

Emergency appeal No.: MDRTD021	Glide No.: FL-2022-000287-TCD
First launched on: 24/10/2022	
Final report issued on: 18/07/2023	Timeframe covered by final report: From 24/10/2023 to 24/09/2023
Number of people targeted: 239,054	Number of people assisted: 120,000
Funding coverage (CHF): CHF 3 million through the IFRC Emergency Appeal CHF 5 million Federation-wide	DREF amount initially allocated: CHF 405,525



Chadian Red Cross volunteers from branches in the provinces affected by the floods carrying out assessments in their local communities and providing support for the resettlement of families.

This emergency appeal, in the amount of CHF 3,000,000, was financed to the tune of 23.8%

A. SITUATION ANALYSIS

Crisis description

At the beginning of August 2022, Chad experienced unprecedented torrential rainfall, resulting in significant damage across multiple districts of the capital, N'Djamena. On 8 September 2022, additional rainfall extended southward, causing the Chari and Logone rivers (which converge in the capital, N'Djamena) to overflow. As a result, a total of 71,532 individuals (11,922 households) were forced to evacuate their homes and seek refuge.

In a public address in N'Djamena, the President of Chad declared a state of emergency on 19 October 2022 and urged humanitarian organizations and Chad's partners to assist the government in its efforts to address the needs of the affected population. Following this declaration, N'Djamena's municipal authorities identified two sites for displaced persons in Toukra and Melezi. Another site was identified a few days later in Koundoul (in Chari Baguirmi area, 20 kilometres from N'Djamena). Seven additional spontaneous sites were identified where affected populations gathered independently, including Pont Nguéli, Walia Église, Karkandjérié, Walia Lycée, Siguété, Mandjafa, and Mara Drote Kotoko. Rivers continued to overflow their banks for several weeks, putting several districts of the capital at risk of flooding.

The Red Cross of Chad (CRT) started assisting the affected populations in N'Djamena immediately after the initial floods. Assessments conducted in 17 provinces by the National Society (NS) teams between 5 August and 25 September revealed that 747,588 people (125,269 households) had been affected, 56,607 houses destroyed, the disruption of 1,112 water points and wells, and the flooding of 325,184 hectares of farmland. In the province of Mayo-Kebbi East, 228,708 people were affected, followed by Tandjilé (138,831 people), Mandoul (97,098 people) and Sila (72,726 people).

In line with the CRT's role as an auxiliary to the public authorities, the Ministry of Public Health and the other relevant ministries requested the NS to assist in supporting the affected population by identifying the most impacted areas in need of humanitarian aid. These include the seven provinces (Salamat, Sila, Logone Oriental, Logone Occidental, Batha, Mandoul, and Moyen Chari) covered by the IFRC-supported emergency appeal.

Summary of response

From the very first hours of the disaster, volunteers from the Red Cross of Chad were the only responders on the ground, working alongside the local authorities. The CRT deployed a team to provide first aid, as well as search and rescue services, across all affected areas. This has enhanced the visibility of the National Society, primarily demonstrated through the following activities:

- Mobilization and training of volunteers in awareness-raising techniques, cash transfer distribution methods, and the distribution of shelter kits and essential household items (EHI).
- Use of a financial service provider, previously approved and contracted by the CRT, to facilitate cash transfer distribution for the forms of assistance outlined in the DREF (rental support, purchase of essential household items, various supplies to prevent water-borne diseases, etc.).

The CRT's activities were supported by various partners from the Red Cross and Red Crescent Movement, among others.

- **The Luxembourg Red Cross:** guided construction techniques and practices for affected households (construction of emergency shelters, latrines and water points, etc.);

- **The ICRC:** provided household kits through the CRT that were distributed to flood-affected families in the early hours of the disaster.
- **The IFRC** supported the CRT - through its field office in Ndjaména - in implementing the operation's activities. The IFRC cluster office also deployed a program coordinator from Bangui (CAR) to provide guidance and support to the NS in implementing flood response activities.
- **The French Red Cross and the Italian Red Cross** also supported the operation by providing AME kits locally, and technical support and guidance in managing various disaster response services for needs not covered by other funding.

Throughout the implementation of its activities, the CRT intensified its support for displaced households that had lost their homes and immediate means of subsistence. It prioritized households where the combined impact of prolonged food insecurity and flooding was particularly severe.

