipends, reducing the financial pressure on vulnerable families. This support contributed to stabilizing the demand for education services in crisis-affected areas facing severe economic hardship.

To help reduce the high cost of education borne by households, UNICEF provided individual learning materials to 197,152 students, including 99,933 girls. These supplies — comprising notebooks, pens, pencils and other essential items — enabled vulnerable

children to participate more fully in learning, eased the financial burden on families, and supported continuity of education in crisis-affected areas.

Bilingual French–Arabic textbooks promote citizenship, conflict management, and peacebuilding, while fostering linguistic inclusion in Lac Province.

To enhance quality learning and teaching, UNICEF supported capacity building for 400 teachers (206 women) in subject didactics. Remedial classes were provided to 20,374 students (9,533 girls) facing learning difficulties, including displaced children.

In collaboration with UNHCR and NGOs including JRS, ADES, LMI, IRC and AIRD, UNICEF facilitated Grade 12 examinations for 4,823 Sudanese refugee candidates based on the Sudanese curriculum. The Office National des Examens et Concours du Supérieur (ONECS) ensured the organization and supervision for this examination. This exceptional measure taken by the Chadian government aimed to provide equal education opportunities to students who completed secondary education in Sudan but had not had the opportunity to take their final exams.

To improve child safety and well-being in Eastern Chad, 700 actors (125 women) were sensitized on “Safe School” approaches, while 671 actors (143 women) participated in vulnerability mapping and response planning in 50 schools. Additionally, 334 teachers and parent association members (144 women) were trained on disaster resilience, and 759 community actors (184 women) were sensitized on the Convention on the Rights of the Child. A further 248 teachers and pedagogical supervisors received training on social cohesion and peaceful conflict resolution in schools.

To promote inclusive education and gender sensitive interventions at school level, 73 pedagogical supervisors (12 women) received training on gender-sensitive pedagogy while 248 other education stakeholders (112 women) were trained on inclusive education.

Moreover, 663 teachers were trained in psychosocial support to strengthen the mental well-being of children affected by crises.

Water, sanitation and hygiene

In 2025, UNICEF, in partnership with national (ABAMUS, CAIDEL, IHDL, KITES, SAHKAL, SECADEV, LMI, FLM, Association Moustagbal) and international NGOs (ACF and World Vision), the Government (Ministry of Water and Energy, Ministry of Public Health and Prevention) and private enterprises, provided access to safe water for 455,234 people (138,501 girls, 114,843 women, 122,001 boys, and 79,889 men), including 323,909 inhabitants (refugees, returnees and members of host communities) in Eastern Chad . This was achieved through the construction of 61 small solar-powered water systems, 47 boreholes equipped with hand pumps, water trucking, and jet wells in the provinces of Mayo-Kebbi Ouest, Lac, Guera, Sila, Ouaddaï and Wadi-Fira. These interventions were linked to the influx of Sudanese refugees and the cholera epidemic.

Additionally, 162,015 people (49,438 girls, 36,328 women, 45,528 boys, and 30,721 men), including 151,649 people in the East, gained access to basic sanitation services through the construction of 20,909 latrines - 19,335 emergency latrines and 1,574 family latrines through Community-Led Total Sanitation (CLTS) - in five provinces (Wadi Fira, Sila, Ouaddaï, Ennedi Est, and Lac).

To promote good hygiene practices and prevent waterborne diseases, particularly cholera, 107,724 households (including 40,000 in the East) received WASH kits, reaching 646,342 people (184,229 girls, 169,671 boys, 165,999 women, and 126,443 men). Each kit included six bars of soap, one 20-liter jerrycan for safe water storage, one 20-liter bucket for water collection, one child potty for safe disposal of child feces, one 3-liter handwashing container, and one bottle of bleach. Furthermore, 27,192 cholera patients received WASH kits in cholera treatment centers during the Case-area targeted interventions (CATI) approach implementation in Ouaddaï province to control cholera outbreaks. WASH items were prepositioned in the health centers in Sila, Wadi Fira, Ennedi Est and Ouaddai provinces. To support safe menstrual hygiene management, UNICEF distributed menstrual hygiene kits to 134,000 women and girls of reproductive age.

As part of cholera preparedness, personal protective equipment, bleach, and chlorine (HTH) were pre-positioned in four sub-national offices and in N’Djamena. According to government data, the cholera epidemic resulted in 2,979 cases and 167 deaths.

In terms of awareness-raising, 301,279 people (93,999 girls, 86,768 boys, 62,666 women, and 57,846 men), including 241,334 in the East, were sensitized on key topics such as household water treatment, latrine use, cholera symptoms, and handwashing to prevent waterborne and fecal-oral diseases.

