

30 MONTHS OPERATION UPDATE

Sudan Crisis - Regional Population Movement



Volunteers of the Chad Red Cross lead an awareness session on safe water use in Arkoum refugee camp, eastern Chad

<p>Emergency appeal №: MDRS1001 Emergency appeal launched: 30/05/2023 Operational Strategy published: 20/06/2025</p>	<p>Glide №: NA</p>
<p>30 Months Update Date of issue: 19/05/2026</p>	<p>Timeframe covered by this update: From 30/05/2023 to 31/12/2025</p>
<p>Operation timeframe: 42 months, extended until 31/12/2026</p>	<p>Number of people being assisted: 1.3 million people</p>
<p>Funding requirements (CHF): CHF 38 million through the IFRC Emergency Appeal CHF 47.5 million Federation-wide</p>	<p>DREF amount initially allocated: CHF 3,660,000</p>

To date, this Emergency Appeal, which seeks CHF 38,000,000 is 47.5 per cent funded. Further funding contributions are needed to enable the National Societies in the region, with the support of the IFRC, to continue with the preparedness efforts of and provide humanitarian assistance and protection to people on the move.

Acronyms

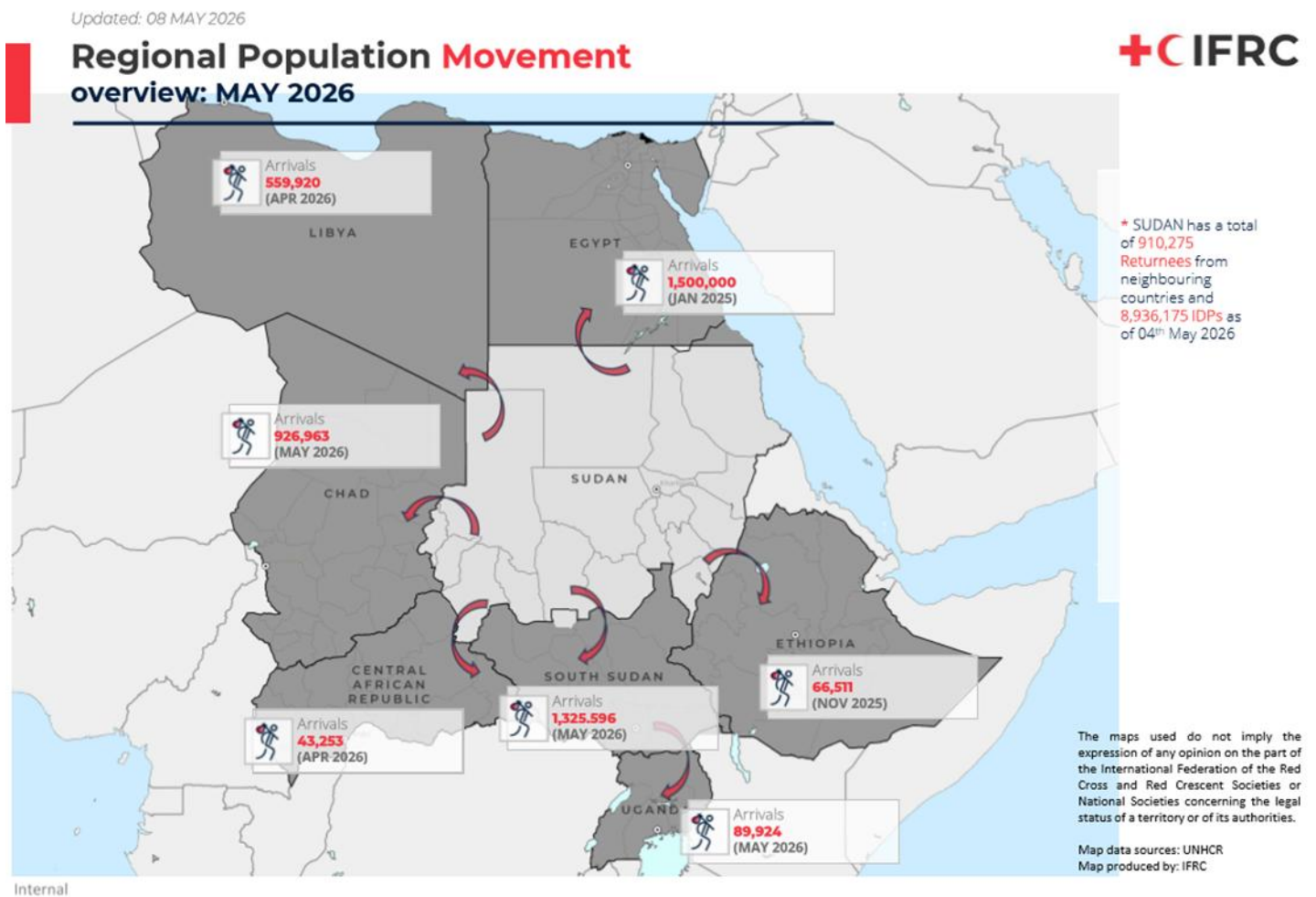
ARO	Africa Regional Office
CEA	Community Engagement and Accountability
CBHFA	Community-Based Health and First Aid
CCD	Country Cluster Delegation
CHF	Swiss Franc
CRT	Chadian Red Cross
CVA	Cash and Voucher Assistance
DREF	Disaster Response Emergency Fund
EA	Emergency Appeal
ERCS	Egyptian Red Crescent Society / Ethiopian Red Cross Society
ERU	Emergency Response Unit
ETB	Ethiopian Birr
GBV	Gender-Based Violence
HSP	Humanitarian Service Point
ICRC	International Committee of the Red Cross
IFRC	International Federation of Red Cross and Red Crescent Societies
IM	Information Management
IOM	International Organization for Migration
MHPSS	Mental Health and Psychosocial Support
MHPSSIE	Mental Health and Psychosocial Support in Emergencies
MSF-F	Médecins Sans Frontières – France
NFI	Non-Food Item
NS	National Society
NSD	National Society Development
OPM	Office of the Prime Minister
ORP	Oral Rehydration Point
OU	Operational Update
PFA	Psychological First Aid
PGI	Protection, Gender and Inclusion
PMER	Planning, Monitoring, Evaluation and Reporting
PNS	Partner National Society
PSEA	Prevention of Sexual Exploitation and Abuse
PWD	Person with Disability
RC	Red Cross
RCRC	Red Cross Red Crescent
RFL	Restoring Family Links
SAF	Safer Access Framework
SGBV	Sexual and Gender-Based Violence
Sphere	Sphere Humanitarian Standards
SSRC	South Sudan Red Cross Society
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
URCS	Uganda Red Cross Society
WASH	Water, Sanitation and Hygiene
WHO	World Health Organization
XAF	Central African CFA Franc

A. SITUATION ANALYSIS

Description of the crisis

Since the escalation of conflict in Sudan in April 2023, the crisis has driven large-scale displacement across the region, with over 11.5 million people displaced, including approximately 4.5 million fleeing to neighbouring countries such as Ethiopia, South Sudan, Chad, Uganda, Egypt, Libya and the Central African Republic. This mass movement of people has placed significant pressure on border areas and host communities, overwhelming already limited resources and essential services.

Across the region, health systems have come under severe strain, with increasing outbreaks of communicable diseases linked to overcrowding, inadequate shelter, and poor water, sanitation, and hygiene (WASH) conditions. Food insecurity has sharply deteriorated, with crisis and emergency levels of hunger observed in multiple contexts. These overlapping pressures have contributed to a rapidly worsening humanitarian situation, affecting both displaced populations and host communities.



South Sudan

Since April 2023, South Sudan has received over 1.2 million arrivals, including Sudanese refugees, asylum seekers, and South Sudanese returnees. The influx has been concentrated in border and transit areas such as Renk in Upper Nile State, as well as in Unity, Northern Bahr el Ghazal, Warrap, Central Equatoria, and the Abyei Administrative Area.

Many arrivals have settled in transit centres, informal settlements, and host communities, placing significant pressure on already fragile infrastructure and basic services. Water, shelter, health, and sanitation systems have been stretched

beyond capacity, while protection risks have increased, particularly for vulnerable groups such as women, children, and older persons. The situation has been further complicated by internal challenges, including ongoing insecurity and access constraints, which have limited humanitarian reach and exacerbated vulnerabilities.

Chad

As of mid-March 2026, approximately 918,000 Sudanese refugees and asylum seekers had been recorded in Chad, placing considerable strain on already fragile systems, particularly in border provinces such as Wadi Fira, Ennedi East, Ouaddaï, and Sila.

The health system has been overwhelmed, with limited access to medical care and severely constrained WASH services. Shelter shortages have remained critical, particularly in high-concentration areas, where overcrowding has reduced access to basic services and increased vulnerability.

Food insecurity has worsened significantly, with around 3 million people projected to face food shortages during the June–August 2026 lean season. At the same time, protection risks have increased, as displaced populations—especially vulnerable groups—have faced limited access to essential services, safe shelter, and adequate support.

Uganda

As of mid-March 2026, nearly 90,000 Sudanese refugees and asylum seekers had been recorded in Uganda, adding pressure to already vulnerable host communities and existing service systems. While the health system remains functional, staffing reductions and resource constraints have limited its capacity, increasing the risk of disease outbreaks in epidemic-prone areas. Access to safe water and hygiene services remains uneven, with unreliable supply, long collection times, and limited handwashing facilities affecting public health conditions.

Most refugees reside in settlements where shrinking land allocations, poor soil quality, and reduced assistance constrained livelihoods. As a result, many households remain dependent on declining food assistance and face persistent food insecurity. Protection risks remain high, particularly for women and children, who face increased exposure to violence, exploitation, and negative coping mechanisms.

Ethiopia

The crisis continues to drive displacement into Ethiopia, with 66,511 individuals recorded as of 31 December 2025, including Sudanese refugees, Ethiopian returnees, Eritrean refugees, and individuals of other nationalities.

