Reporting Period: 1 January to 31 December 2024

Eastern and Southern Africa Region

Humanitarian Situation Report No. 2

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Highlights

- Humanitarian needs across Eastern and Southern Africa Region (ESAR) reached unprecedented levels due to alarming increase in disease outbreaks, climate shocks, conflict and displacement, and economic instability, further deepening vulnerabilities among the most at-risk children and women. In 2024, 14.5 million people and 6.6 million children were in need of humanitarian assistance.
- Widespread public health emergencies were reported across 20 out of 21 countries in Eastern and Southern Africa, with outbreaks of cholera, Mpox, Marburg Virus Disease (MVD), polio, among others. This heightened vulnerability was exacerbated by weak health systems, climate shocks, and inadequate sanitation, particularly impacting children and marginalized communities.
- Conflict in Sudan continued to impact the region, particularly in the neighboring countries of Ethiopia, South Sudan, Eritrea and Uganda, straining the existing resources and response capacities.

Situation in Numbers

6,600,000
children in need of humanitarian assistance

14,500,000
people in need

768,000
# of pending and registered refugees

Regional Situation Overview and Humanitarian Needs

The humanitarian situation in Eastern and Southern Africa (ESA) remains vast and multidimensional, driven by climate shocks, public health outbreaks, food insecurity, civil and political unrest, conflict, and economic deterioration. In 2024, the Southern Africa region experienced its driest month (February) in over a century and 20 out of 21 countries were facing public health outbreaks. This report provides an overview of the humanitarian situation and response across 12 countries—Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Lesotho, Namibia, Rwanda, South Africa, Tanzania, and Zambia—under the UNICEF Eastern and Southern Africa Region's 2024 Humanitarian Action for Children Appeal.

Public health emergencies—including outbreaks of cholera, polio, Marburg virus disease, mpox and other diseases—continued to threaten vulnerable populations across Eastern and Southern Africa. The region remains highly susceptible to recurrent disease outbreaks, particularly in countries with severe flooding, poor sanitation infrastructure, and weak health systems. By the end of 2024, 20 countries had active public health events, further deepening the vulnerability of affected communities. The region reported the highest cholera/acute watery diarrhea related deaths globally, with 13 countries facing cholera outbreaks and a combined case fatality rate of 1.5 per cent. In addition, on 14 August 2024, WHO declared a public health emergency of international concern for mpox. In Eastern and Southern Africa, more than 3,280 Mpox cases were reported across 8 countries in the region (Angola, Burundi, Kenya, Rwanda, South Africa, Uganda, Zambia and Zimbabwe). Following the activation of a Level 3 emergency, UNICEF supported affected countries in scaling up the delivery of a multi-sectoral humanitarian response in three of the most affected countries: Burundi, Rwanda and Uganda. Compounding these public health outbreaks, the third largest record outbreak of Marburg occurred in Rwanda with over 66 confirmed cases and 15 deaths (and a case fatality rate of 22.7 per cent). UNICEF continued to play a key leadership role at regional and country levels in ensuring effective coordination, especially in WASH, nutrition, health, and risk communication and community engagement (RCCE) across the region to strengthen disease surveillance, improve sanitation and water access, and ensure timely emergency health responses.

The crisis in Sudan continued to have cross-border implications for neighbouring countries in the region, particularly, South Sudan, Ethiopia,Eritrea and Uganda in 2024. As conflict and insecurity continue to displace millions within

Sudan,Ethiopia, South Sudan, Uganda and Eritrea have experienced a surge in refugees fleeing the violence. Uganda, already home to one of the largest refugee populations in Africa, has seen an influx of Sudanese and South Sudanese refugees, placing additional pressure on already strained resources. Similarly, Eritrea is facing increased refugee flows, exacerbating existing humanitarian needs and further stretching country's limited capacity to respond and to ensure the protection and well-being of affected populations.

The confluence of El Niño-induced drought, inflation, high fuel prices, and an unstable macroeconomic environment have severely impacted the ability of households to meet their food requirements across the region. Adolescent girls have been particularly vulnerable, facing multiple sexual and reproductive health and rights (SRHR) risks, including increased gender-based violence (GBV), transactional sex resulting in increased HIV cases, and early pregnancy. Heavy rains and flooding from March to May 2024 devastated countries in Eastern Africa, especially Burundi, Rwanda, and Tanzania, affecting more than 304,000 people and resulting in the loss of lives, displacement, and destruction of schools. At the regional level, UNICEF worked closely with the Southern Africa Development Community (SADC) in planning, communication, advocacy, and resource mobilization, supporting the development of the regional SADC appeal and providing capacity-building assistance on disaster risk reduction (DRR) and anticipatory actions.

In 2024, country offices in ESA continued to focus on strengthening risk analysis and preparedness capacity. Countries such as Angola, Madagascar, and Namibia scaled up anticipatory action interventions to address the impact of El Niño-induced drought. This represents a transformative approach in humanitarian response, emphasizing a paradigm shift from reactive to proactive measures to mitigate or prevent some of the impacts of predictable crises before they fully unfold, while saving lives, reducing needs, and safeguarding development.

Annex A

Consolidated Summary of Programme Results

	UNICEF and IPs Response		
Sector Indicator	**2024 target**	**Total results**	**% Achieved**
Health			
# Children vaccinated against measles	8,127,760	3,691,422	45
# People receiving treatment for cholera	2,400	3,300	138
Nutrition			
# Children 6-59 months with severe wasting admitted for treatment	129,120	125,993	98
Child Protection			
# Children, adolescents and caregivers accessing community based MHPSS	869,967	235,933	27
Education			
# Children accessing formal or non-formal education, including early learning	934,955	110,828	12
WASH			
# People accessing a sufficient quantity of safe water for drinking, cooking, and personal hygiene	1,094,667	1,988,654	181
Social Protection			
# Households reached with humanitarian cash transfers across sectors	136,200	1,312,301*	964
Social Behaviour Change/RCCE			
# People reached through messaging on prevention and access to services	12,783,064	22,070,115	173

*Reach for Social Protection exceeded target by approximately 10 times predominantly because of a scaled-up HCT intervention in Zambia as part of the CO's El Nino response.

Angola

Situation Overview & Humanitarian Needs

Angola is facing severe drought due to El Niño, affecting 5.6 million people according to Spatial Precipitation Index (SPI) data from October 2023 to March 2024. Delayed and below-average rainfall has led to significant crop losses, particularly in areas already vulnerable to drought and declining harvests over the past six years. Additionally, 1.2 million people face water scarcity, with about 50 to 80 per cent of water points in southern Angola non-operational in 2022, leading to unsafe water and poor sanitation, hygiene, and health conditions. Food insecurity is worsened by inflation, a weakened Kwanza, the removal of fuel subsidies, and a steep rise in staple food prices (inflation of up to 32 per cent between October 2023 and October 2024).

Summary Analysis of Programme Response

Health

UNICEF supported implementation of child health interventions in drought-affected areas of Huila and Cunene, where communities faced heightened vulnerabilities. Measles vaccination reached 11,587 children at risk of outbreaks, while 251,559 women and children accessed critical maternal and child healthcare services in health care facilities and outreach services including antenatal care, prevention of vertical transmission (PVT) of HIV and integrated management of neonatal and childhood illnesses. PVT of HIV, benefited 617 pregnant women 15-49 living with HIV and 1,506 newborns with danger signs were identified and referral to specialized care, highlighting the need for integration of life saving services in humanitarian settings.

The country reported a vaccine derived polio outbreak type2, which led to a nationwide prevention campaign. Overall, 6,845,583 children aged 0–59 months received polio vaccines (nOPV2) with support from UNICEF and partners, mitigating the risk of further transmission.

As part of response to malaria outbreak in uplands of Huila Province, UNICEF supplied 14 health facilities with 31,575 rapid diagnostic test and 11,700 antimalarial treatments, benefiting around 31,575 people of whom 11,000 are estimated to be children under five years of age, significantly reducing the mortality due to the disease. These initiatives collectively strengthened resilience and safeguarded vulnerable populations.

Nutrition

Despite a considerable funding gap in 2024, critical prevention activities continued, in fact, in UNICEF supported provinces (Benguela, Bié, Cuando Cubango, Cunene, Huíla, Luanda, and Namibe) 1,067,638 children under five[1] were screened for acute malnutrition, while 91,189 were admitted for treatment. On average, 82 per cent of children admitted for severe wasting were discharged cured, while the death rate was reduced to approximately one and half per cent, and defaulter rates remained around 19 per cent[2].

Caregiver counselling on good nutrition practices reached 99,035 caregivers, while 168 mother-to-mother and 151 father-to-father support groups are active. These groups have contributed to screening children with severe acute malnutrition and reinforcing counselling messages.

Child Protection

UNICEF strengthened inter-sectorial coordination to prevent and respond to violence against children and women in emergency contexts. A total of 115 institutional actors (Ministries of Justice, Interior, Education and Health) and civil society case workers were trained on case management and referral systems. A regional seminar was conducted on case management in emergency (including provinces of Huila, Cuando Cubango, Cunene and Namibe) with a focus on unaccompanied and separated children to address the crisis of children on the move, including across Namibia.

A Child Protection landscape analysis was initiated in two provinces affected by the droughts (Huila and Benguela) to map available child protection and gender-based violence services. This was completed by capacity-building sessions of child protection actors (40 government partners and civil society organizations trained) on protection from sexual exploitation and abuse, and the publication of guidance material in collaboration with other UN agencies. UNICEF supported the National Institute for Children (INAC) with the publication of Standard Operating Procedures in emergency programming for child protection (POPs and Fluxus in Emergency; Family Tracing and Reunification and Social workers' code of conducts) to strengthen institutional capacity on child rights and case management.

Education

UNICEF directed the available resources to mitigate the impacts of educational crises caused by climate events such as droughts and floods. It focused efforts on supporting 13 schools in the Benguela province, providing individual learning kits for 9,367 students (4,723 of whom were girls), along with 26 recreation kits for children from preschool to

[1] Implementing partner reports.
[2] Implementing partner reports.

Grade 6. As part of the actions to address the impacts of El Niño, five affected schools received 10 tents, providing a safe environment for 770 children (313 boys and 457 girls), allowing classes to continue.

UNICEF supported, with Austrian funds carried forward from 2023, the training of 543 education officials (including 334 females) in the provinces of Benguela, Cunene, and Huíla through the Teaching at the Right Level initiative, which aims to improve quality education and basic learning outcomes in Portuguese language and mathematics for 15,881 children (8,744 girls, 7,137 boys)[3] in Grade 3-5 in these three El Niño-affected provinces, through innovative teaching practices and teachers support.

WASH

The limited data availability and resources constrain needs assessments and the analysis of trends and changes. The WASH sector estimates that between 50 and up to 80 per cent[4] of the water points in the southern provinces of Angola are not functioning, and the majority are not equipped with disinfection systems which increases the risk of water contamination during transport and storage in the households. The exposure to WASH-related diseases in such contexts is high, especially for malnourished children.

Through funding made available by CERF, UNICEF rehabilitated 33 water points benefitting 68,183 people (31,107 men and boys and 37,076 women and girls)[5], and provided refresher training for the associated community WASH committees. Furthermore, to increase the capacity of Infection Prevention and Control (IPC) and reduce the risk of preventable diseases in healthcare facilities, 46 staff were trained in Huíla province on the self-assessment Water and Sanitation for Health Facility Improvement Tool (WASH-FIT). The approach, funded with support from 2023 carried forward to 2024, allows self-assessment of WASH in healthcare facilities and guides healthcare worker performance to improve WASH services.

Gender focus

A concerted effort was made to ensure greater attention to gender-sensitive and gender-responsive programming was incorporated into the implementation. Examples include training health providers with a gender-sensitive focus on maternal and child health; supporting mother-to-mother and father-to-father groups to promote gender-equitable caregiving and address malnutrition; conducting a child protection analysis in drought-affected areas to map services for child protection and gender-based violence; and providing schools with learning kits and safe spaces to ensure equal access to education for boys and girls despite El Niño impacts.

Social and Behavioural Change (SBC), Accountability to Affected Population

UNICEF's support for the polio outbreak response included the training of 3,521 social mobilisers, who played a crucial role in raising awareness and reaching 11,347,781 people from communities through home-to-home visits and mass approaches in churches and markets.6

100,730 people were reached by UNICEF, in collaboration with local health authorities, through the dissemination of five key messages on nutrition and hygiene promotion services in seven municipalities of Bié and Huila provinces.

With CERF support, to avoid malnourished children to relapse 88 women-to-women and 23 father-to-father groups, guided by 100 trained facilitators (75 female, 25 male), supported 350 grandmothers, young women, and young fathers on nutrition for children under five years old, exclusive and safe breastfeeding, maternal and child health, hygiene, and sanitation.

Humanitarian Leadership, Coordination and Strategy

UNICEF’s humanitarian strategy in Angola aligns with its Core Commitments for Children in Humanitarian Action, focusing on supporting the Government and partners in sector coordination. The national nutrition coordination platform, led by the National Nutrition Programme and supported by UNICEF, was crucial for sharing humanitarian information and strengthening nutrition services in vulnerable areas. UNICEF also enhanced national WASH sector coordination with the Ministry of Water and Energy and the Ministry of Environment, integrating humanitarian efforts into regular programming for 2024.

At provincial level, UNICEF supported Huíla administration in establishing a permanent multisectoral coordination platform with technical working groups for WASH and other sectors. UNICEF leads education and child protection sector coordination and co-leads the health sector with the World Health Organization. They promote cooperation among stakeholders, including UN agencies, non-governmental organizations, and government representatives, to improve multisectoral coordination and information management in Huila Province.

[3] Children enrolled in the TaRL programme in the affected provinces. Source: Ministry of Education database.
[4] CERF 2024 estimates, based on the water points functionality in the Southern provinces.
[5] CERF partners report 2024.
[6] Vaccination campaign report.

Human Interest Stories and External Media

During the reporting period UNICEF Angola Country Office used its media channels to share stories of impact giving voices to beneficiaries and ensuring the visibility of UNICEF intervention in the field.

Human Interest Stories

Maria Nazaré, 2 years old, was diagnosed with severe malnutrition and referred to the Special Nutrition Unit (UEN) at Balombo Hospital in Benguela province. In this health unit, Maria started to receive proper treatment that included therapeutic milk and fortified Ready to Use Therapeutic Food.

Nutrition: https://www.unicef.org/angola/historias/suplementos-nutricionais-salvam-crian%C3%A7as-da-desnutri%C3%A7%C3%A3o-na-prov%C3%ADncia-da-hu%C3%ADla

*Health and Immunization:*https://www.unicef.org/angola/historias/um-divisor-de-%C3%A1guas-para-os-cuidados-aos-rec%C3%A9m-nascidos-na-hu%C3%ADla

https://www.unicef.org/angola/historias/manuel-gomes-xavier-um-her%C3%B3i-local-na-luta-pela-vacina%C3%A7%C3%A3o-infantil

https://www.unicef.org/angola/historias/campanha-de-vacina%C3%A7%C3%A3o-contra-poliomielite-protege-milh%C3%B5es-de-crian%C3%A7as

Videos

Water supply in Cunene: https://www.youtube.com/watch?v=_cRbP-PJlqg&t=102s

Polio campaign: https://www.youtube.com/watch?v=jqrA-y1J5ZI

Nutrition intervention in south: https://www.youtube.com/watch?v=Ara1guAppL4

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector Indicator	**2024 target**	**Total results**	**% Achieved**
Health			
# Children vaccinated against measles	19,734	11,587	59
# Children vaccinated against polio	5,549,140	6,845,583	123
# Children and women accessing primary healthcare in UNICEF supported facilities	134,976	251,559	186
# Newborns with danger signs in drought affected areas referred to newborn care centres	1,184	1,506	127
# Pregnant women 15-49 years living with HIV receiving ART in drought affected setting	394	617	157
Nutrition			
# Children 6-59 months with severe wasting admitted for treatment	75,000	91,189	122
# Children 6 -59 months screened for wasting	500,000	1,067,638	214
Child Protection			
# Children, adolescents and caregivers accessing community based MHPSS	869,967	235,933	27
# Women, girls and boys accessing gender-based violence risk mitigation, prevention and or response interventions	10,000	920	9
# People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	50,000	33,100	66
Education			
# Children accessing formal or non-formal education, including early learning	934,955	110,828	12
# Teachers, members of parent teachers-association and school management committee trained in education in emergencies	2,600	543	21
# Children receiving individual learning material	107,705	9,367	9
# Children provided with access to education through temporary learning spaces	5,380	770	14
WASH			
# People accessing a sufficient quantity of safe water for drinking and domestic needs	170,000	68,183	40
Cross-sectoral (HACT, SBC, RCCE and AAP)			
# People reached through messaging on prevention and access to services	4,368,226	11,447,218	262
#People who participate in engagement actions	4,000	4,464	112

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (Carry-over)	$	%
Health	825,000	-	852,616	-27,616	0
Nutrition	4,000,000	2,589,270	445,656	965,074	24
Child Protection	330,000	17,855	70,848	241,297	73
Education	990,000	-	61,095	928,905	94
WASH	2,000,000	560,154	460,673	979,174	49
Cross-sectoral (HCT, SBC, RCCE, AAP)	165,000	20,144	295,480	-150,624	0
Cluster Coordination	80,000	-	283,220	-203,220	0
Total	**8,390,000**	**3,187,423**	**2,469,588**	**2,732,989**	**33**

Botswana

Situation Overview and Humanitarian Needs

Drought is a frequent phenomenon in Botswana and has been so for many decades. Recurring droughts in Botswana have resulted in low agricultural production (cereals in particular), leading to more cereal imports and increased food prices. Botswana domestic production for cereals is way lower than the demand. The country depends on imports to augment the short fall to meet its food security obligation.

Government declared 2023/2024 a severe arable agricultural drought year throughout the country as informed by the 2023/24 Drought and Household Food Security Vulnerability Assessment and Analysis Report. Up to 416,000 households may be living in drought-affected areas with around 374,000 people in need. Lower agricultural production in Botswana will result in a requirement to import larger quantities of cereals and other foodstuffs at higher prices due to the ongoing global polycrisis, thereby putting vulnerable children at heightened risk of food insecurity and malnutrition.

Around 53 per cent of the population are reportedly experiencing food insecurity (up from 51 per cent in 2018/19) and secondary analysis of survey data from 2016 shows rates of 5.1 per cent, 19.8 per cent and 3.5 per cent, respectively, for wasting, stunting and underweight in children under five. The most recent Drought and Vulnerability Assessment indicates that the annual total underweight prevalence increased by 0.5% between 2021 and 2023. Underweight prevalence has increased by 0.5 percentage points since 2020, rising from 3.9% (2020), to 4.4% in 2023. In the first quarter of 2024, the underweight prevalence was recorded as 4.9%. The districts that recorded increased underweight prevalence in 2023 (more than the national target of 3%) were Kweneng (4.5%), Serowe (4.7%), Boteti (5.8%), Tonota (6.2%), Charleshill (9.3%), Hukuntsi (9.7%) and Ghanzi (11%). The annual severe underweight prevalence has slightly increased from 0.6% in 2022 to 0.7% in 2023.

