



Community-based management of acute malnutrition program in Karaga, Ghana.

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for every child

Humanitarian Situation Report No. 1

Reporting Period
1 January to 30 June
2025

Central Sahel Outflow

HIGHLIGHTS

- In the first half of 2025, UNICEF supported the screening of more than 186,000 children for malnutrition, resulting in the treatment of 16,500 children suffering from severe wasting. UNICEF also vaccinated 68,500 children against measles and provided 88,500 children with access to formal and non-formal education, including early years education.
- Armed conflicts in Burkina Faso, Mali and Niger have forced over 515,000 people to flee neighbouring coastal countries. Of these countries, Mauritania has experienced a particularly sharp increase in new arrivals. It now hosts over 309,000 Malian refugees, who are distributed between the M'bera camp and local communities.
- In 2025, UNICEF received US\$12.9 million of the US\$76.8 million it appealed for. The appeal is 17 per cent funded. Despite the generous contributions received, significant funding gaps persist, limiting UNICEF's ability to respond effectively to humanitarian needs and make progress in critical areas of support for children and their families.

SITUATION IN NUMBERS¹



2,800,000
Children in need of humanitarian assistance








4,900,000
People in need of humanitarian assistance



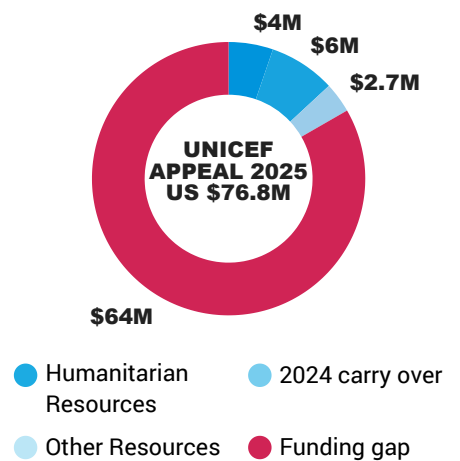
515,000
Displaced²

UNICEF RESPONSE AND FUNDING STATUS*

	Health	Measles vaccination	13%
		Funding status	48%
	Nutrition	Severe wasting	26%
		Funding status	13%
	Child protection	MHPSS	33%
		Funding status	18%
	Education	Access to education	26%
		Funding status	9%
	WASH	Access to water	30%

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

FUNDING STATUS (IN US\$)**



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The humanitarian situation in **Benin, Côte d'Ivoire, Ghana, Mauritania** and **Togo** in 2025 is increasingly affected by the outflow effects from the ongoing crisis in the **central Sahel**. Armed conflicts in Mali, Burkina Faso and Niger have forced people to seek safety in neighboring countries, placing an additional strain on already limited resources and existing fragile essential services like education, health, psychosocial support and mental health, immunization, nutrition, social protection, water, hygiene and sanitation and child protection.

At the same time, outbreaks of cholera, measles, and mpox, combined with the increasing frequency of floods and other climate shocks, are exacerbating vulnerabilities and limiting access to essential services for both displaced populations and host communities.

Steady influx of displaced people continues

The increasing insecurity in the central Sahel is leading to a greater number of displaced people in Mauritania, Benin, Côte d'Ivoire, Ghana and Togo.

By 30 June 2025, over **309,000 Malian refugees** had arrived in Mauritania. This total includes 120,000 refugees registered in the M'bera camp, as well as an estimated 173,000 people living in communities in Hodh Chargui region outside of the camp³. Since January 2025, an estimated 27,000 people have arrived, with 86% of whom are women and children.

At the current rate, it is projected that an additional 48,000 people will arrive by the end of the year. This increase in displacement is linked to an ongoing intensification of the conflict, with 25 security incidents reported in border regions since January⁴. Particular concern has been expressed about the deteriorating security situation at the Senegal–Mali–Mauritania border, with recent attacks by non-state armed groups (NSAGs) in the Segou and Kayes regions of Mali.

Another 206,000 people are estimated to have been displaced into Gulf of Guinea countries due to insecurity in the Central Sahel. This figure is likely to be an underestimate as new arrivals and displaced people have not been consistently registered in all locations despite all the ongoing efforts made by the authorities with support from international organisations. These events have restricted access and exacerbated the living conditions of the local population.

As of June 2025, **64,793 people** were displaced in **Togo**. This includes 54,622 refugees and asylum seekers and 10,171 internally displaced persons (IDPs), the majority of whom are located in the Savanes region. During the first half of 2025, the north-eastern Savanes region experienced a surge in violence, including ten attacks by non-state armed groups and an incident involving an improvised explosive device⁵.