The population profile indicates high vulnerability, with 43% of arrivals being children, increasing demand for protection, education, and nutrition services. The influx has been concentrated in Benishangul-Gumuz and Amhara regions, particularly in entry points such as Kurmuk and Metema, and settlements including Ura, Sherkole, Tsore, Bambasi, and Aftit. Despite the presence of multiple response partners, funding remains significantly constrained, with only 17% of required resources secured, limiting the scale and quality of the response.

Across affected areas, humanitarian gaps persist across all sectors. WASH services remain inadequate, with limited water supply and sanitation infrastructure. Health systems face shortages of medicines, equipment, and trained personnel, compounded by weak referral systems and lack of ambulance services. Disease prevalence, including malaria, diarrheal diseases, respiratory infections, and skin conditions, continue to rise.

Food assistance remains insufficient, forcing households to adopt negative coping strategies. Education services are also affected, with declining attendance due to poor quality, lack of materials, and access challenges. Livelihood opportunities are limited, particularly for women and youth, despite the establishment of business groups.

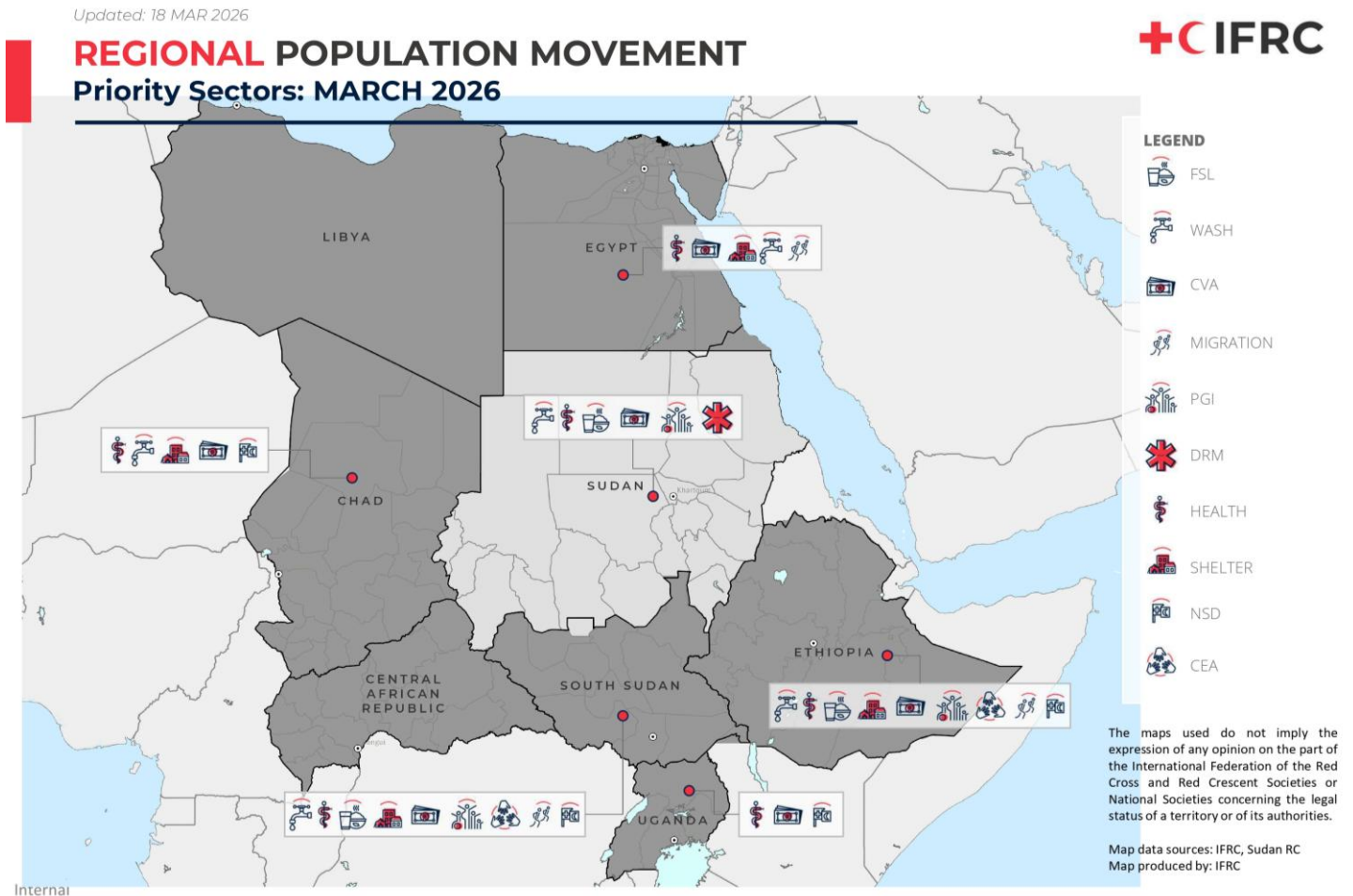
Protection risks remain significant, including gender-based violence, limits access to legal services, and reporting of cases of child abuse. At the same time, limited purchasing power and insufficient cash assistance further constrains access to essential needs, deepening vulnerability among affected populations.

Egypt

Since April 2023, Egypt has received an estimated 1.5 million displaced individuals, making it one of the primary host countries in the region. The influx has been characterized by diverse and heightened vulnerabilities, including a high proportion of women and children, as well as older persons and individuals living with disabilities, chronic illnesses, or mental health conditions. Particular concern has been observed regarding unaccompanied and separated children, significantly increasing protection risks and the need for specialized support.

While relations between displaced populations and host communities have generally remained constructive, continued arrivals have placed sustained pressure on public systems, particularly in urban and peri-urban areas. Services such as healthcare, education, housing, and livelihoods have faced increasing demand.

Humanitarian needs have remained substantial and evolving. Priority areas included access to essential and specialized healthcare services, particularly maternal and mental health care; strengthened protection mechanisms; expanded livelihood opportunities and cash-based support; improved access to education; and psychosocial services to address trauma associated with the displacement.



Summary of response

Sector		Total reach by NS	Reach by sector							
			Shelter, housing and settlement	Food security and livelihoods	Cash	Health and Care	WASH	PGI	Migration and settlement	CEA
Appeal totals	Total	1,146,908	168,483	585,006	155,261	809,159	778,718	345,504	559,786	292,365
	Male	489,986	78,456	227,220	68,650	367,364	366,772	146,348	239,351	170,061
	Female	656,922	90,027	357,786	86,611	441,795	411,946	199,156	320,435	122,304
Chad	Total	270,711	120,027	8,958	11,203	251,897	124,308	68,705	270,711	2,327
	Male	116,406	51,612	3,783	4,817	108,316	53,453	29,543	116,406	1,001
	Female	154,305	68,415	5,175	6,386	143,581	70,855	39,162	154,305	1,326
Egypt	Total	168,286	7,750	7,750	17,570	72,719	157,246	-	14,693	143,746
	Male	102,012	3,565	3,000	9,541	33,451	72,333	-	7,978	83,373
	Female	79,689	4,185	4,750	8,029	39,268	84,913	-	6,715	60,373
Ethiopia	Total	143,746	29,795	101,573	8,280	115,073	143,746	106,333	72,988	143,746
	Male	83,373	19,069	57,124	4,802	66,742	83,373	61,673	42,328	83,373
	Female	60,373	10,726	44,449	3,478	48,331	60,373	44,660	30,660	60,373
South Sudan	Total	464,925	8,406	464,925	116,772	276,967	254,178	111,330	201,322	274
	Male	161,848	3,498	161,848	48,873	118,494	112,627	28,539	72,598	42
	Female	303,077	4,908	303,077	67,899	58,473	141,551	82,791	128,724	232
Uganda	Total	99,240	2,505	1,800	1,436	92,503	99,240	59,136	72	2,272
	Male	44,986	712	900	617	40,361	44,986	26,593	41	2,272
	Female	54,254	1,793	900	819	52,142	54,254	32,543	31	-

The Chadian Red Cross is implementing a large-scale, multi-sectoral response across key refugee-hosting areas, including Adré, Farchana, Gaga, and Arkoum, reaching 262,422 people. Interventions focus on health, WASH, shelter, protection, migration services, and livelihoods, delivered through both camp-based and community approaches. The response was informed by the demographic profile of those reached, with a majority being women and children, guiding prioritization of maternal health, child protection, and psychosocial support.

Humanitarian Service Points (HSPs) play a central role, particularly in Adré, where large numbers of people on the move access services including safe referrals, Restoring Family Links (RFL), and basic health assistance. The National Society has also strengthened protection systems, responding to gender-based violence cases and supporting vulnerable groups through targeted PGI interventions.

Operational capacity was reinforced through strong coordination with government authorities and Movement partners, alongside investments in volunteer training, infrastructure (including HSP expansion), and sectoral response capabilities, ensuring sustained delivery in a high-influx context.

The Ethiopian Red Cross is delivering a comprehensive and integrated response across Metema, Kumruk, and Benishangul-Gumuz, combining emergency assistance with early recovery and resilience-building. Interventions include cash and voucher assistance, livelihoods support, WASH services, health care, shelter/NFI distribution, migration services, PGI, and CEA, reaching refugees, returnees, and host communities.

Cash assistance and livelihood programmes have enabled households to meet immediate needs while restoring income-generating capacity. WASH interventions combined emergency water supply with infrastructure development, improving both access and sustainability. Health services, including ambulance support and first aid, have strengthened access to care at entry points and transit centres.

Migration programming is anchored in HSPs, providing RFL, psychosocial support, and emergency assistance, while PGI and CEA ensure inclusive and accountable service delivery. Institutional strengthening remains a key component, with investments in branch capacity, logistics systems, volunteer training, and coordination mechanisms, enhancing ERCS's ability to respond to complex and evolving humanitarian needs.

The Egyptian Red Crescent is implementing a nationwide response across all governorates, having reached over 160,000 people, with a strong focus on urban and transit populations. Central to the response is the establishment of five Humanitarian Service Points, delivering integrated services including health care, WASH, shelter, RFL, psychosocial support, and safe referrals.