Summary Analysis of Programme Response

Nutrition

The Government of Botswana continued to utilize UNICEF procurement services for specialized health and nutrition supplies such as Ready to Use Therapeutic Food (RUTF), therapeutic milks and Vitamin A capsules, contributing to strengthened health service delivery by ensuring that there is a consistent access to supplies for the effective scale-up of high dose vitamin A supplementation (VAS) and commodities for treatment of acute malnutrition for children 6–59 months. While the Government self-funds the procurement of supplies, there are significant challenges around forecasting and distributing them to districts based on needs.

In addition, UNICEF collaborated with the World Bank to develop and disseminate the health, and Nutrition Public Expenditure Review which will support the MoH in evidence-based decisions to improve the allocative efficiency of its budget. The findings from the PER will not only generate evidence and analysis on the alignment between planning and budgeting as well as efficiency, effectiveness, equity and sustainability of health, and nutrition expenditures but also inform the development, financing and implementation of health and nutrition interventions in Botswana.

Social Protection

In 2023 UNICEF conducted the Social Protection Fiscal Space and Funding Gap Analysis in Botswana aimed at generating evidence to support the Government of Botswana to implement the new National Social Protection Framework. Evidence from the analysis will assist the Government in rolling out the social protection reforms that include which provides for infant and universal child grant which mainstreams nutrition.

PME/Coordination/cross-sectoral

The Country office engaged with the National Disaster Management Office to better understand the data gaps (particularly PIN/CIN) and the required support to strengthen their capacities. Further discussions will be undertaken in the first quarter of 2025

Humanitarian Leadership, Coordination, and Strategy

UNICEF will continue to provide an integrated and a coordinated effort, supporting the government across a wide range of sectors, including Health, Nutrition, Social Protection and Supply and Logistics. Preparedness and anticipatory actions will also be a key focus of UNICEF efforts with particular attention to climate change and the impacts of El Nino in 2025.

Human Interest Story

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Twenty-three-year-old Segofatsang Puleng of Motokwe, beams with joy, watch her three children playing around the yard and looking health. She was among mothers whose children benefitted from UNICEF supported routine immunization campaigns.

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector **Indicator**	**2024 target**	**Total results**	**% Achieved**
Nutrition			
# of primary caregivers of children aged 0 to 23 months receiving infant and young child feeding counselling	45,000	51,741	115

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Received Current Year	Carry-Over	$	%
Nutrition	10,000	0	0	10,000	100
Social Protection	50,000	0	0	50,000	100
Coordination /PME/ cross-sectoral	190,000	0	0	190,000	100
Total	**250,000**	**0**	**0**	**250,000**	**100**

Burundi

Situation Overview & Humanitarian Needs

In 2024, Burundi continued to bear the brunt of climate-change-related natural disasters. Since the start of the rainy season in September 2023, which typically lasts until the end of May, the El Niño phenomenon has intensified the effects of human-induced climate change across the country. As a result of El Niño, 47 people have died, with some fatalities linked to encounters with wildlife in flood-prone areas. Additionally, 78 people have been reported as injured. More than 3,984 houses and 220 classrooms have been recorded as destroyed, along with significant damage to roads and hydraulic infrastructure. The impact has been most severe from January to June 2024, affecting over 298,222 people and forcing more than 47,915 people to flee their homes due to flooding and landslides.

Following the declaration of the outbreak by the government on 25 July 2024, UNICEF activated on 21 August 2024 a Level 3 emergency in three affected countries (DRC, Uganda and Burundi) which has been extended until 19 February 2025. Children represented at the onset of the emergency the largest group of the affected population (53,9 % of the under 15 yo), prompting a vigorous multisectoral response from UNICEF. Overtime, a shift in the demographics with a significant increase among the young adults (30 %) led to adjustments of the response and the Risk Communication and Community Engagement (RCCE) towards specific groups. By the end of December 2024, the epidemic had spread to 46 health districts out of 49, or 93.8% of the districts. 17 of these health districts were active, having reported at least one confirmed case in the last 21 days, compared to 26 in November, and 33 in October.

In addition to Mpox, other health challenges persisted. From January to December 31, 2024, 5,537,824 malaria cases were reported, representing a 26,4% increase compared to the same period in 2023. Cholera cases reached 764 over the same period, representing a 69% increase in comparison to 2023.

Summary Analysis of Programme Response

Health

In the 13 health districts affected by floods, including in Mubimbi and Gabaniro IDP sites, UNICEF and its partner Global Development Community – Burundi (GDCB) provided 14 Interagency Emergency Health Kits (IEHK) and 6 measles kits and measles vaccines that ensured immunization and adequate treatment of 108,492 children, adolescents, and women in need. Among them, 22,300 children and 15,341 women in the IDP sites were provided with essential health care services through two mobile clinics. UNICEF also made significant contributions to the treatment of cholera cases by supplying cholera kits for the treatment of 800 cases to the Prince Regent Charles Hospital in Bujumbura and the Buterere Cholera Treatment Center (CTC). Additionally, UNICEF supported the rehabilitation and refurbishment of the Buterere CTC to increase its hosting capacity. From April to December 2024, 93 cholera cases were treated in the two CTCs and discharged after recovery.

With the technical and financial support of UNICEF, the Ministry of Public Health and Fight against AIDS (MSPLS), in close collaboration with the NGOs Global Development Community, Fondation Stamm and Safe Inclusion, are continuing their efforts to manage Mpox cases in three of the seven isolation units set up in risk areas, including the Prince Louis Rwagasore clinic, Gitega hospital and Kayanza hospital. The capacities of the medical teams have been strengthened to ensure rapid and effective management of all detected cases, whether positive or suspected. Each patient is monitored individually and receives care adapted to their clinical condition. Since September 2024, the three isolation centres supported by UNICEF have received 1,549 patients, including 586 in December 2024. 4,800 laboratory products and medicines have been provided for the rapid diagnosis and medical care of patients.

Nutrition

From April to December 2024, UNICEF and the National Integrated Food and Nutrition Program (PRONIANUT) supported acute malnutrition screening of children in flood-affected districts of Bujumbura, Rumonge, Makamba and Cibitoke provinces (Isale, Kabezi, Rumonge, Bugarama, Nyanza Lac, North and South Bujumbura). Active screening conducted by community health actors previously trained reached more than 116,000 children aged 6 to 59 months (181 per cent of the target). Among screened children,1,314 (1,1%) were found with severe acute malnutrition (SAM) and referred to health centres for treatment while more than 7,000 (6,0%) children with moderate acute malnutrition (MAM) were rehabilitated at the community level using local food.

In the same zones, both active and passive screening (by healthcare providers) for acute malnutrition identified 2,853 cases of children with SAM (75% of the target) that were promptly admitted and treated in health facilities. To ensure adequate treatment of SAM children, UNICEF provided health facilities with life-saving ready to use therapeutic food. Treatment performance indicators remained within the Sphere standards, with cure, defaulter, and death rates recorded at 86%, 13%, and 1%, respectively. In the same areas, over 53,000 caregivers received counselling on Infant and Young Child Feeding (IYCF).

Since mid-September 2024, the screening for acute malnutrition among children under five with Mpox admitted at the three main treatment centres is systematic and reached 120 children under five in December, bringing the total to 446 children screened. Among them, 8 children with moderate acute malnutrition and 7 children with severe form were identified and treated according to the national Community-Based Management of Acute Malnutrition (CMAM) protocol. Local nutritious food such as eggs, fruit and porridge are provided to children aged 6-59 months in isolation centres to prevent malnutrition among children with Mpox. A total number of 9,000 sachets of small quantity lipid-based nutrients supplement have been supplied and will help children of 6-23 months old to prevent acute malnutrition providing them micronutrients alongside the complementary feeding and the continued breastfeeding.

IPC / WASH

UNICEF and its implementing partners, Action Intégrée, pour le Développement et la Protection de l'Environnement (AIDE), Civil Protection, Global Development Community Burundi, Burundi's Agency for Water and Sanitation in Rural Areas (AHAMR) and Burundian Red Cross ensured an improved access to WASH services for people affected by floods. To quickly provide safe water to people in needs and reduce the risk of cholera transmission, first interventions focused on access to safe water through water trucking in the Gateri IDP site and host communities (Gabaniro, Gatumba, Buterere and Bujumbura in Bujumbura Mairie province). As a result, 91,931 people (22,924 girls, 21,766 boys, 25,186 women, 22,055 men) had access to safe drinking water, contributing to improve hygiene and reduce the transmission of water borne diseases, including cholera. Among them, 9,138 people had access to adequate sanitation services through the deployment of emergency mobile latrines and the construction of semi-durable public latrines and durable and climate resilient family latrines in the IDPs sites of Gabaniro, Mubimbi and Mutambara and host communities in commune of Rugombo.

In response to the Mpox outbreak, UNICEF and its partners have implemented prevention and control /WASH interventions in the affected health districts, equipping district and national hospitals with WASH kits (soap cup, jerrycan and bucket) for a total of 1,826 suspected and discharged people. To help control transmission at household level in the hotspots, a total of 1,215 families received hygiene kits in three provinces of Gitega, Kayanza and Bujumbura Mairie since the start of the response.

UNICEF supported REGIDESO, the urban water production and distribution service in Burundi, to strengthen IPC, in assessing water access in affected areas of Bujumbura. The assessment revealed a severe water shortage in the city and an urgent need to supply 31 localities within the hotspot areas. To address this, UNICEF provided the Burundi Red Cross with 14 water bladders and funding for water trucking. A total of 107,000 people had access to safe water for drinking, cooking and personal hygiene. To help control transmission 897 community health workers and cleaners were trained to increase capacity on hygiene best practices and biomedical waste management.

Child Protection

UNICEF and its implementing partners, Social Action for Development (SAD) and the consortium of Street Child, Spring communities and Healthnet TPO, enhanced the protection and provision of services to children and their families affected by climate change-induced floods, particularly in IDPs sites and within the communities of Gatumba, Mubimbi, Gateri, Mutambara and Rumonge city (Rumonge province), and Nyanza Lac (Makamba province), through the provision of an integrated package of interventions including psychosocial and mental health support, case management, GBV prevention and the provision of birth certificates to children in need. From April to December 2024, 32,638 people (17,985 girls and women, 14,653 boys and men), including 25,897 children (13,466 girls and 12,431 boys) and 6,741 parents and caregivers (4,519 women and 2,222 men), benefited from psychosocial support and mental health services in these areas. A total of 41,448 displaced people and members of host communities (16,981 boys and men, 24,467 women and girls) also benefited from awareness raising sessions on GBV prevention and mitigation measures and on sexual exploitation and abuse (SEA) prevention and reporting channels. In addition, the integration of SGBV response,

the case management and the provision of birth certificates has increased the holistic care package for displaced children and the members of the host community.

Responding to the Mpox outbreak, social workers and psychologists have been deployed in four treatment centres, including two in Bujumbura (Clinique Prince Louis Rwagasore and Centre Hospitalo-Universitaire de Kamenge), one in Gitega and one in Kayanza, to provide psychosocial support and, as needed, specialized mental health care to children and caregivers, including those accompanying their sick children, parents, or siblings. Moreover, joint teams of paraprofessionals, state social workers and members of community-based child protection committees conduct follow-up home visits to discharged patients and their families, therefore ensuring individual child protection case management for each child. As of 31 December, 6,924 people affected by Mpox, including 3,557 children (51,3%) 1,584 girls and 1,973 boys, have received MHPSS. A total of 356 service providers on MHPSS including social workers (205 women and 151 men), community volunteers and members of child protection committees were trained on recognizing signs of distress, providing psychological first aid, and supporting parents in managing stress and anxiety.

During all MHPSS activities, awareness-raising messages on gender-based violence (GBV) and PSEA are included and target frontline workers, beneficiaries, and community members. A total of 19,986 persons benefited from gender-based violence and SEA risk mitigation and prevention interventions. Psychologists and social workers are increasing the community follow-up and GBV and PSEA awareness-raising, including in the communities and in treatment centres to mitigate risks of GBV and as well as preventing risks of abuses, violence and exploitation, notably for unaccompanied and separated children.

Education

Since April 2024, UNICEF has been supporting the Ministry of Education in providing emergency response for school children in need. This was achieved by setting up 33 temporary learning spaces using high-performance tents at non-flooded sites in Gatumba (Mushasha I and Mushasha II schools), Kinyinya (Kinyinya 1, Kinyinya 2, and the communal lycée of Kinyinya), and Gasenyi (Gasenyi I and Gasenyi II schools). These interventions enabled 4,586 learners (2,201 girls and 2,385 boys), whose classrooms were either flooded or overcrowded, to continue their education in a more conducive environment and participate in catch-up learning sessions for the missed periods due to the floods. A total of 322 learners (178 girls and 144 boys) from Kinyinya attended catch-up sessions in July and August, that allowed them to complete the 2023/2024 school year. With the start of the 2024/2025 school year, temporary learning spaces continued to serve 2,452 learners (1,161 girls and 1,291 boys), providing them access to formal education alongside other Burundian children. Moreover, 13,266 learners (6,738 girls and 6,528 boys) in flooded areas of Buganda, Gihanga, Mpanda, Mutimbuzi, Rumonge, Nyanza Lac communes were provided with learning materials that allowed them to continue learning. This includes 10,497 learners (5,554 girls and 4,943 boys) in flooded areas of Buganda, Gihanga, Mpanda, Mutimbuzi, Rumonge, Nyanza Lac communes who received materials during the school year 2023/2024 and 2,769 learners (1,148 girls and 1,585 boys) from Buterere and Kibenga in Bujumbura mayorship and from Muhuta in Rumonge province), who received this material at the beginning of school year 2024/2025.

To ensure continuity of educational services during the Mpox outbreak, 396 schools across the affected health districts received WASH and IPC supplies benefiting more than 260,000 school children. 7,150 school actors (school management committees, teachers and school directors) were sensitized on Mpox through sessions conducted jointly with officials of the Ministry of Education and the Ministry of Health.

Risk Communication and Community Engagement (RCCE)

In floods affected and cholera prone areas of Bujumbura and Cibitoke provinces (Isare, North, Centre and South Bujumbura, and Kabezi), UNICEF and its partners reached 1,938,774 people (581,740 girls, 299,681 boys,191,793 women, 865,560 men) with messages on positive and preventive behaviours, such as the importance of hygiene, child health and nutrition, care for children in critical situations, and the protection of children and young girls at risk, as well as available services.

UNICEF is co-lead of the RCCE Pillar of the Public Health Emergency Operations Center, the coordination mechanism led by the MSPLS, in charge of responding to epidemics, and currently the Mpox outbreak. 5,818,706 people (children, caregivers, community members) were reached with timely and life-saving information on how and where to access available services through different media and channels, including interactive theatre within the communities.

UNICEF's technical and financial support to the RCCE pillar has supported planning, implementation and evaluation of the Mpox RCCE response and the development of a national RCCE strategy. Efforts are also made to integrate, sequence and align activities in the health districts affected by Mpox to ensure a coordinated and efficient response. RCCE activities, include engagement of key community leaders and influencers through religious institutions, community mobilization groups, and other platforms. As of end of December 2024, 51,018 persons involved in RCCE interventions as agents of change have been reached.

Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF is committed to protecting against sexual exploitation and abuse (PSEA) through robust internal processes and strong external partnerships. To further institutionalize PSEA practices, UNICEF requires all newly recruited staff to complete mandatory online training on PSEA. Additionally, all civil society partners undergo assessments to evaluate their PSEA capacity. As part of the Mpox response, healthcare staff from the three care centres supported by UNICEF have received specialized training on PSEA.

A multi-sectoral approach is being prioritized, with ongoing efforts to integrate PSEA through partnerships, particularly to enhance community awareness. Civil society partners have also taken steps to promote understanding and vigilance around PSEA through community initiatives. A total of 20,201 people were reached with key messages on PSEA and on available reporting mechanisms.

Humanitarian Leadership, Coordination and Strategy

UNICEF played a pivotal role in the humanitarian efforts in Burundi, actively engaging in the UN Humanitarian Coordination Team (HCT) and various coordination mechanisms under the leadership of the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and the Government body responsible for coordinating Risks and Disasters via the National Platform. UNICEF had a dedicated PSEA capacity, allowing it to participate fully in the PSEA Working Group and relevant sub-working groups and supporting the intersectoral coordination mechanism.

UNICEF co-led the WASH, Education, Accountability to Affected Populations (AAP), and Nutrition working groups, as well as the Child Protection Coordination Group and participated in the bi-weekly OCHA-led Inter-Sectoral Coordination Working Group to ensure alignment and coordination across the broader humanitarian response for those affected by the impact of El Niño.

The Government of Burundi declared an outbreak of Mpox on 25 July 2024 and UNICEF activated on 21 August 2024, the intensification of the institutional emergency level 3 in countries affected by outbreaks of Mpox caused by the virus. In support to the National Plan, UNICEF developed a multisectoral response plan aimed to address the critical needs in the treatment centres and within the affected communities. UNICEF is co-leading the RCCE Pillar within the coordination mechanism led by the MSPLS and actively supported the development of the national RCCE strategy. UNICEF is an active member of the other Pillars, including Case Management with IPC/WASH and MHPSS, Logistics, Surveillance and Laboratories.

Human Interest Stories and External Media

UNICEF has initiated a strategy aimed at making water available in the most affected communities and in crowded places for raising awareness among the population about the need to build toilets in households in Rugombo, Burundi.