Northern Benin is facing a growing crisis, with ongoing attacks by non-state armed groups displacing **50,547 people**. Over 70% of those displaced are women and children, including 23,253 refugees and asylum seekers⁶ and 27,294 internally displaced people (IDPs)⁷. The attacks have disrupted schooling, healthcare and livelihoods with key services in Tanguieta, Toucountouna and Karimama particularly affected. Consequently, primary school exam centres have been relocated, and host communities are struggling to provide basic services. Despite the increased military presence in the north, security remains a major concern. Between January and June, 179 incidents were reported, including armed clashes, riots and explosions.⁸ The situation worsened in May and June, forcing over 6,000 people to flee, including 1,932 who sought asylum.

Similarly, the security crisis in Burkina Faso and Mali continues to displace people into **Côte d'Ivoire**. As of June 2025, over **70,000 refugees and asylum-seekers** have been registered biometrically, with thousands more awaiting registration⁹. Most of the people who have fled are women and children, making up 82% of the displaced population. Of the 31,771 school-aged children, only 11% are enrolled in school. Over 14% of the displaced are children under the age of five.

In **Ghana**, over **19,000 people**¹⁰ have fled insecurity in Burkina Faso, Mali, and Niger to seek refuge in Ghana. Meanwhile, the decades-long in Bawku has also displaced thousands and disrupted public services.

As of June 2025, a total of **243 security incidents** had been reported in coastal countries bordering Burkina Faso, Mali and Niger. These incidents included attacks, abductions, violent demonstrations and the use of improvised explosive devices (IEDs) by non-state armed groups (NSAG)¹¹.

Current disease outbreaks and vulnerability to public health emergencies

A growing number of disease outbreaks are threatening communities in Togo, Ghana, Benin and Côte d'Ivoire. In Côte d'Ivoire, for example, a cholera outbreak in Abidjan has resulted in 103 cases and seven deaths since May 2025, highlighting the need for better preparedness. Cholera remains a persistent threat in Ghana, where nearly 5,000 suspected cases and 49 deaths were recorded between October 2024 and February 2025. The country also recorded 163 cases of mpox, and yellow fever continues to pose a risk due to unvaccinated populations. Togo is facing a similar situation, having experienced its first mpox outbreak comprising 32 cases, as well as outbreaks of cholera, measles and meningitis. In Mauritania, poor living conditions and overcrowding have led to a resurgence of several epidemic-prone diseases.

These epidemics underscore the urgent need for stronger health systems and increased emergency responses to protect vulnerable populations.

Climate change is increasing the frequency and intensity of floods, while also exacerbating dry spells.

In Benin, floods have damaged critical water points, requiring significant funding for repairs. Togo has also experienced floods that, along with persistent security issues, are worsening the humanitarian situation of communities. In both Ghana and Côte d'Ivoire, a combination of dry spells and floods is making existing emergencies even more complex. This has led to a worsening of food insecurity and is creating additional tensions over access to water for both people and their livestock.

Political and economic developments

The border between Niger and Benin remains closed since the military coup in the former country in mid-2023. This has severely impacted trade and caused economic hardship in both nations. A new Niger-Benin oil pipeline has been at the center of the dispute. The deterioration in the security situation is creating a complex environment as Benin looks toward general elections in 2026. Meanwhile, Côte d'Ivoire is experiencing tensions ahead of its October presidential election.

UNICEF's 2025 appeal of **US\$76.8 million** is **17 %** funded, with US\$6.8 million in contributions and an additional US\$6 million in carry-forward funding. These significant funding shortfalls continue to hinder UNICEF's capacity to effectively respond to humanitarian crises and make progress toward its critical support goals.

BENIN

SITUATION OVERVIEW & HUMANITARIAN NEEDS

By 2025, nearly 2 million people in northern Benin will be at risk due to the Sahel crisis, epidemics and flooding¹². Ongoing attacks by non-state armed groups (NSAG) in the Alibori, Atacora, Donga and Borgou departments displaced 50,547 people. Of these, 23,253 were refugees/asylum seekers or asylum seekers¹³ and 27,294 internally displaced people¹⁴, over 70 per cent of whom were children or women with over 70 per cent children and women.

Despite the increased military presence in the north, security risks remain high, particularly in areas close to the border. Between January and June, 179 incidents, including armed clashes, acts of violence, riots and explosions, were reported¹⁵. The security situation deteriorated further during May and June 2025, resulting in the forced displacement of more than 6,000 people; of these, 1,932 were asylum seekers.