The response prioritizes safe and dignified service delivery, with infrastructure and programming designed to address the needs of women, children, and other vulnerable groups. ERCS also facilitates onward transportation, supports access to essential services, and strengthens family reunification mechanisms.

Operationally, the response is supported by strong institutional systems, nationwide presence, and coordination with government and partners, ensuring alignment with national frameworks. Capacity strengthening, technical support, and system improvements contribute to a coherent, efficient, and accountable response, balancing immediate humanitarian assistance with longer-term preparedness.

The South Sudan Red Cross focuses its response on border entry points and transit centres, particularly in Renk and Northern Bahr el Ghazal, delivering integrated assistance to 570,354 people. Interventions include health services, cash assistance, WASH, shelter, psychosocial support, migration services, and protection, targeting refugees, returnees, and host communities.

HSPs are central to the response, providing essential services, including screening, safe referrals, RFL, and onward support. Community-based programming supported disease prevention, health promotion, and protection, particularly in response to public health risks such as cholera and other communicable diseases.

The National Society has also strengthened its operational capacity through volunteer training, branch development, and establishment of dedicated response structures, while progressively transitioning from emergency response to early recovery and resilience-building, including investments in sustainable services such as water systems.

The Uganda Red Cross implements a targeted multi-sectoral response in Kiryandongo Refugee Settlement, reaching 92,503 people through interventions in health, WASH, protection, migration, and food assistance. Mobile health clinics, hygiene promotion, sanitation improvements, and RFL services formed the core of the response.

The response is shaped by the demographic profile of affected populations, with a high proportion of women and children, informing programming on menstrual hygiene management, child protection, and gender-sensitive services. Volunteers play a key role in service delivery, supported by training in PGI, CEA, and community health.

Operationally, the response emphasizes community-level engagement, surveillance, and accountability, supported by coordination with government and partners. Monitoring, review processes, and adaptive programming ensure responsiveness to evolving needs while strengthening local capacity.

Needs analysis

Chad

Since the escalation of conflict in Sudan in April 2023, Chad has experienced a sustained influx of displaced populations, with more than 890,000 people crossing the border. The majority of arrivals are highly vulnerable, with over 87% being women and children, and more than half identified as having specific needs. Screening conducted

between May and June 2025 indicates that over 10% of newly arrived refugee children were severely malnourished, reflecting critical nutrition needs.

The situation worsened following renewed attacks in Darfur in April 2025, which triggered additional displacement into eastern Chad. By mid-2025, over 241,000 new arrivals had been recorded in Wadi-Fira and Ennedi-Est, placing further strain on already vulnerable host communities. Food insecurity intensified due to disrupted supply chains and rising prices, with nearly 330,000 people affected, including a significant proportion in crisis and emergency phases during the lean season.

Access to safe water remains severely limited due to failing infrastructure and reliance on unsafe sources, increasing the risk of disease outbreaks. This was reflected in the cholera outbreak declared in July 2025, with 776 reported cases and a high case fatality rate, although containment efforts were underway. Shelter capacity is overstretched, with camps operating at or beyond capacity and new arrivals settling in under-resourced transit areas. Overall, priority needs remain concentrated in health and psychosocial support, food security and nutrition, WASH, shelter and essential household items, and protection and migration services.

Egypt

Egypt continues to host the largest number of Sudanese refugees in the region, with over 1.5 million arrivals recorded since 2023. Sudanese nationals accounted for the majority of refugees registered with UNHCR, and new arrivals continued throughout 2025, with over 20,000 individuals arriving in July alone, most of whom were women and children.

The continued influx placed sustained pressure on national systems and public services, particularly in urban and transit areas. Egypt's proximity to multiple conflict zones, including Sudan, Libya, and Gaza, contributed to ongoing displacement trends, with no significant reduction in movements observed.

At the same time, declining global humanitarian resources constrained response capacity, increasing pressure on already overstretched systems. This context highlighted the need for sustained support to maintain access to essential services and ensure adequate protection and assistance for vulnerable populations.

Between January 2024 and February 2026, an estimated 535,252 individuals returned from Egypt to Sudan, representing approximately 35 per cent of all movements from Sudan into Egypt since April 2023. Return movements increased significantly during 2025, which recorded the highest number of returns, with 426,639 individuals returning to Sudan — nearly ten times the total recorded in 2024. Monthly averages rose from 3,535 returnees in 2024 to 35,553 in 2025.

Ethiopia

The humanitarian situation in Ethiopia is characterized by significant and interconnected gaps across all sectors, as identified through assessments conducted in November 2025.

Water supply is insufficient and unevenly distributed, while inadequate sanitation infrastructure and weak hygiene promotion increases the risk of disease outbreaks. Health services are severely constrained, with facilities facing shortages of medicines, equipment, and trained personnel. Limited referral systems and lack of ambulance services further restrict access to care, contributing to the prevalence of communicable diseases such as malaria, diarrheal diseases, and respiratory infections.

Food security remains a major concern, as available rations are insufficient to meet basic needs, forcing households to adopt negative coping strategies. Livelihood opportunities are limited, with many refugees lacking access to income-generating activities despite efforts to establish business groups and support small enterprises.

Education access is also affected, with declining attendance linked to poor infrastructure, language barriers, and limited learning materials. Protection risks are significant, including weak GBV referral systems, limited access to legal services, and increased exposure to risks due to lack of basic resources such as cooking fuel.

Although markets are functional, limited purchasing power and insufficient cash assistance prevents households from meeting essential non-food needs. Overall, the situation requires integrated interventions addressing both immediate humanitarian needs and longer-term resilience.

Uganda

Uganda continues to receive arrivals from Sudan through South Sudan, particularly into Kiryandongo settlement, adding pressure to an already large refugee population. New arrivals are predominantly women, children, and other vulnerable groups, many presenting with poor health conditions associated with overcrowding, inadequate shelter, and limited access to WASH services. Common health concerns include respiratory infections, diarrheal diseases, malaria, and skin conditions.

Protection needs remain significant, including child safeguarding, prevention and response to gender-based violence, and restoration of family links. These risks are exacerbated by displacement conditions and limited access to protective services. Water systems in refugee settlements are overstretched and require reinforcement to meet increasing demand. Strengthening community engagement and accountability mechanisms is also critical to ensure affected populations have access to information and can participate in decision-making processes.

South Sudan

South Sudan continues to host large numbers of refugees and returnees, with over 605,000 refugees and asylum seekers and more than 1.3 million returnees, placing considerable pressure on already fragile systems.

New arrivals continue on a weekly basis, particularly through Renk County, increasing strain on transit centres and host communities in Upper Nile, Northern Bahr el Ghazal, and Warrap states. Basic services remain limited, with health facilities facing shortages of medicines and supplies, and water access constrained in both transit sites and host communities.

New arrivals frequently present with multiple vulnerabilities, including malnutrition, conflict-related injuries, mental health and psychosocial needs, and protection concerns. Public health risks include malaria, hepatitis E, measles, acute watery diarrhoea and cholera, reflecting both environmental conditions and gaps in service delivery.

The scale and complexity of needs require sustained, multi-sectoral support, including health, WASH, protection, and assistance to maintain family links, alongside efforts to strengthen the resilience of host communities and service delivery systems.

Operational risk assessment

Operational risks remain high across all host countries due to continued cross-border population movements driven by the crisis in Sudan. Sustained and, at times, sudden influxes of refugees and returnees into Chad, South Sudan, Ethiopia, Uganda, and Egypt placed significant pressure on staff, volunteers, and branch-level capacities, stretching operational systems beyond planned thresholds.

In high-influx areas, particularly border and transit locations, the scale and unpredictability of arrivals increased operational complexity, requiring rapid adjustments in planning, resource allocation, and service delivery. This strain is most evident in locations where existing infrastructure and service capacity are already limited, resulting in heightened pressure on health, WASH, shelter, and protection systems.

Security-related risks are observed within host countries, including inter-communal tensions, looting of relief items, and safeguarding concerns in areas with concentrated assistance. These risks are often linked to increased competition over scarce resources and uneven access to services. Health and WASH risks are further compounded by the potential spread of communicable diseases in overcrowded settings, while market instability affected the feasibility and predictability of cash-based interventions.

Additional operational risks include delays in reporting, constraints in coordination with partners in some contexts, climate-related shocks affecting accessibility and infrastructure, and global supply chain disruptions impacting the timely delivery of assistance.

Security and safe access constraints

The continued influx of displaced populations into neighbouring countries creates significant security and humanitarian access challenges, particularly in border areas and high-density hosting locations. Rapid population movements place pressure on local systems and increased risks of community tensions, particularly in areas where resources such as land, water, and services are already limited. In some locations, this contributes to localized insecurity, including criminal activity and risks to humanitarian personnel and assets.

Humanitarian access is further constrained by movement restrictions, administrative requirements, and limited infrastructure, particularly in remote border areas. Poor road networks, seasonal conditions, and logistical bottlenecks affect the ability to deliver assistance consistently and at scale.

In several contexts, security conditions require adjustments to operational modalities, including reliance on local actors, remote monitoring approaches, and strengthened coordination mechanisms to maintain continuity of assistance while managing risks.

Health and epidemic risks

Health risks remain acute across host countries, driven by overcrowding, inadequate shelter, limited access to healthcare services, and poor WASH conditions.

These factors contribute to the spread of communicable diseases, including malaria, diarrheal diseases, respiratory infections, and other waterborne illnesses. Outbreak risks are heightened in settings with limited vaccination coverage, weak surveillance systems, and continuous population movement.

Cholera outbreaks and other public health threats in some host countries highlight the vulnerability of both refugee and host populations, particularly in areas with insufficient access to safe water and sanitation services. Although response efforts contributed to containment in some cases, the risk of resurgence remains high due to persistent structural gaps.

Mental health and psychosocial support needs are also significant, particularly among newly arrived populations affected by displacement, trauma, and family separation.

Food insecurity and livelihood strain

Food insecurity remains a major driver of vulnerability across host countries, affecting both displaced populations and host communities. The influx of refugees and returnees increase pressure on already constrained food systems, particularly in areas affected by structural poverty and limited livelihood opportunities. Disruptions to cross-border trade and local markets contribute to rising food prices and reduced access to essential commodities.