Finally, UNICEF strengthened partnerships by reassessing the capacity of six implementing partners to prevent sexual exploitation and abuse (PSEA). A total of 30,275 staff members (14,532 women and 15,743 men) were trained on the United Nations Victim Assistance Protocol, in line with Inter-Agency Standing Committee (IASC) guidelines.

Child protection, GBViE, and PSEA

During the year, UNICEF continued to fulfill its mandate to provide protection services to children and their families facing emergency situations in Chad. UNICEF and its partners (both governmental and civil society organizations) provided psychosocial support to 128,208 children and caregivers, compared to 116,672 during the same period last year. This included 110,720 children (58,595 girls and 52,125 boys) and 17,488 caregivers. The support was delivered through fixed and mobile child-friendly spaces, peer/community support groups, and psychoeducation sessions. These services were provided to refugees, returnees, internally displaced persons, and host communities, based on their needs and vulnerabilities, in the provinces of Lac, Mandoul, Mayo Kebbi Est, Ouaddaï, Sila, and Wadi Fira.

UNICEF reached 226,832 people (87,927 girls, 56,058 boys, and 82,847 women) with GBV risk mitigation, prevention, and GBV response interventions compared to 163,535 people during the same period last year. Through the integrated multisectoral service centre set up by UNICEF at Adre Hospital, adolescents were trained in a variety of skills, including fine arts, ecological charcoal production, knitting, and sewing. In addition, 2,626 children (1,316 girls and 1,310 boys) who were at risk or directly affected by violence received individual case management. These children included 1,567 (754 girls and 813 boys) unaccompanied and separated children (UASC) who were receiving alternative care in foster care. A total of 386 (175 girls and 211 boys) UASC were reunited with their families. In addition, 41 -children associated with armed forces and groups in the province of Lac (18 girls and 23 boys) received training in sewing (15 girls and 15 boys) and electrician (3 girls and 8 boys) with the support of UNICEF, in coordination with the provincial delegation of education and the provincial delegation of women and child protection of Lac. At the end of these 3-months trainings, the learners benefited from kits to facilitate their reintegration into their communities.

UNICEF supported the setting up of an integrated multisectoral service centre in Guereda Hospital, in collaboration with the government and other UN agencies (UNFPA, UNDP and WHO) to improve the quality of care for GBV survivors in Eastern Chad affected by the Sudanese crisis.

Birth registration (BR) is not only a fundamental right but also a prerequisite for all other rights. Through the “TASDJIL” application, 15,229 refugee and host community children (7,188 girls and 8,041 boys) received their birth certificate.

PSEA

In 2025, UNICEF intensified its efforts to prevent and address sexual exploitation and abuse (SEA), with the objective of safeguarding affected populations and reducing reputational and operational risks across humanitarian interventions linked to population movements. Through structured awareness-raising activities, community engagement initiatives, educational sessions, mass communication, and the dissemination of safe and culturally appropriate reporting mechanisms, a total of 847,844 individuals gained access to established reporting channels.

This figure comprises 488,563 refugees; 139,658 internally displaced persons; 38,640 returnees, and 180,983 individuals from host communities.

Disaggregated by age and sex, the beneficiaries include 238,481 girls; 172,693 boys; 255,731 women; 180,939 men.

In Eastern Chad, 531,231 individuals accessed safe reporting channels. This group includes 155,734 girls; 101,362 boys; 168,053 women, and 106,082 men. The majority of beneficiaries were refugees (480,484), followed by returnees (38,640) and host community members (12,107). These results underscore UNICEF's sustained commitment to reinforcing Protection from Sexual Exploitation and Abuse (PSEA) systems and ensuring that all affected populations can report concerns safely and confidently.

Social Protection

In 2025, UNICEF supported social protection interventions targeting households affected by the Sudan crisis. A total of 59,978 households - including 44,406 from host communities and 15,072 Sudanese refugee households -received cash assistance of 60,000 XAF (approximately US$107) in the provinces of Ouaddaï, Wadi Fira, and Sila. This support was provided through the “Cellule des Filets Sociaux (CFS)” under World Bank funding as part of the Sudan crisis response, in the frame of the national safety nets programme.

UNICEF collaborated with CFS under the Sahel Joint Social Protection Project to strengthen cash delivery mechanisms, including improvements in cash distribution monitoring and complaints management systems. These efforts aimed to ensure transparency, efficiency, and accountability in the delivery of social protection services to vulnerable populations.