- UNICEF organized training sessions on Infection Prevention and Control (IPC) for healthcare workers in Mpox-affected regions, equipping them with essential knowledge and skills to prevent the spread of the virus. Learn more https://www.unicef.org/burundi/stories/training-infection-prevention-and-control-part-mpox-response
- At Gitega Hospital, UNICEF established a new Mpox screening point, significantly improving detection and referral processes while easing the burden on healthcare workers and providing relief for affected populations. More details here https://www.unicef.org/burundi/stories/new-mpox-screening-point-gitega-hospital-relief-population-and-heathcare-givers
- UNICEF conducted briefings for school actors as part of a multisectoral response to Mpox, empowering teachers, administrators, and students with information to combat the epidemic effectively. Read the story https://www.unicef.org/burundi/stories/briefings-school-actors-mpox-unicef-deploys-multisectoral-response-combat-epidemic
- In partnership with the Mastercard Foundation and the Burundi Red Cross, UNICEF installed 14 water distribution points in Bujumbura, ensuring equitable access to clean water and promoting hygiene among vulnerable communities. Discover more https://www.unicef.org/burundi/stories/unicef-leads-battle-against-mpox-installing-water-points
- Supporting psychosocial care for Mpox patients: Discover how UNICEF's interventions improve well-being and resilience among patients through psychosocial support. Watch the video https://www.youtube.com/watch?v=qaBwcI9PViY&t=7s
- Showcasing resilience and the importance of psychosocial support: UNICEF highlights powerful testimonies from Mpox-affected communities, focusing on women and children and showcasing their resilience. Watch the video https://www.youtube.com/watch?v=K3TG7O5PYQ4&t=2s

Annex A

Summary of Programme Results

	UNICEF and IPs Response *(El Nino Response)*			UNICEF and IPs Response *(Mpox outbreak response)*		
Sector Indicators	**2024 target**	**Total results**	**% Achieved**	**2024 target**	**Total results**	**% Achieved**
Health						
# Children vaccinated against measles	2,143,165	1,979,451	92			
# People receiving treatment for cholera	1,500	764	51			
# Children, adolescents, and women accessing primary healthcare in UNICEF supported facilities	125,375	108,492	87			
# Community health workers (CHWs) and health care providers trained and equipped with mobile phones for follow up of discharge people from isolation center				2,850	1,071	38
# Health facility-based workers trained on case management				640	200	31
# Frontliners trained on Mpox case management and for providing with Personal Protective Equipment (PPE)				640	479	75
# People benefiting from UNICEF-supported integrated Mpox case management of services				800	4,647	581
Nutrition						
# Children 6-59 months with severe wasting admitted for treatment	3,820	2,853	75			
# Children 6-59 months screened for wasting	64,000	116,022	181			
# primary caregivers of children 0-23 months receiving IYCF counselling	15,000	53,017	353			
# SAM children treated in the affected districts				500	7	1
# children 0-6 months receiving Breastmilk Substitutes (BMS)				50	0	0
# children 6-23 months supplemented with Lipid-based Nutrient Supplement (LNS- SQ)				200	10	5
Child Protection & GBV						
# children and family members benefited from psychosocial support	26,000	32,638	126			
# UASC provided with alternative care and/or reunified	800	258	32			
# birth registration for children	5,000	3,812	76			
# children, adolescents and caregivers accessing community based				7,550	8,564	113
# women, girls and boys accessing gender-based violence risk mitigation and prevention interventions				4,000	16,499	412

Education						
# Children accessing formal or non-formal education, including early learning	15,000	7,038	47			
# Children receiving individual learning materials	10,479	13,266	127			
IPC/WASH						
# People accessing a sufficient quantity of safe water for drinking and domestic needs	39,000	91,931	235	80,000	22,009	28
# of households that were reached with hygiene kit distribution	5,000	4,150	83			
# of people reached with hygiene promotion programme and communication on PSEA	15,000	85,437	570			
# school children accessing appropriate WASH facilities and hygiene services in learning facilities and safe spaces				140,000	29,392	21
# people discharged equipped with WASH kits (soap and bucket)				500	575	115
# community health workers with increased capacity on hygiene best practices and biomedical waste management				300	406	135
# households disinfected				800	0	0
Social Protection						
# Households reached with UNICEF-funded humanitarian, social assistance through solidarity groups	9,000	1,200	13			
# beneficiaries of cash transfers who are linked with other programs, information, and services	5,400	-	0			
Social Behaviour Change						
# People reached through messaging on prevention and access to services	25,000	1,938,774	776			
# Affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services				8,000,000	5,818,706	73
# Actors involved in RCCE interventions as agents of change				3,500	51,018	15
# School actors (school management committees, teachers and school directors) trained/sensitized on the Mpox epidemics				2,000	7,150	358
# Feedback / complaint mechanisms				16	3	19
PSEA						
# people reached with key messages on PSEA and on available reporting mechanisms				200,000	20,201	10
# UNICEF project sites/districts displaying PSEA IEC material				16	0	0

Annex B

Funding Status

Mpox Outbreak Response

Sector	Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2024	$	%
National coordination	284,250	609,587	0	0
RCCE	2,448,263	1,971,404	476,859	19
IPC / WASH	1,980,221	1,538,041	442,180	22
Case management	1,176,275	964,249	212,026	18
MHPSS	386,011	246,246	139,765	36
PSEA	130,000	5,638	124,362	96
Total	**6,405,020**	**5,335,165**	**1,069,855**	**17**

El Nino Response

Sector	Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2024	$	%
Health	1,315,450	332,848	982,602	75
Nutrition	503,550	5,220	498,330	99
Child Protection	252,100	193,210	58,890	23
Education	825,000	20,000	805,000	98
WASH	3,418,745	1,537,015	1,881,730	55
Social Protection	1,210,061	-	1,210,061	100
Social Behavior Change	306,000	-	306,000	100
Total	**7,830,906**	**2,088,293**	**5,742,613**	**73**

Comoros

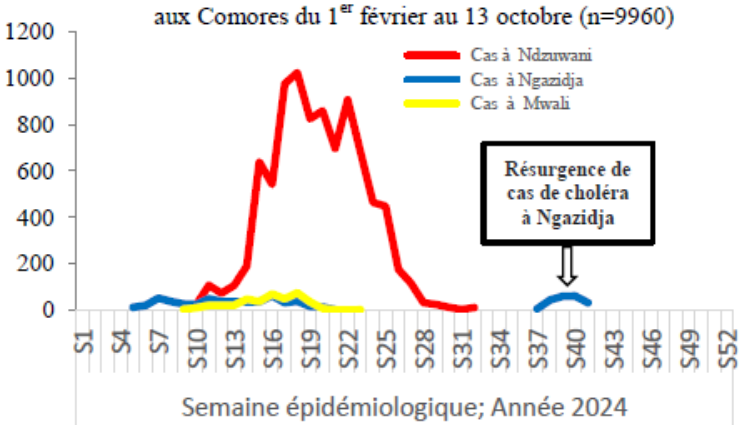
Situation Overview & Humanitarian Needs

The cholera epidemic in the Union of the Comoros was officially declared on 2 February 2024. The last outbreak of the disease in the national territory dates back to 2007.

As of 13 October 2024 (latest public data from the Ministry of Health), 10,540 suspected cases and 152 deaths (case fatality rate of 1.4%, including deaths in communities and institutions) had been reported, making cholera the top public health emergency in the country. 58 % of the reported deaths occurred at community level.

The period between the last week of July and mid-September saw no suspected cases reported nationwide, before the detection of new cases in Ngazidja from 14 September onward. By the end of the year, the epidemic appeared to be under control.

Figure 2b : Evolution hebdomadaire des cas de choléra par île aux Comores du 1er février au 13 octobre (n=9960)



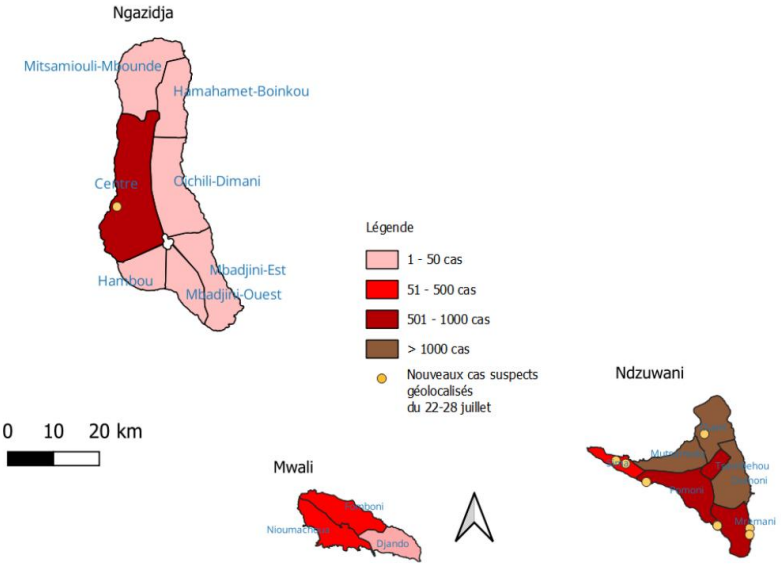
Source: Government of Comoros, Ministry of Health, Situation Report No. 57

Anjouan was the island most impacted by the epidemic (88% of all reported cases in the country) in 2024, followed by Ngazidja (10%) and Moheli.

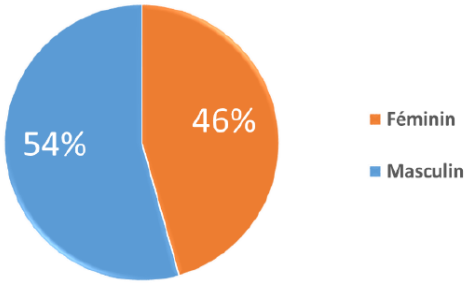
Nationally, men and boys account for 54% of all cholera cases. Approximately 40% of cases are children and adolescents, and 25% are children under 15 years of age.

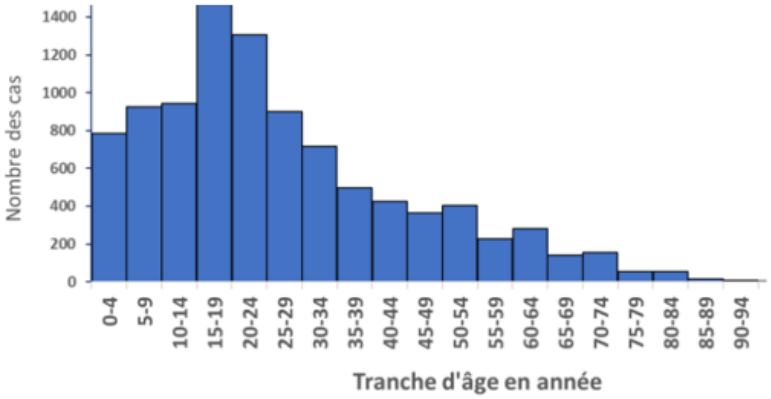
This epidemic, initially imported from Tanzania, then spread in March to the neighbouring island of Mayotte where transmission was observed until 12 July (221 cases and 7 deaths).

With the aim of completely eliminating the risk of a new epidemic resurgence, UNICEF remains fully committed to supporting the Government of Comoros through close coordination and collaboration, to maintain the necessary humanitarian response capacity and implement transitional activities.



Geographic distribution of cholera cases in Comoros.
Source: Government of Comoros, Ministry of Health, Situation Report No. 55





Sex and age distribution of cholera cases in Comoros.
Source: Government of Comoros, Ministry of Health, Situation Report No. 57

Summary Analysis of Programme Response

WASH

Case-area targeted interventions (CATI) was carried out in partnership with the Comorian Red Crescent and the Regional Health Directorates. In 2024, a total of 18 teams nationwide delivered over 87% of interventions within 24 hours of suspected cases. In addition to house decontamination, 70,700 at-risk households received at least one water treatment at home, with 68,000 receiving more complete "stop cholera" kits, Close to 353,000 people were sensitized to cholera risks and prevention methods through face-to-face or small group interaction. Interventions extended to public places such as schools and mosques, as needed. Post intervention monitoring of 581 households showed that 93% used the distributed home water treatment products, and 85% used the bucket with lid and tap for safe water storage, which were observed to be covered (95%) and clean (93%).

UNICEF also supported water, hygiene and sanitation in health facilities for prevention and control of infections (IPC). This included WASH and IPC assessments, and the provision of IPC supplies in all cholera treatment facilities in Anjouan and Moheli, as well as the Sambakouni Cholera Treatment Centre (CTC) in Ngazidja. In the CTCs of Hombo and Domoni in Anjouan, during the period of highest transmission, UNICEF invested significantly in raising IPC standards, including waste management and sanitation, and implementing chlorination zones. UNICEF also supported water trucking in the Sambankouni CTC and Ntsaoueni Cholera Treatment Unit (CTU) in Ngazidja, to enable a safe response during the dry season.

UNICEF also worked closely with the Anjouan water management authorities (Regional Water Directorate and SONEDE) to chlorinate water networks in priority sites. Training and community sensitizations were carried out in 2024, ahead of chlorination planned in 2025.

Health

Working closely with partners such as Médecins Sans Frontières (MSF), the International Federation of the Red Cross (IFRC), and the World Health Organization (WHO), UNICEF provided significant support for medical care through the provision of medical kits enabling the treatment of 3,300 cholera patients. Furthermore, at the height of the epidemic in Anjouan and since September 2024 in Ngazidja, UNICEF was a driving force in the setting up and operationalization of oral rehydration points (ORP), to relieve the pressure on Cholera Treatment Units / Cholera Treatment Centres by offering primary care in health facilities at community level, ahead of more robust care in specialized centres for the most severe cholera cases. Additionally, UNICEF supported community-based surveillance and active case finding through community health workers, in close coordination with other partners.

UNICEF also supported the Ministry of Health with the transport of oral cholera vaccines, and with the vaccination campaign (initial campaign followed up by several catch-up periods), including a contribution to operational costs and monitoring. As of 12 October 2024, 481,294 people had been vaccinated, corresponding to 55% of the national target (872,302 people). There were important variations among islands (72% in Anjouan, 68% in Moheli and 39% in Ngazidja).

Risk Communication and Community Engagement

In partnership with the Ministry of Health and 37 community media, UNICEF supported mass media awareness-raising, reaching over 580,000 people with key engagement messages on cholera, including vaccination. Direct person-to-person communication (door-to-door, group discussions and video screening in schools, markets and other public places) by community health workers, village chiefs, and Comorian Red Crescent volunteers reached more than 150,000 people. These efforts were supported by 55 associations and 130 young reporters in the 3 islands, and by over 100 Quranic Schools teachers in Anjouan. Special outreach was extended towards associations of persons with disabilities. These interpersonal efforts were also complemented with digital messaging. Through the Ministry of Health's social media channel, three top influencers reached over 210,000 Comorians with lifesaving messages on cholera.

As co-lead agency for the RCCE subcommittee with the Ministry of Health, UNICEF helped set up a social listening and community feedback mechanism, for early identification and demystification of rumors, utilizing the national health hotline, community health agents' and Red Crescent volunteers' reports, and online monitoring, and facilited the revision of the national RRCE plan, informed by social listening.

UNICEF also supported the Ministry of Health to develop a plan to mitigate the risk of cholera spreading during the 'grands mariages', a social rite that includes large gatherings, and that are frequently held in July and August, when the Comorian diaspora returns. Awareness-raising efforts were intensified at entry points (airports and ports) and through various communication channels. In Ngazidja island, more than 460 community leaders were involved and conducted sensitization during the festivities.

These RCCE efforts were guided by evidence. Further to a first rapid behavioral assessment, carried out by the French Red Cross in March 2024, that demonstrated widespread denial of the disease and low acceptance of cholera response, UNICEF, in collaboration with the Ministry of Health and partners including the French Red Cross and Comorian Red Crescent, conducted two behavioral surveys, which helped adapt communication tools. The July 2024 rapid behavioral assessment showed low levels of denial of the disease, good acceptance of cholera response interventions and vaccination, and a high level of trust in health workers.

Nutrition

Recognizing the vulnerability of children with severe malnutrition, UNICEF supported the Ministry of Health with prevention measures in health centres providing nutrition services. Handwashing devices with soap were installed in 17 health centres for this purpose.

In addition, UNICEF and the Ministry of Health trained 68 health workers across the 3 islands, including doctors, nurses, and nutritionists, in the management of malnutrition in the context of the cholera epidemic.

Child Protection

In collaboration with the Regional Directorates responsible for child protection and partners involved in cholera management, UNICEF integrated cholera awareness into training sessions for adolescent clubs. These sessions focused on violence prevention and children's rights as part of a child protection program funded by the Korea International Cooperation Agency (KOICA). 120 adolescent clubs, bringing together approximately 2,400 adolescents, were trained on children's rights and the cholera epidemic, and subsequently initiated activities, such as clean-ups of waste to prevent cholera transmission and awareness-raising initiatives at community level, including theatre.

Recognizing the impact of the cholera epidemic on mental health, UNICEF recruited three psychologists who collaborated with health authorities of the three islands to provide psychosocial support to 827 affected individuals (454 women and girls, and 373 men and boys), including 212 children. Health personnel and other frontline responders, who were significantly impacted by the crisis, were also among those who received assistance.

Education

UNICEF supported the Ministry of Education to develop standard operating procedures (SOPs) to guide cholera prevention and response in schools, to raise awareness of school management committees about the SOPs, and to monitor the implementation of these SOPs. Despite local pressure to close schools during the epidemic, close collaboration with the Ministry of Education and local authorities ensured that schools remained open.

UNICEF purchased and distributed hygiene kits to 150 public and private schools, hosting over 52,000 students on the three islands, with priority given to Anjouan as was the epicentre of the epidemic. A hand-washing device was also supplied to a social center for children with disabilities, as a preventive measure for around 35 children.

In anticipation of the end-of-year national exams, UNICEF worked with the Ministry of Education to reinforce protective measures, including vaccination, and joint field missions ensured the availability of handwashing facilities, soap and hygiene supplies in examination rooms.

Logistics / Operations

Even prior to the cholera outbreak, Comoros faced significant logistical challenges, including high costs and periodic unavailability of essential supplies, as well as unreliable air and sea transport between the islands of Comoros. These challenges contributed significantly to the fast spread of cholera in the first phase of the epidemic. They also made the response more expensive. These challenges underscore the necessity for detailed planning and a robust response strategy to effectively address public health emergencies in Comoros, including the establishment of in-country contingency stocks.

Partial solutions were found to manage these logistical challenges, although they remained limited. These included an operational partnership with the Ministry of Health and Médecins Sans Frontières for joint transport of medicines, non-food items, and vaccines, as well as the purchase or donation of materials from neighbouring UNICEF offices, including Tanzania.

Humanitarian Leadership, Coordination and Strategy

Further to the declaration of cholera in February 2024, the Government activated a Coordination Committee to fight cholera. Chaired by either the Minister or the Secretary General of the Ministry of Health, it served as a pivotal platform for strategic planning and coordination. In addition, inter-ministerial meetings were held to ensure collaboration among all relevant ministries, including the Ministry of Interior, the Ministry of Water, and the Ministry of Education. UNICEF was part of the Coordination Committee and provided well-received technical contributions to the Government cholera response plan and its risk communication and community engagement plan. There was also active coordination at island level, particularly in Anjouan, facilitated by the Regional Directorates of Health.

In addition, UNICEF is co-lead agency for the RCCE subcommittee with the Ministry of Health and played an active role in ensuring coordinated efforts among partners. UNICEF also worked closely with the Ministry of Education and supported its collaboration with the Ministry of Health. This collaborative effort ensured a comprehensive and integrated approach to addressing the challenges posed by cholera, particularly in the areas of education and public health.

Human Interest Stories and External Media

Please visit the UNICEF Comoros cholera resource web page for human interest stories and videos:

Cholera resource hub

Ministry of Health and UNICEF staff raise awareness of handwashing in the Mpage district of Mutsamudu on the island of Ndzuani.