Limited income-generating opportunities and insufficient access to cash-based assistance further reduce household purchasing power, forcing affected populations to adopt negative coping mechanisms. These include reducing food consumption, selling assets, and prioritizing immediate survival needs over longer-term well-being.

The resulting pressures increase the risk of tensions between host communities and displaced populations, particularly in contexts where access to food and livelihoods was already limited.

Logistics and operational capacity

Logistical constraints and supply chain disruptions remain a significant risk across all host countries, affecting the timeliness and efficiency of humanitarian operations.

Limited transport capacity, infrastructure challenges, and seasonal factors such as flooding and poor road conditions delayed the delivery of assistance and increased operational costs. In remote and border areas, these constraints are particularly pronounced, affecting the ability to reach populations in need.

HSPs, camps, and transit sites in high-influx areas are at risk of becoming overstretched, with existing infrastructure often insufficient to accommodate growing populations. This places additional pressure on service delivery systems and require continuous adaptation of operational approaches. Global supply chain disruptions also affected the availability and cost of essential items, further constraining response capacity.

Protection and social risks

Protection risks remain significant across all host countries, particularly for women, children, older persons, and persons with disabilities. Displacement conditions increase exposure to risks of exploitation, abuse, and gender-based violence, particularly in overcrowded settings with limited access to protective services. Weak referral systems and limited access to legal and psychosocial support further constrain response capacity.

Family separation remains a critical concern, particularly during cross-border movements, requiring continued support for restoring family links services. Social tensions between host communities and displaced populations are also observed, driven by competition over limited resources and services. These tensions pose risks to social cohesion and could affect the acceptance and effectiveness of humanitarian interventions if not adequately addressed.

Funding and response sustainability

Funding constraints remain a major risk to the continuity and effectiveness of the response across host countries. While needs continue to increase due to sustained population movements, available resources do not keep pace with the scale of the crisis. This required National Societies and partners to stretch existing resources and prioritize life-saving interventions, often at the expense of longer-term resilience-building activities.

Reductions in funding in some contexts threatened the continuity of essential services, including healthcare and WASH interventions, and limited the ability to transition from emergency response to recovery. Sustained and predictable funding remains critical to maintaining service delivery, strengthening systems, and supporting both displaced populations and host communities in the medium to long term.

B. OPERATIONAL STRATEGY

Update on the strategy

There are no fundamental changes to the overall operational strategy. The response continues to be guided by the original strategic priorities, with adjustments made at country level to respond to evolving needs, scale of displacement, and operational realities. These country-level adjustments focus on scaling up in high-influx areas, strengthening integrated service delivery, and enhancing resilience and preparedness capacities.

The Chadian Red Cross maintains its strategic focus on delivering integrated, multi-sectoral assistance to displaced populations from Sudan and vulnerable host communities, targeting approximately 260,000 people. The strategy continues to prioritize areas with high concentrations of refugees, particularly in Ouaddaï, Wadi Fira and Sila, while maintaining flexibility to scale up in the event of sudden influxes.

Interventions remain aligned with CRT's mandate and sectoral priorities, including coverage of basic needs, livelihoods support, health care (including mental health), WASH, restoring family links, and support to survivors of sexual and gender-based violence, complemented by targeted shelter support. Delivery is structured through an integrated approach in transit centres and camps, ensuring complementarity with other humanitarian actors along migration routes.

Cross-cutting priorities were further strengthened, including Protection, Gender and Inclusion (PGI), environmental sustainability, and migration, with continued emphasis on risk reduction, climate adaptation, and reintegration support for returnees. The strategy also systematically incorporates host communities to reduce vulnerability, mitigate tensions, and promote peaceful coexistence.

The Ethiopian Red Cross scaled up its response to address the growing influx from Sudan, targeting approximately 150,000 individuals, including refugees, returnees, and host communities, primarily at Metema and Kurmuk entry points (during the reporting timeframe). Nonetheless, the strategic approach remains consistent, prioritizing emergency shelter, food security and livelihoods, health, and WASH, delivered through a combination of in-kind assistance and multipurpose cash transfers to address diverse needs. Humanitarian Service Points (HSPs) remain central to the response, supported by strengthened Protection, Gender and Inclusion (PGI) and Community Engagement and Accountability (CEA) approaches to ensure safe, inclusive, and accountable service delivery.

The strategy emphasizes alignment with government priorities and focused on addressing gaps not covered by other actors. It also strengthens longer-term outcomes through investments in water and sanitation infrastructure, livelihood support, skills training, and community capacity building. Continuous monitoring of population movements and needs allowed ERCS to adapt targeting and operational modalities, including accommodating new influx trends, particularly among returnees.

The Egyptian Red Crescent maintains a dual strategic focus on immediate humanitarian response and long-term preparedness, with the capacity to assist up to 450,000 people, including refugees and host communities.

The strategy built on the National Society's nationwide presence across all governorates, supports by five Humanitarian Service Points along key migration routes, ensuring broad access to people on the move. Interventions, during the reporting period, continued to provide health care, basic needs assistance, and protection services, in close coordination with national authorities.

Strategic priorities continue to be structured around five key pillars:

- Disaster Response and Preparedness, including strengthening emergency operations centres, logistics, and surge capacity.
- Health and Wellbeing, including expansion of mobile and fixed health services, mental health and psychosocial support, and integration with national health systems;
- Migration and Displacement, including expansion of HSPs, livelihood support, and access to education;
- Cash Assistance, with strengthened preparedness and delivery systems;
- Values, Power, and Inclusion, ensuring strong integration of PGI, community engagement, and accountability mechanisms.

The strategy emphasizes system strengthening, scalability, and sustainability, ensuring readiness for future large-scale emergencies while maintaining ongoing support to affected populations.

The South Sudan Red Cross maintains its strategic focus on border areas and high-influx locations, responding to continued arrivals exceeding 1.2 million people, which placed significant pressure on already fragile systems.

The strategy evolved through continuous assessment and adaptation, including a rapid assessment conducted in December 2025 to inform immediate and short-term response priorities. Interventions focus on capacity strengthening, protection, and service delivery, including training in technical areas such as first aid, mental health, hygiene, and water systems, alongside post-distribution monitoring, referral pathway strengthening, and support to vulnerable groups.


The response remains highly responsive to changing dynamics, including renewed displacement linked to insecurity in border areas. Particular attention is given to women, children, older persons, and persons with disabilities, who constituted a significant proportion of arrivals and faced heightened vulnerabilities, including limited access to health services, particularly maternal care.

The Uganda Red Cross maintains alignment with the published operational strategy, with no major changes to overall priorities or approach. However, targeted adjustments were made to respond to evolving needs, including increased emphasis on resilience-building, support to vulnerable groups (particularly persons with specific needs and persons with disabilities), and strengthening community-based service delivery.

These adjustments remain within the existing strategic framework and are aimed at enhancing the effectiveness, inclusiveness, and sustainability of interventions, particularly at community level.

C. DETAILED OPERATIONAL REPORT

STRATEGIC SECTORS OF INTERVENTION

	Shelter, Housing and Settlements	Female > 18 46,109	Female < 18 43,918
		Male > 18 30,210	Male < 18 48,246

Objective	Communities in disaster and crisis affected areas restore and strengthen their safety, wellbeing and longer-term recovery through shelter and settlement solutions
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Indicator	Actual	Target
<i>Number of people reached with shelter support</i>	168,483	481,704
<i>Number of households who received rental assistance</i>	60	
<i>Number of people reached with cash/vouchers or in-kind assistance for repairs (material and/or labour) for shelter that is safe and adequately enables essential household and livelihoods activities to be undertaken with dignity</i>	1,436	127,425

Overall, 168,483 people have been reached through shelter activities.

In Chad, shelter support reached 120,027 people (51,612 male, 68,415 female). Interventions included the construction of 105 family shelters and 25 community sheds in Arkoum camp, as well as the rehabilitation and expansion of the HSP in Adré. Additional support was provided through the distribution of emergency shelter materials and essential household items to more than 19,000 households, equivalent to approximately 120,000 people, targeting newly arrived and vulnerable populations. The scale of assistance reflected a response operating in a context of sustained refugee inflows, particularly in Eastern Chad, where demand for shelter continued to increase. Shelter capacity was further strengthened through collaboration with partners, including support to shelter construction in Arkoum, Dougui, Farchana, and Alacha camps.

Egypt Red Crescent, in shelter and settlements, with IFRC support, met the most urgent needs of displaced families arriving from Sudan, and reached 7,750 persons (3,565 male, 4,185 female). Many crossed the border with little to no belongings and ERCS prioritized the provision of essential household and shelter materials to ensure immediate safety, comfort, and dignity. A total of 2,250 mattresses and 10 beds were distributed to provide safe sleeping arrangements, while 40 family tents offered temporary shelter for those without adequate accommodation. In addition, 3,000 T-shirts were distributed, helping people restore a sense of normalcy and personal dignity after their difficult travel. These interventions played a crucial role in alleviating the harsh living conditions faced by displaced populations, offering them basic protection and relief. Significantly, the scale of assistance remains far below the immense needs generated by the massive population movement, requiring urgent additional support and resources.

In Ethiopia, shelter and non-food item support reached 29,795 people (19,069 male and 10,726 female, PWD 1,040) people, reflecting assistance provided to refugees and returnees in locations such as Metema, Guba, and Kurmuk. The intervention included the distribution of essential household items such as blankets, sleeping mats, mosquito nets, and tarpaulins. As well, 6,309 households received support through these distributions, demonstrating the

scale of assistance at household level while the consolidated figures reflected the total population reached. These interventions were delivered primarily at entry points and settlement areas, supporting newly arrived populations to establish basic living conditions and stabilize at household level.

In **South Sudan**, shelter assistance reached 8,406 people (3,498 male and 4,908 female), while in **Uganda**, shelter support reached 2,505 people (712 Male, 1,793 Female and 52 PWDs).