Based on the findings of various initial needs assessments conducted by volunteers, the Red Cross of Chad assisted a total of 7,500 people (1,250 households) in extremely vulnerable situations. This included 395 households (2368 people) in Logone Oriental, 650 households (3,900 people) in N'Djamena, 31 households (181 people) in Moyen Chari (Sarh), and 175 households (1,051 people) in Logone Occidental (Moundou). As in previous operations, the CRT was at the forefront, working closely with national and local authorities.

The CRT's actions complemented various other humanitarian assistance initiatives undertaken by both state and non-state partners. The details of these actions are presented in the table below.



CRC volunteers distribute AME to disaster victims



Actors	Activities undertaken
FAO, UNICEF, UNHCR, PAM	The FAO, UNICEF, UNHCR and WFP provided food aid (WFP) and non-food aid (FAO, UNICEF, UNHCR) to the affected populations.
IOM	IOM supported migrants affected by the floods by providing various forms of assistance, including information, awareness-raising, solar lamps, registration, and the restoring of family links (RLF).
UNICEF	Through the CRT, UNICEF implemented a Social Behaviour Change (SBC) program, emphasizing community involvement and accountability to those affected. The creation and the management of listening and feedback centres - through CRT volunteers - in all the disaster sites were decisive elements in the success of this UNICEF contribution. UNICEF also provided essential household items (EHIs), including tents, mats, blankets, mosquito nets, buckets, and soap, which were distributed to floods affected populations.

<p>UN inter-agency stockpile</p>	<p>To ensure an emergency response for those affected by the floods, an inter-agency stockpile was mobilized to assist the most vulnerable households in the hardest-hit provinces. This included the distribution of essential household items such as mats, tarpaulins, blankets, mosquito nets, and soap.</p>
---	--

Operational Risk Assessment

In its crisis meeting held on 4 August 2022, the Chadian government called upon the humanitarian community and explicitly recommended measures such as draining floodwaters, removing waste, watering the city, and providing emergency assistance to those affected. The government has also instructed the reactivation of the Inter-ministerial Committee for the Management of Natural Disasters (CIGCN) and approved the substantial disbursement of resources to mitigate the effects of the floods. These measures align with Decree No. 1520/PCMT/PMT/2022 of 1st June 2022, which declared a food and nutrition crisis in Chad due to the severe impact of previous floods on people's livelihoods.

On 5 August 2022, Mayor of N'djamena established the Technical Committee for Flood Control (CTLCI) in the capital, to assess the needs of affected population and coordinate the response efforts. The committee was composed of deputy mayors, the representative of the Governor of N'Djamena, delegated administrators, district mayors, secretaries-general, senior managers, and district technicians. It also included participating organizations such as the CRT and agencies of the United Nations system.

The analysis identified a series of urgent needs, including the provision of drinking water, the strengthening of hygiene promotion and sanitation, and the construction of latrines in affected areas to reduce the risk of diseases related to poor water quality and faecal contamination. Most of these needs were promptly addressed by international NGOs and UN agencies. Other NGOs donated essential household items to affected households in N'djamena and in the provinces. UNICEF provided medical kits for the treatment of malaria cases.

Some areas remained difficult to access for an extended period. The Red Cross of Chad therefore established a monitoring mechanism to maintain communication with field teams, validate movements, and ensure their safety at all times. The team members and volunteers working in flood-affected areas were briefed on best practices for maintaining safety and minimizing risks. Drivers were also trained on how to assess itinerary conditions and make informed decisions to ensure safe travel. During the implementation of this operation, the CRT managed the security situation following existing security management agreements involving the CRT, IFRC, and PNSs, with support from the ICRC.

B. OPERATIONAL STRATEGY

The operational strategy adopted under the 2022 emergency appeal is part of a Federation-wide approach. Since the launch of the appeal, the Secretariat and Federation members have collaborated under a unified plan of action, guided by a joint needs analysis and the priorities for action identified by the CRT.

The proposed approach has facilitated coordination of all response activities (including bilateral and domestic funded initiatives) while also leveraging the capacities of all Federation members in the country to maximize the collective humanitarian impact. The established reporting system has also enabled joint monitoring, enhanced visibility, and coordinated support across the Federation.

In partnership with the Ministry of Health, relevant ministries involved in disaster management, and the national Inter-Cluster Coordination Group, the CRT continues to support communities in the four (4) most affected provinces,


namely N'Djamena, Logone Oriental, Logone Occidental and Moyen-Chari—through coordinated efforts and comprehensive assessments.