Cross-sectoral (HCT, C4D, RCCE and AAP)

SBC/RCCE and AAP

In 2025, Social and Behaviour Change (SBC), as co-lead of the Risk Communication and Community Engagement (RCCE) pillar at both national and provincial levels, supported the establishment of the SBC Task Force and provincial RCCE committees. These coordination mechanisms strengthened epidemic preparedness and response capacities while fostering social cohesion across affected areas.

SBC interventions, including Risk Communication and Community Engagement (RCCE) and Accountability to Affected Populations (AAP), played a critical role in ensuring timely access to life-saving information, facilitating the use of essential services, promoting meaningful community participation, and ensuring that the voices, needs and priorities of affected populations were systematically integrated into multisectoral responses. These efforts supported responses to disease outbreaks (cholera, poliomyelitis, measles), natural disasters (floods), and the influx of refugees from neighboring countries, particularly Sudan, into Chad.

1. People reached with timely and life-saving information

Through revitalized partnerships with the High Council of Autonomous Communities and Traditional Chiefdoms (HCCACT), school directors, and community and national media outlets - including Radio Al Nasr, FM Liberté, Dja FM, Radio Arc-en-Ciel, La Voix du Ouaddaï, Radio Sila, ONAMA Abéché and Guéra, community radios in Mongo, N’Djamena and Amtiman, as well as Chadian National Television - UNICEF strengthened community-based communication platforms. Engagement with community associations (women, youth and transport workers) and the mobilization of community relays through proximity communication strategies - such as face-to-face interactions and community dialogues - enabled the dissemination of key messages in official languages (Arabic and French) and local languages.

Overall, more than 6,694,341 people were reached with prevention and service-access messages, including 913,019 girls, 2,321,529, women, 822,800 boys and 2,636,993 men. These actions were primarily delivered through direct and interpersonal engagement by community mobilisers, focusing on symptoms, modes of transmission, risk behaviors and adherence to preventive measures related to epidemics (cholera, poliomyelitis, hepatitis E), flooding, social tensions and social cohesion. Interventions were concentrated in the provinces of Barh El Gazal, Kanem, Ouaddaï, Sila, Wadi-Fira, as well as in N’Djamena.

2. Community Engagement

To promote meaningful community participation, 29 village committees for community participation and engagement were supported using a Human-Centered Design (HCD) approach. This methodology enabled communities to identify and analyze local determinants of recurrent challenges, particularly those related to cholera outbreaks and flooding.

Through this participatory approach, 2,947,214 community actors were mobilized, including members of the volunteer teachers’ network and religious and traditional leaders -comprising 500,821 girls, 1,191,864 women, 436,869 boys and 817,660 men. These actors actively contributed to contact tracing and referred more than 1,100 suspected cholera cases to health facilities. They also played a pivotal role in interpersonal communication, promoting healthy and protective behaviors within their communities in the context of public health emergencies and climate-related shocks.

3. Feedback and Accountability Mechanisms

An SBC needs assessment under the Humanitarian Action for Children (HAC) framework was conducted, enabling communities to voice concerns and seek clarification regarding the humanitarian response in Eastern Chad and the Lake Chad region, as well as cholera preparedness and response in Sila, Ouaddaï, Wadi-Fira, Ennedi East, Guéra, Hadjer Lamis, Barh El Gazal and N’Djamena.

Human-centered design action research, a Behavioral and Social Drivers of Vaccination (BeSD) study, and five rapid cholera perception surveys generated critical evidence to inform the national SBC response to the cholera outbreak. In parallel, social listening activities were implemented to monitor discussions on social media and within community spaces.

UNICEF-supported feedback mechanisms - both online (bloggers’ platforms) and offline through community-level data collection by volunteers from the Chadian Red Cross and INTERSOS enabled 715,082 people to express concerns and request information. This included 108,820 girls, 299,166 women, 58,954

boys and 248,142 men, with a particular focus on food security and shelter needs in affected provinces.

Humanitarian Cash Transfer (HCT)

During the reporting period, UNICEF supported 4,195 vulnerable households during the lean season in Bahr El Gazal province. Each household received a total of 144,000 XAF (approximately US$257) for the months of June, July, and August. These households are enrolled in a three-year assistance programme (2024–2027), which provides regular quarterly cash transfers of 45,000 XAF (US$80) and complementary nutrition services. To help families cope with heightened food insecurity during the lean season, an annual top-up of 99,000 XAF is provided between June, July and August.