The scale of displacement from the Sudan Complex Crisis and the continued population movements indicate that shelter needs remain significant across all operational contexts.

	<h3 style="text-align: center;">Food Security & Livelihoods</h3>	Female > 18 249,082	Female < 18 108,704
		Male > 18 143,220	Male < 18 84,000
Objective: Communities in Crisis affected areas and displaced persons recover their livelihoods through basic needs and livelihoods assistance programmes promoting integration and economic security.			
Indicator		Actual	Target
<i>Number of people who received food items through RCRC response.</i>		84,536	52,220
<i>Number of people reached with relief assistance for basic needs (non-food)</i>		494,720	88,500
<p>Overall, 585,006 people were reached through FSL activities.</p> <p>In Chad, the sector reached 8,958 (3,783 Male, 5,175 Female) people, all with food assistance. Food kits composed of sorghum, beans, oil, and salt which were distributed in three rounds in Goz-Beida to 1,247 vulnerable households, equivalent to 6,733 people. In addition, 2,225 highly vulnerable people received ready-to-eat food assistance through the HSP in Adré, of whom 81 per cent were children and 19 per cent were pregnant women. These interventions addressed immediate food needs among refugees and migrants in precarious situations.</p> <p>In Egypt, food assistance reached 7,750 people (3,565 males and 4,185 females through distributions at five HSPs located at Gustol and Argeen border crossings, Abu Simbel bus station, Karkar bus station, and Aswan train station. Food was provided in dried form to ensure suitability for people on the move. In addition, three shipments exceeding 1,000 tons of humanitarian assistance were delivered by sea to the Sudanese Red Crescent since 2023, including food items and non-food relief supplies. On 28 December 2025, a land convoy carrying approximately 70 tons of humanitarian assistance, including food parcels and relief items, was dispatched based on coordinated priorities.</p> <p>In Ethiopia, the sector reached 101,573 people (57,124 Male, 44,449 female). Of these, 71,778 people were reached with food items, while 29,795 people were reached with relief assistance for basic needs, including non-food support.</p> <p>Food assistance included distributions of flour and oil to 200 refugee households in Ura. Livelihood recovery support was provided in Gonder Metema and Guba Woreda in Benishangul-Gumuz. In Gonder Metema, 300 returnee households (141 females and 159 males) received business skills training, developed business plans, and received 40,000 ETB per household, supported by six volunteers monitoring business activities and cash utilization.</p>			

In Guba Woreda, 155 returnee households were supported to initiate livelihood activities, including 128 households engaged in goat production, 10 households in Hein production, and 17 households establishing trade and shops, while five beneficiaries were unable to open accounts due to documentation challenges. Six volunteers provided ongoing monitoring and mentoring support.

In South Sudan, the sector reached 464,925 people, including (161,848 male and 303,077 female), equivalent to 78,801 households. Within this, 2,000 people received food items.

In Uganda, the sector reached 1,800 people, all under food assistance. 600 food parcels were distributed to 600 vulnerable households in Kiryandongo refugee settlement during March 2025. Each parcel contained cooking oil, dates, wheat flour, rice, sugar, and salt, enabling households to access food during the Ramadan period.

	Cash and Voucher Assistance (CVA)	Female > 18: 59,748	Female < 18: 26,863
		Male > 18: 45,783	Male < 18: 22,867

Objective: Displaced people and host communities in vulnerable situations have their needs addressed through the use of cash.

Indicator	Actual	Target
<i>Number of people reached - Cash Transfer Programming.</i>	155,261	74,851
<i>Amount of cash distributed</i>	CHF 1,054,106	CHF3,132,423

Overall, 155,261 people have been reached through CVA activities.

In Chad, cash assistance reached 703 people 60% of whom were women and 40% of men CHF 11,339 in cash assistance. The Chadian Red Cross implemented a pilot multipurpose cash assistance project in Abéché, Oum Hadjer, and Ati, distributing 8,004,000 XAF. The assistance included food support based on the survival expenditure basket, transport support, and medical assistance, enabling access to essential goods and services.

In Egypt, multipurpose cash assistance reached 17,570 people (9,541 male; 8,029 female). A total of CHF 289,565 was distributed through electronic transfer systems to ensure timely and controlled delivery of assistance.

In Ethiopia, multipurpose cash assistance reached 8,280 people (4,802 male; 3,478 female; 414 persons with disabilities) with CHF 779,186. Assistance was delivered across Metema, Aftit, and Benishangul-Gumuz, reaching



A woman receiving her cash worth SSP 707,575 Equivalent to \$155 on 27th Sept 2025 in Pariang, South Sudan.



Beneficiaries receiving cash during multipurpose cash distribution in South Sudan

5,466 households, including 2,696 households in Metema, 760 refugee households in Aftit, and 1,170 households in Benishangul-Gumuz (Ura and Guba). A total of 54,543,000 ETB (CHF271,596) was distributed.

In South Sudan, multipurpose cash assistance reached 116,772 people (48,873 male; 67,899 female) with CHF 156,917,462. Assistance was delivered across multiple locations, including Aweil Centre, Bentiu, Gogrial West, and Renk, with households receiving cash transfers to meet essential needs.

In Uganda, multipurpose cash assistance reached 1,436 people (617 male; 819 female; 41 persons with disabilities) with CHF 55,459. Assistance covered 291 households, with each individual receiving 56,000 UGX, adjusted based on household size.

	<h3>Health & Care</h3>	Female > 18 250,916	Female < 18 190,879
		Male > 18 348,252	Male < 18 191,112

Objective: Displaced people in vulnerable situations are provided with essential health services, including mental health and psychosocial support (MHPSS)

Indicator	Actual	Target
<i>Number of people reached with first aid and pre-hospital care by trained RCRC volunteers or staff in this operation</i>	50,080	33,716
<i>Number of people assisted with emergency health care and medical treatment through RCRC primary healthcare services or different clinical Emergency Response Unit (ERU) configurations of the RCRC Movement in this operation.</i>	313,997	429,230
<i>Number of people reached with health promotion by RCRC volunteers and staff as a response to this emergency.</i>	464,808	346,503
<i>Number of people who receive mental health and psychosocial services from RCRC in this emergency.</i>	99,154	235,774

Across the response, a total of 809,159 people were reached through health interventions (325,207 male; 377,084 female; 5,794 PWDs). The total number of people reached by each National Society under this sector was as follows:

- Chad: 251,897 (108,316 male; 143,581 female; 1,646 PWDs)
- Egypt: 57,527 (31,237 male; 26,290 female)
- Ethiopia: 115,073 (66,742 male; 48,331 female; 5,754 PWDs)
- South Sudan: 276,967 (118,494 male; 158,473 female)
- Uganda: 337 (118 male; 219 female; 40 PWDs)

In First Aid and pre-hospital care, a total of 50,080 people were reached (26,781 males; 23,299 females; 153 PWDs) with first aid and pre-hospital care services delivered by trained Red Cross and Red Crescent volunteers and staff. These included:

- Chad: 1,071 (461 male; 610 female)
- Egypt: 47,273 (25,669 male; 21,604 female)
- Ethiopia: 714 (193 male; 521 female; 36 PWDs)
- South Sudan: 195 (40 male; 155 female; 77 PWDs)
- Uganda: 827 (418 males; 409 females; 40 PWDs)

These services were delivered at community and transit levels to stabilize patients and facilitate referral to higher levels of care. In Ethiopia, first aid was integrated with emergency medical services and ambulance referrals at key entry points and transit locations. In South Sudan, first aid support complemented community-based interventions, including oral rehydration points and outbreak preparedness activities. In Chad and Egypt, trained volunteers provided first-line support to individuals on the move, contributing to early stabilization and access to further medical assistance.

In emergency health care and medical treatment, total of 313,997 people were reached (123,760 males; 154,393 females; 2,039 PWDs) through emergency health care and medical treatment services including:

- Chad: 251,897 (108,316 males; 143,581 females; 1,646 PWDs)
- Uganda: 26,256 (15,444 males; 10,812 females; 393 PWDs)

Emergency health services included outpatient consultations, maternal and child health services, referrals for specialized care, and support to health facilities. In Chad, this was complemented by the provision of essential medicines and equipment to health centres and hospitals, as well as support to surveillance and epidemic preparedness systems. In Uganda, services were delivered through established health structures supporting displaced populations and host communities, ensuring access to treatment for priority health needs.

For health promotion, a total of 464,808 people were reached (223,378 males; 241,430 females; 7,907 persons with disabilities) through health promotion activities. These include:

- Egypt: 15,194 (8,250 males; 6,944 females)
- Ethiopia: 115,073 (66,742 males; 48,331 females; 5,754 PWDs)
- South Sudan: 223,369 (99,879 males; 123,490 females; 1,963 PWDs)
- Uganda: 111,172 (48,507 males; 62,665 females; 190 PWDs)

Health promotion activities focused on community engagement and behaviour change, including hygiene promotion, disease prevention, nutrition awareness, and dissemination of information on available health services. In South Sudan, large-scale community-based outreach supported awareness on cholera, malaria, and hepatitis E, alongside early warning and surveillance mechanisms. In Ethiopia, activities targeted returnees and host communities through structured outreach and awareness sessions. In Egypt and Uganda, health messaging supported populations on the move and in settlements to access services and adopt preventive practices.

For Mental Health and Psychosocial Support (MHPSS), a total of 99,154 people were reached (48,710 males; 50,444 females; 3,721 PWDs) with mental health and psychosocial support services including:

- Chad: 113 (55 males; 58 females)
- Egypt: 10,254 (5,568 males; 4,686 females)
- Ethiopia: 70,570 (40,931 males; 29,639 females; 3,529 PWDs)
- South Sudan: 18,217 (2,205 males; 16,012 females; 192 PWDs)


MHPSS interventions included psychological first aid, individual and group support sessions, referrals for specialized care, and community awareness on mental health and protection concerns. In Chad, services were linked with protection interventions, including identification and referral of vulnerable cases. In Ethiopia, trained volunteers provided structured psychosocial support at entry points and transit locations. In South Sudan, MHPSS was integrated into community-based programming, supporting individuals affected by displacement and crisis through outreach, referrals, and follow-up support.