The increase in attacks and threats by the NSAG against local populations has made communities more vulnerable and led to widespread panic. Serious incidents and threats have disrupted schooling, healthcare provision and livelihoods, particularly in Tanguiéta, Toucountouna and Karimama. This has impacted family peace and tranquillity. The intensity of the attacks has exacerbated the fragility of the education system in the affected municipalities, resulting in primary school examination centres being relocated to towns such as Tanguiéta¹⁶.

The living conditions of children and their families are precarious, with an increased risk of waterborne and foodborne diseases. A total of 255,976,713 FCFA (US\$456,144)¹⁷ is needed to repair water points¹⁸ needed to repair water points in areas affected by various disasters.

This includes municipalities in the Atacora department (Boukombé, Coby, Kérou, Kouandé, Natitingou and Matéri), the Alibori department (Banikoara, Kandi, Karimama, Malanville and Ségbana) and the Couffo department (Djakotomey and Lalo). Social services in the host municipalities, particularly in Banikoara, Coby, Kérou, Matéri, Tanguiéta and Toucountouna, are under strain due to high demand¹⁹.

Furthermore, the closure of Niger's border continues to disrupt trade, worsening economic vulnerabilities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

From January to May 2025, 97,745 people (47,292 women and 50,453 children) in the affected areas of northern Benin benefited from integrated primary healthcare services. During this period, 35,110 children aged 0 to 59 months (17,906 girls and 17,204 boys) were vaccinated against polio, pentavalent disease, measles, and rubella across the 27 northern municipalities²⁰.

Implementing the National Community Health Policy in northern health zones has significantly improved access to primary healthcare services. Despite security threats, all health facilities remain operational. During the reporting period, UNICEF supported the government in setting up 112 Composantes Locales du Système de Santé (CoLoSS)²¹ to carry out community health assessments and develop emergency preparedness and response plans. UNICEF also provided two mobile clinics and two fuel tanks (each with a capacity of 3,000 litres) to strengthen outreach strategies among displaced

persons, refugees, and vulnerable host communities in Alibori and Atacora. In Banikoara, the mobile clinics have given more than 1,700 people (including 781 children) living far from health centres access to healthcare²².

This semester, UNICEF supported the Centre d'Opérations d'Urgence de Santé Publique (COUSP) in planning activities to strengthen its preparedness and response to health emergencies. These activities will be implemented in Quarter 3 with UNICEF support. Additionally, International Committee of the Red Cross (ICRC) supported the training of 20 health workers from Karimama and Malanville on Emergency Obstetric and Neonatal Care in collaboration with UNICEF.

NUTRITION

During the first semester of 2025, UNICEF prepositioned therapeutic supplies including 3,190 boxes of ready-to-use therapeutic food (RUTF)²³, 20 boxes of F75, 50 boxes of F100 and 1,400 amoxicillin tablets. This ensured that all ambulatory and therapeutic nutrition centres remained fully functional, and able to provide life-saving care to children affected by severe acute malnutrition (SAM) in northern health zones²⁴.

During the same period, a total of 4,140 children (2,066 girls and 2,074 boys) were admitted and treated for SAM for the first time across the 27 northern municipalities, achieving a recovery rate of 92.4 per cent.

The community-based early warning system in the Atacora and Alibori departments, which is operated by health workers and supported by NGOs such as Première Urgence Internationale (PUI) and Médecins Sans Frontières (MSF²⁵), was reinforced. This enabled, proactive malnutrition screening and early intervention. NGO partners – PUI, MSF, SIAN'SON²⁶ Bach Consulting pour le Développement (BCD)²⁷ organized culinary demonstration activities and active screening for wasting.

Moreover, 51,186 mothers and caregivers of children aged 0–23 months²⁸ received counselling on optimal infant and young child feeding (IYCF) practices, adapted to emergency settings, to improve nutritional outcomes and child survival across the 27 municipalities in the north.

CHILD PROTECTION

Between January and June 2025, UNICEF and its partners sustained efforts to strengthen further child protection systems, with a focus on delivering mental health and psychosocial support (MHPSS) in emergency settings. These interventions contributed to the creation of safer and more resilient communities for children and families in the Atacora, Alibori, Borgou and Donga departments. As a result:

- 41,723 children, adolescents, and caregivers, including 29,660 children (14,232 girls) and 164 persons with disabilities, accessed community-based MHPSS through 59 child-friendly spaces, peer-to-peer sessions and community dialogues.
- 125,065 people (25,390 girls, 37,086 boys and 62,589 women) accessed GBV risk mitigation, prevention and/or response interventions. 130 of the children (124 girls), who were GBV survivors, received holistic care in Alibori and Atacora.
- 46,870 people, including 11,256 women and 21,943 girls, gained access to safe channels to report sexual exploitation and abuse by UNICEF partners helping affected populations.