The province of Logone Oriental is one of the most vulnerable provinces in Chad, with critical indicators across all key sectors impacting the Human Development Index. The province is not only highly susceptible to complex disasters, but it also lacks essential social and community infrastructure. The presence of humanitarian aid agencies remains limited, making it even more challenging.

Consequently, the CRT has continued its assistance to displaced households who have lost their homes and basic means of subsistence, while considering geographical accessibility and available resources.

Throughout the operation, the CRT strategy has been reinforced and made possible by the deployment of its National Disaster Response Team (NDRT) members of its branches/units. These teams were continuously coordinated and supervised by a program coordinator, along with several IFRC's regional technical experts deployed to Chad during the critical implementation period. Their expertise covered disaster management, logistics, finance, and monitoring and evaluation.

C. DETAILED OPERATIONAL REPORT

 Shelter, Housing and Settlements		Female > 18: (42.4%): 31,750	Female < 18: 57.6%): 43,130
		Men > 18 (38.3%): 26,473	Men < 18 years (61.7%): 42,647
Objective:	Communities in disaster-affected areas restoring and improving their safety and well-being through emergency shelter, settlement support, and early recovery solutions.		
Key indicators:	Indicator	Actual	Target
	<i>Number of households benefiting from emergency shelter and settlement assistance</i>	1,000	1,200
	<i>Number of households that received multi-purpose cash grants</i>	200	200
	<i>Number of households benefiting from the distribution of shelter construction kits</i>	400	3,900
	<i>Number of volunteers mobilized to distribute shelter kits and monitor construction activities</i>	210	210
	<i>Number of households that benefited from the distribution of essential household items</i>	1,000	1,200

1. Essential Household Items (EHI): Procurement and distribution of essential household items and dignity kits for women.

Achievements: the CRT purchased and distributed essential household items (EHIs) to 1,000 households to replace those destroyed or lost during the floods. Purchases and distributions were made following the conditions under which the said items were offered on the market. All items (mats, blankets, mosquito nets, 20-litre jerry cans, plastic buckets, soap, bleach, mattresses, improved stoves/gas, and dignity kits - upholstery, loincloth, toilet soap, ointment, perfume, underwear, etc.) were purchased following IFRC/CRC procurement rules and procedures. Purchases and distributions were also made taking into account the wishes of beneficiary households.

2. Rental assistance - Cash Transfer for house rentals

Achievements: Of the 1,000 targeted households identified to benefit from AMEs, 200 who were unable to find shelter with relatives or host families received monthly rent allowances to secure decent rental apartments for 3 months.

3. Shelter rehabilitation assistance

Achievements: Four hundred (400) households (including the 200 beneficiaries of rent allowances) received support in the form of shelter construction kits and tool kits to rehabilitate their homes. The CRT procured the shelter kits and tools locally and distributed them to the beneficiaries.

Other activities carried out alongside procurement and distribution included:

- Raising awareness among recipient households on the proper use of cash (guidance provided from the list validation session through to cash assistance)
- Ongoing coordination meetings with stakeholders (government, beneficiary representatives, etc.)
- Manufacturing of Red Cross bibs for CRT supervisors and staff
- Production of bibs
- Procurement of COVID-19 protective equipment for volunteers (gloves, masks, etc.)
- Setting up conflict management and feedback mechanisms, with CRT managers and volunteers trained in CEA in the shelter and EHI distribution sector.

The above update indicates that several households were not assisted due to a lack of funds.

 Multi-purpose cash	Women > 18 (42.4%): 31750	Women < 18 years (57.6%): 43130	
	Men > 18 (38.3%): 26473	Men < 18 years (61.7%): 42647	
Objective:	<i>The most affected communities are enhancing their access to essential food, household products, and services.</i>		
Key indicators:	Indicator	Actual	Target
	<i>Percentage of targeted households reporting that they have sufficient resources to meet their survival threshold</i>	90	100
	<i>Number of households receiving multi-purpose cash grants</i>	1,700	4,800

A market analysis was conducted, and several beneficiaries were identified. The CRT initially targeted 200 beneficiaries in the provinces of N'Djamena and Logone Oriental, providing them with a three-month rent allowance.

During the extension period, cash distribution operations continued in Logone Oriental, Moyen-Chari, and Logone Occidental provinces.

This second distribution covered a total of 1,500 people, bringing the number of households assisted to 1,700, with approximately 10,200 individuals benefiting from multi-purpose cash assistance. These households received XAF 50,000. Details are provided in the tables below.