South Sudan Red Cross volunteers at Renk Civil Hospital September 2025



Volunteer conducting health awareness in Renk, South Sudan

	Water, Sanitation and Hygiene (WASH)	Female > 18	Female < 18
		Male > 18	Male < 18
		248,863	163,583
		202,023	164,749
Objective:	<i>Ensure safe drinking water, proper sanitation, and adequate hygiene awareness of the communities during relief and recovery phases of the Emergency Operation, through community and organizational interventions</i>		
Indicator		Actual	Target
<i>Number of people reached with hygiene supplies</i>		27,261	213,350
<i>Number of people reached by hygiene promotion activities</i>		652,363	1,026,819
<i>Number of people reached by the RCRC for improved water source in emergencies</i>		453,111	441,998
<i>Number of water sources constructed or rehabilitated</i>		2,889	140

<i>Number of sanitation facilities constructed or rehabilitated by RCRC</i>	9,483	2,511
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In Water Sanitation and Hygiene (WASH), a total of 778,718 people were reached (315,194 males; 337,169 females; 9,509 PWDs) as follows:

- Chad: 124,308 (53,453 male; 70,855 female)
- Egypt: 61,700 (33,503 male; 28,197 female)
- Ethiopia: 143,746 (83,373 male; 60,373 females; 7,187 PWDs)
- South Sudan: 223,369 (99,879 male; 123,490 female; 1,963 PWDs)
- Uganda: 99,240 (44,986 male; 54,254 female; 359 PWDs)

For people reached with hygiene supplies, Uganda reached a total of 2,100 people (448 males; 1,652 females; 57 PWDs). Hygiene supplies were distributed to vulnerable households in settlement contexts to support safe hygiene practices and reduce exposure to sanitation related risks. In Uganda, these distributions complemented broader WASH interventions, including hygiene promotion and sanitation support to newly arrived and vulnerable households.

In hygiene promotion activities, a total of 652,363 people were reached (315,194 males; 337,169 females; 9,509 persons with disabilities). These include:

- Chad: 124,308 (53,453 male; 70,855 female)
- Egypt: 61,700 (33,503 male; 28,197 female)
- Ethiopia: 143,746 (83,373 male; 60,373 female; 7,187 PWDs)
- South Sudan: 223,369 (99,879 male; 123,490 female; 1,963 PWDs)
- Uganda: 99,240 (44,986 males; 54,254 females; 359 PWDs)



Community WASH committee capacity building training on drinking water infrastructures management and hygiene related topics



Pump mechanic participants practicing repair of borehole on 24th of July 2025 in Kuajok branch borehole,



Jerrican cleaning campaign at Zero informal IDP Camp photo courtesy of WASH Officer taken on 30th November 2025, South Sudan

Hygiene promotion activities focused on behaviour change and community engagement, including handwashing, safe water use, sanitation practices, and disease prevention messaging. In Chad, sustained hygiene promotion was implemented through weekly sanitation sessions, training of 420 volunteers, and outreach reaching tens of thousands of people across Adré and Hadjer-Hadid districts. In Egypt, hygiene promotion included large-scale awareness sessions and distribution of information materials alongside hygiene kit distribution. In Ethiopia, trained volunteers and refugee community members led awareness campaigns in hotspot and transit areas, strengthening community ownership and participation. In South Sudan, hygiene promotion was delivered through door-to-door outreach, community sessions, and environmental clean-up campaigns, while in Uganda, volunteers conducted household assessments and sensitization to improve sanitation practices in refugee settlements.

For access to improved water sources, a total of 435,111 people were reached (210,271 males; 224,840 females; 14,266 persons with disabilities) with access to improved water sources. These include:

- Chad: 75,169 (32,323 male; 42,846 female)

- Egypt: 14,140 (7,679 male; 6,461 female)
- Ethiopia: 141,600 (82,128 male; 59,472 female; 7,080 PWDs)
- South Sudan: 121,464 (48,362 male; 73,102 female; 6,873 PWDs)
- Uganda: 82,738 (39,779 male; 42,959 female; 313 PWDs)

Water supply interventions combined emergency and longer-term solutions. In Chad, water was supplied through trucking systems and borehole infrastructure in Arkoum camp, supported by pumped delivery systems and storage tanks, producing significant volumes of water for refugee populations. In Ethiopia, interventions included rehabilitation of 13 shallow wells, construction of 8.6 km of pipeline, installation of solar-powered water systems, and water trucking in high-demand areas such as transit centres.

In South Sudan, water access was improved through construction and rehabilitation of water points, water trucking, and installation of treatment systems, reaching populations across multiple locations. In Uganda, large-scale water trucking and solar-powered water systems supported both emergency needs and transition to sustainable supply systems, including infrastructure serving thousands of refugees and host community members.

For water sources constructed or rehabilitated, a total of 236 water sources were constructed or rehabilitated.

- Chad: 3
- Ethiopia: 111
- South Sudan: 120
- Uganda: 2

These interventions strengthened access to reliable water sources and reduced dependence on unsafe or temporary water supply systems. In Ethiopia and South Sudan, large-scale rehabilitation and construction of boreholes and water points contributed to improved water availability, while in Chad, borehole construction complemented ongoing emergency water supply efforts.

In sanitation facilities construction or rehabilitation, a total of 9,485 sanitation facilities were constructed or rehabilitated.

- Chad: 9,420
- Ethiopia: 2
- South Sudan: 22
- Uganda: 41

Sanitation interventions focused on improving access to safe and dignified sanitation facilities. In Chad, large-scale construction of latrines and showers in Arkoum camp and Adré site, along with desludging operations and waste management, significantly improved sanitation conditions. In Ethiopia, sanitation infrastructure was developed in both refugee and host community settings, including latrine blocks and sanitation facilities aligned with Sphere standards. In South Sudan, sanitation activities included construction of latrine blocks, emergency facilities, and household-level support, while in Uganda, distribution of latrine construction kits and dome slabs enabled households to construct improved sanitation facilities and reduce open defecation risks.



Protection, Gender and Inclusion

Female > 18
109,065

Female < 18
90,091

Male > 18
72,031

Male < 18
74,317

Objective	The different people impacted and displaced are safe from harm including violence, abuse and exploitation, discrimination and exclusion, and their needs and rights are met
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Indicator	Actual	Target
Number of children welcomed in child-friendly spaces	11,204	82,000
Number of people reached by protection, gender and inclusion programming	345,504	452,397

A total of 345,504 people were reached (146,348 males; 199,156 females; 9,457 persons with disabilities) through protection, gender, and inclusion programming. These included:

- Chad: 68,705 (29,543 male; 39,162 female)
- Ethiopia: 106,333 (61,673 male; 44,660 female)
- South Sudan: 111,330 (28,539 male; 82,791 female)
- Uganda: 59,136 (26,593 male; 32,543 female)

PGI programming focused on prevention, risk mitigation, and response to protection concerns, including gender-based violence (GBV), child protection, and inclusion of vulnerable groups.

In Chad, activities included awareness raising on peaceful coexistence and GBV, reaching tens of thousands of people, alongside establishment of community dialogue platforms, mothers’ clubs, and child protection committees. Case management and referral systems were strengthened, with identified protection cases, including unaccompanied children, referred to appropriate services. Capacity building covered staff, volunteers, and state and non-state actors on protection, legal frameworks, and prevention of sexual exploitation and abuse (PSEA).

In Egypt, PGI efforts focused on institutional capacity strengthening, including training of 100 participants on Community Engagement and Accountability (CEA), 100 participants on PSEA and safeguarding, and 225 participants on Psychological First Aid (PFA) and Community-Based Health and First Aid (CBHFA), enhancing the ability of staff and volunteers to deliver safe, inclusive, and accountable services.

In Ethiopia, PGI interventions emphasized safeguarding, dignity, and inclusion, including distribution of dignity kits and menstrual hygiene management kits to women and girls, and continuous awareness raising on GBV and protection risks. Volunteers were oriented on the Code of Conduct, and integrated training was delivered to volunteers and health staff to strengthen protection-sensitive programming and referral systems.

In South Sudan, PGI interventions were integrated with community-based programming, including SGBV prevention, MHPSS, and restoring family links (RFL). Awareness sessions, focus group discussions, and household outreach reached thousands of people, while trained volunteers facilitated referrals and supported vulnerable individuals. Capacity building targeted staff, volunteers, and community actors, strengthening inclusive and accountable service delivery systems.


In Uganda, PGI activities included training of community volunteers on PGI, CEA, and safer access, alongside SGBV awareness sessions reaching affected populations in refugee settlements. Protection services also included restoring family links, child protection sessions, psychosocial support, and distribution of school kits to vulnerable children, including those with disabilities, to support inclusion and reduce protection risks.



Volunteers conducting awareness sessions on early and forced marriage in Pariang on 27th Sept 2025, South Sudan. © Isaac Nhial



SSRC volunteers for community awareness raising on physical violence in Abayok village of Renk South payam on 19th and 26th/08/2025

	<h2>Migration</h2>	Female > 18 172,563	Female < 18 147,872
		Male > 18 79,538	Male < 18 160,897

Objective: Specific vulnerabilities of displaced populations and people on the move are analyzed, and their needs and rights are met with dedicated humanitarian assistance, protection, and humanitarian diplomacy interventions, in coordination with relevant stakeholder

Indicator	Actual	Target
Number of needs assessments conducted	22	9
The number of humanitarian service points to HSPs providing humanitarian services to people on the move along migration routes.	13	22
Number of people on the move along migration routes who are provided with humanitarian services (assistance, protection, or both) through Humanitarian Service Points (HSPs).	450,447	770,000
Number of people reunited with their families through RFL services	171,077	174,301
Number of people supported in official procedures	54,118	11,685

In migration a total of 559,796 people were reached.