Non-Food Items

During the reporting period, UNICEF distributed 12,180 non-food item (NFI) kits to 78,811 vulnerable individuals, including 27,410 girls, 18,339 boys, 20,946 women, and 12,116 men. The assistance primarily targeted refugee households in Eastern Chad, reaching 57,680 people in the Oure-Cassoni camp (Ennedi Est province) and Iridimi camp (Wadi Fira province). In addition, 14,999 people affected by floods in the southern provinces of Moyen Chari and Mandoul received NFI kits as well as 2,100 people affected by floods in Batha province, along with 4,032 internally displaced persons (IDPs) in Hadjer Lamis province.

In total, the number of people reached during the year represents 90% of the 87,179 individuals targeted under the emergency response plan. Each NFI kit contained essential items to meet immediate needs and restore dignity, including tarpaulins, blankets, plastic mats, women's and girls' underwear, sanitary pads, cooking pots, kettles, ladles, cups, plates, soap, and insecticide-treated mosquito nets. These supplies played a critical role in improving living conditions and reducing vulnerability among affected populations.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2025, UNICEF maintained leadership of the Education, Nutrition, WASH and Child Protection Area of Responsibility clusters, with sub clusters active in Lac Province, while also remaining an active member of the Health, Shelter and NFI clusters. Under the revised 2024 coordination architecture, UNICEF continued to lead Child Protection, Education, Nutrition, and WASH in Assoungha in Ouaddai province. UNHCR/CNARR led the refugee response, and IOM coordinated assistance for returnees. Coordination meetings across sectors remained regular, ensuring operational continuity despite rising pressures.

Mounting operational and financial constraints in 2025 prompted the Government and the Humanitarian Country Team (HCT) to start the discussion around the humanitarian coordination reset to strengthen leadership, ensure clearer prioritization, and enhance coherence across the response. This shift became essential as the country confronted escalating shocks: a sustained influx of Sudanese refugees, persistent insecurity in the Lac and southern provinces, and a marked decline in essential public services. To steer this transition, a national committee was established to assess the effectiveness of coordination structures, streamline cluster roles and support the evolution toward a more efficient and sustainable system adapted to rising needs and shrinking resources. The overarching aim of this reset was to reinforce Governement leadership and ensure that coordination mechanisms remain fit for purpose amid increasingly complex, overlapping crises. This also aligned with the UN Humanitarian Reset agenda.

The 2025 Clusters Coordination Performance Monitoring (CCPM) process is currently underway, providing an opportunity to assess coordination effectiveness, identify gaps, and reinforce partner engagement.

Nutrition Cluster

At the national level, the Nutrition Cluster convened 11 out of 12 planned coordination meetings in 2025, bringing together key partners to analyse the nutrition situation, discuss the impact of conflict in the East, review response performance and guide strategic decision-making. Priority agenda items included the management of RUTF and RUSF supplies, implementation of nutrition surveys, improvements to the 4W tool, and harmonization of data collection approaches.

Subnational coordination was maintained through the Lac Province Sub Cluster and Sectoral Coordination Groups (SCGs) in Sila, Assoungha, Ouaddaï and Logone Oriental. These platforms ensured decentralized leadership, strengthened information flows and supported alignment between field interventions and national priorities. Support missions to Lac, Assoungha, Sila, Wadi Fira and Ennedi Est allowed the Cluster to identify capacity gaps, deliver targeted training and finalize coordination tools with local partners.

Throughout the year, monthly situation updates captured increases in admissions, displacement patterns and the effects of spillover violence from Sudan. In June, the Nutrition and Food Security Clusters jointly presented the 2025 SMART and Integrated Phase Classification IPC) results to theHCT, followed by provincial briefings to ensure translation of evidence into targeted action. An IPC Acute Malnutrition analysis conducted in December strengthened planning efforts; its report is currently being finalized.

For response monitoring, the Cluster analysed partner data for the first quarter, feeding into OCHA's Response Planning and Monitoring system and the Global Nutrition Cluster dashboards. Under Cluster leadership, the CMAM Technical Working Group completed a revision of the National Protocol for the Management of Acute Malnutrition, updating guidance to reflect evolving evidence and operational realities. Joint supervision missions with the national nutrition department in Eastern Chad reinforced protocol compliance and improved service quality in high burden areas.

As part of the 2024 Cluster Coordination Performance Monitoring, the Cluster held a workshop in March 2025 to review results, strengthen partner capacities, develop the 2025 workplan and select new coordination team members, including a co-facilitator and working group representatives. Nutrition surveillance detected, in July, rising severe acute malnutrition cases in N'Djamena; an early warning mechanism was activated and weekly bulletins were circulated from July to October to ensure timely, coordinated action. Preparedness efforts included developing flood contingency plans and strengthening IYCF capacities through updated toolkits, new training modules and multisectoral planning by the IYCF Technical Working Group.