Table 1: Beneficiaries in the Logone Oriental province (Doba)

No.	Locations	Number of beneficiary households	Breakdown of households by head of household	
			Male-headed households	Female-headed households
01	Ndoh	72	32	40
02	Djarabe	67	29	38
03	Mbay	27	15	12
04	Haoussa	30	13	17
05	Haoussa Bornou	36	09	27
06	Gaki	36	17	19
TOTAL		268	115	153

Table 2: Beneficiaries in Moyen Chari Province (Sarh)

No.	Locations	Number of beneficiary households	Breakdown of households by head of household	
			Male-headed households	Female-headed households
01	Maingara	34	11	23
02	Kemkyan	36	10	26
03	Kassai	90	38	52
04	Kamati	21	9	12
TOTAL		181	68	113

Table 3: Beneficiaries in Logone Occidental Province (Moundou)

No.	Locations	Number of beneficiary households	Breakdown of households by head of household	
			Male-headed households	Female-headed households
01	Lactaba	40	12	28
02	Haoussa	59	24	35

03	Guelkoura 1	109	49	60
04	Guelkol 2	31	18	13
05	Guelkol 1	84	37	47
06	Gueldjem	52	28	24
07	Doyou	49	22	27
08	Doumbeur 1	44	19	25
09	Doumbeur 2	69	32	37
10	Doumber 3	56	26	30
11	Doumbao	70	41	29
12	Djarabe 1	106	49	57
13	Djarabe 2	105	42	63
14	Borno	38	14	24
15	Baguirmi	46	17	29
16	15 Years 1	45	22	23
17	15 Years 2	48	13	35
TOTAL		1,051	465	586

Table 4: Grand total of beneficiaries in the three provinces

No.	Locations	Number of beneficiary households	Breakdown of households by head of household	
			Male-headed households	Female-headed households
01	Logone Oriental	268	115	153
02	Moyen Chari	181	68	113
03	Logone Occidental	1051	465	586
TOTAL		1,500	648	852



Health and care

(Mental health and psychosocial support / Community health / Medical services)

Women > 18
(42.4%): 31750

Women < 18 years
(57.6%): 43130

Men > 18 (38.3%):
26473

Men < 18 years
(61.7%): 42647

Objective:

Reducing immediate health risks for the affected population and mitigating the psychosocial impact of the emergency.

Key indicators:

Indicators	Actual	Target
<i>Number of people assisted through first aid services.</i>	5,660	36,000
<i>Number of households reached with health messages</i>	20,000	24,000
<i>Percentage of people affected by PSS and PFA activities</i>	18	25

<i>Number of volunteers trained for CBSP activities</i>	210	210
<i>Number of volunteers, staff, and local leaders trained in PSS in emergencies</i>	320	650

Achievements: In the health sector, the detailed assessment did not reveal any major gaps, as functional health centres are present in all the operation's intervention zones. These health centres provided adequate medical care for affected populations, with specialized reproductive health services supported by UNFPA. However, the CRT trained and deployed 210 volunteers in CBFA and 320 personnel, volunteers, and staff in PSS across the operational zones for 24 days and for 12 weeks.

The efforts of the trained volunteers played a crucial role in educating and raising awareness among families on key topics such as community health and hygiene, the prevention of waterborne and vector-borne diseases, and proper handwashing practices using the kits.

In addition to these actions, and depending on the mobilization of resources, the CRT also planned and carried out the following actions:

- **Mental health and psychosocial support for 18% of the total target population, i.e., 21,600 people, representing 3,600 households.**

The CRT ensured access to mental health and psychosocial well-being for 18% of the total target population (21,600 people, representing 3,600 households) through the following responses: providing PFA and psychoeducation, creating and equipping child-friendly spaces, organizing training for volunteers, staff and local leaders on PSS in emergencies, training staff/volunteer team leaders on the Minimum Protection Approach (MPA), organizing awareness-raising sessions and carrying out referrals.

- **Support for community health systems**

Given the challenges in mobilizing resources, the CRT provided support in the area of community-based first aid and health. Through PSBC volunteers, the CRT monitored their localities and disseminated vital health messages to communities. This initiative has contributed to making communities safer from water-borne and vector-borne diseases, pneumonia, and skin infections, while also promoting safe hygiene practices. Messages on nutritional services were provided, including education for mothers and caregivers on feeding infants and young children, along with support for referrals to outpatient therapeutic programs for children suffering from severe/moderate acute malnutrition.