In Chad, since the launch of activities in June 2024, a significant influx of migrants and displaced people has been recorded along the Chad-Sudan border, driven by intensified conflict in Sudan, particularly in the Darfur region. A total of 270,711 people accessed services at the Adré Humanitarian Service Point (HSP), including 35,387 visits in 2025. Since its establishment, the Adré HSP has facilitated over 8,000 referrals, primarily to UNHCR and Médecins Sans Frontières – France (MSF-F), ensuring access to specialized services.

Restoring Family Links (RFL) services have been a central component of the response. Communication points established by the Chadian Red Cross, with support from the ICRC, enabled 171,045 individuals to attempt contact

with their families. Of these, 5,212 individuals accessed phone charging services. To strengthen this service, an additional communication point is planned at the Adré HSP.

To reinforce capacity, 14 focal points were trained on family link restoration, supporting implementation and supervision of RFL activities across eastern Chad. In addition, three needs assessments were conducted to inform response design and scale-up.

The Egyptian Red Crescent Society (ERCS) reached 14,693 people (7,978 male; 6,715 female) through migration services delivered at HSPs. A total of five HSPs were established at key transit and entry locations, including Argeen and Qustol border crossings, Karkar bus station, Abu Simbel, and Aswan train station, providing integrated humanitarian services.

RFL services reached 12,940 individuals, with 32 people successfully reconnected with their families. These services included phone calls and internet access, supported by trained volunteers, including through one RFL workshop. Additionally, ERCS facilitated the transportation of 1,754 people on the move, enabling safe onward travel from border areas to final destinations. One needs assessment was conducted to inform service delivery and beneficiary targeting.

In Ethiopia, between 2023 and 2025, the Ethiopian Red Cross Society (ERCS) implemented a comprehensive migration response at two HSPs in Metema and Kumruk, providing integrated support to refugees, returnees, and asylum seekers reaching 72,988 people with humanitarian services at the HSP. During this period, 5,924 individuals accessed Restoring Family Links (RFL) services, including communication and phone charging support, enabling 3,174 individuals to reconnect with their families and 2,751 individuals to charge their phones.



Trained volunteers providing support to migrants on the move in Ethiopia

In 2025, the response was scaled up to address increased arrivals. A total of 11,185 new arrivals were supported, with 1,616 individuals (14%) receiving Psychological First Aid (PFA) counselling and referral services. In addition, 591 newly arrived individuals received immediate assistance, including safe drinking water and high-energy biscuits. To strengthen service delivery, HSP infrastructure was rehabilitated at both Metema and Kumruk, and five PFA-trained volunteers were deployed to enhance psychosocial support capacity.


Complementary support included non-food items (NFI) distribution to 400 highly vulnerable households in Guba Woreda, enhancing dignity and coping capacity. The response was informed by four needs assessments, which guided operational planning and scaling of interventions.

In South Sudan, since the onset of the operation, the South Sudan Red Cross Society (SSRC) has reached 201,322 people including 92,045 individuals supported through Humanitarian Service Points (HSPs) in Renk and Aweil (Kiir Adem entry point). The SSRC established and operationalized two HSPs, providing essential services to returnees, refugees, and host communities. To strengthen service delivery, 28 volunteers (18 in Renk and 10 in Aweil) were trained to manage static and mobile HSP operations.

Between July and November 2025, RFL services reached 814 individuals, while 508 phone calls facilitated contact with over 2,200 family members, supported by phone charging services for 200 individuals. The SSRC also strengthened protection and referral services. In October 2025, 8 individuals were referred for medical care and 134 households

for onward transport. In November 2025, 15 individuals were referred for medical services and 120 households supported for onward movement.

The Uganda Red Cross Society (URCS) conducted one emergency needs assessment to inform response design and identify priority needs among newly arrived populations.

	Community Engagement and Accountability (CEA)	Female > 18 31,247	Female < 18 33,551
		Male > 18 44,378	Male < 18 44,753
Objective: <i>Communities in high-risk areas are prepared for and able to respond to disaster</i>			
Indicator		Actual	Target
<i>Number of established feedback mechanisms</i>		3	12
<i>Number of community feedback comments collected.</i>		2,687	5,465
<i>% of complaints or feedback about the RCRC operation which receive a response through established community communications</i>		100%	100%

In this sector, 153, 929 people were reached overall.

In Chad, the CEA activities focused on strengthening community participation and feedback systems across operational areas, particularly in Adré and Hadjer Hadid. A total of 50 volunteers (33 males; 17 females) were trained on CEA and data collection tools (Kobo Collect), enhancing their capacity to collect, manage, and respond to community feedback.

A structured complaints and feedback mechanism was established, with volunteers conducting field visits three times per month to gather feedback. On average, 137 feedback cases were collected monthly in Hadjer Hadid and 200 in Adré, resulting in over 2,300 feedback entries since August 2024, with a response rate of 86%. Feedback received included suggestions (59%), project-related questions (27%), and expressions of appreciation (14%), demonstrating active community engagement and participation.

In Egypt, CEA interventions in Egypt focused on strengthening institutional capacity to deliver participatory and accountable humanitarian services. A total of 100 participants were trained on CEA, enhancing the capacity of staff and volunteers to implement feedback mechanisms and ensure that humanitarian action remains responsive to community needs.

In Ethiopia, CEA interventions were implemented across Metema and Kumruk operational areas, targeting refugees, returnees, and host communities. A total of 36 volunteers were trained to lead CEA activities, establishing community-based feedback mechanisms including suggestion boxes, information desks, megaphone outreach, and group discussions.

In 2025, the feedback and complaint mechanism was strengthened through the orientation of 17 community committees and the use of communication tools at refugee service delivery points. Banners and billboards were used to increase visibility and awareness of service rights, complaint channels, and contact points in public areas.

Suggestion boxes provided a private and accessible channel for submitting feedback, while response logbooks enabled committees and staff to record, track, and follow up on cases for accountability. Oral communication through community meetings and trained committees was also used to ensure inclusion of people who cannot read or have visual impairments.

Approximately 250 feedback cases were recorded in 2025 through formal feedback and complaint mechanisms, including suggestion boxes, response logbooks, and structured reporting by trained community committees. Of these, over 90% were positive or constructive suggestions, while the remaining concerns mainly related to service delivery delays and gaps in service coverage. This figure represents only cases captured through official documentation channels, as many issues in refugee sites are often addressed immediately at service points or resolved informally through trained committees and field staff, and therefore may not always be formally recorded. The operational context, which emphasizes prompt on-site resolution of service-related concerns, further contributes to reducing the number of issues that enter formal reporting systems, while still ensuring timely response and accountability at community level.

Stakeholder engagement was also strengthened through structured coordination with 30 stakeholders, including government authorities and sector partners, using communication plans, digital platforms, and field engagement activities to improve coordination and accountability.

In South Sudan, the South Sudan Red Cross implemented CEA as an integrated component of migration and humanitarian service delivery, particularly through HSPs in Renk and Aweil. A total of 200,000 people (71,878 males; 128,122 females; 3,564 persons with disabilities) were reached through humanitarian services incorporating CEA approaches.

To strengthen feedback systems, 31 participants (20 males; 11 females) were trained on CEA in Renk, focusing on feedback collection, analysis, and response mechanisms. Additionally, six volunteers were trained as CEA focal points to collect and report feedback using Kobo Collect.



CEA training group work Renk on 12st November 2025. Photo courtesy of SSRC

These efforts enhanced accountability and responsiveness at field level, enabling structured collection of complaints and feedback and improving service delivery.

In Uganda, CEA interventions focused on strengthening feedback collection and community engagement within refugee settlements. A total of three CEA information desks were established, serving as platforms for direct interaction between communities and humanitarian actors.

During the reporting period, 2,272 individuals (977 males; 1,295 females; 222 persons with disabilities) accessed these desks to provide feedback, submit requests, raise complaints, or share suggestions. The majority of feedback consisted of service requests (1,455 cases), followed by reports of protection and service-related issues (608 cases), inquiries (74 cases), suggestions (47 cases), and expressions of appreciation (82 cases). Approximately 95% of feedback cases were addressed, with referrals made to relevant partners for further case management, demonstrating effective responsiveness to community concerns.

Enabling approaches

	National Society Strengthening	Female > 18 30,939	Female < 18 42,814
		Male > 18 34,171	Male < 18 45,873

Objective: National Societies respond effectively to the wide spectrum of evolving crises and their auxiliary role in responding to displacement and disasters is well defined and recognized.

Indicator	Actual	Target
<i>Number of volunteers involved in the operation</i>	987	4,042
<i>Number of volunteers involved in the response, who are insured.</i>	987	4,042
<i>Number of branches responding.</i>	42	24
<i>Number of branches which started branch development as part of the current response activities (including software and infrastructure investments.</i>	75	20
<i>Number of staff/volunteers trained in first aid</i>	605	585
<i>Number of volunteers/staffs trained in MHPSS (including psychological first aid and other MHPSS related trainings)</i>	469	915
<i>Number of staff and volunteers trained in PGI including referrals</i>	715	663
<i>Number of staff/volunteers trained on WASH service delivery and hygiene promotion</i>	471	1,325
<i>Number of staff, volunteers and leadership trained on community engagement and accountability</i>	234	463
<i>Number of volunteers trained in migration topics</i>	131	64
<i>Number of review/learning/coordination meetings conducted on supply chain and logistics</i>	1	5

In Chad, capacity strengthening covered multiple sectors including WASH, Shelter, Migration, Health, and support functions such as Finance, PMER, Logistics, and Coordination. Infrastructure investments included the construction and rehabilitation of the Adré Humanitarian Service Point, and rehabilitation of offices and staff accommodation in Hadjer Hadid, establishing a strengthened operational base in eastern Chad.

In Ethiopia, branch level capacity was strengthened through infrastructure development and training. One branch office was renovated in Benishangul Gumuz, while two branches were supported in disaster response capacity, including 26 trained Branch Disaster Response Team (BDRT) members. A total of 51 volunteers were trained across different technical areas, enhancing response capacity. In Metema, a temporary warehouse was identified and operationalized, reducing transport time and cost for non-food items.