- 2,278 vulnerable children, including 1,053 girls, 155 children with disabilities, and 116 refugees and displaced persons received individual case management services. Among them, 74 unaccompanied or separated children (UASC) were provided with alternative care arrangements.
- In Alibori and Atacora, 1,565 displaced people from 223 households, including 946 children, received essential household kits to respond to their immediate needs. 3 families affected by improvised explosive devices (IEDs) in Karimama (Alibori department) also received this assistance.
- Child protection sub-committees in Atacora (Tanguiéta) facilitated a rapid assessment following a new displacement in February 2025. In Karimama, the sub-committee held a coordination meeting in response to new incidents in May 2025, to improve the alignment of the emergency response and ensure the continuity of essential services.
- During the reporting period, 135 institutional and community actors (35 women), including police officers from Alibori and Atacora, received Explosive Ordnance Risk Education (EORE) training sessions. They, in turn, reached 19,461 individuals (3,765 women, 4,806 men, 5,098 girls and 5,792 boys) across the four northern departments, through EORE sessions organized by the Government, in collaboration with community-based partners.

EDUCATION

To ensure that all children, including those affected by crises, have an equal opportunity to learn and thrive, UNICEF supported the reintegration of 11,221 refugee and displaced children into 50 schools across nine municipalities, including 5,410 girls. Banikoara (1,047), Boukoubé (727), Cibly (533), Kandi (67), Karimama (127), Kérou (1,440), Malanville (542), Matéri (1,538), Natitingou (1,395), Segbana (621), Tanguiéta (2,167) and Toucountouna (1,017). All of the reintegrated students received emergency school kits to improve learning conditions. In addition, 44,697 children, including 20,873 girls, in the Alibori and Atacora departments, received educational and psychosocial support through child-friendly spaces.

UNICEF also supported the departmental authorities in relocating 115 displaced pupils from the crisis-affected Tanougou primary school to Tanguiéta, enabling them to take their Certificat d'Étude Primaire (CEP)²⁹ exam, and provided them with school kits, to offer them the best learning and writing conditions possible.

WASH

Water supply interventions, carried out during the reporting period, reached 46,746 people, including approximately 22,685 women and 4,058 children, with safe drinking water. These interventions included the rehabilitation of:

- 12 water pumps in Banikoara (Alibori), enabling the access of 6,053 people, including: 3,614 women (723 refugees) and 2,439 men (611 refugees) to safe drinking water.
- 40 water pumps in Kandi (Alibori), enabling 35,679 people, including: 18,071 women and 17,608 men, to access safe drinking water.
- 15 water pumps in Cibly (Atacora), giving drinking water access to 5,014 people, including: 4,058 children (2,110 girls), 655 women.

Furthermore, 6,898 people benefited from essential water, sanitation and hygiene supplies (including hygiene items) and services and the hygiene promotion and emergency response reached 2,085 people with WASH emergency hygiene kits, as follows:

- 1,884 people, including 981 women in Tanguiéta, and
- 201 displaced students in Natitingou.

Coordination and system strengthening: UNICEF reinforced WASH emergency coordination mechanisms by providing technical assistance to national and sub-national coordination platforms, facilitating regular coordination meetings, and supporting the development and implementation of contingency plans. As a result, response actors were better aligned, response times improved, and roles and responsibilities were clarified across key stakeholders, contributing to a more effective and sustainable emergency WASH response.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

During the first two quarters of 2025, UNICEF continued to support communities affected by the security crisis in the Atacora, Donga, Borgou and Alibori departments. Through local radio stations, it disseminated essential information on access to basic social services and promoted the necessity of sustaining positive individual and collective behaviour. This reached approximately 1,131,703 people, including 340,560 women and 411,156 children and adolescents.

Additionally, its support for community dialogue spaces, facilitated by community structures and local leaders, engaged nearly 141,057 people, including 39,154 women and 75,423 children and adolescents. Key themes addressed included peace, social cohesion, essential family practices, fighting gender-based violence (GBV), preventing child marriage and early pregnancy, and improving girls' education and access to basic social services. These initiatives took place in the following municipalities: Boukoubé, Cibly, Kérou, Matéri, Natitingou, Péhunco, Tanguiéta and Toucountouna in the Atacora region; Copargo, Djougou and Ouaké in the Donga region; Kalalé, N'Dali, Nikki, Parakou, Pèrèrè and Sinendé in the Borgou region; and Banikoara, Gogounou, Karimama and Malanville in the Alibori region.