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector **Indicator**	**2024 target**	**Total results**	**% Achieved**
Health			
# of cholera suspected cases are supported with medical supplies in healthcare facilities (ORP, CTU, CTC)	2,400	3,300	138
Nutrition			
# of nutrition health centres provided with handwashing devices with soap	17	17	0
Child Protection			
# of families with children in cholera treatment structures receiving psychosocial support	100	25	25
# of victims accessing violence response centres benefitting from cholera prevention measures	400	145	36
# of minors in detention benefitting from prevention measures	33	22	67
Education			

# of students benefitting from preventive and response measures to limit the transmission of cholera in education facilities	120,000	62,929	52
WASH			
# of persons around suspected cases of cholera reached through CATI approach to interrupt transmission of cholera	400,000	353,000	88
Cross-sectoral (HACT, SBC, RCCE and AAP)			
# of persons engaged on cholera control and management through mass media	745,638	580,000	78
# of persons engaged on cholera control and management through digital communication	187,400	210,000	112
# of persons engaged on cholera control and management through community engagement	21,085	150,000	711

Annex B

Funding Status

Sector	Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2024	$	%
WASH	3,880,435	2,284,586	1,595,848	41
Health	646,739	283,734	363,005	56
Communication	942,391	774,397	167,994	18
Nutrition	92,391	30,000	62,391	68
Child Protection	55,435	10,000	45,435	82
Education	332,609	52,000	280,609	84
Total	**5,950,000**	**3,434,718**	**2,515,282**	**42**

Eritrea

Situation Overview & Humanitarian Needs

Climatic conditions remain a key driver of needs in Eritrea. The country is at the frontline of the climate crisis, with harsh environmental conditions and erratic rainfall, in addition to being vulnerable to locust infestation and flash flooding. While 2024 saw improved rainfall, consecutive years of dry spells have led to crop failures and significantly impacted food security, nutrition and livelihoods, especially in the most drought-affected areas such as Northern Red Sea, Southern Red Sea and Anseba. Drought-prone areas, as well as hard-to-reach and remote areas, have consistently reported higher levels of need in the country. These vulnerabilities have had a negative impact on access to basic services, including nutrition, maternal and newborn health, immunization, child health, WASH services, social welfare and protection and education. The conflict in neighbouring Sudan also resulted in civilian displacement, including influxes of Sudanese families and Eritrean returnees into Eritrea. If violence in Sudan persists, it is anticipated that the flow of people into Eritrea will continue if not increase, adding further strain to already vulnerable communities still recovering from consecutive years of drought. As a result, there is continued need to scale-up assistance and basic services in areas reporting new arrivals, in addition to other vulnerable and hard-to-reach communities across Eritrea. Although the population in need has been estimated to be 1.5 million at the beginning of 2024, this figure could be higher as a result of this compounding factors.

Summary Analysis of Programme Response

Health

UNICEF, in partnership with the Ministry of Health (MoH), successfully reached more than 240,000 children under two years of age and women of childbearing age with essential primary health care services. These included vaccination,

Integrated Management of Neonatal and Childhood Illness (IMNCI), antenatal care (ANC), skilled birth attendance, and others. A total of 151,779 children received measles vaccinations with support of UNICEF, through routine immunization and additional outreach initiatives, which also targeted communities hosting new arrivals from Sudan. Furthermore, UNICEF-supported health activities provided 105,497 children with lifesaving treatment for diarrhoea, enabled 141,399 pregnant women to attend ANC, and ensured 61,481 child-bearing women to deliver with attendance of skilled delivery personnel.

Nutrition

Despite a considerable funding gap in 2024, UNICEF-supported interventions reached a total of 671,770 children aged 6-59 months with Vitamin A supplements through routine and mass campaign platforms. With UNICEF funding and technical support to the Ministry of Health (MoH), a total of 18,340 children under five years of age were admitted for severe acute malnutrition, and a total of 22,232 children under five years of age were admitted for moderate acute malnutrition. UNICEF also supported interventions that provided preventive micronutrient supplementation to pregnant women, with a total of 113,288 pregnant women receiving Iron and Folic Acid supplements and a total of 143,604 mothers and caregivers with children aged 0-23 months counseled on appropriate Maternal, Infant and Young Child Feeding (MIYCF) practices. Although UNICEF procured supplementary foods for children aged 6-59 months, pregnant and breastfeeding women, the distributions are yet to start due to delayed delivery of the supplies.

Child & Social Protection

UNICEF, in partnership with the Ministry of Labour and Social Welfare (MoLSW), reached 52,420 vulnerable children, including 8,200 children with disabilities, with mental health and psychosocial support (MHPSS) services. UNICEF also provided social protection support to 15,113 vulnerable people through a community-based social assistance programme, contributing to foster income-generating activities and access to basic social services. Furthermore, 8,000 children with disabilities were able to access assistive devices and physical rehabilitation services through a UNICEF-supported programme, and 260,645 people took part in benefited from community dialogues and sensitization activities against harmful practices and for the prevention of violence against children.

Education

UNICEF, in collaboration with the Ministry of Education (MoE), supported 2,250 middle school girls from nomadic and semi-nomadic communities with a cash-based incentive scheme, as part of our programme to enhance girls transition to secondary level of education and improve access to quality Early Childhood Education (ECE). The same programme is supporting the ongoing construction, rehabilitation, and refurbishment of pre-primary classrooms in existing primary schools in 20 vulnerable communities. While part of the humanitarian-focused Eritrea’s Basic Service Response Plan (BSRP), this initiative is being supported though development funds.

WASH

UNICEF supported the Ministry of Land, Water and Environment (MoLWE) ensure improved access to safe water to 35,637 vulnerable people through climate-resilient water supply services. In collaboration with the Ministry of Health (MoH), UNICEF also reached 15,300 people with lifesaving hygiene messages, contributing to the avoid the spread of diseases and environmental cleanliness.

Social Behaviour Change (SBC), Accountability to Affected Population, Localization.

During the reporting period, a total of 1.3 million people were reached with messages on health, education, and protection through multi-media approaches. Additionally, around 800,000 children and caregivers participated in community dialogues, peer-to-peer education, health education and other community platforms to adopted positive health practices and abandon harmful practices. Moreover, 6,557 community members participated in the designing, planning, implementation, monitoring and feedback phases of UNICEF-supported programmes including for WASH, Education, Health, and Child Protection.Humanitarian Leadership, Coordination and Strategy

Humanitarian Leadership, Coordination and Strategy

Coordination priorities in Eritrea are focused mainly on the integration of the humanitarian response into the development cooperation framework; inter-sectoral emergency preparedness and response planning; resource mobilization; information management; and advocacy, in support of the most urgent lifesaving and life-sustaining projects jointly implemented by GoSE and UN agencies. UNICEF has a leading role in the Nutrition, Health, WASH, Education and Child Protection sectors in the country, making it a key stakeholder in coordinating the scale-up of basic services in the affected communities.

Human Interest Stories and External Media

Through a successful vaccination program, the Ministry of Health, in collaboration with the Vaccine Alliance (GAVI), UNICEF are making a real difference in young women's lives like Semira's.

Health

- **Reportage:** Reaching Every Child - Measles and Rubella Vaccination and Vitamin A Campaign 2024 in Eritrea
- **HIS:** Barefoot Doctor Mohammed Ahmed Mohammed - Southern Red Sea Region
- **HIS:** Nurse Kedija Ahmed Empowering Communities Through MR Vaccination
- **HIS:** Ghenet Yikealo - A story of a dedicated health worker in Eritrea

Nutrition

- **Reportage:** DMK - A Homemade Nutritional Powder for Children
- **HIS:** Tajedin's Story: Fighting Malnutrition in Eritrea

Child Protection

- **Reportage:** Unifying Against Female Genital Mutilation FGM in Eritrea UNICEF
- **HIS:** Selamawit's Journey: Empowering Women in Eritrea

Education

- **Reportage:** Empowering Girls in Eritrea through Education and Incentives
- **HIS:** Local Language Textbooks Unlock Potential for Students Like Murad
- **HIS:** Girls Incentive Programme in Eritrea - Meet Halima Mohammed Abdu, a determined young student
- **HIS:** Nisrit speaks about teachers' commitment in education

WASH

- **Reportage:** Battling Water Scarcity in Villages of Anseba Region, Eritrea
- **HIS:** The Rhythm of Life: Water flows in Shesherema Village #Eritrea
- **HIS:** A Mother's Determination: Tigisti Kesete Transforms Her Village Through Hygiene Education

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector **Indicator**	**2024 target**	**Total results**	**% Achieved**

Health			
# Children vaccinated against measles	120,000	151,779	126
# People receiving treatment for diarrhoea	120,000	105,497	88
Nutrition			
# Children 6-59 months with severe wasting admitted for treatment	27,000	18,340	68
# Children 6-59 months who received vitamin A supplementation	420,000	671,770	160
Child & Social Protection			
# Children, adolescents and caregivers accessing community based MHPSS	31,000	52,420	169
# of children with disabilities with access to assistive devices and physical rehabilitation	7,100	8,000	112
# of people accessing community-based social protection	20,000	15,133	76
Education			
# of middle school girls provided with cash incentives	2,250	2,250	100
# of pre-primary classrooms constructed/rehabilitated	600	0	0
WASH			
# of people provided with access to climate-resilient water supply	100,000	35,637	36
# of people reached with hygiene messaging	200,000	15,300	8
Cross-sectoral (HACT, SBC, RCCE and AAP)			
# People reached through messaging on prevention and access to services	1,375,000	1,300,000	95

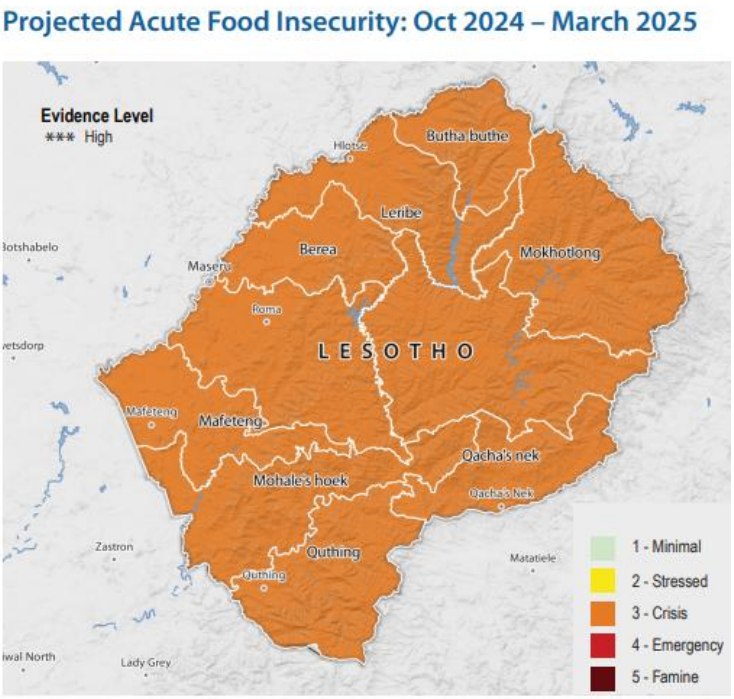
Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Resources received in 2024	Resources available from 2023 (Carry-over)	$	%
Health	1,500,000	396,901	377,610	725,489	48
Nutrition	4,500,000	1,928,213	590,612	1,955,175	43
Child & Social Protection	1,500,000	1,256,287	213,909	29,804	2
Education	825,000	999,037	50,963	$0	0
WASH	3,800,000	963,972	59,028	2,777,000	73
SBC/RCCE	250,000	81,073	82,358	163,431	61
Total	**12,400,000**	**5,625,483**	**1,374,480**	**5,400,037**	**45**

Lesotho

Situation Overview & Humanitarian Needs



The ongoing food insecurity crisis in Lesotho, exacerbated by the El Niño phenomenon, led the government to declare a State of Emergency from 12th July 2024 to 31st March 2025, as per the Disaster Management Act of 1997. The total food-insecure population is estimated at 699,049, comprising 403,000 individuals (100,750 households) in rural areas and 296,049 individuals (74,012 households) in urban areas. According to the latest Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Analysis, published in August 2024, between May and September 2024, an estimated 292,866 people (19% of the rural population) were classified at Crisis level (IPC Phase 3+). The situation is expected to worsen from October 2024 to March 2025, with an estimated 402,757 people (27% of the rural population) projected to be in IPC3+, including 28,818 people (7% of the total IPC3+) expected to reach the Emergency level (IPC Phase 4). The most affected districts include Quthing, Maseru, Mohale's Hoek, and Qacha's Nek, which are projected to be in IPC4. The main drivers of food insecurity are prolonged dry spells, high temperatures, and economic challenges. Additionally, La Niña and price hikes are projected to negatively impact food access and utilization. While the availability of food may not be significantly affected, it is becoming increasingly unaffordable for poorer households.

Summary Analysis of Programme Response

Health

Vaccination

The UNICEF Immunization team supported the Ministry of Health during the Human Papilloma Virus (HPV) vaccination acceleration programme by providing technical and Social and Behaviour Change (SBC) communication support. This included stakeholder engagement, capacity building, developing micro plans, distributing and redistributing vaccines, and implementing acceleration activities through roadshows, Information, Education and Communication (IEC) materials, monitoring, and analysis. As a result, the HPV vaccination coverage in Lesotho reached at 93%.

During Africa Vaccination Week 2024, UNICEF Lesotho Country Office supported the Ministry of Health through capacity building, micro planning, vaccine distribution, SBC, and implementation, successfully administering 143,065 doses of various antigens. The UNICEF Immunization team continues to support the development of the National Immunization Strategy and the preparation of Global Alliance for Vaccines and Immunization Measles-Rubella (GAVI MR) and Inactivated Polio Vaccine (IPV2) applications.

Community health system

The health team actively supported the strengthening of community health systems and the maintenance of essential service delivery during health emergencies. This effort ensured early detection and diagnosis, prompt treatment, and effective control of pandemics. We developed two community health information systems: the Georeferenced Community Health Worker Master List and the Community Health Information System (Bophelo ka Mosebeletsi).

The Master List system enables us to map community health workers, providing insights into their activity levels, capacity building, and distribution across communities. The Bophelo ka Mosebeletsi system facilitates data collection, analysis, and dissemination to inform both day-to-day and long-term policy decisions on emergency preparedness. These systems are crucial for enhancing community event-based surveillance data collection.

Nutrition

UNICEF Lesotho successfully supported treatment of 3,379 children under five years old (1,757 girls and 1,622 boys) suffering from moderate and severe acute malnutrition. The programme administered 1,125 cartons of Ready-to-Use Therapeutic Food (RUTF) and F100, achieving an 85% recovery rate and a 60% defaulter rate. Alongside managing severe acute malnutrition, food security was enhanced by distributing vegetable gardening tools and seeds to 400

households and introducing climate-smart agricultural techniques designed to build resilience against adverse climatic conditions.

Child Protection

Nearly half of the population (49.7 per cent) lives below the food poverty line, with a stark rural-urban divide in poverty distribution, affecting over 80 percent of the poor residing in rural areas. Of particular concern are children, with 65 percent classified as multi-dimensionally poor, and over a quarter being orphans. The drought poses serious risks to children, increasing their vulnerability to trafficking, transactional sex, child labour, forced marriages, displacement and isolation from support systems. This exacerbates existing social injustice and inequalities. To strengthen mental health and community resilience during disasters, UNICEF, with funding from the Government of Japan, UNICEF successfully trained 378 service providers (219 women, 159 men) on preventing and responding to violence against children and gender-based violence (GBV). Equipment for managing GBV and violence against children (VAC) cases, including digital communication and security devices, was installed in 2 district courts and 6 police stations, enhancing the capacity to provide child-friendly justice services. Through these initiatives, 187 children (98 girls, 89 boys) who experienced or were at risk of violence, abuse, and exploitation received necessary protection services, significantly improving safety and well-being in vulnerable communities in Lesotho.

WASH

UNICEF Lesotho, with funding from the Government of Japan, has made significant progress in improving water security and hygiene in vulnerable rural areas of the country. The installation of rainwater harvesting systems in 30 schools and 350 households has provided a reliable water supply to 1,107 individuals in households (531 men and 576 women) and 4,230 learners in schools (2,030 boys and 2,200 girls). These efforts have addressed critical water access challenges while contributing to better hygiene and overall health outcomes in these communities.

To ensure the sustainability of these systems, 378 service providers, including members of community water committees and school-based WASH clubs, received training on green technologies. This training has equipped local stakeholders with the knowledge and skills necessary for the proper operation and maintenance of the water systems.

With additional funding from the Central Emergency Response Fund (CERF), UNICEF is working with a CSO partner to delivering life-saving Water, Sanitation, and Hygiene (WASH) assistance to approximately 40,000 people affected by the El Niño-induced drought in four districts. The project is restoring access to safe water for 19,625 people through the rehabilitation of water supply systems in 34 villages. To further enhance water safety at the household level, the distribution of water purification tablets and buckets will enable 40,000 individuals to safely collect, purify, and store drinking water at the household level, reducing the risk of waterborne diseases and improving resilience during this challenging period. Additionally, in response to the drought's impact on health facilities, 10 boxes of water purification tablets (NaDCC, 67 mg per tablet) have been dispatched to Mafeteng Hospital to support safe water access for patients and healthcare workers.

Social and Behaviour Change / Risk Communication and Community Engagement

With funding from GAVI and USAID, UNICEF under SBC led coordination of demand-generation activities to increase vaccination of girls with the HPV vaccine while also incorporating other vaccines into the social mobilization activities. The key activity included roadshows in 7 low performing areas which through a series of dialogues and engagement with parents contributed to the over 90% coverage of the vaccine. A key communication element also used was Her Majesty, Queen ‘MasenateSeeiso of Lesotho’s advocacy message which was carried through a billboard positioned in 4 strategic areas. Observational data from the Roads Directorate of Lesotho provide estimates of visibility of the billboards varying between 3,250 to 59,241 people a quarterly basis. Radio messaging on 7 key radio stations were also played and these were packaged in a culturally sensitive and inclusive manner. During the Africa Vaccination Week, a survey led by local health community workers reached over 400 respondents who provided their feedback on the campaign including recommendations on messaging and future campaigns.

Furthermore, UNICEF implemented Risk Communication and Community Engagement (RCCE) activities, reaching 5,337 people (2,200 girls, 2,030 boys, 576 women, and 531 men) with hygiene promotion messages. These efforts have played a vital role in improving hygiene practices and reducing the prevalence of diseases.

Humanitarian Leadership, Coordination and Strategy

To address the urgent needs arising from the drought crises in Lesotho—including food scarcity and price hike—UNICEF's humanitarian response strategy is prioritizing revitalizing sector coordination mechanisms in close collaboration with Disaster Management Authority (DMA), enhancing response capacity, and strengthening risk communication and community engagement. Additionally, UNICEF is advancing evidence-based monitoring to ensure effective interventions.

UNICEF will continue strengthening cross-sectoral work in emergencies to address the needs of children with disabilities, adolescents, and women and girls, engage with faith leaders and community leaders to provide lifesaving interventions, focus on gender-based violence, prevent sexual exploitation and abuse and providing technical expertise for child-sensitive, gender-responsive and disability-inclusive humanitarian action.

Under the leadership of the Disaster Management Authority, UNICEF is leading the UN's support to the Government of Lesotho by coordinating WASH, Education, and Social Protection sectors. In addition, UNICEF provides technical and financial support to ministries – Ministry of Natural Resources, Ministry of Gender, Youth and Social Development, Ministry of Education and Training, and Ministry of Health, to improve humanitarian coordination.