In South Sudan, five branches were actively responding, and two branches-initiated branch development processes, strengthening long-term institutional capacity. The appeal also supported the establishment of a

dedicated emergency response unit, led by an operations manager and comprising technical leads in health, WASH, PMER, logistics, and finance, significantly strengthening coordination and response leadership.

In Uganda, a total of 30 branches were actively responding, Training also covered PGI, CEA, and safer access, strengthening inclusive and accountable service delivery in refugee-hosting areas such as Kiryandongo.



Coordination and Partnerships

Objective: Technical and operational complementarity is enhanced through cooperation among the IFRC membership, with the ICRC, as well as with key external actors.

Indicator	Actual	Target
<i>Number of Movement coordination meetings organized, and updates are provided to Movement partners</i>	25	165
<i>Number of external stakeholder and cluster coordination meetings organized</i>	18	126
<i>Number of national societies that are part of their national government's Disaster/Displacement Response Mechanism</i>	2	6

In Chad, from the onset of the operation, coordination within the Movement was well established in Chad, with the Italian, French, and Luxembourg Red Cross Societies present and actively supporting the response. Regular Movement coordination and strategic meetings, including with the ICRC, provided a platform to jointly review priorities, identify gaps, and align interventions.

In 2025, the British Red Cross strengthened its support by deploying a programme officer to accompany the Chadian Red Cross in its migration response in eastern Chad. This reinforced field-level coordination and technical support.

A key milestone was the organization of a partner roundtable in February 2025, convened by the Chadian Red Cross. The meeting positioned the National Society as a central actor in the long-term humanitarian response, with discussions focusing on complementarity among Movement partners and the implications of the protracted Sudan crisis. High-level engagement further strengthened strategic alignment, including visits by senior leadership from the British Red Cross. These missions provided opportunities to directly engage with affected populations and jointly assess operational capacity needs in eastern Chad.

In Egypt, coordination in Egypt was anchored within a strong national framework led by government authorities, ensuring that humanitarian interventions were aligned with national priorities and regulatory requirements. Operationally, collaboration with United Nations agencies, particularly WHO and WFP enabled coordinated implementation, reducing duplication and improving the quality and consistency of assistance delivered.

Engagement with Participating National Societies further strengthened the response. Qatar Red Crescent, Austrian Red Cross, and Saudi Red Crescent provided bilateral financial support, particularly in the health sector, while discussions with the Italian Red Cross and the Government of Japan explored additional partnership and funding opportunities. This multi-layered coordination structure, linking government leadership, UN agencies, and Movement partners, enhanced transparency, accountability, and overall effectiveness of the response.

The Ethiopian Red Cross Society played a central role in coordinating Movement partners through regular coordination meetings, providing a structured platform for joint planning, decision-making, and resource mobilization. These meetings, held on a bi-monthly basis and complemented by programme-level discussions, strengthened operational alignment and ensured coherent implementation across partners. This approach reinforced the “One Movement” framework, promoting more strategic and efficient use of resources.

IFRC support was instrumental in facilitating coordination processes and strengthening ERCS engagement with external stakeholders, including IOM, UNHCR, and relevant government institutions. This expanded coordination improved information sharing, joint targeting, and overall response effectiveness. The structured coordination model demonstrated strong institutional leadership by ERCS and is regarded as a good practice in Movement coordination.

For the South Sudan Red Cross Society, coordination mechanisms remained active throughout the response, with weekly Movement coordination meetings providing a platform for sharing updates, reviewing progress, and aligning operational priorities. Beyond the Movement, IFRC supported the South Sudan Red Cross to engage in national coordination structures, including the Humanitarian Country Team (HCT) and national task force meetings in Juba, strengthening its positioning within the broader humanitarian system.

At field level, coordination was reinforced through a dedicated workshop focused on service provider mapping and review of gender-based violence referral pathways. This exercise clarified roles and responsibilities among actors and strengthened collaboration across sectors, including SGBV, child protection, disability inclusion, and MHPSS. Ongoing engagement with partners, including the Finnish Red Cross, ensured continuous information sharing and coordination throughout the response period.

For the Uganda Red Cross Society, coordination within the Movement was maintained through a structured meeting that brought together partners to review implementation progress and share operational updates. The National Society remained actively engaged in national government coordination mechanisms for disaster and displacement response, ensuring alignment with national priorities and systems. At the end of the response period, a lessons learned meeting was convened, providing an opportunity for Movement partners to reflect on implementation, capture key insights, and inform future operations. While external coordination engagements were limited during the reporting period, internal coordination mechanisms supported continued alignment and knowledge sharing among partners.



Secretariat services

Objective: Effective and coordinated international disaster response is ensured

Indicator	Actual
<i>Number of global and regional surge deployed</i>	15
<i>% of goods requested and delivered through approved LRs</i>	100%

In Chad, since the beginning of the operation, the IFRC has supported the Chadian Red Cross through deployment of rapid response personnel and strengthened in-country presence. The IFRC Bangui Cluster, covering both CAR and Chad, established a permanent office in N'Djamena, enabling closer oversight and day-to-day support to the operation.

Rapid response personnel worked alongside Chadian Red Cross teams to implement activities under the emergency appeal, providing technical and operational support across key sectors. Through its coordination and support functions, IFRC ensured alignment of activities, strengthened operational management, and enhanced the National Society's capacity to deliver a timely and effective response.

In Ethiopia, the IFRC continued to provide comprehensive technical, logistical, and financial support to the Ethiopian Red Cross Society, while reinforcing overall coordination of the operation. A surge team was deployed to strengthen both technical and coordination capacities, working closely with the Programme and Operations Coordinator. In parallel, cluster-level technical teams provided specialized support across key sectors, contributing to improved quality and coherence of interventions.

Support also focused on strengthening evidence-based decision-making through the development and use of data collection tools, improving the quality, consistency, and utilization of operational data. Looking ahead, continued collaboration with ERCS and Movement partners will prioritize resource mobilization and targeted surge support, guided by ongoing analysis of operational needs and capacity gaps.

In Egypt, the IFRC delegation played a central enabling role, providing sustained technical support across core functions including operational coordination, PMER, and financial management. Beyond oversight, the delegation invested in strengthening in-country systems and capacities through coaching, improved reporting practices, and reinforcement of financial accountability mechanisms. This hands-on support enhanced internal processes and contributed to greater consistency in programme implementation.

As a result, the operation benefited from improved coordination, efficiency, and accountability, supporting timely and well-managed delivery of assistance to affected populations.

In South Sudan, throughout the response, the IFRC provided technical support across key operational areas, including operations management, PMER, procurement, and finance. This support strengthened internal systems and ensured that implementation remained aligned with operational standards, contributing to improved coordination, resource management, and overall effectiveness of the response.

In Uganda, the IFRC supported the Uganda Red Cross Society through technical guidance, coordination support, and strengthening of monitoring and review processes. At the onset of the operation, a structured volunteer base was established and supported, ensuring readiness for response. Coordination was reinforced through a midterm review meeting in Kiryandongo, bringing together government authorities, UN agencies, partners, and Movement actors to assess progress, identify challenges, and agree on priorities for the next phase.

The meeting emphasized harmonized approaches across sectors, improved referral mechanisms, and stronger community engagement. In addition, monitoring missions were conducted to strengthen oversight, accountability, and programme performance, ensuring that implementation remained on track and responsive to evolving needs.

Below is a summary of global and regional surge deployed in the response

Country	Profile	Sending NS/IFRC	Duration (months)
Chad	PGI Coordinator	French Red Cross	1
Chad	PMER Officer 2nd Rotation	Cameroon Red Cross Society	2
Chad	PHIE Officer	Norwegian Red Cross	1
Chad	PHIE Coordinator	Canadian Red Cross Society	3
South Sudan	PGI Coordinator	Canadian Red Cross Society	2
Chad	Field Coordinator	Red Cross Society of Guinea	3
Chad	WASH Coordinator	Cameroon Red Cross Society	3

South Sudan	Field Coordinator	Kenya Red Cross Society	2
Chad	Finance and Admin Officer	IFRC Africa	3
Chad	IM Coordinator	Burundi Red Cross	4
Chad	PMER Officer	Senegalese Red Cross Society	3
Ethiopia	Operational Manager	The Uganda Red Cross Society	4
Chad	Operational Manager	Togolese Red Cross	3
Chad	Assessment Coordinator	IFRC Africa	2

Surge response to the Sudan crisis - population movement response has been critical in supporting countries affected by large-scale population movements, particularly Chad, South Sudan, and Ethiopia. Chad served as a primary entry point, where diverse surge roles—ranging from field coordination and operational management to health, WASH, and information management—enabled the rapid scale-up of assistance in border and reception areas. PGI and public health in emergencies (PHiE) deployments ensured that vulnerable groups were protected and that health risks were addressed, while IM and PMER experts strengthened data-driven decision-making and accountability. The surge reinforced both technical support and operational leadership. Field Coordinators and Operational Managers improved coordination, while specialized technical roles such as WASH, finance, and assessment supported essential services and planning. In South Sudan and Ethiopia, surge teams focused on managing returnee flows and strengthening reception capacity. Overall, the coordinated deployment of expertise from multiple National Societies and IFRC entities ensured a timely, adaptable, and people-centred response to one of the region’s most complex displacement crises.

D. FUNDING

IFRC Secretariat Coverage	Amount Raised (CHF) <i>*Adjusted for forex</i>	Funding Gap (CHF)
Total hard pledges	16,956,850	
Total hard pledges + in kind + DREF	20,764,850	55%

Federation-wide coverage	Amount Raised (CHF)	Funding Gap (CHF)
Total bilateral contributions to FW Appeal	2,212,239	23%
Total FW contribution (bilateral + Secretariat)	21,813,199	41%

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How we work

All IFRC assistance seeks to adhere the **Code of Conduct** for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations (NGOs) in Disaster Relief, the **Humanitarian Charter and Minimum Standards in Humanitarian Response (Sphere)** in delivering assistance to the most vulnerable, to **Principles of Humanitarian Action** and **IFRC policies and procedures**. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, with a view to preventing and alleviating human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.