To ensure consistent practices, the Cluster harmonized more than a dozen tools used in mass screening campaigns, including TORs, data collection forms, training modules and supervision checklists. Key coordination tools - mailing lists, 4Ws, contingency stock information and the annual assessment plan - were regularly updated to ensure real-time operational visibility.

WASH Cluster

In 2025, the WASH Cluster organized eight monthly coordination meetings and two ad hoc meetings related to the refugee response. It participated actively in Inter Cluster Coordination, HCT discussions, and cholera response meetings led by the Ministry of Public Health and Prevention. The Cluster also engaged in OCHA-

led resource mobilization efforts, including CERF and Financial and Administrative Rules for Humanitarian Operations and Coordination (FARHOC) advocacy and anticipatory action initiatives for droughts and floods.

Working with the Ministry of Social Action, Solidarity and Humanitarian Affairs, the WASH Cluster contributed to updating the National Flood Contingency and Response Plan. Provincial-level coordination was strengthened with field deployment of two sector coordinators and a WASH information manager in Eastern Chad, alongside the presence of Provincial Water Delegates nationwide. Coordination was especially critical during the cholera response, supported through a joint Health–WASH–Social Behaviour Change task force.

Partner capacity building, joint assessments and technical contributions through platforms like AJALA - enhanced by UNICEF and UNHCR collaboration - helped improve knowledge management and response quality.

Education cluster

In 2025, the Education Cluster faced a significant gap between needs and available resources. Among 1,638,136 children identified as in need of urgent education support, the Cluster targeted 704,398, yet only 34% of the required US$35 million was mobilized, limiting operational coverage and forcing difficult prioritization decisions. Building on lessons learned, the Cluster refined its needs analysis for the 2026 HNRP cycle, adopting a more targeted and realistic approach: 1,388,864 children in need, a sector target of 587,099, a planned budget of USD 24 million, and a reprioritized focus on 168,854 children for life saving interventions should funding remain insufficient.

Significant progress was made in advancing climate resilient education through three areas: systemic integration with UNESCO to strengthen national capacity, institutional coordination with the Ministry of Education to embed climate risk into long term policy frameworks, GBV risk mitigation efforts were also reinforced through strong collaboration with UNICEF, the Ministry of Education, ECW, and partners, leading to the validation of the GBV Risk Mitigation Measures Catalogue. Ensuring sustainability will require broadening the donor base to secure long term national ownership.

Field coordination and capacity strengthening remained central, with missions conducted in Logone Oriental, Ouaddaï and Wadi Fira to update partner mapping, identify coverage gaps, and reinforce operational alignment. The flood contingency plan was updated in June 2025 to enhance preparedness for seasonal hazards. Throughout the year, the Cluster maintained high standards of accountability and transparency through systematic reporting on OCHA platforms, regular dashboards and updated operational presence maps.

Cluster coordination remained strong, with regular monthly meetings ensuring consistent information sharing and collective decision making.

Child Protection Area of Responsibility (CPAoR)

As part of the 2025 planning cycle, the CPAoR estimated 727,581 people in need of child protection services, requiring US$17 million. In March 2025, the CPAoR and the Ministry of Women and Child Protection held a workshop to update the national child protection strategy; a technical committee finalized the document, which was validated by all members.

Performance monitoring results enabled the formulation of recommendations to improve coordination and service delivery. The CPAoR also provided technical inputs for minimum preparedness actions and contributed to drafting the National Contingency Plan for Child Protection in Flood Response, reinforcing preparedness in climate-affected areas.

Regarding **Eastern Chad refugee sectoral coordination** :

UNICEF-Chad plays a central leadership role in coordinating the refugee response across the WASH, Nutrition, Education, and Child Protection sectors, ensuring harmonized planning and operational coherence within the national inter-agency framework. As cluster lead for these four sectors, UNICEF ensures alignment with Government-led mechanisms and supports UNHCR's overall refugee coordination architecture. Throughout 2025, UNICEF reinforced coordination effectiveness through 68 regular sectoral coordination meetings and 43 joint coordination meetings dedicated to cholera and refugee response, enabling timely decision-making and collective problem-solving. Essential coordination tools - including updated 4Ws, Terms of Reference, and sectoral plans -— remained
fully functional and widely used by partners. UNICEF also invested in local capacity-building for coordination, strengthening provincial authorities and local actors to lead and sustain response mechanisms. Additionally, the Cluster produced sector-specific advocacy documents to mobilize resources and draw attention to critical gaps affecting refugee-hosting areas. Through this sustained coordination leadership, UNICEF ensured cohesive multisectoral action, reduced duplication, and strengthened accountability in a context of rapidly increasing refugee flows and escalating humanitarian needs.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

UNICEF/2025/DA

Djamila stands in front of the listening space, where she welcomes survivors of violence, ready to listen and support them every day.