- **Medical services provided to 4% of the total target population: 5,660 people**

The CRT provided lifesaving first aid and psychosocial support to those in need, complementing health services within a continuum of care. This included first-aid training for 210 volunteers in the target provinces and the procurement of 11 first-aid kits per province. This ensured essential assistance across the 7 targeted provinces. Seven health posts and 6 mobile clinics were deployed to provide essential health services and refer severe cases to the nearest districts, which lacked the resources to offer these services. The French Red Cross' involvement in this region helped fill the gaps.



Water, Sanitation and Hygiene

Women > 18 (42.4%):
31,750

Women < 18 years
(57.6%): 43,130

Men > 18 (38.3%):
26,473

Men < 18 years (61.7%):
42,647

Objective:	The risk of water-related diseases in targeted communities during the recovery phase has been sustainably reduced.
-------------------	--

	Indicator	Actual	Target
Key indicators:	<i>Number of households receiving hygiene kits</i>	1,000	1,000
	<i>Number of households supplied with sufficient quantities of "aquatabs" for home water treatment for 90 days</i>	1,000	1,000
	<i>Number of people with access to drinking water</i>	6,000	6,000
	<i>Number of women who received a dignity kit</i>	1,000	1,000
	<i>Number of buckets distributed</i>	1,000	1,000
	<i>Number of jerry cans distributed</i>	1,000	1,000
	<i>Number of handwashing kits installed (target: 200)</i>	200	200
	<i>Number of women and girls who received hygiene or dignity kits (Target: 1560 people)</i>	1,560	1,560
	<i>WASH IEC materials produced (Target: 2,000)</i>	2,000	2,000
	<i>Number of women and girls who received menstrual hygiene support</i>	1,560	1,560

The selection criteria used for WaSH beneficiaries were the same as for the accommodation sector above. The CRT decided to provide a comprehensive package of accommodation and WaSH services to the most vulnerable families identified. Just like in other purchases made to support affected populations, complementing efforts by other stakeholders, the CRT assisted in form of water, sanitation, and hygiene in line with the operational strategy,

The following points highlight the achievements:

Water

- Installation of a water pump in the affected community in N'djamena
- Distribution of "aquatabs" for home water treatment, covering 90 days for 6,000 people (1,000 households)
- Monitoring water treatment and storage through household awareness-raising sessions


Hygiene

- Construction and distribution of 200 hand-washing kits
- Training target communities on the proper use of the distributed hygiene kits.

- Distribution of 1,000 hygiene kits
- Distribution of 1,000 dignity kits

Raising community awareness around WaSH

- Training target communities (on storing drinking water, safe use of water treatment products, etc.)
- Printing and distributing leaflets and posters on life-saving techniques and key messages for social change
- Production and use of feedback boxes facilitated by volunteers in listening and feedback centres
- Organization of awareness-raising sessions. This involved the deployment of volunteers twice a week for 16 weeks to each affected site with the activity continuing until the end of the operation
- Training the 210 CRC volunteers involved in the operation in hygiene awareness and promotion techniques.
- Environmental sanitation activities: drainage, vector control, and solid waste management in target communities
- Development of a communication plan on hygiene, and training of volunteers in the implementation of the communication plan
- Designing and printing of IEC material
- CEA activities were carried out to involve the community in the designing and approval of water supply and sanitation facilities.
- Mobilization of target communities to carry out environmental clean-up activities, ensuring improved sanitation and hygiene.

	Protection, gender and inclusion	Women > 18: (42.4%) 31,750	Women < 18: (57.6) 43.130
		Men > 18 years: (38.3%) 26,473	Men under 18: (61,7%) 42.647

Objective:	Ensure that communities recognize and address the specific needs of the most vulnerable, disadvantaged, and marginalized groups affected by inequality, discrimination, and other human rights violations.
-------------------	--

Key indicators:	Indicators	Actual	Target
	<i>Number of participants in awareness sessions on AIP and SGBV.</i>	1,560	6,000
	<i>Number of volunteers, staff, and local leaders trained in protection from sexual exploitation and abuse (PSEA)</i>	320	650

The CRT is committed to enhancing inclusion, participation, diversity, and social cohesion within communities by adhering to the International Federation's minimum standards on Protection, Gender, and Inclusion (PGI) in emergency situations. First and foremost, an integrated approach was adopted, ensuring that all aspects of protection were incorporated into every training session for volunteers and staff.