World Vision International is the implementing partners leading the risk communication and community engagement disseminating lifesaving messages from Nutrition, Protection and WASH in the four worst affected districts.

Human Interest Stories and External Media

Empowering Communities: A Lifeline Against Hunger and Adversity

A girl accesses safe water in Chaena village in Lesotho under the "Improvement for Children initiative", a collaborative effort of UNICEF and the Government of Lesotho which is funded by the European Commission.

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector **Indicator**	**2024 target**	**Total results**	**% Achieved**
Health			
# people eligible for vaccination	1,586,941	1,454,526	92
Nutrition			
# Children 6-59 months with severe wasting admitted for treatment	1,508	1,508	100
# women reached with lifesaving IYCF messages	6,000	4,000	67
Child Protection			

# of women, girls, and boys accessing gender-based violence risk mitigation, prevention, and response interventions	935	187	20
WASH			
# of people accessing the agreed quantity of safe water for drinking, cooking, and personal hygiene	13,321	5,337	40
# of people, including children in schools, reached with hygiene messaging	150,000	5,337	4
Cross-sectoral (HACT, SBC, RCCE and AAP)			
# People reached through messaging on promoting vaccines	10,000	9,650	97

Annex B

Funding Status

Sector	Requirements for 2024	Funds available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2023 (Carry-over)	$	%
Health	1,600,000	1,024,950	0	575,050	36
Nutrition	700,000	90,000	0	610,000	87
Child Protection	618,000	212,094	0	405,906	66
Education	874.800	80,000	0	794,800	91
WASH	2,300,000	400,000	0	1,900,000	83
Social Protection	2,000,000	0	0	2,000,000	100
SBC	250,000	44,000	0	206,000	82
Sector Coordination	50,000	0	0	50,000	100
Total	**8,392,800**	**1,851,044**	**0**	**6,541,756**	**78**

Namibia

Situation Overview & Humanitarian Needs

The Namibia Meteorological Service Climate Bulletin for March 2024 shows that the rainfall performance over Namibia has been minimal with the bulk of the country having received below-normal rainfall for the period October 2023 to April 2024. On 22 May 2024, the Government of Namibia declared the State of Emergency following the worst drought that had lasted years.

As a result of the drought all 14 regions were classified in crisis IPC Phase 3 and above. An estimated 1,203,219 people (40%) of the population face high levels of acute food insecurity at IPC Phase 3 and above whilst 100,032 people are IPC Phase 4. The at-risk groups comprised of people with disability, the unemployed, marginalized communities, persons with no national documents, children under-5, pregnant & breastfeeding women & pensioners.

Approximately one in five Namibians is considered food insecure over 341,855 households have already registered for the government-funded drought relief programme to assist the affected communities.

An estimated 341,855 bags of maize meal/Mahangu, 1,367,420 cans of fish and 341,855 bottles of cooking oil will be required monthly to feed the drought affected rural population in all fourteen regions.

Over 56,000 children, pregnant and breastfeeding women need prevention and treatment services. This includes over 35,347 children who are anticipated to suffer from acute malnutrition, including over 10,848 children with severe acute malnutrition (severe wasting) in Namibia. This is compounded by the already existing chronic malnutrition expressed through high levels of stunting, with over 83,200 children (16.8%) affected in Namibia (2022 JME).

The Government has developed a drought response plan which activated Food Security and Livelihoods (Agriculture); Water, Sanitation, and Hygiene (WASH); Health and Nutrition sectors for relief interventions. The total budget for the response plan is USD 80,595,506 with a funding gap of USD 45,968,605 for which government has extended an appeal to the development partners and international organizations to support. Following the appeal, UNICEF and other UN Agencies embarked on a resource mobilization effort to support an integrated WASH, Health, and nutrition response to reduce morbidity and mortality risk associated with the drought emergency in line with the National Drought Response Plan. UNICEF mobilised USD3,050,050 to support the drought response interventions from CERF, BHA and Humanitarian Thematic.

Summary Analysis of Programme Response

Health & Nutrition

In 2024 UNICEF supported integrated outreach health and nutrition screening through integrated PHC outreaches. Specific services provided included screening, treatment and referrals for malnutrition cases. At total of 452,168 children were screen for malnutrition and 11,080 children were treated for combination of SAM and MAM. Other services included in the outreach package are the provision of vitamin A, Albendazole as well as routine immunization/vaccination. The target group includes children up 59 months, pregnant and breast-feeding women. UNICEF provided technical and financial support to undertake of the SMART Survey of which its findings and recommendations complemented the nutrition and health interventions. Training was provided to 50 HCWs and CHWs on maternal infant and young child feeding, nutritional assessment and support counselling, data monitoring and reporting. A total of 57, 600 children under five, pregnant and breast-feeding women benefited from the procurement of ready to use therapeutic food (RUTF).

Lack of routine immunization messaging/campaigns to generate demand and increase uptake, and outdated EPI SBCC national strategic plan to address the drivers and barriers of immunization are among the key challenges for Social and Behaviour Change. In the reporting period, UNICEF has supported African vaccination day immunization campaigns and routine immunization outreaches in 5 regions reaching over 3,000 children in the hard-to-reach areas reached with the various vaccine doses. UNICEF also supported the response to the measles outbreak in 3 regions by providing financial and technical for immunization campaign. An estimated total of N$4,3 mil is needed to support 14 regions increase immunization coverage and reach the hard to reach urban, rural communities.

WASH

In 2024, UNICEF mobilised funding to rehabilitate and extension of water pipe network of 10 community water points in three most affected regions which will provide sufficient drinking water to 12,846 people and their livestock as part of the drought emergency response. In addition, UNICEF also procured 5 months' supply of water purification tablets for 4,853 people or 1,213 households in the three target regions. These initiatives supported emergency response efforts while fostering recovery and resilience by ensuring communities had reliable access to safe drinking water. While household water treatment remains critical in emergencies, ensuring the availability of climate-resilient water supply facilities is essential for preparedness and response to future shocks. The WASH activities were reinforced through awareness and information sharing delivered through multiple print and mass media platforms such as the National Broadcasting Corporation (NBC), Mobile Telecommunication (MTC) and U-Report as well as face-face engagements with pregnant and breastfeeding women.

Human interest stories

UNICEF continues to work with the Ministry of Health and Social Services by implementing an integrated service delivery of essential commodities for health, immunization and nutrition; and the adoption of innovations that support outreach to remote or underserved communities in Namibia.

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector Indicator	**2024 target**	**Total results**	**% Achieved**
Health			
# Children vaccinated against measles	87,832	39,428	45
Nutrition			
# Children screened for acute malnutrition	31,948	452,168	142
# Wasted children treated (SAM and MAM combined)	18,592	11,080	60
WASH			
# People accessing safe and appropriate sanitation facilities	12,846	6,365	50
# People reached with key messages on hygiene practices	12,846	6,366	50

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Humanitarian resources received in 2024	Resources available from 2024 (Carry-over)	$	%
Health	4,500,000	1,500,000	205,740	2,794,260	62
Nutrition	2,561,609	900,037.46	0	1,661,572	65
Child Protection		52,000	0	0	0
Education		0	16,500	0	0
WASH	903,904	300,012	0	626,504	69
Social Protection			7,350	0	0
Total	**7,965,513**	**2,752,049**	**229,590**	**5,982,336**	**75**

Rwanda

Situation Overview & Humanitarian Needs

UNICEF in collaboration with implementing partners continued to support provision of health and nutrition services to the asylum seekers from the Democratic Republic of Congo in the Nkamira transit center located in Rubavu district of Rwanda. As a result, primary health and nutrition services were provided at Nkamira transit centre reaching children under five years of age and mothers with integrated childhood illnesses services (7,095 people), routine immunization (5,733 people), deliveries (169 women), ANC to pregnant women (3,470 women) and prevention of outbreaks with provision of Measles- Rubella vaccination among children (3,065 children at 9 months and 3,082 children at 15 months) with 98.5% of coverage among children between 9 months to 15 years. No new cases of measles among the asylum seekers have been identified during the reporting period. In addition, a total of 2,775 people were vaccinated for polio. Child protection services were provided 5,065 children (2,071 girls, 2,994 boys) hosted or transited through Nkamira on arrival through to refugee camps through established community and professional service provision mechanisms in and around the transit camp; a total of 1,081 UASC (523 girls, 558 boys) were supported with family reunification and/or alternative care placement and follow-up. UNICEF supported in the establishment of Child Friendly Spaces and during this period, the monthly participation registered was 7,299 children (3,044 girls, 4,255 boys).

Children under five years in Nkamira transit centre were screened for malnutrition and referred for Moderate Acute Malnutrition (MAM) and Severe acute malnutrition (SAM) treatment. A total of 1,593 children under 5 years of age and pregnant and lactating women were screened for malnutrition. Among them, 203 children under five (71 boys, 132 girls) were identified and referred for moderate acute malnutrition case management. Among them, 111 children (45 boys, 66 girls) were treated and cured. There were 34 children (12 boys, 22 girls) admitted to severe acute malnutrition program and 17 (5 boys, 12 girls) were treated and cured. Additionally, 1,593 children aged 6-59 months received vitamin A supplementation and deworming treatment. Finally, 412 pregnant and lactating women were supported in blanket supplementary feeding.

Situation Overview & Humanitarian Needs: Marburg Response

On September 27, 2024, Rwanda declared its first confirmed Marburg Virus Disease (MVD) outbreak. The outbreak was declared ended by the Ministry of Health on the 20th December 2024. There were 66 cases confirmed of MVD in Rwanda – with 51 of the confirmed cases recovered. This resulted in a case fatality rate (CFR) of 22.7% - notably lower than the typical 24%-88% range observed in similar outbreaks. This lower-case fatality rate underscored the effectiveness or Rwanda's coordinated efforts.

Summary Analysis of Programme Response

Community-based surveillance

Over 55,000 Community Health Workers (CHWs) received training on community-based surveillance for Marburg, and more than 25,000 CHWs were supported to participate in the active case finding across 15 districts.

Risk Communication and Community Engagement (RCCE)

UNICEF supported Ministry of Health (MoH) in developing the Marburg RCCE Action Plan, communication materials, Gender integration guideline in MVD prevention and response, and key messages and their distribution through media, social media and community engagement, reaching over 3 million population. In partnership with Red Cross Rwanda, over 50,000 community workers were trained on and engaged in Marburg risk communication, childcare and violence prevention, and Psychological First Aid (PFA). Quantitative and qualitative data collection and analysis on knowledge, attitude and behaviours on Marburg helped design the most effective RCCE strategies.

Mental Health and Psychosocial Support (MHPSS)

UNICEF provided technical leadership in promoting MHPSS services, raising awareness about its importance during health emergencies. A training on Psychological First Aid (PFA) was dispensed to community volunteers in 12 priority districts so they can provide adequate support to families. Family visits were carried out, reaching primarily families in bereavement, to identify areas of concerns for post recovery support.

Child Protection

UNICEF provided support to children who were in in health facilities and/or self-isolated in their homes with recreational materials. Additionally, home visits are carried out to ensure continuity of support to those children including on parenting support to orphaned children, as well as mental health support.

Continuity of Services

UNICEF supported the government in ensuring the continuity of basic services such as immunization, nutrition, education, and child protection. In collaboration with the Ministry of Local Governance, 470 families affected by MVD received one-time cash support to meet their immediate needs.

IPC/WASH

78 health workers were trained on IPC. UNICEF provided essential IPC and WASH supplies worth US$872,000 to health facilities, communities, and schools.

Coordination

UNICEF co-convened 4 of the 11 pillars established for the response (IPC WASH, MHPSS, Logistics/Procurement and Continuation of Services.

Situation Overview & Humanitarian Needs: Mpox Response

Rwanda confirmed its first two mpox cases on July 24, 2024. From July until September there was only 4 known cases, with the caseload increasing from September onwards. As of Epidemiological bulletin week 52 for 2024, there were 5,618 cumulative suspected cases (82 cumulative confirmed cases) with no critical cases nor reported deaths. Of all confirmed cases, only one (1.22%) was reported to be <18years, and women represents 52.6% of confirmed cases.

Summary Analysis of Programme Response

IPC/WASH

In collaboration with partners and under the leadership of the MoH through the IPC pillar, UNICEF supported the development of a variety of guiding documents including IPC Operational Guidance for MVD, Standard Operating Procedures for health workers, optimized ICU designs for IPC and innovations in IPC. UNICEF and partners supported the delivery of IPC/WASH training to health workers through development of training materials, delivery of consumables and equipment to support practical and simulation components of training and trainers to support delivery. UNICEF seconded three WASH infection prevention and control (IPC) experts to MoH to support response coordination, the development of technical guidelines and training materials on IPC, skills enhancement through training MoH and partners staff (161 people) on IPC, and supervision of IPC in healthcare facilities; and provided critical WASH and IPC supplies for the response.

A programme of enhancement and rehabilitation of water supply and hand washing facilities was undertaken at three Points of Entry, and assessment completed in eleven Points of Entry, thirty high priority schools and sixty healthcare facilities with implementing partner World Vision. UNICEF also supported the WASH response to mpox and MVD outbreak by providing handwashing facilities at the 3 priority border entry points (with up to 5,000 people crossing daily).

UNICEF supported 3,900 Early Childhood Development (ECDs) centers and reached 58,500 children (females 30,128 and males 28,372) with distribution of handwashing devices (SATO Taps). This was to reinforce IPC/WASH through handwashing with soap and water in public places. An estimated 45,000 people were reached with messages on safe hygiene practices through mass and digital media.

Risk communication and community engagement (RCCE)

UNICEF supported the Rwanda Biomedical Centre (RBC) in producing, printing and distributing MVD and mpox Information, Education and Communication (IEC) materials. IEC materials were distributed and displayed in more than 5000 private and public schools reaching out to more than 4 million school children. IEC materials were also displayed

in all hospitals, health centres, health outposts, private clinics and all 12 points of entry into Rwanda. Messages were also disseminated using mass media through public and private radio and reached out to more than 6 million people.

The Digital Rapid Knowledge attitudes and practices (KAP) survey was conducted and generated data to redesign intervention and IEC materials. In partnership with Rwanda Red Cross, for community engagement interventions, a ToT was delivered where participants were trained on community sensitization/engagement, interpersonal communication, accountability to affected people, MHPSS (childcare), GBV & PSEA. The trained work force conducted a cascade training of RCCE members from District, sector, cell and villages levels. The trained community frontline workers at village level then rolled out this messaging and sensitization /engagement interventions in all communities.

Mental Health and Psychosocial Support (MHPSS)

UNICEF continued to support the Government in planning and implementing interventions, aiming at strengthening current and future mechanisms for effective delivery of MHPSS services, especially in public health emergencies. Under Rwanda Biomedical Center (RBC) leadership, UNICEF partnered with the University of Rwanda and Save the Children to implement capacity building interventions aimed at enhancing short and long term MHPSS service delivery. This informed the development of MHPSS materials, and finalization of existing MHPSS training packages and training of key front-line workers in the health and child protection sectors. UNICEF initiated discussions with RBC on plans to set-up an MHPSS Emergency Rapid Response team during this post-recovery period to ensure continuity of support to people who recovered and others affected by MVD/mpox, and to build on experiences during both the emergency response and recovery phases to build resilient systems ready for future outbreaks.

Case management and surveillance

UNICEF supported the Government in conducting the training of community health workers (CHWs) on MVD and mpox surveillance and active case finding, including the development, printing, and distribution of training materials and CHWs booklets, as well as organizing preparatory meetings for all district hospitals.

In collaboration with Africa Center for Disease Control (CDC) and WHO, UNICEF provided technical support to the Government to develop a Standard Operating Procedure (SOP) for Mortality Surveillance in Outbreak Settings. The developed SOP will complement the existing routine mortality reporting systems through the Civil Registration and Vital Statistic (CRVS). Additionally, UNICEF technically supported RBC on the training of healthcare workers from Referral Hospitals and Private Hospitals (RHs/PHs) on Standard Operating procedure for MVD Surveillance in collaboration with Africa CDC and WHO.

Continuity of essential services

Child Protection

Children continued to receive child protection services in the MVD/mpox target districts, particularly through family visitation by the community child protection volunteers. In addition, UNICEF developed a partnership with Save the Children to strengthen child protection service continuity even with strict observance of IPC guidelines. This included the development of a simplified guide for community-based volunteers to ensure that they have enough information and guidance coupled with hands-on supervision to guarantee child protection services to children and families during the MVD/Mpox response and the recovery phase.

Nutrition

Training was undertaken for comprehensive nutrition in emergencies, including Multiple Micronutrient Supplement (MMS) service delivery. A SOP on Infant and Young Child Feeding was developed, translated into the local language, and shared with the technical advisory group for review and finalization. Nutrition commodities including therapeutic milk (F-75 and F-100), ReSomal and MUAC were procured to ensure service continuity during the outbreak.

Education

As the Co-Chair of the Education in Emergency Coordination Cluster, UNICEF assisted the Ministry of Education (Cluster Chair) to mobilize efforts of the Education in emergency cluster members to respond to mpox and MVD outbreaks. The education cluster members' response interventions focused on infection prevention by providing supplies to schools that included hand sanitizers, soap for handwashing, thermometers, and rehabilitation of handwashing facilities.

In collaboration with SBC and Rwanda Biomedical Center (RBC), information and communication materials on mpox were delivered to schools (private and public) to ensure their safe operation. UNICEF further supported the Ministry of Education to undertake a rapid assessment to identify schools in high-risk districts that lack handwashing facilities. The information gathered informed plans for the construction/rehabilitation of hand washing facilities in schools in partnership with World Vision and the WASH Section.

To enhance awareness and minimize the risk of MVD in schools, UNICEF supported the distribution of communication materials to 1,698 schools (about 35 per cent of all schools) located in 15 high-risk districts, where over 1,500,000 students are accessing education.

Prevention of Sexual Exploitation and Abuse (PSEA)

In 2024, Prevention of Sexual Exploitation and Abuse (PSEA) was for the first time included in the National Response Plan to a Public Health Emergency. In collaboration with WHO, UNICEF conducted capacity building for the first line responders, implementing partners and communities to prevent Sexual Exploitation and Abuse (PSEA). Partners appreciated the importance of conducting SEA risk assessment at the onset of the interventions and provided valuable inputs to the UNICEF SEA and GVB risk assessment for mpox response. The integration of PSEA activities into RCCE interventions was crucial to create awareness on SEA risks, reporting channels and referral services among wider community in the high-risk districts.

Human interest stories

Burundian refugees line up to receive vaccines against measles and polio. UNICEF provides these vaccines, along with Vitamin A supplements to fight malnutrition, to children under five in Mahama Camp in Rwanda.