The stories change, and so do the faces, but violence remains the common thread running through them all. Mostly distressed women, children and adolescents with eyes far too heavy for their age, all of them seek a safe space to speak, be heard, and receive support that will help them regain a sense of safety and protection.

Every morning, Zeynab (a pseudonym) arrives at the Integrated Multisectoral Services Centre (CISM), ready to guide, listen to, and support those who cross this doorway of hope.

Since September 2024, this social worker has become a reassuring presence for many refugee women and girls, often the first person to truly listen to them since they fled from Sudan. "Here, every day is different. Each survivor carries a unique and deeply painful story" Zeynab shares.

Located within Adré Hospital, in the border town near Sudan, the

CISM has become a vital lifeline for the people in Adré , especially for those exposed to or recovering from gender-based violence and other forms of trauma. It was established by the Chadian government with support from UNICEF. Zeynab's mission does not end at the doors of the CISM. She frequently travels across the town of Adre, the refugee site, and surrounding areas. Everywhere she goes, she raises awareness among communities about the prevention and management of gender-based violence, menstrual hygiene, the existence of the CISM and the services it provides, as well as the risks linked to the cholera outbreak affecting Chad since August 2025. Her work also relies on local community leaders, who help relay prevention messages, guide survivors to the Centre, and contribute to breaking the silence around gender-based violence.

In the same way, 12 youth clubs composed of both girls and boys have been trained to engage in awareness-raising activities within their communities, becoming key players in preventing violence and encouraging mutual support among peers.

However, above all, Zeynab embodies active listening and dialogue. Behind every testimony she gathers lies a wound to soothe and a hope to rekindle. When people are referred to the CISM, she welcomes them with compassion, takes the time to listen, and engages in an empathetic dialogue to better understand their needs. Is it a need for dialogue, psychological support, medical care, or the initiation of legal proceedings? It is her role to determine the appropriate course of action. Severe trauma cases are referred to the WHO team onsite for specialized mental-health care and clinical follow-up.

Many women arrive at the CISM deeply scarred, having experienced violence during their flight from Sudan. Since the Centre opened, 180 cases have been recorded, including 81 cases of rape, 15 of which involved minors, as well as numerous physical assaults, sexual violence, female genital mutilation, and psychological abuse. Adolescent girls and young women are particularly vulnerable when collecting firewood or working in the fields. "They often report harassment, threats, and sometimes rape," Zeynab explains. "the stories that affected me the most were those of a four-year-old orphan who survived rape, and a young woman held captive and raped for 25 days by armed men. She became pregnant, and we supported her throughout the delivery. It was extremely difficult to handle. Can you imagine?".

The strength and success of the CISM lie in its very structure. It brings together multiple organizations with complementary expertise, enabling a truly comprehensive response for beneficiaries. Medical services, psychosocial support, legal assistance, socio-economic and educational reintegration, and safe spaces for women and adolescents all work together to provide coordinated, holistic support accompanying survivors at every step of their recovery.

Because economic vulnerability amplifies exposure to violence, the Centre also supports women through a cash-assistance mechanism. Nearly 100 beneficiaries have already received between 50,000 and 60,000 CFA francs (USD 88 to 107) each to start income-generating activities, a first step toward autonomy and restored dignity. Today, some run small businesses selling basic goods, while others have begun working in sewing and textiles. Working as a social worker in such a fragile context is not without risks.

"Sometimes, relatives of perpetrators come to threaten me or accuse me of taking sides with survivors. It is intimidating, but I always take the time to explain my role. Through dialogue, the tension eventually eases," Zeynab says.

Zeynab knows she cannot change everything. But every time a survivor regains confidence and finds the strength to rebuild their life, it is a victory for her, and it is exactly where her mission finds its deepest meaning.

- Social workers, driving hope and protection at the heart of the humanitarian response;
- Because exile should never deprive a child of their identity;
- In Gourgoudji, clean water and cholera prevention are saving lives;
- For every child, a better start in life
- Saving lives amid a deadly cholera outbreak;
- Saving lives amid a deadly cholera outbreak;
- At the Zabout refugee camp in eastern Chad, the struggle and hope for Abdelaziz's survival;
- Access to Water and Hygiene Kits: A Lifeline for Populations Affected by the Sudanese Crisis in Chad
- Sudanese crisis: Responding to the nutrition emergency to save children's lives in Wadi Fira, Chad;
- Faces that bear witness to the pain of the soul!;
- In Koukou Angarana, Aicha registers her baby after giving birth through the Tasdjil system;
- Child-Friendly Spaces, more than just a place for fun!;
- Ensuring health, safety, and dignity for refugees, returnees and host communities;
- Noubjinar, a beacon of hope for children !;
- L'engagement des filles tchadiennes et réfugiées soudanaises pour l'hygiène menstruelle
- L'engagement d'une jeune réfugiée soudanaise pour l'alphabétisation
- Fabrication de serviettes hygiénique par des jeunes filles réfugiées et Tchadiennes à Adré