Feedback was collected from 413 people in Bembèrèkè, Boukoubé, Copargo, Djougou, Gogounou, Ouaké, Parakou and Péhunco. The necessity of increased support for girls' education, the fight against child marriage and early pregnancy, and the improvement of the school environment were prioritised. This includes the construction and furnishing of classrooms and school canteens, support for students' civil status, and the installation of water points. The promotion of peace and social cohesion was also prioritised.

NON-FOOD ITEMS

From January to June 2025, UNICEF and its partners, in collaboration with the government, distributed 250 hygiene kits and 75 protection kits. This initiative restored the dignity of over 5,000 victims of attacks and displaced persons in the municipalities of Tanguiéta and Toucountouna, in the Atacora department.

UNICEF also provided hygiene kits for 115 candidates taking the Certificat d'Études Primaires (CEP)³⁰ exam who had been relocated from Tanougou to Tanguiéta due to insecurity and were accommodated at the Maison des Jeunes in Tanguiéta. This enabled them to take their Certificat d'Études Primaires (CEP) exam who had been relocated from Tanougou to Tanguiéta due to insecurity and were accommodated at the Maison des Jeunes in Tanguiéta. This enabled them to take their Certificat d'Études Primaires (CEP) exams in optimal hygienic conditions. Furthermore, UNICEF coordinated the distribution of NFI kits to ensure an effective and inclusive response, guaranteeing that no one was left behind.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Human Interest Stories

Northern Benin – Resilience of a refugee family supported through Canadian funding

Seidou Ibrahim and his family fled insecurity in northwest Niger and found refuge in Kérou, in northern Benin. Thanks to local solidarity and support from the Flexible Minimum Package (PMI), funded by the Government of Canada, they accessed emergency assistance, healthcare, and school kits. Referred to the Guichet Unique de Protection Social (GUPS), Seidou received medical care for his sick son and enrolled him in school. His story reflects the impact of humanitarian aid on displaced populations facing extreme vulnerability. Since 2022, over 150,000 girls and adolescents have received psychosocial support and life skills services across Benin, and 2,651 displaced families have been provided with essential household kits.

Read the full story : <https://www.unicef.org/benin/recits/du-niger-au-nord-b%C3%A9nin-la-r%C3%A9silience-dune-famille-refugi%C3%A9e>

Thomas, André and Moipigui – Refugee Children Finding Hope in Benin

Forced to flee violence in Nadiagou, eastern Burkina Faso, Thomas, André, and Moipigui found refuge with their relatives in Tanguiéta, in northwestern Benin. The sudden outbreak of armed conflict disrupted their lives overnight. Welcomed by the local community and supported by humanitarian actors, they were referred to the Guichet Unique de Protection Social (GUPS), where they received vital assistance. With the help from UNICEF its and partners, including the Government of Benin, the Swiss Cooperation, and the European Union, the children received school kits and medical support. Despite initial difficulties related to their albinism, the children were integrated into their unfamiliar environment and resumed their education. “I’ve made new friends, and I like going to school,” says Thomas, aged six. His older siblings, André and Moipigui, also express gratitude for the support that enabled them to continue learning and regain a sense of normalcy. Thanks to this coordinated response, over 5,000 displaced children in the Atacora and Donga departments have been able to return to school under better conditions.

Read the full story : <https://www.unicef.org/benin/recits/thomas-andr%C3%A9-et-moipigui-des-enfants-r%C3%A9fugi%C3%A9s-en-qu%C3%AAt-dun-meilleur-avenir>

Yakassou Baké: A Young Girl’s Fight for Education in Northern Benin

In the rural Atacora region of northern Benin, 15-year-old Yakassou Baké, a Fulani girl from the small agropastoral camp of Manssarou, is defying tradition and hardship to pursue her dream of becoming a midwife. Baké, who lost her mother, walks nearly 10 kilometers each day to attend secondary school—often arriving late but welcomed thanks to the understanding of school staff. With no siblings in school and growing pressure from her family to marry early, Baké stands firm in her belief that education is the key to a better future. Her perseverance is supported by the Faaba Cash+Care programme, which addresses child marriage through cash transfers to reduce poverty and services that challenge harmful social norms. Baké’s story is a testimony of resilience and the transformative power of education. In a region where girls are only 16.34 per cent of secondary school students, her journey underscores the urgent need to invest in girls’ education as a path to empowerment and equality.