Annex B

Funding Status

Marburg Outbreak Response

Sector	Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2024	$	%
Health & Nutrition	3,972,500	1,378,471	2,594,029	65
Child Protection	805,000	294,171	510,829	63
Education	185,000	43,721	141,279	76
WASH	1,262,500	378,250	884,250	70
Social Protection	75,000	50,000	25,000	33
RCCE	2,725,000	575,000	2,150,000	79

Cross -sectoral (coordination, communication, advocacy and visibility)	475,000	506,000	0	0
Total	**9,500,000**	**3,225,613**	**6,274,387**	**66**

Mpox Outbreak Response

Sector	Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2024	$	%
Health & Nutrition	1,769,167	779,630	989,537	56
Child Protection	386,667	146,667	240,000	62
Education	86,667	6,667	80,000	92
WASH	422,500	300,000	122,500	29
RCCE	625,000	605,000	20,000	3
Cross -sectoral (coordination, communication, advocacy and visibility)	805,000	125,000	680,000	84
Total	**4,095,000**	**1,962,963**	**2,132,037**	**52**

South Africa

Situation Overview & Humanitarian Needs

In June 2024, the Eastern Cape and KwaZulu-Natal provinces in South Africa were severely affected by storms and flooding and caused extensive destruction across the two provinces. This led to the displacement of more than 3,500 children and 1,200 adults, including caregivers, in Ethekwini and Amajuba of KwaZulu-Natal and the evacuation of more than 2,000 people from across the Buffalo City and Nelson Mandela Bay areas of the Eastern Cape. In both provinces, people were placed in temporary shelters while the Eastern Cape moved people to makeshift homes in the municipality's slums. The floods in KwaZulu-Natal, with the associated tornados, affected 20 schools. Damage was largely infrastructural, with 16 schools reporting damage to roofs while some classrooms were severely damaged or blown away. The KZN Provincial Education Department led assessments immediately after the incidents while providing temporary toilets where needed.

As of July 2024, a total of 21 confirmed monkeypox cases were reported in three provinces – Gauteng, KwaZulu-Natal and the Western Cape. All cases reported were males and to date three monkeypox-related deaths have been reported. In response, there is ongoing emergency application for tecovirimat via Section 21 SAPHRA approval on a case-by-case basis. Efforts have been initiated to integrate monkeypox into routine sexually transmitted infections screening and other routine programs for both the public and key populations. Ongoing public messaging emphasize the critical importance of seeking healthcare for any rash, regardless of whether it is accompanied by fever.

From 1st January to 3 April 2024, Limpopo province recorded 96 cumulative suspected cholera cases. UNICEF, in response to the invitation from the National Department of Health, joined WHO and MSF in providing Risk Communication and Community Engagement training for provincial officials. South Africa continues to have the highest burden of migrants on the continent. The food and nutritional status of South African was poor, even before the onset of the emergencies. Consistent high number of children under 5 causes humanitarian crisis. Moreover, only 8% of children with severe wasting in South Africa are receiving treatment. The floods have exacerbated children's already fragile nutritional status. Number of zero dose children in South Africa has increased from 147,674 in 2022 to 222,660 in 2023 due to weaken primary health system and decreased vaccine confidence.

Summary Analysis of Programme Response

Health

UNICEF has formed part of the national emergency response technical team to provide technical support on areas of health, WASH and SBC response. In response to monkeypox, UNICEF's communications and community engagement inputs in the national technical working group emphasized children and pregnant women's risk of severe illness, and the need to avoid exposure and to seek medical care for any rash. UNICEF technical support to the National Department

of Health has aided in identifying and reaching zero dose children by building capacity for micro-planning at district level and using a context specific approach to engage communities.

Nutrition

UNICEF advocacy at provincial government level, and through cross-sector workshops organized by the provincial government, saw the application of a multisystem approach in response to the child wasting crisis. Based on the recommendation from the bottleneck analysis on child malnutrition, UNICEF provided technical support to the provincial department of health in developing the response plan to combat wasting.

Child Protection

During the unrest, UNICEF supported children and their caregivers in Limpopo and Northwest provinces through partners Action for Conflict Transformation and Future Families. Services included Psychological First Aid (PFA) and counselling. Efforts focused on supporting affected through counselling and facilitating dialogues between stakeholders – such as the police, the Department of Social Development (DSD), migrants, refugees and host communities – to diffuse tensions. Additionally, UNICEF advocated for the safe return of children to school. Coordinated through the UN Resident Coordinator's Office, UNICEF South Africa responded to floods and tornadoes in KwaZulu-Natal province in partnership with the South African Red Cross Society (SARCS). The response reached 126,000 children and caregivers with hot meals, safe drinking water, shelter and hygiene/dignity packs, delivered via provincial disaster coordination structures like the Joint Operation Committee (JOC). In eThekwini and uThukela districts, SARCS provided Psychological First Aid (PFA) to 5,820 individuals, including 3,386 children and youth (0–17 years) and 2,434 adults (18+ years). The response also raised awareness of the Prevention of Sexual Exploitation and Abuse (PSEA), Gender-Based Violence (GBV), and the safeguarding of children in shelters. In addition, UNICEF reached 480,000 children, parents and caregivers with early warning messages through community radio.

Education

In response to the impact of severe weather and flooding on learning, UNICEF reached out to the Department of Basic Education and the KwaZulu-Natal Provincial Education Department to ascertain whether any immediate support was needed for the 20 schools damaged. It was indicated that the Provincial Education Department is assessing the situation and responding as per their protocols and no immediate additional assistance was required.

WASH

In Limpopo, UNICEF, in collaboration with WHO and MSF, trained 55 provincial health officials on cholera prevention and the integrated case-area targeted intervention (CATI) approach. To enhance emergency preparedness and response, UNICEF mapped WASH stakeholders, developed a WASH-centered Community Emergency Guide and activated U-Report for rapid risk assessments. Targeted hygiene promotion materials were also disseminated to affected areas. In June 2024, through World Vison South Africa, UNICEF supported a total of 10,585 people (6,255 adults and 4,095 children) by distributing over 66 hygiene kits across provinces of the Eastern Cape and KwaZulu-Natal, including 22 hygiene kits for early childhood development centers in the Eastern Cape. Some additional 590 dignity kits were distributed in the Nelson Mandela Bay District after further requests for support from the Provincial Disaster Forum. WASH supported the systems strengthening of a total of 180 provincial and local government officials to further develop community-based support for accessibility and use by local communities. As of July 2024, in response to floods, cholera outbreaks, and localized emergencies, UNICEF, through World Vision South Africa, provided critical WASH support to 12,218 individuals, including 6,255 adults and 5,963 children. This included the distribution of 90 hygiene kits across Limpopo (1,018 beneficiaries and KwaZulu-Natal (10,350 beneficiaries). Additionally, 220 dignity kits were provided to 850 vulnerable women and girls in Nelson Mandela Bay (Eastern cape). Following the June hailstorm, 49 hygiene kits were distributed to Early Childhood Development centers and shelters in Tongaat, KwaZulu-Natal.

Climate

In 2024, UNICEF South Africa embarked on developing a national Child Climate Risk Index (CCRI) model. The model is aimed at contextualizing risks to children across multiple climate and child rights areas at the district level. The aim is to support government departments to better plan their responses using the model. The office has worked closely with the national department of environment and started engaging with the national department of cooperative governance, and their data unit who are supporting the development and absorption of the model into government to ensure the product is fully owned, managed and used by government. National consultations took place in 2024 and it is expected to be fully functioning by mid-2025.

Risk Communication and Community Engagement, Accountability to Affected Population, Localization

UNICEF's multimedia truck supported the Limpopo province's cholera outbreak response – including at the Zimbabwe border – to intensify risk communication around prevention, "Drink and Go" messaging and engagements with at risk communities. Key content in Shona was secured from UNICEF Zimbabwe and audio-visual material developed for the 2023 Hammanskraal outbreak was updated for re-use. Fliers and posters with key prevention and response messages

for schools were circulated to the province for WhatsApp dissemination and printing. Talkwalker monitoring of digital conversations on cholera was activated to support the national social listen team. UNICEF issued a cholera alert and link to informational chatbot to 11,000 Limpopo U-Reporters for the provincial refresher training. UNICEF led the session on RCCE Cholera Readiness and Response, advocating for the Global Task Force on Cholera Control recommendations on strengthening community engagement, as both a stand-alone pillar and integrated across all pillars of the response. U-Report was activated to rapidly respond to concerns around a rubella outbreak, the monkeypox outbreak and localised flooding in the Eastern Cape, with alerts and lifesaving information sent directly to U-Reporters nationally and in the local area. A total of 702,610 people were reached online:

Alert	Target Group	Date Launched	Users Reached
Rubella Alert	National	23/12/2024	396,273
EC Floods Alert	Eastern Cape	24/10/2024	17,651
Mpox Chatbot	National	12/09/2024	288,686
Total:			702,610

Humanitarian Leadership, Coordination and Strategy

In response to the 2024 floods, UNICEF was guided by the leadership of the Resident Coordinator's Office under ONE UN, where rapid assessment reports conducted through the existing Contingency Programme Documents with South African Red Cross and World Vision South Africa, were shared with sister agencies. The assessments used informed UNICEF's response in the two provinces. UNICEF also attended government meetings organised by the National Disaster Management Centre – already receiving support through the WASH Programme on the community-based emergency guide. Similarly, the South African Red Cross represented UNICEF in the Joint Operations Committee meetings in KwaZulu-Natal. The meetings ensured the sharing of resource gaps determined by the government and supported further requests for additional budget requirements, particularly for Child Protection and WASH programmes. UNICEF, advocating for children on the move through the Protection Working Group (PWG) chaired by UNHCR and Department of Justice and Constitutional Development (DoJCD), co-designed with stakeholders a contingency plan for potential civil unrest including attacks against migrants.

Human Interest Stories and External Media

- Press Release: On 30 April, UNICEF South Africa working with the Department of Health called for an urgent immunization 'big catch-up' to tackle the rising number of 'zero-dose' children. https://www.unicef.org/southafrica/press-releases/south-africa-calls-big-catch-improve-immunization-coverage
- Social media content provided vital lifesaving information on how to stay safe during flooding, the critical importance of routine childhood vaccinations and on reducing the risks of contracting monkeypox. https://www.unicef.org/southafrica/documents/how-stay-healthy-and-safe-after-flood

Hygiene supplies are distributed to an Operation Centre in KwaZulu-Natal, June 2024 (Photo credit: World Vision South Africa)

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector Indicator	**2024 target**	**Total results**	**% Achieved**
Child Protection			
# Children, adolescents and caregivers accessing community based MHPSS		6,532	-
# People with safe and accessible channels to report SEA by personnel who provide assistance to affected population		9,620	-
# Women, girls and boys accessing GBV risk mitigation, prevention or GBV response interventions		485,036	-
WASH			
# People reached with at least basic hygiene services through UNICEF-supported programmes	12,218	6,365	50
# Women and adolescent girls reached whose menstrual health and hygiene needs are addressed through UNICEF-supported programmes	4,039	6,366	50

Annex B

Funding Status

Sector	Requirements	Funds available	Funding gap	
		Humanitarian resources received in 2024	$	%
Health	500,000	0	500,000	100
Nutrition	450,000	0	450,000	100
Child Protection	800,000	165,000	635,000	92
Education	100,000	0	100,000	100
WASH	35,000	35,000	0	0
Total	**1,785,000**	**200,000**	**1,585,000**	**89**

Tanzania

Situation Overview & Humanitarian Needs

In 2024, UNICEF Tanzania continued to respond to multiple emergencies including public health emergencies (Cholera, Acute Watery Diarrhea and Measles), climate related shocks (floods induced by El Nino and cyclone “Hidaya”), and the protracted caseloads of refugees from Burundi and the Democratic Republic of Congo. The risk of Mpox importation from neighboring countries (Burundi, the Democratic Republic of Congo, Kenya, Rwanda and Uganda) is high while the declaration of Marburg Virus Disease (MVD) in Rwanda on 27th September 2024, posed a threat of cross border spread of diseases into Tanzania.

A cumulative total of 11,212 cases of cholera with 140 deaths (CFR 1.2%) were reported in 23 regions in Mainland as of 17th December 2024 (Mara, Kigoma, Kagera, Singida, Simiyu, Shinyanga, Tabora, Ruvuma, Mwanza, Geita, Rukwa, Dodoma, Manyara, Morogoro, Katavi, Pwani, Mtwara, Tanga, Arusha, Songwe, Lindi, Mbeya and Dar es Salaam). In Zanzibar, the number of acute watery diarrhea reported since April to December 2024, is 1,783 cumulate cases with 65

deaths (3.6% CFR). Most of these cases were reported in West A, West B, and North A regions and the outbreak is attributed to limited access to clean and safe water from the public water utility, and reliance on private shallow boreholes that provides untreated water to communities, exacerbated by poor sanitation and hygiene practices.

A total of 3,242[7] cumulative measles suspected cases were reported in 192 councils[8], with 2,439 (75%) reported cases aged under five years, 560 (17%) aged between 5-14 years and 243 (11%) above 15 years old. About 3,127 (96%) suspected cases were laboratory tested and 255 (8%) were positive for measles, with Kigoma, Kagera and Tanga being the most affected regions with more than 15 confirmed cases. Additionally, of the 1283 Acute Flaccid Paralysis cases reported (Suspected polio cases), 1,243 (97%) were laboratory tested and 1,172 (91%) were negative and 17 were classified as Non-Polio Enterovirus (NPEV).

Laboratory confirmation of the Vaccine Derived Poliovirus type 2 (VDP2) from environmental isolate in Makongoro site, Mwanza in December 2024, continue to pose a great risk of spreading in the country and beyond. UNICEF continues to advocate with the government to conduct the polio campaign immediately, whenever the nOPV2 vaccines becomes available. To strengthen the herd immunity against poliovirus. UNICEF provided technical assistance for the introduction of second dose of Inactivated Poliovirus Vaccine (IPV2) into routine immunization in 2025, with the IPV switch application to Gavi approved. Moreover, UNICEF provided technical assistance in the development of the application for human rabies vaccine introduction targeting exposed population.

Following the outbreak of Mpox in neighbouring countries (Burundi, the Democratic Republic of Congo, Kenya, Rwanda, and Uganda) the Government of Tanzania identified 13 regions as high-risk regions (Rukwa, Kigoma, Katavi, Songwe, Mbeya, Dar es Salaam, Dodoma, Kagera, Mara, Kilimanjaro, Arusha, Tanga and Mwanza.). A total of 73 alerts were reported and verified, and 58 suspected cases tested and were negative, mainly reported from Dar es Salaam, Kagera and Kigoma. UNICEF has contributed to the development and funding of the National Mpox contingency plan. Following the declaration of Marburg virus disease (MVD) in Rwanda on 27th September 2024, UNICEF Tanzania donated PPEs to Rwanda for timely management and response to the MVD cases. Also, in collaboration with the Ministry of Health and WHO, UNICEF step us preparedness efforts including developing a National MVD plan, deploying supplies for WASH/Infection prevention and control and health.

According to the UNHCR /Ministry of Home Affairs (MOHA)[9], Tanzania on the 31st of October 2024 hosted 231,994 refugees and asylum seekers (116,243 F:115,701M). 134,333 refugees were hosted in Nyarugusu and 56,614 in Nduta camps in Kigoma region. 58 per cent of the refugee population are children under 18 years including 996 UASC and 257 most vulnerable children. In the camps, the refugees have inadequate access to health, nutrition, WASH, protection services and education and are solely dependent on humanitarian assistance. Supplementary food for acute malnourished children, lactating and pregnant women, children under the age of two years were provided with 100 per cent while the general food distribution ratios remain at 82 per cent. Voluntary repatriation of Burundian refugees continues, and 13,319 people have been repatriated to Burundi between January to October 2024 resulting in a cumulative number of 178,163 voluntary repatriated Burundian refugees since September 2017.

From October 2023 to May 2024, Tanzania has grappled with localized floods during the rainy season which were exacerbated by El Nino. Out of 14 regions predicted by the TMA, eight were severely affected by floods and mudslides including Pwani, Morogoro, Kilimanjaro, Mbeya, Geita, Kagera, Manyara and Arusha. Cyclone “Hidaya” made landfall on Mafia on 4th May 2024 and aggravated the existing flooding situation, causing massive destruction on livelihoods, infrastructure-roads, bridges, and farmland in the southern regions mainly Pwani, Lindi, Mtwara, and Morogoro. In total, 234,482 people have been affected, 212 people were injured and 177 lost lives between January to May 2024. UNICEF Tanzania worked closely with the Government at national and sub national level to support the response by participating in the rapid needs assessment to affected areas and provision of multi-sector emergency supplies and basic services for WASH, education, child protection and Mental Health and Psychological Support (MHPSS) and non-food items.

In August 2024, the Tanzania Metrological Authority issued a climate outlook for short rains “Vuli” season starting October-December 2024, predicting that these rains will be below normal characterized by late onset, poor distribution, and prolonged dry spells. The Vuli rainfall season is specific to areas of the northeastern highlands (Arusha, Manyara and Kilimanjaro regions), northern coast (northern part of Morogoro region, Pwani (including Mafia Isles), Dar es Salaam and Tanga regions, Unguja and Pemba isles), Lake Victoria Basin (Kagera, Geita, Mwanza, Shinyanga, Simiyu and Mara regions) and the northern part of Kigoma region. UNICEF is closely monitoring the situation through the TMA and the Prime Minister’s Office-Disaster department on how the situation evolves and how it may affect children.

Humanitarian Leadership, Coordination and Strategy

[7] Tanzania Measles Rubella Surveillance updates, Epi week 49, 2024
[8] Total number of councils in URT is 195
[9] UNHCR/Ministry of Home Affairs-Refugees service Department, Tanzania Refugee Situation Statistical Report as of 31 October 2024

The ongoing cholera outbreak was coordinated at central level through the national Public Health Emergency Operations Center (PHEOC) led by MOH. The government, with the support of partners, continued to provide multi-sectoral response across pillars (WASH, surveillance, case management, laboratory, risk communication and community engagement, logistics and coordination.)

Following the declaration of Mpox and Marburg from neighbouring countries, the National Task Force led by the Chief Medical Officer-MOH and WHO was activated, and UNICEF was a regular member. UNICEF regularly participated in the bi-monthly interpillar and emergency partners coordination mechanisms on public health emergencies led by WHO which included UN agencies, development partners and I/NGOs. Quarterly WFP led UN Emergency Coordination Group meetings discuss ongoing emergency preparedness and response interventions. In both mainland Tanzania and Zanzibar, UNICEF and the MOH Health Promotion Sections (HPS) are co-leading the Risk Communication and Community Engagement (RCCE) pillar in collaboration with WHO.

Similarly, the refugee response is coordinated at the central level by the Ministry of Home Affairs-Refugees Service Department and UNHCR, who oversee daily management of the response focusing on planning and policy implications. At the regional level, the Kigoma Regional Government and MOHA-Regional Refugee Liaison Office are coordinating the response. An Inter-Agency coordination forum operates in the field with weekly meetings as well as sector meetings taking place regularly. UNICEF as a member participates in the different refugee coordination meetings at all levels.