HAC APPEALS AND SITREPS

- Chad Appeals
  https://www.unicef.org/appeals/chad
- Chad Situation Reports
  https://www.unicef.org/appeals/chad/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31 JULY 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
Health and HIV/AIDS								
Children vaccinated against measles, supplemental dose	Total	-	175,000	1.1 million	▲ 643%	-	-	-
	Girls	-	85,750	574,410	▲ 670%	-	-	-
	Boys	-	89,250	551,416	▲ 618%	-	-	-
Pregnant and lactating women living with HIV receiving antiretroviral therapy	Total	-	703	532	▲ 76%	-	-	-
Nutrition								
Children 6-59 months screened for wasting	Total	-	585,991	599,740	▲ 102%	1.5 million	2.1 million	▲ 140%
	Girls	-	287,136	328,133	▲ 114%	777,779	1.1 million	▲ 143%
	Boys	-	298,855	271,607	▲ 91%	747,278	1 million	▲ 137%
Children 6-59 months with severe wasting admitted for treatment	Total	-	484,231	427,646	▲ 88%	484,231	427,646	▲ 88%
	Girls	-	237,273	237,045	▲ 100%	237,273	237,045	▲ 100%
	Boys	-	246,958	190,601	▲ 77%	246,958	190,641	▲ 77%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	302,312	406,893	▲ 135%	733,980	961,547	▲ 131%
Child protection, GBViE and PSEA								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	98,000	128,208	▲ 131%	145,000	212,572	▲ 147%
	Girls	-	38,416	58,595	▲ 153%	56,840	96,268	▲ 169%
	Boys	-	39,984	52,125	▲ 130%	59,160	84,732	▲ 143%
	Women	-	9,996	10,054	▲ 101%	14,790	17,989	▲ 122%
	Men	-	9,604	7,434	▲ 77%	14,210	13,583	▲ 96%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	103,500	226,832	▲ 219%	290,191	237,485	▲ 82%
	Girls	-	36,225	87,927	▲ 243%	116,000	90,815	▲ 78%
	Boys	-	37,260	56,058	▲ 150%	43,500	60,966	▲ 140%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
	Women	-	30,015	82,847	▲ 276%	130,691	85,704	▲ 66%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	987,000	847,844	▲ 86%	-	855,195	-
	Girls	-	266,490	238,481	▲ 89%	-	240,541	-
	Boys	-	276,360	172,693	▲ 62%	-	174,259	-
	Women	-	227,010	255,731	▲ 113%	-	257,853	-
	Men	-	217,140	180,939	▲ 83%	-	182,542	-
Children who have received individual case management	Total	-	3,200	2,626	▲ 82%	52,669	12,529	▲ 24%
	Girls	-	1,568	1,316	▲ 84%	27,388	5,861	▲ 21%
	Boys	-	1,632	1,310	▲ 80%	25,281	6,668	▲ 26%
Education								
Children accessing formal or non-formal education, including early learning	Total	-	29,027	83,554	▲ 288%	714,384	565,472	▲ 79%
	Girls	-	14,223	41,451	▲ 291%	324,397	275,204	▲ 85%
	Boys	-	14,804	42,103	▲ 284%	389,987	290,268	▲ 74%
Children receiving individual learning materials	Total	-	142,271	197,152	▲ 139%	510,021	537,573	▲ 105%
	Girls	-	69,713	99,933	▲ 143%	234,554	281,304	▲ 120%
	Boys	-	72,558	97,219	▲ 134%	275,467	256,269	▲ 93%
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	310,000	455,234	▲ 147%	1.5 million	982,574	▲ 66%
	Girls	-	83,700	138,501	▲ 165%	412,517	270,045	▲ 65%
	Boys	-	86,800	122,001	▲ 141%	427,796	258,607	▲ 60%
	Women	-	71,300	114,843	▲ 161%	351,404	242,207	▲ 69%
	Men	-	68,200	79,889	▲ 117%	336,125	211,715	▲ 63%
People accessing appropriate sanitation services	Total	-	240,000	162,015	▲ 68%	954,898	516,236	▲ 54%
	Girls	-	310,000	49,438	▲ 16%	257,822	142,116	▲ 55%