Read the full story : <https://www.unicef.org/benin/recits/de-la-communaut%C3%A9-agropastorale-%C3%A0-l%C3%A9cole>

Distribution of NFI kits:

Article. <https://www.unicef.org/benin/recits/travailler-tous-ensemble-pour-ne-laisser-personne-de-c%C3%B4t%C3%A9>

External Media

Digitalization of schools:

- Article: [Cérémonie de remise de salles numériques au CEG Yimporima à Natitingou](#), (Delegation of European Union in Benin)
- Article: [Introduction du numérique dans l’enseignement: Vers l’opérationnalisation des salles connectées](#), (La Nation)
- Article: [Disponibilité d’une salle de classe numérique au ceg Banikoara: les élèves préparés aux défis technologiques](#) (Daabaaru)

Fight against child marriage

- Article: [Lutte contre le mariage des enfants: Une discipline de groupe à Donwari peulh](#) (La Nation)
- Article: [Lutte contre le mariage précoce à Donwari Peul: Les filles peuvent rêver grand](#) (Fraternité)
- Article: [Lutte contre le mariage des enfants: Donwari Peul, un exemple de réussite qui fait cas d’école](#) (Matin Libre)
- Article: [À kandi dans le village de donwari peulh: le comité de veille villageoise fait échouer un mariage de fille mineure](#) (Daabaaru)

Health

- Video: [Amélioration des services de santé au nord du Bénin: l’UNICEF et le Japon font don de mobiles mobiles et intrants nutritionnels](#) (Le Journal 20H)
- Video: [Cérémonie de remise de matériel roulant et d’intrants au Ministère de la Santé](#) (Canal3 Bénin)
- Article: [Amélioration des services de santé au Nord du Bénin: L’Unicef et le Japon font don de cliniques mobiles et intrants nutritionnels](#) (Le Matin Libre)
- Article: [Don de 196 millions CFA en matériel: Le Japon et l’Unicef renforcent le système sanitaire du Nord-Bénin](#) (La Nation)
- Article: [Don de matériels roulants et d’équipements sanitaires : Le Japon et l’Unicef renforcent le système de santé du Bénin](#) (Le Matinal)
- Article: [Politique nationale de santé communautaire à Banikoara: les retombées saluaires d’un projet qui impacte les communautés](#) (Daabaaru)
- Article: [Sensibilisation sur les enjeux liés à l’eau: L’INE et l’UNICEF se donnent la main](#) (Matin Libre)

Management of menstrual hygiene

- Article: [Grâce au club des enfants pairs éducateurs du CEG Banikoara : le tabou autour de la gestion menstruelle est brisé](#) (Daabaaru)
- Article: [Tabou autour de la Gestion de l’hygiène menstruelle: Les enfants Pairs éducateurs, comme fil d’Ariane à Banikoara](#) (Matin Libre)

COTE D'IVOIRE

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Since May 25, 2025, cholera outbreak in Abidjan (103 cases, 7 deaths, case fatality rate of 6.8%)³¹ highlights the need for improved preparedness including active surveillance, risk communication and community awareness, and early response interventions particularly among fishing communities. Despite ongoing humanitarian efforts, gaps in education, healthcare, and livelihoods persist. Strengthening community engagement and inclusive development is essential to reduce tensions and support host-asylum seeker cohesion.

The security crisis in Burkina Faso continues to drive displacement into northern Côte d'Ivoire. As of June 2025, over 70,000 refugees and asylum-seekers are registered (biometric) in the country, 66,800 are asylum seekers fleeing the Central Sahel, with the majority coming from Burkina Faso and residing in the northern regions of Bounkani (district of Zanzan) and Tchologo (District of Savanes). As influx continues from Burkina Faso, close to 7,000 additional asylum seekers are awaiting registration, bringing the total estimated number of asylum seekers to more than 72,221. Over 23,000 people have specific needs, including 321 with disabilities and 274 with serious medical conditions. The majority of forcibly displaced persons from Burkina Faso and Mali who crossed into northern Côte d'Ivoire are women and children (82 per cent), while 45 per cent (around 31,771) are school-age children, and more than 14 per cent are under the age of five. Only 11% of school-age children are enrolled in education³². Northern regions of Côte d'Ivoire are facing heightened protection risks, exacerbated by forced displacement and socio-economic hardship, with 20.4% of displaced persons reporting extortion³³ and 0.7% of children asylum seekers being unaccompanied or separated children.³⁴ A joint assessment conducted in late 2024 in the Tchologo region revealed that children are highly exposed to neglect, exploitation, and family separation, worsened by strained local infrastructure and limited access to social services. Emotional violence, child marriage, and child labor, mainly driven by poverty and low awareness of children's rights, highlight the urgent need for targeted multisectoral interventions.