Summary Analysis of Programme Response

WASH

UNICEF helped protect the lives of 232,728 families (1,168,451) people across 14 affected regions in mainland and Zanzibar against the cholera outbreak. UNICEF provided WASH supplies to the Government, distributing 26.2 million water purification tablets () across 14 affected regions in Mainland and in Zanzibar, for use for three months. Other WASH supplies included 2,500 hand sanitizers, 6,000 liquid soaps, 24,100 bars of laundry soaps, 12 pcs of cholera beds, 22 pcs of sprayers, and 23 pcs of Chlorine/H Visual Comparator and 25pcs of Colorimeter (0-2mg/L) for water quality monitoring. Moreover, a total of 48 Environmental Health Officers from Mara region, Arusha, Kagera and Manyara and Zanzibar were trained on water quality monitoring, safe burial practices, community surveillance, and WASH accountability, including infection, prevention, and control adherence.

To strengthen hygiene practices and foster positive norms for cholera prevention, UNICEF supported conducting rapid assessments in hotspot regions and utilized the insights to inform the development and dissemination of 78,881 evidence-based, context-specific SBC packages, including job aids, across the regions of Mbeya, Songwe, Katavi, Kigoma, Simiyu, and Dar es Salaam. UNICEF further engaged 634 key influencers, including religious leaders, tribal chiefs and traditional healers and leveraged the support of over 7 community radio stations to promote cholera prevention and hygiene practices, significantly amplifying the reach of these messages. In schools, UNICEF prioritized strengthening cholera prevention efforts by building the capacity of 176 school WASH club teachers and 232 school committee members. Approximately 3.2 million people were reached with key hygiene and cholera prevention messages in hotspot regions through enhanced interpersonal communication, social mobilization, and community participation.

53 healthcare facilities in hotspot regions were enhanced in Infection Prevention and Control (IPC). UNICEF provided various supplies, including Calcium Hypochlorite, gloves, and handwashing liquid. To promote hand hygiene, 12 schools received WASH supplies including 98 plastic barrels (100L) with taps, 40 litres of handwashing liquid soap (5L each), and 58 covered buckets (20L for chlorine solution) and 21,791 educational posters on hand hygiene were distributed in cholera hotspots.

In response to rising water levels in Lake Tanganyika and flooding in Uvinza DC (Kigoma region), UNICEF, in collaboration with the Local government trained 10 Beach Management Units and 22 Community Health Workers in three wards on disease prevention measures to protect communities from cholera and Acute Watery Diarrhoea. Hygiene promotion campaigns reached 12,481 people across Herembe and Mgambazi villages, with 48,000 aqua tablets distributed to 696 vulnerable households.

UNICEF further supported the Kigoma region – one of the notorious cholera hotspot regions- to develop and finalize the Kigoma region Strategy on Sanitation and Hygiene for All, which covers the period from July 2024 to June 2027.This strategy provides a guiding framework for development partners and NGOs as they plan and implement hygiene and sanitation initiatives in the region.

In response to rising acute watery diarrhoea (AWD) cases in Zanzibar, the Ministry of Health in collaboration with UNICEF, launched a school WASH campaign promoting handwashing among students and food vendors in and surrounding schools. Community Health Volunteers and Red Cross volunteers distributed water purification tablets and trained 51 Rapid Response Teams on disease prevention, dignified burials and improved hygiene practices. With support from UNICEF, the MOH trained 11 District Health Promotion focal persons on AWD, signs, symptoms, mode of

transmission and prevention measures. The district HPU focal persons capacitated a total of 42 Shehia Health Custodian Committees, trained 198 Community Health Workers, and oriented 504 faith leaders (38 Christian, 466 Muslims),63 Shehia women & children committees, 104 traditional healers and 388 Shehas from the hotspot areas of West B, North A, North B, Wete and Micheweni. A total of 870 copies of cholera comic books were printed and distributed to primary schools in hotspot areas.

In Nyarugusu refugee camp, UNICEF provided WASH supplies to support refugees, including 300 squatting plates (plastic, 120x80cm) to improve family latrine coverage, focusing on newly arrived families and areas where latrines had collapsed due to heavy rains. Additionally, 20L buckets of chlorine solutions and 2,984 water collection containers (20-litres capacity) were distributed to new refugees from the Democratic Republic of Congo, enhancing their ability to collect and store safe water and maintain the water safety chain in the camp. Furthermore, 300 plastic barrels/drums with taps (100L) were distributed to facilitate handwashing with soap at departure/reception centers and schools, reinforcing the importance of water safety.

370 flood-affected families (2,150 people) in three temporary camps had access to treated water and hence prevention of disease. This was through the distribution of water purification tablets and demonstrations on proper usage and improved hygiene practices to prevent disease outbreaks. In response to the floods and Cyclone "Hidaya," UNICEF supported water tank and handwashing station installations at Kitundu Primary School in Kibiti district and in two temporary camps for flood-affected individuals in Rufiji district. Supplies worth US$111,323 were distributed to Zanzibar, Morogoro, Dar es Salaam, Lindi, and Pwani regions to enhance IPC measures for affected communities. These included sprayers, PPE, water storage tanks, purification tablets, laundry soap (100g), WASH IEC materials, HTH chlorine drums (45kg), buckets, and hand sanitizers. In collaboration with Kibiti district council.

Risk Communication and Community Engagement (RCCE) & Accountability to affected populations.

The Health Promotion Section of the Ministry of Health, the President's Office-Regional Administration and Local Government (PO-RALG), in collaboration with UNICEF, continued to lead the Risk Communication and Community Engagement (RCCE) pillar in public health and other emergency preparedness and response. This joint effort includes coordinating RCCE partners and providing technical support to foster community engagement through multi-media and culturally sensitive approaches. UNICEF has also extended financial assistance to the PoRALG, the Ministry of Health's Health Promotion Section (Mainland), and the Zanzibar Health Promotion Unit to enhance response coordination at all levels.

Between February and December 2024, approximately 42 million people in the United Republic of Tanzania (URT) were educated on cholera and Mpox prevention. This achievement was realized through UNICEF's collaboration with the Tanzania Development Information Organization (TADIO), which includes a network of community radio and national stations, and the Tanzania Interfaith Partnership. Print materials on cholera and Mpox were distributed across all regions, including points of entry and transit areas.

Additionally, a digital media campaign focusing on Cholera and Mpox reached 5.58 million people, generated 6.27 million impressions, and recorded nearly 66,000 content interactions. These RCCE efforts were informed by rapid assessments for cholera in the Songwe region and Mpox in five mainland regions, as well as in Unguja and Pemba islands. Social listening through TalkWalker and a U-Report poll provided valuable insights, particularly on Mpox.

In Zanzibar, over 1.3 million people at risk of Acute Watery Diarrhoea (AWD) across Unguja, Pemba, and smaller islands such as Tumbatu and Uzi were reached with disease prevention messages. This was achieved through a multi-channel and multi-pronged approach, including: Training 436 Community Health Volunteers (CHVs) and over 300 faith leaders, engaging 28 primary schools, distributing 1,430 printed messages, launching public awareness campaigns through U-Report chatbots and broadcasting live radio (ZBC, Micheweni Radio, Radio Imaan, Radio Noor) and TV (TBC and Zanzibar Cable) programs with interactive Q&A sessions. Additionally, 32 Afya call center staff were oriented on AWD to provide accurate information, receiving an average of 10 calls per day during peak periods.

During the El Niño floods in Rufiji and Kibiti districts, two main initiatives were undertaken: a light rapid assessment using Focus Group Discussion and Key Informant Interviews in flood-affected areas to identify RCCE needs and access to services; and the activation of RCCE structures at regional and council levels, involving training and establishing RCCE teams in Rufiji and Kibiti, composed of Regional/Council Health Management Teams (RHMT and CHMT) members, religious leaders, and community influencers. The activation process highlighted the need for a micro-plan, and interdepartmental collaboration for effective RCCE implementation, with action points established for follow-up. The promotion of the continuity of and delivery of immunization services was conducted in collaboration with service delivery pillar.

Refugee response

In Kigoma region a total of 361,840 individuals including 166,446 (46%) men were directly reached with messages on prevention of cholera, measles, Mpox and Marburg and key parental behaviours through partnership with Jesuit Refugee

Service (JRS) – Radio Kwizera, 335 trained community mobilizers, and 5,550 printed messages distributed in both in development and humanitarian contexts. In addition, 31,214 children 15,919 (51%) boys reached with lifesaving messages in Nduta, Nyarugusu refugee camps and hosting villages. About 56,003 contacts provided feedback and complaints through established platforms that continued to shape RCCE/ SBC strategies. Over 8 million listeners of Radio Kwizera in the 5 nearby regions of Shinyanga, Geita, Kagera, Mwanza and Tabora were indirectly reached with the same messaging through diverse radio programmes.

Child Protection

Refugee response

UNICEF, in collaboration with the Danish Refugee Council (DRC), continues to provide case management services to 1,253 children (655 girls) including 996 unaccompanied and separated children (465 girls) and 257 children at risk (180 girls) in both Nduta and Nyarugusu camps. The cases addressed included instances of neglect, custody disputes, voluntary repatriation, child labour, abandonment, physical abuse, family conflicts, early marriage, pregnancy, care arrangements, and gender-based violence. UNICEF also supports DRC in utilizing the Child Protection Information Management System (CPIMS+/Primero) to enhance case management in both camps.

With support from UNICEF and other partners, 81,045 people (43,897 female) were reached with psychosocial support preparedness and response services during emergencies. This includes 79,513 people (43,234 female) reached through cholera response, 879 (430 female) Mpox preparedness services and 597 (233 female) affected by the collapse of a building in Kariakoo area. Regional Mental Health Coordinators and Regional Social Welfare Officers from 26 regions of Tanzania Mainland were trained on MHPSS preparedness and response during emergencies with support of UNICEF.

UNICEF in collaboration with MoH and Ministry for Community Development, Gender, Women and Special Group (MCDGWSG) supported the integration of Mental Health and Psychosocial support during emergencies into the Psychosocial Support Strategic Plan which will provide guidance on how to position MHPSS in the two ministries.

UNICEF together with WHO and Tanzania Association of Psychologists (TAPA) continue to support the secretariat of Mental Health and Psychosocial Support Technical Working Group (TWG). This has included ensuring biweekly (and now weekly) MHPSS pillar meetings are conducted and documented effectively.

Floods response:

UNICEF provided financial support to social welfare officers and a mental health expert who provided psychosocial support services to 2,277 affected people (720 Rufiji, 1,557 Kibiti) with the support of Community Health Workers (CHWs). UNICEF distributed tents, recreational and ECD kits, to children in Rufiji and Kibiti to support the establishment of temporary child-friendly spaces.

Education

Refugee response:

Over 73,441 (36,149 girls, 37,292 boys) Burundian and Congolese refugees, along with 2,100 teachers, benefited from teaching and learning materials provided by UNICEF and partners in the two refugee camps in Kigoma region. Additionally, 288 (147 girls and 141 boys) out-of-school adolescents aged 14-19 received vocational, entrepreneurship, and life skills training to support to engage in economic activities in the camps and upon returning to countries of origin. The agencies in collaboration with Government supports voluntarily repatriating school children with educational records to ensure continuity with school once they are back in Burundi, especially children sitting for exams.

Floods response:

In response to floods induced by El Nino, UNICEF provided educational supplies (worth US$18,000) to more than 2,000 displaced children including supporting with temporary leaning spaces, science kits, ECD kits, school-in-a-box kits, and recreational materials. UNICEF also supported social welfare officers and guidance counsellors to protect children in temporary shelters and ensure psychosocial support. UNICEF participated in the joint needs assessment together with Ministry of Education and the President's Office – Regional Administration and Local Government (PORALG) which revealed damage to 270 schools, 92 classrooms, over 1,100 latrines, and 98 teacher houses. In Rufiji and Kibiti districts in Pwani region, 18 of 37 affected primary schools were closed.

Health

Refugee response:

UNICEF provided technical assistance for continuity of essential health services for maternal and child health in Nyarugusu and Nduta refugees camps, vaccinating 25,745 (57%) of the < 1 year old children with first dose of Measles Containing Vaccines (MCV1) and 54,651 (121%) with the third dose of Pentavalent vaccines. Similarly, women were provided with Anti Natal Care (ANC) services with >90 per cent completing the ANC visit (>4 visits) in both camps.

Public Health Emergencies:

UNICEF in collaboration with other partners and the government, has strengthened the capacity of community healthcare workers in early detection and reporting of public health events and threats including surveillance of Fever and Rash Illness (FRI), Acute Flaccid Paralysis (AFP), Marburg and Mpox disease.

To increase population immunity and enhance protection for under-fives children from importation of wild or circulating Vaccine- Derived Polioviruses (cVDP), UNICEF provided technical assistance in the development of the Gavi application for introduction of the second dose of Inactivated Poliovirus Vaccine (IPV) in routine immunization in 2025, and contributed to recommending Mpox vaccination for high risks populations in event of mpox outbreaks, which has been endorsed by Inter-Agency Coordinating Committee (ICC).

By December 2024, 93 per cent (2,405,819) of the <1 year old children were vaccinated with the third dose of Pentavalent vaccines, 96% and 86% were vaccinated with the first and second dose of Measles Containing Vaccines (MCV) respectively.

In efforts to prevent HPV amongst adolescent and youth, UNICEF in collaboration with MOH and MOE in Zanzibar conducted a campaign against HPV and 241,436 (75%) adolescent youth (aged between 9-14 years) were vaccinated.

Nutrition

Refugee response:

Cumulatively, 1,023 children with severe wasting were identified and treated in the refugee camps and in host community during the January-November period, reaching 57 per cent of the annual target of 1,800. One of the factors contributing to low coverage of severe wasting treatment programme is insufficient active case finding in the community due to limited financial resources. The performance of the programme is within SPHERE standards for death (2 per cent) and defaulter (2 per cent) rates while the cure rate was 68 percent[10]

In addition, 36,626 refugee children under five years received Vitamin A Supplementation (VAS) during the first round of bi-annual VAS campaigns in June. Furthermore, 38,311 pregnant women and mothers of children under five years received infant and young child feeding (IYCF) messages through community nutrition volunteers and health information teams who were trained on IYCF with UNICEF support. To improve the quality of management of severe wasting, 15 service providers from Nduta and Nyarugusu refugee camps were trained on integrated management of acute malnutrition (IMAM) using the national training package. The main challenge is the low coverage of identification of severely wasted children in the community.

Human interest stories

Mother Catherine Zambi (19) holds her one-month-and-one-week-old baby, Elinithan, at the Village Health and Nutrition Day in Mlowo,Tanzania. They have come to receive essential services like birth registration and vaccinations—critical steps in ensuring Elinithan's health, identity, and future well-being.

[10] SPHERE Standards: Proportion of discharges from therapeutic care who have died (<10 per cent), recovered (>75 per cent), and defaulted (<15 per cent).

Annex A

Summary of Programme Results

	UNICEF and IPs Response		
Sector Indicator	**2024 target**	**Total results**	**% Achieved**
Health			
# Mothers and newborns receive early routine postnatal care within two days following birth	13,250	8,762	66
# Children and women receive routine vaccinations, including in hard-to-reach areas	70,088	54,651	78
Nutrition			
# Children aged 6-59 months affected by severe wasting who are admitted into treatment in humanitarian situations	3,200	1,023	32
# Children aged 6-59 months who received vitamin A supplements	51,119	36,626	72
Child Protection			
# Unaccompanied and separated children provided with alternative care and/or reunified	2,500	2,097	84
# Children, adolescents, and caregivers accessing community based mental health and psychosocial support	80,000	81,045	101
# People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	288,000	20,035	7
# Women, girls and boys accessing gender-based risk mitigation, prevention and/or response interventions	5,000	1,256	25
Education			
# UNICEF-targeted children in humanitarian situations accessing formal or non-formal basic education (including pre-primary schools/early childhood learning spaces)	160,000	73,441	46
#Teachers, non-teaching staff and school management committee trained	4,000	0	0
WASH			
# People reached with critical WASH supplies (including hygiene items) and services	256,000	1,168,451	456
# Staff in healthcare facilities trained on infection prevention and control related to WASH in areas affected or at risk of Public Health Emergencies	70	149	213
Social Protection			
# Households reached with humanitarian cash transfers across sectors	60,000	0	0
Social Behaviour Change/RCCE			
# of people reached with accurate cultural and gender appropriate messaging	259,200	361,840	140
# of people providing feedback and complaints through established platforms	104,000	58,680	56

Annex B

Funding Status

Sector	Requirements	Funds available		Funding gap	
		Other resources received in 2024	Humanitarian resources received in 2024	$	%
Health	350,000	0	517,050	0	0
Nutrition	390.770	50,000	5,297	335,473	86
Child Protection/GBViE/PSEA	1,500,000	50,000	1,569	1,448,431	97
Education	400,000	50,000	19,998	330,002	83
WASH	800,000	70,000	709,939	20,061	3
Social Protection	700,000	0	0	700,000	100
RCCE	700,000	0	108,994	591,006	84
Coordination & Operations	250,000	30,000	137,185	82,815	33
Total	**5,090,770**	**250,000**	**1,500,032**	**3,340,738**	**66**

Zambia

Situation Overview & Humanitarian Needs

Zambia continues to grapple with a severe drought driven by the ongoing effects of El Niño, which has affected 84 out of the country's 116 districts, leaving 6.55 million people in urgent need of humanitarian assistance (Vulnerability and Needs Assessment (VAC), 2024). This prolonged drought has caused extensive food insecurity, with over 3 million children under 18 years and 1.2 million under-five children experiencing acute nutritional deficiencies (SMART Survey, May 2024). The survey further indicates that 51,103 children are at risk of severe wasting (SAM), and two-thirds of children suffer from child food poverty due to lack of dietary diversity. Compounded by limited water access, the drought has created a fertile ground for health emergencies, including malnutrition, diarrheal diseases, and cholera (VAC 2024; SMART Survey 2024).

The cholera outbreak in Zambia presents an alarming risk of large-scale transmission, threatening public health on a significant scale. After six months without reported cases, cholera resurfaced in Nakonde district on December 23, 2024, with three cases reported, two confirmed as *Vibrio cholerae* (ZNPHI Cholera Situation Report, December 2024). Despite immediate containment efforts, Nakonde remains highly vulnerable due to increased cross-border movement with Tanzania, widespread use of contaminated water sources, and inadequate sanitation infrastructure. With Zambia's cholera season spanning October to June already underway, the government estimates that approximately 5.1 million people are at significant risk of contracting the disease necessitating urgent and intensified preparedness and response measures.

Zambia is also facing the resurgence of Mpox. On December 23, 2024, Zambia recorded two additional Mpox cases, following its first case on October 10, 2024, which was epidemiologically linked to Tanzania. The country remains highly vulnerable to Mpox outbreak due to its proximity to Mpox-affected nations, including Tanzania and the Democratic Republic of Congo (DRC), which has the highest global Mpox caseload, including high cross-border movements via land and air with Mpox-affected countries in Eastern and Southern Africa. The porous nature of these borders especially with including high-burden neighbors like the DRC amplifies the threat of disease transmission, emphasizing the critical need for enhanced cross-border collaboration, robust surveillance systems, and targeted community-level health interventions to mitigate the risk.