Subsequently, educational talks were conducted for households receiving dignity kits, while others were sensitized on PGI and SGBV. However, due to a lack of resources, specific training sessions on these issues were not carried out. It is therefore essential to integrate the Movement's Minimum Protection Approach (MPA) and the Prevention of Sexual Exploitation and Abuse (PSEA) into kits' distribution and awareness activities, while also organizing dedicated training sessions.

The CRT maintains its commitment to preventing and addressing sexual exploitation and abuse within its unified plan, ensuring continuity of the same through additional funding sources.



Community Engagement and Accountability

Objective: Establish and implement standardized community engagement approaches, collecting and utilizing qualitative feedback data to enhance understanding of community perspectives.

	Indicator	Actual	Target
Key indicators:	<i>% of community suggestions and feedback addressed or incorporated into response actions.</i>	80	100
	<i>Number of community-based early warning systems implemented.</i>	1	1

The implementation strategy adopted a participatory approach, ensuring community engagement and the involvement of administrative authorities at every stage, including assessments, targeting, and distribution operations. The CRT-CEA focal point and Community feedback manager facilitated risk management, community engagement, and accountability by implementing appropriate tools and mechanisms. These included participatory needs assessments, key informant interviews, and feedback boxes to ensure inclusive decision-making. The CEA teams also participated in PDMs to assess satisfaction levels with the assistance provided. A dedicated telephone line was established to handle sensitive information and ensure protection and confidentiality, aligning with the CEA's strategy for safeguarding vulnerable individuals.

All this was preceded by several CEA training sessions. The National Programme Coordination selected participants from the CRT headquarters, while CRT officials managing disaster-affected sites identified volunteers for the training sessions.

Two trainers were recruited to lead the CEA training sessions. They were selected from staff who had previously participated in CEA training conducted by the IFRC's Senior CEA Officer. This training facilitated the implementation of a participatory approach, ensuring community commitment and the involvement of administrative authorities throughout the operation, from assessments to beneficiary targeting and distribution activities. The PMER department, the CEA Focal Point, and the CRT Community Feedback Manager developed appropriate tools and mechanisms for risk management, community involvement, and accountability.

The results and recommendations from the perception survey previously conducted by the NS during the COVID-19 response were used to identify the most effective communication channels for the emergency appeal operation areas. Among other mechanisms, the CRT has set up targeting committees, complaints management committees,

and feedback committees in areas where they were not already in place. The work of the PMER department and that of RCCE in integrating RCCE into the various phases of the emergency appeal operation cycle ensured the effective involvement of all affected population groups, considering their opinions and wishes. The same system was used to address sensitive issues related to information protection and confidentiality, in alignment with CRT's strategy for safeguarding vulnerable groups.

Enabling approaches



National Society Strengthening

Objective:

Indicator	Actual	Target
Key indicators: <i>The National Society maintains an operational data management system that guides decision-making, monitors impact and supports reporting.</i>	0	1
<i>The National Society has received external support from NSD, aligned with the principles of the NSD contract.</i>	1	1

Operational support services:

Operational support was provided throughout implementation. This support focused on strengthening the essential functions required for project implementation. Particular emphasis was placed on logistics support and supply chain management, procurement, risk management, CEA, and learning and safety.

PMER support has also been considered. The establishment of Monitoring evaluation reporting and accountability focal points within the PMER Movement technical group and support for its operationalization will be addressed through the implementation of the NS's 2024 unified plan, ensuring an effective decision-making tool for the CRT. Supporting the development of this data management system will enhance the NS's capacity to provide reliable information on disaster risk management events.

Development of National Societies:

Following the drafting of the 2022-2026 strategic plan, the Movement coordination supports the unified plan, outlining key development priorities and intervention areas backed by Movement components. Unfortunately, due to a lack of funding, not all priority areas intended to be supported by this emergency call have been implemented. However, to enhance operational coordination and the working environment, funding from this appeal has supported renovating the national headquarters.



Partial image of the renovated national headquarters

National Societies' preparedness and response capacity:

Progress on the overall NSD framework for enhancing the coordination and management structure of this operation has been limited. The planned development of branches, including training and equipping NDRTs and emergency planning at the branch level, has not been implemented due to insufficient funding. Support for enhancing branch capacity in assessments and intervention planning has also been postponed. The CRT plans to resume these activities under the 2024 unified plan, leveraging available funds and seeking additional resources through other programs.