By the end of 2024, over 738,000 people were at high risk of food insecurity, particularly in the Bounkani and Tchologo regions, where the humanitarian situation has been rapidly deteriorating. Despite humanitarian assistance, 82% of households in both sites and host communities cannot meet basic needs, with higher rates among asylum-seekers.³⁵ Malnutrition screenings revealed Global Acute Malnutrition (GAM) rates of 2.3% in Tehini Gogo and 1.64% in Bouna. Access to water remains limited, worsening hygiene conditions.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

CHOLERA EPIDEMIC RESPONSE

Following the declaration of the cholera outbreak, the government activated the Public Health Emergency Operations Center (COUSP) and deployed rapid response teams to carry out epidemiological surveillance, disinfection of affected areas, and community awareness campaigns. To ensure proper case management, two free treatment centers were established: one at the Vridi Ako Health Center and the other at the Port-Bouët Hospital. Additionally, through the National Office for Drinking Water (ONEP), the government provided potable water via tanker trucks to affected communities. It also initiated the construction of eight latrine blocks in the impacted area to improve hygiene conditions. A community awareness

campaign, involving local authorities, was launched and followed by the distribution of hygiene kits to both the population and local health facilities.

In support of government efforts, UNICEF swiftly mobilized USD 25,000 to contribute to the national response through:

- A total of 100 household hygiene kits (containing soap, buckets, cup, jerrycan, kettle plastic potty chamber for children, bleach, aquatabs tablets and water basin) were distributed. Beneficiary targeting for the kits was carried out in collaboration with the Port-Bouët Health District and community leaders, with a focus on affected households.
- The organization of a 4-day community awareness campaign, with the active involvement of 48 U-Report youth volunteers, which reached more than 5,300 people.
- Support for the development of the Risk Communication and Community Engagement (RCCE) plan.
- UNICEF has formalized a partnership with a national non-governmental organization to enhance its response in Risk Communication and Community Engagement (RCCE) and to foster the adoption of improved hygiene practices at the community level.

HEALTH

As part of the fight against measles, UNICEF supported the Ministry of Health in organizing a national measles vaccination intensification week in May 2025. During this campaign, 1,777 children in the Bounkani region were vaccinated. In addition, through routine immunization efforts, 31,922 children across the Tchologo and Bounkani regions were immunized, contributing to the long-term prevention of the disease. From January to June 2025, UNICEF support enabled the vaccination of 33,699 children against measles.

A partnership is being finalized with a non-governmental organization to support 20 health centers in implementing advanced strategies aimed at bringing health services closer to affected populations.

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As part of the resilience programme, to improve the survival of premature and low birth weight newborns, UNICEF supported the referral hospitals in the Kong and Doropo departments in establishing Kangaroo Mother Care (KMC) units. Furthermore, 22 healthcare providers (11 per facility) were trained in implementing this mother-infant bonding approach. In addition, 25 healthcare providers in the Doropo health district benefited from two training sessions:

- The first focused on Basic Emergency Obstetric and Neonatal Care, PCIMNE,³⁶ and postpartum hemorrhage management.
- The second addressed nutrition and adolescent and youth health.

As part of the mpox prevention and response efforts, 40 healthcare professionals and 25 community health workers from the Danané health district were trained in infection prevention and control (IPC), as well as in the diagnosis and management of smallpox cases. This capacity building aims to enhance early detection, reduce transmission, and improve the quality of care provided to affected individuals, thereby helping to contain the outbreak and protect vulnerable populations, especially children.

NUTRITION

In this first half of 2025, UNICEF and its partners continued supporting the national nutrition programme through preventive,

promotive, and curative activities. UNICEF provided ongoing support by supplying anthropometric equipment and nutritional inputs to health districts (124 Length/height board, baby/child/adlt, 62 scale-survey-mother/child, 250 pack of MUAC child, 800 cartons of RUTF, 27 cartons of therapeutic meal F75). Key results from the Bounkani and Tchologo regions for the period of reporting include:

- A total of 47,142 children aged 6-59 months were screened for acute malnutrition at health centers and community level in the Tchologo and Bounkani regions, affected by the Sahel crisis.
- 954 children aged 0-59 months were admitted for severe acute malnutrition, compared to 516 children during the last couple months. This decrease can be attributed to preventive and promotive activities.
- As part of malnutrition prevention efforts, 70,663 children aged 6 to 59 months received vitamin A supplementation.



A mother receiving a refresher training on the use of the MUAC tape for screening malnutrition through mid-upper arm circumference measurement.

As part of resilience programme interventions, nutritional education activities for mothers/caretakers of children aged 0-23 months continued in FRANCs. 10 new multi-sectoral nutrition platforms (FRANC)³⁷ have been established, bringing the total number of FRANC supported by UNICEF to 17, including two sites for asylum seekers. In addition, 9,048 persons (3,974 men and 5,074 women) were sensitized on the best nutritional practices, including infant and young child feeding.