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
	Boys	-	83,700	45,528	▲ 54%	267,371	133,217	▲ 50%
	Women	-	86,800	36,328	▲ 42%	219,627	125,541	▲ 57%
	Men	-	71,300	30,721	▲ 43%	210,078	115,362	▲ 55%
People reached with critical WASH supplies	Total	-	240,000	646,342	▲ 269%	959,600	1.4 million	▲ 143%
	Girls	-	64,800	184,229	▲ 284%	259,200	391,034	▲ 151%
	Boys	-	67,200	169,671	▲ 252%	249,600	365,119	▲ 146%
	Women	-	55,200	165,999	▲ 301%	230,000	327,505	▲ 142%
	Men	-	52,800	126,443	▲ 239%	220,800	287,702	▲ 130%
Social protection								
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	45,000	59,978	▲ 133%	-	-	-
Cross-sectoral (HCT, SBC, RCCE and AAP)								
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	16,200	4,195	▲ 26%	-	-	-
People reached with timely and life-saving information on how and where to access available services	Total	-	1.1 million	6.7 million	▲ 637%	-	-	-
	Girls	-	283,770	913,019	▲ 322%	-	-	-
	Boys	-	294,280	822,800	▲ 280%	-	-	-
	Women	-	241,730	2.3 million	▲ 960%	-	-	-
	Men	-	231,220	2.6 million	▲ 1140%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	700,000	2.9 million	▲ 421%	-	-	-
	Girls	-	189,000	500,821	▲ 265%	-	-	-
	Boys	-	196,000	436,869	▲ 223%	-	-	-
	Women	-	161,000	1.2 million	▲ 740%	-	-	-
	Men	-	154,000	817,660	▲ 531%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	484,231	715,082	▲ 148%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*	2025 targets	Total results	Progress*
	Girls	-	130,742	108,820	▲ 83%	-	-	-
	Boys	-	135,585	58,954	▲ 43%	-	-	-
	Women	-	111,373	299,166	▲ 269%	-	-	-
	Men	-	106,531	248,142	▲ 233%	-	-	-
Non-food items								
Displaced people who received non-food items and emergency shelter	Total	-	87,179	78,811	▲ 90%	-	-	-
	Girls	-	23,538	27,410	▲ 116%	-	-	-
	Boys	-	24,411	18,339	▲ 75%	-	-	-
	Women	-	20,051	20,946	▲ 104%	-	-	-
	Men	-	19,179	12,116	▲ 63%	-	-	-

**Progress in the reporting period 1 January to 31 December 2025*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	9,051,857	1,647,966	304,787	7,099,102	78%
Nutrition	49,052,528	20,034,407	10,778,742	18,239,378	37%
Child protection and GBViE	6,853,875	1,084,294	774,227	4,995,353	73%
Education	5,442,193	4,869,531	396,290	176,370	3%
Water, sanitation and hygiene	20,070,000	7,751,148	5,351,024	6,967,827	35%
Social protection	300,000	-	12,084	287,916	96%
Cross-sectoral (HCT, C4D, RCCE and AAP)	6,594,158	1,835,176	197,145	4,561,835	69%
Non-Food Items	4,970,717	3,413,197	840,031	717,487	14%
Total[5]	**102,335,328**	**40,635,723**	**18,654,334**	**43,045,270**	**42%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Funding Status Eeastern Chad Refugees crises

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	4,654,500	1,166,643	250,767	3,237,088	70%
Nutrition	12,818,058	13,902,084	1,272,675	-	0%
Child protection and GBViE	5,175,000	978,944	524,763	3,671,291	71%
Education	3,193,297	4,880,272	-	-	0%
Water, sanitation and hygiene	16,770,591	6,216,363	1,234,377	9,319,849	56%
SBC	2,608,927	1,359,643	5,131	1,244,151	48%
Non-food items	1,087,155	2,763,519	390,064	-	0%
Social protection	2,000,000	-	-	2,000,000	100%

Total[6]	**48,307,528**	**31,267,472**	**3,677,780**	**13,362,275**	**28%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

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ENDNOTES

1. In 2025, the HNRP and HAC targets were reprioritized. Reprioritized 2025 HAC target 1,044,454 people, including 742,142 children."
2. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), Chad Humanitarian Needs and Response Plan 2025, January 2025.
3. National Commission for the Reception and Reintegration of Refugees (CNARR), UNHCR, December 2025
4. Ibid.
5. Updated: 22-Jan-2025;* includes Carry-forward Commitments Amount
6. Updated: 22-Jan-2025;* includes Carry-forward Commitments Amount