With the remaining funds from the appeal and additional resource mobilization under the unified plan, the focus shall be on:

- The implementation of an appropriate national-level system with qualified local focal points for data completion.
- Enhancing reporting and producing high-quality monthly situational reports (SITREPs) that incorporate all relevant information available to the Movement.
- Improving the planning, monitoring, and evaluation system for CRT and its partners to enhance PMER team involvement and integrate innovations in formative evaluation, accountability, and reporting.
- To review and strengthen the structure of CEA mechanism within the CRT and its partners, ensuring real-time collection and management of community feedback.

For IFRC Programme Coordinator, the implementation of the CEA must become the foundation of all programmes, projects, and activities of the Red Cross Movement in Chad. It must ensure the effective involvement of the communities benefiting from the Movement's actions.

All this will help strengthen the ongoing development of a protocol for early action in case of flooding, enhancing preparedness and response to imminent flood risks.



Coordination and Partnerships

Objective: To strengthen coordination and partnerships within the Movement and with external stakeholders.

Key indicators:	Indicator	Actual	Target
	N/A		N/A

RCRC Movement

All IFRC members in Chad have effectively collaborated, combining efforts, resources, and expertise to make a meaningful impact on this emergency response. The crisis committee was established at CRT headquarters in N'Djamena, with active participation from all participating National Societies (PNS), the IFRC, and the ICRC. The regular meetings organized facilitated information sharing on floods and coordinated decisions to support CRT's field interventions.

External coordination

The CRT, at both national and regional levels, actively participates in group meetings led by OCHA through its branches and in collaboration with its partners. The IFRC and PNSs have helped the CRT establish sustainable partnerships to enhance its capacity and outreach.

Several international NGOs and UN agencies operating in Chad have supported national authorities in the response effort. All activities have been coordinated and approved by the NDMA to ensure urgent needs were met

across all affected areas. External partners provided drinking water and improved hygiene and sanitation by constructing latrines, primarily in N'Djamena. Other NGOs provided essential household items to affected households in N'Djamena and in the provinces. UNICEF supplied medical kits for malaria treatment, while the Ministry of Public Health and National Solidarity provided ongoing assistance, including distributing essential household item kits to thousands of families in affected provinces. All these actions were coordinated through established mechanisms to prevent duplication and ensure efficient resource allocation.



Secretariat Services

Objective:	<i>Ensure that communities in high-risk areas are prepared and able to respond to disasters</i>		
Key indicators:	Indicator	Actual	Target
	<i>Strengthening the Secretariat's support to its members through improved coordination, ensuring efficient use of Red Cross and Red Crescent resources in the country and maximizing the impact of collective efforts.</i>	N/A	N/A

Since 2022, the IFRC has maintained a permanent presence in Chad, hosted by the Red Cross of Chad. As operations increased, the IFRC team was expanded at the request of the National Society's leadership. This includes a permanent operations manager and a shelter delegate. The IFRC has also recruited a programme manager and a logistics manager.

Several support staff were also deployed to Chad in response to the increased population movements from Sudan since April 2023. These included the deputy operations manager, the IM, the PMER, finance, logistics, security, field coordinators, WASH and health experts. Although primarily focused on responding to population movements, these positions have also contributed to strengthening member coordination and advancing NSD priorities.

D. FINANCIAL REPORT

The total expected funding for the Federation was CHF 5 million, with CHF 3 million allocated to the IFRC Secretariat. Despite all the efforts, resource mobilization remained significantly low. Only 22.20% of the expected CHF 5 million was raised, i.e. CHF 1,110,010.79. After readjusting the operational strategy to prioritize actions based on available funding, 62.60% of the CHF was spent by the end of the operation, as detailed in the available cost section in the attached financial report summary.

However, of the remaining CHF 302,063, 29.32% was allocated to commitments for the renovation of the national headquarters, with direct and indirect costs totalling CHF 88,581.98. The remaining 70.67% (CHF 213,481.02) has been allocated to the National Society's development activities described in this call but not yet implemented. These activities have been integrated into the implementation of the 2024 Unified Plan.