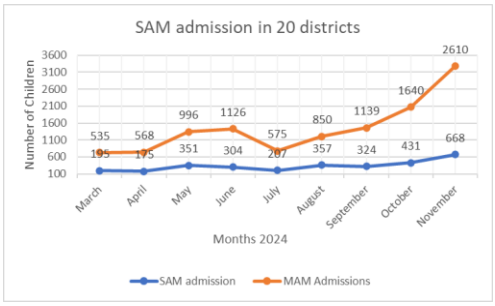
Summary Analysis of Programme Response

Nutrition

Wasting treatment improved from 15,551 cases in 2023 to 24,277 in 2024, covering 45 per cent of the national caseload. However, low active case-finding and challenges in last-mile distribution continue to limit coverage in under-resourced districts. UNICEF, in collaboration with the Government of Zambia (GRZ) and other Nutrition Cluster partners, continues

to address cases of Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) in children, with a focus on the most affected regions as identified in the SMART survey conducted this year across six provinces. Efforts have been concentrated on Western, Southern, and Northwestern provinces.

Between March and November 2024, 12,683 children under five were treated for SAM, and 34,211 children were treated for MAM in 84 drought-affected districts. Additionally, 718,557 children in the 20 prioritized districts were screened for malnutrition, with 2,969 enrolled for SAM and 9,852 for MAM treatment. During the same period, 47,755 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling, reaching a total of 2,016,485 caregivers nationwide.



To support the Ministry of Health (MoH) in responding to the drought emergency, UNICEF helped revise and update guidelines for interventions including Multiple Micronutrient Supplementation (MMS), micronutrient powders, and High Energy Protein supplements. These updated guidelines have facilitated the training of 763 health workers and the orientation of 4,175 Community-Based Volunteers (CBVs) in the Integrated Management of Acute Malnutrition (IMAM).

There was a 71 per cent increase in SAM admissions nationwide in November 2024 compared to the same month in 2023. Screening in the 20 prioritized districts increased by 179 per cent, from 103,199 in March to 288,339 in November 2024. The number of malnutrition cases continued to rise over this period, reflecting the ongoing challenge.

UNICEF complemented government efforts by procuring and distributing critical supplies, including 3,461 cartons of RUTF, 232 cartons of F-75, 182 cartons of F-100, 19 cartons of Resomol, and 77 cartons of CMV across the drought-affected districts. UNICEF also distributed 10,309 cartons of Super Cereal Corn Soya Blend++ in the districts of Shangombo, Kalabo, Sikongo, Senanga, Zambezi, and Kaoma, as well as 198 cartons of CSB++ to caregivers of 446 children aged 6-23 months in Sikongo district.

Health

UNICEF and WHO supported Zambia National Public Health Institute (ZNPHI) in the development of cholera case investment plan using Priority Areas for Multisectoral Intervention (PAMI) were 55 new hotspots across the 10 provinces were identified for submission to Global Cholera Task Force for possible consideration. UNICEF further support ZNPHI in the development of provincial and district emergency preparedness response plans with the focus on drought, flood, cholera, and public health threats such as Mpox, Marburg and measles.

UNICEF strengthened the capacity for Integrated Community Case Management (iCCM) of common childhood illnesses in eight drought-affected districts by training and deploying 240 Community-Based Volunteers (CBVs) and 160 Health Care Workers (HCWs). These trained personnel were deployed in local communities to assess, classify, and treat or refer children with common childhood illnesses, ensuring access to healthcare at the community level and facilitating timely referrals to the nearest health facility.

Additionally, UNICEF supported these eight districts in conducting integrated outreach sessions for primary health care services, which included the management of common childhood illnesses, antenatal care, immunization, and health education and promotion activities. During these outreach sessions, a total of 1,207 cases were assessed and treated across seven districts, addressing a range of health conditions. These included 103 cases of respiratory tract infections, 314 suspected malaria cases, 160 confirmed malaria cases, 81 cases of Moderate Acute Malnutrition (MAM), 33 cases of Severe Acute Malnutrition (SAM), and 516 cases of non-bloody diarrhea. These efforts significantly contributed to improving the health outcomes of children in these drought-affected areas.

WASH

In 2024, UNICEF provided access to clean and safe water to an additional 11,800 people across six drought-affected districts of Kalabo, Kazungula, Rufunsa, Lumezi, Lusangazi, and Chama—by rehabilitating 67 non-functional boreholes. This effort brings the total reach to 259,750 people through the rehabilitation of 414 boreholes and the drilling of 191 new ones. To ensure the sustainability of these water points, Village WASH Committees (VWASH) have been established at each site. UNICEF, in coordination with provincial and district WASH committees, plans to train these VWASH committees on the operation and maintenance of handpumps.

People fetching water from a rehabilitated borehole at Siminyu villages in Shangombo district. Credit: UNICEF Zambia/2024/ Musa

Borehole rehabilitation ongoing in Sitoti RHC in Sioma district. Credit: UNICEF Zambia/2024/Musa.

UNICEF supported water quality testing in Nakonde district, where an active cholera outbreak was ongoing. Water samples from 781 shallow wells were tested, and it was found that 90 per cent of these wells were contaminated with faecal coliforms, posing a significant public health risk. To address this, the contaminated wells were disinfected through super chlorination. The ZNPHI and the Ministry of Health (MoH) continue to conduct regular checks on free residual chlorine levels at both water sources and point-of-use locations, ensuring that chlorination is applied whenever necessary. In addition, UNICEF provided 7,032 bottles of liquid chlorine for household water treatment and supplied 20 advanced water quality testing kits, equipped with reagents to monitor free residual chlorine levels. These strategic efforts have significantly enhanced water safety and public health in the affected communities, forming a comprehensive response to the cholera threat in Nakonde.

The Chambeshi Water Supply and Sanitation Company is currently supplying treated water through 4,887 connections to households and institutions. However, the water supply has been erratic, constrained by challenges such as load-shedding, limited treatment plant capacity, and the inefficiencies in the pipe network design. In response, the company is trucking an estimated 40,000 liters per day to affected villages with limited or no pipe connections.

UNICEF has provided funding to support four districts in conducting Risk Communication and Engagement (RCCE) activities. These efforts focus on educating communities about the primary factors contributing to cholera, raising awareness of cholera's signs and symptoms, and promoting health-seeking behaviors for cholera treatment. The funds will also be used to carry out a final WASH for Health Facility Improvement Tool (WASH FIT) assessment.

Additionally, UNICEF continues to provide support to the WASH Cluster coordination as the co-lead, organizing monthly WASH cluster meetings and Water Quality Monitoring (WQM) meetings. This includes the ongoing use of the comprehensive 5W tool. Two training sessions were conducted for Environmental Health Technologists (EHTs) in Central and Southern provinces, focusing on the updated data collection form (version 22) and the usage of Maps Me software. Unlike Google Maps, which requires internet or cellular data to function, Maps Me works offline, allowing for the mapping of water collection sites even without connectivity.

Social and Behaviour Change (SBC)/ Risk Communication & Community Engagement (RCCE)

UNICEF continues to strengthen and support the Zambian government and its partners, including the Ministry of Health (MOH), Disaster Management and Mitigation Unit (DMMU), ZNPHI, and the Public Private Dialogue Forum, in implementing Risk Communication and Community Engagement (RCCE) at national and sub-national levels. Collaborating with Nutrition partners such as Plan International, Save the Children, CARE International, People in Need, World Vision, and Catholic Relief Services, UNICEF has focused on drought-related RCCE activities across affected districts.

UNICEF has supported the review and development of the country's first National RCCE Multi-Hazard Plan. This plan, developed for the period 2025-2030, provides a comprehensive RCCE roadmap for responding to the various hazards that Zambia is likely to face in the next five years. By supporting the development of this plan, UNICEF aims to ensure that Zambia is better equipped to address future emergencies with a coordinated and effective multi-hazard RCCE approach.

During the reporting period, key activities included the distribution of 10,200 multi-sectoral drought posters to 636 health facilities, reaching approximately 3 million people with vital life-saving information on water conservation, nutrition, health, and PSEA. Similarly, for Mpox, UNICEF supported the printing of 29,600 English posters for seven hotspot provinces and engaged 27 community radio stations to disseminate preventive messages and guidance on recognizing symptoms. By integrating RCCE efforts across drought and Mpox responses, UNICEF and its partners are enhancing

public awareness, preparedness, and resilience, ensuring that affected communities are better equipped to cope with current and future challenges.

Overall, UNICEF's integrated approach to RCCE in both drought and Mpox responses continues to have a significant impact on communities across Zambia. Through its partnerships, strategic communication efforts, and community engagement activities, UNICEF is contributing to improved public awareness, preparedness, and response, ensuring that affected populations are better equipped to cope with ongoing and emerging challenges.

Child Protection

UNICEF continued to strengthen the capacity of the Ministry of Community Development and Social Services (MCDSS) to monitor, prevent, and respond to protection risks in the ongoing drought crisis. With UNICEF's support, MCDSS developed and disseminated messages on Violence Against Children (VAC) and Prevention of Sexual Exploitation and Abuse (PSEA), specifically addressing the drought emergency across 84 affected districts.

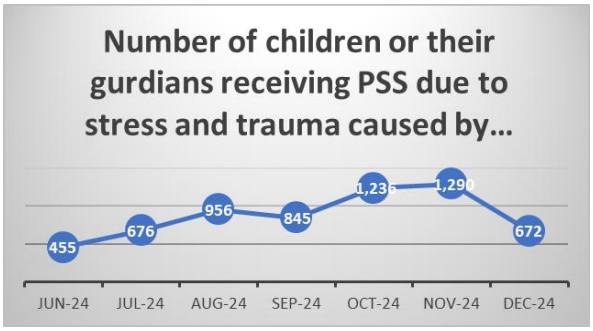
A joint post-service delivery monitoring exercise by MCDSS and UNICEF in the IPC 4 districts of Kalabo, Shangombo, Lusangazi, and Rufunsa revealed the severe and ongoing impact of the prolonged drought. Discussions with officials, community members, and children highlighted widespread food insecurity and dwindling livelihoods. Many parents are withdrawing children from school to gather wild fruits and roots for food, while limited income opportunities are forcing families to send children and youths to urban areas as domestic helpers in a desperate attempt to survive. The monitoring exercise also revealed social consequences linked to the drought, including an increase in crime, teenage pregnancies, and child marriages. Hunger, as reported by community members and district officials, has driven these alarming trends, further highlighting the urgent need for targeted support to address the root causes of vulnerability and protect children in these affected communities.

To strengthen drought emergency response mechanisms, UNICEF continues to support social welfare officers and community volunteers in undertaking community case management and referral of children to gender-responsive protection and psychosocial services. These efforts include linking families to social cash transfer programs implemented by various partners in the districts. This integrated approach ensures vulnerable children and families receive appropriate and timely support.

In November, 1,542 out of 1,581 calls (98 per cent) received through the Child Helpline 116 were related to violence, abuse, and exploitation of children. This led to an increased number of children, parents, and caregivers accessing psychosocial support services during the reporting period, as illustrated in the accompanying graph.

Education

UNICEF continued to support Ministry of Education (MoE) to convene and coordinate the bi-weekly Education in Emergency Working Group (EiE-WG) meetings. The meetings in the period under review focused on the expansion and implementation of the emergency school feeding program with funding from Global Partnership for Education (GPE) which will target 15 districts of Central, Lusaka, Southern and Western Provinces, 1,640 schools and will reach 895,356 learners from ECE to Secondary school. Important to note that the MoE Government school feeding was delayed and not implemented in the 3rd term of the school calendar due to government internal procurement processes.



672 (female 386) children and or their guardians received psycho-social (PSS) due to stress and trauma caused by drought. Furthermore, UNICEF also continued to closely collaborate with the DMMU and the situation room to represent the education sector and address community needs raised through the help line. UNICEF through the EWG also continued to advocate for the delivery of continued multisectoral activities including risk communication and community engagement for school-based social behaviour change in response to the drought. Also being promoted was the monitoring of potential child protection issues faced by learners during drought and provision of onsite linkages to social welfare and psychosocial services through Child helplines and lifelines toll-free lines 116 and 933 to school headteachers for learners to access support and referral services.

Cluster Leadership, Coordination and Strategies

As co-leads in the drought and cholera response with DMMU, the United Nations Resident Coordinator in Zambia continues its coordination mechanisms efforts during the emergency response. To avoid duplication of efforts, the United Nations has assigned cluster lead agencies to co-lead priority clusters in collaboration with line ministries. The clusters activated as per the Humanitarian Response Plan for drought and Cholera response at national, provincial and district level.

The UN continues to conduct periodic drought response coordination meetings both at national and provincial level. UN Coordination meetings at national level focuses on the strategic and operational level. Province and district coordination meetings focus on operational issues. The UN Country Team decides on the frequency of the coordination meetings in consultation with UN sector lead agencies and partners including INGOs and NNGOs. UN sector lead agencies continue to coordinate sector responses in collaboration with DMMU, line ministries, INGOs and NNGOs. UNICEF co-leads the WASH, Nutrition and Education clusters.

Human Interest Stories and External Media

Beneficiaries of food and nutrition supplements during distribution event in Zambezi district

During this reporting period UNICEF captured a nutrition distribution event in Zambezi district. This covered the distributions of food and nutrition supplements to 17,000 beneficiaries by the Government with support from UNICEF and World Vision, funded by the European Union. Content from this event was shared on social media platforms and the website. UNICEF also captured another distribution event of Corn Soya Blend in Gweembe district. This event was done by government supported by UNICEF with funding from GIZ.

Furthermore, UNICEF organized and captured the sensitization and kick off distribution of Nutrition cash top ups on the social cash transfer to beneficiaries in Choma district. This distribution was done by MCDSS with support from UNICEF and funded by the European Union. UNICEF also organized a Joint visit with the Embassy of Japan to Lumezi district to witness the impact of a year support and the resilience of mothers and their children enrolled in an Outpatient Therapeutic Programme – some content has gone up on social media.

Two social media campaigns were run on the impact of the drought in Zambia for 1 week. One got a reach of 552,388 and the other got a reach of 452,535. Aside from the campaigns, cumulatively, 32 drought related posts have been posted on Facebook, Instagram, and Twitter in this period.

Human Interest Stories and External Media

Social media posts:

- Nutrition distribution event in Zambezi district (26 November)
- UNICEF joint visit with Embassy of Japan (28 November)
- Nutrition cash top up event in Choma District (12 December)

Web Stories:

- A tale of two tiny twins - Treating one and protecting the other (21 November)
- Nourishing Hope in Zambezi District (25 November)

Video Assets:

- Resident of mambolomoka shows how they been surviving due Impact of drought in shang'ombo district. (16 December)
- Impact of drought situation in Shang'ombo district (7 December)

Annex A

Summary of Programme Results

	UNICEF and IPs Response *(El Nino Drought Response)*			UNICEF and IPs Response *(Cholera outbreak response)*		
Sector Indicators	**2024 target**	**Total results**	**% Achieved**	**2024 target**	**Total results**	**% Achieved**
Health						
# Children 0-15 years vaccinated against measles	4,100,000	0	0			
# Children and women accessing primary healthcare in UNICEF supported facilities	554,693	0	0			
# Health facilities that received UNICEF supplied AWD kits to manage Cholera cases.				60	30	50
# of Oral Rehydration Corners/Points (ORC/Ps) set up with UNICEF Support				200	200	100
# People vaccinated with OCV				2,238,112	2,193,046	99
Nutrition						
# Pregnant women receiving preventative iron-containing supplements	125,955	138,583	110			
% Health facilities in UNICEF supported districts that provide treatment services for the management of severe wasting	80	76	95			
# Children 6-59 months screened for wasting	554,593	779,867	141			
# Children aged 6-59 months with SAM who are admitted for treatment and recover				2,000	1,469	73
Child Protection & GBV						
# of targeted women, girls and boys provided with risk mitigation, prevention and/or response interventions to address gender-based violence	1,750	28,686	164			
# of targeted people, including girls and boys in humanitarian contexts who have received individual case management and/or referrals to address severe protection risks	700,000	63,011	9			
# of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who aid affected populations	700,000	61,162	9	600,000	39,694	7
# of people accessing protection referral mechanisms and/or pathways				24,562	6,864	28
# of children affected by Cholera receiving protection support (example family tracing, reunification, case management services)				21,412	40,939	191
Education						
# Children accessing formal or non-formal education, including early learning	TBD	0	0			

# Teachers/educators trained in MHPSS	3,000	0	0			
# Schools supported to implement safe school protocols (IPC) through the provision of soap and buckets				141	663	448%
# Schools reached with hygiene awareness campaigns in schools and surrounding communities				141	481	341%
# Schools provided with hygiene-related IEC materials and messages for schools				141	663	448%
# Teachers trained on infection prevention, Cholera response and management at the school level				204	0	0%
IPC/WASH						
# People accessing a sufficient quantity of safe water for drinking and domestic needs	103,500	259,750	251			
# of boreholes provided in learning and health care facilities and safe spaces in communities, reached with basic WASH services"	414	605	146			
# of people benefitting from chlorination, water supply systems upgrade, and water quality monitoring				2,100,000	3,613,919	172
# of people benefitting from WASH and IPC supplies				2,100,000	2,804,873	134
Social Protection						
# Households reached with vertical cash transfer expansion with UNICEF technical assistance	75,000	1,311,101	1748			
# Households reached with horizontal cash transfer expansion with UNICEF technical assistance	75,000	952,570	1270			
Social Behaviour Change						
# People reached through messaging on prevention and access to services	6,000,000	6,432,633	107	8,000,000	15,500,000	138
# People who participate in engagement actions				1,800,000	2,262,942	125
# People sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms				2,400	15,384	641
# UNICEF project sites/districts displaying PSEA IEC material				16	0	0

Annex B

Funding Status

Drought Response

Sector	Requirements	Funds available	Funding gap

		Other resources received in 2024	Humanitarian resources received in 2024	$	%
Health	7,659,180	0	0	7,659,180	100
Nutrition	11,672,752	1,207,088	4,520,651	5,945,013	51
Child Protection/GBViE/PSEA	1,500,000	150,000	0	1,350,000	90
Education	1,795,415	19,610	0	1,775,805	99
WASH	3,381,800	0	1,078,243	2,303,557	68
Social Protection	150,000	150,000	0	0	0
SBC/Advocacy	325,000	0	20,000	305,000	94
Total	**27,095,543**	**1,526,698**	**1,682,243**	**23,886,601**	**88**

Cholera Outbreak Response

Sector	Requirements	Funds available		Funding gap	
		Other resources received in 2024	Humanitarian resources received in 2024	$	%
Health	2,000,000	212,000	558,575	1,229,425	61
Nutrition	307,000	0	199,979	107,021	35
Child Protection/GBViE/PSEA	300,000	10,000	222,188	67,812	23
Education	685,000	0	0	685,000	100
WASH	2,850,000	100,000	1,776,183	973,817	34
SBC/RCCE	345,000	168,000	77,872	99,128	29
Total	**6,487,000**	**490,000**	**2,834,797**	**3,162,203**	**49**

Next SitRep: 30 June 2025

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