Operational Strategy

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/8-2025/9	Operation	MDRTD021
Budget Timeframe	2022-2025	Budget	APPROVED

Prepared on 03 Nov 2025

All figures are in Swiss Francs (CHF)

MDRTD021 - Chad - Floods

Operating Timeframe: 18 Aug 2022 to 31 Dec 2023; appeal launch date: 26 Oct 2022

I. Emergency Appeal Funding Requirements

Total Funding Requirements	3,000,000
Donor Response* as per 03 Nov 2025	713,856
Appeal Coverage	23.80%

II. IFRC Operating Budget Implementation

Planned Operations / Enabling Approaches	Op Budget	Expenditure	Variance
PO01 - Shelter and Basic Household Items	210,732	180,065	30,668
PO02 - Livelihoods	0	0	0
PO03 - Multi-purpose Cash	0	0	0
PO04 - Health	93,674	118,574	-24,900
PO05 - Water, Sanitation & Hygiene	262,076	264,318	-2,243
PO06 - Protection, Gender and Inclusion	0	0	0
PO07 - Education	0	0	0
PO08 - Migration	0	1,391	-1,391
PO09 - Risk Reduction, Climate Adaptation and Recovery	19,703	19,703	0
PO10 - Community Engagement and Accountability	2,886	2,886	0
PO11 - Environmental Sustainability	0	0	0
Planned Operations Total	589,071	586,938	2,133
EA01 - Coordination and Partnerships	304,152	148,539	155,613
EA02 - Secretariat Services	1,657	1,657	0
EA03 - National Society Strengthening	215,130	76,850	138,280
Enabling Approaches Total	520,939	227,046	293,894
Grand Total	1,110,011	813,984	296,027

III. Operating Movement & Closing Balance per 2025/09

Opening Balance	0
Income (includes outstanding DREF Loan per IV.)	1,119,381
Expenditure	-813,984
Closing Balance	305,397
Deferred Income	0
Funds Available	305,397

IV. DREF Loan

* not included in Donor Response	Loan :	405,525	Reimbursed :	0	Outstanding :	405,525
----------------------------------	--------	---------	--------------	---	----------------------	----------------

Operational Strategy

FINAL FINANCIAL REPORT

Selected Parameters			
Reporting Timeframe	2022/8-2025/9	Operation	MDRTD021
Budget Timeframe	2022-2025	Budget	APPROVED

Prepared on 03 Nov 2025

All figures are in Swiss Francs (CHF)

MDRTD021 - Chad - Floods

Operating Timeframe: 18 Aug 2022 to 31 Dec 2023; appeal launch date: 26 Oct 2022

V. Contributions by Donor and Other Income

Opening Balance							0
Income Type	Cash	InKind Goods	InKind Personnel	Other Income	TOTAL	Deferred Income	
American Red Cross	271,705				271,705		
British Red Cross	168,409				168,409		
DREF Response Pillar				405,525	405,525		
European Commission - DG ECHO	214,406				214,406		
Japanese Red Cross Society	34,974				34,974		
On Line donations	58				58		
Red Cross of Monaco	24,304				24,304		
Total Contributions and Other Income	713,856	0	0	405,525	1,119,381	0	
Total Income and Deferred Income					1,119,381	0	



Contact information

For further information regarding this operation, please contact:

In the Red Cross of Chad National Society

- **Secretary General:** Doumkel Mbondobe; email: sg@croixrougedutchad.org, phone: +235 66 61 49 68
- **Operational coordination:** Yacoub Mahamat Allamine; email: coordprg@criorougedutchad.org, phone: +235 66 29 82 58

In the IFRC

- **IFRC Regional Office for Africa:** Matthew Croucher, Head Health, Disasters and Climate Crisis; email: matt.croucher@ifrc.org
- **IFRC Country Cluster Support Team:** Leonce Omer Mbouma, Coordinator, Disaster Management; email: leonceomer.mbouma@ifrc.org

For IFRC Resource Mobilization and Pledges support:

- **IFRC Regional Office for Africa:** Louise Daintrey-Hall, Head, Strategic Partnerships and Resource Mobilisation; email: louise.daintrey@ifrc.org, phone: +254 110 843 978

For In-Kind donations and Mobilization table support:

- **Global Logistics Services -**
- **IFRC Regional Office for Africa:** Manager, Logistics, Allan Kilaka Masavah; email: allan.masavah@ifrc.org, phone: +254 113 834 921 Name, title, email, phone

Reference documents



Click here for:

- Previous Appeals and updates
- Emergency Plan of Action (EPOA)

How we work

All IFRC assistance adheres to the Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief, the Humanitarian Charter and the Minimum Standards in Humanitarian Response (Sphere) to ensure effective support for the most vulnerable. The IFRC's vision is to inspire, encourage, facilitate and promote at all times all forms of humanitarian activities by National Societies, to prevent and alleviate human suffering, and thereby contributing to the maintenance and promotion of human dignity and peace in the world.