The family-based mid-upper arm circumference screening approach, known as “[Family MUAC](#)”, launched at the end of 2024 in the two regions by the National Nutrition Program and the NGO ARK with UNICEF support, continued this half year. A total of 4,000 mothers and caregivers of children aged 6 to 59 months were trained in MUAC use and oedema detection.

CHILD PROTECTION

During the second quarter of 2025, UNICEF continued to strengthen the social service workforce and community child protection mechanisms in the northern regions to protect children from violence, abuse and exploitation, and to respond to their needs, including through Mental Health and Psychosocial Support (MHPSS) at community level. As part of these initiatives, 44 Child Protection Committees were established or revitalized across the Bounkani (8), the Bagoué (10) and Tchologo (26) regions, 10 children’s groups were created, and 20 Child-Friendly Spaces were revitalized and two (2) safe spaces for children were created to provide additional protection and support.

During the reporting period, in the northern regions, 14,674 individuals, including 3,614 children (2,034 girls; 1,580 boys) and 6,700 women, received community-based Mental Health and Psychosocial Support (MHPSS). This support was delivered through child protection committees, under the supervision of social workers. In addition to MHPSS, these people were also provided with information and tools related to child protection, covering topics such as :

- Children’s rights.
- Gender-Based Violence (GBV).
- Protection from violence, abuse, and exploitation.
- Sexually transmitted infections.
- Early warning systems.

During the first half of 2025, 147 children requiring protection received individual case management (cases of rape, denial of resources³⁸, physical violence, negligence, and child marriage) through UNICEF and its partners, namely social workers. In the first quarter of 2025, 35 frontline actors, including social workers, asylum seekers, and humanitarian staff, were trained on PSEA, including identification and referral mechanisms. They contributed to community awareness efforts on the prevention, detection, and reporting of sexual exploitation and abuse (SEA), during this semester.

In addition, a working session was held with humanitarian actors (UNHCR, Save the Children, CIAUD Canada) from Bounkani, along with partners from key child protection ministries (Women, Family and Children; Social Protection; National Cohesion). The session focused on reviewing the emergency response plan, identifying key challenges, and discussing strategies to strengthen coordination and response mechanisms.



Child Exploitation Prevention Activity

EDUCATION

During the reporting period, UNICEF collaborated with the Ministry of Education to continue educational interventions in the Timalah and Nioronigue sites. As part of this initiative, 21 classrooms were rehabilitated, allowing 1,539 children, including 806 girls, to attend these learning spaces. In addition, 33 new [Islamic Education Structures \(SIEs\)](#) were identified and assessed. Each structure is now benefiting from a tailored support plan aimed at facilitating their integration into the formal education system. 3,792 children, including 1,502 girls are enrolled in these SIEs and received individual learning materials. Since the beginning of the year, a total of 5,331 children across the two regions have received individual

learning kits, with UNICEF support, including 1,539 children (806 girls) affected by the central Sahel crisis. Additionally, 36 volunteer teachers, including 20 women, received teachers' kits and training to enhance their pedagogical skills.



Children from an Islamic educational structure integrated into the formal education system (Ferre - Northern Côte d'Ivoire).

To strengthen the resilience of the education system, with UNICEF support, the "[Resilient School](#)" or "[Safe School](#)" manual developed at the end of 2024, was distributed to teachers in the Poro, Tchologo, and Bounkani regions. A total of 284 teachers and education authorities, including 121 women from the Tchologo and Bounkani regions, were trained on preparedness, response and recovery measures to address the different risks that schools could face, by using this manual ([Resilient School](#)" or "[Safe School](#) "). This "Resilient School" guide, aimed at strengthening schools' capacity to cope with crises, has been deployed in 70 educational institutions.

UNICEF also supported the Ministry of Education in strengthening emergency preparedness and response through the development of contingency plans for the education sector in the northern regions.

As part as resilience programme interventions, five (5) mobile digital classroom kits (each containing 30 tablets), were provided to the 5 schools of Tchologo (*EPP Nioronigue-Ouangolo*, *GS Résidentiel Ferre*, *Collège Moderne Ferre*) and Bounkani (*EPP Oungokoro* and *GS Téhini*). Capacity-building sessions were also conducted for 56 educators (including 24 women), in these schools to enhance their digital teaching skills.



Mobile digital classroom, designed to enhance learning and deployed in schools.

WASH

The interventions reported in the first six months of the year are part of the resilience programme implemented in the two regions most affected by the Central Sahel crisis. To improve access to drinking water, and thus the quality of care, six solar-powered mini drinking water systems and two storage reservoirs were installed in eight centres across eight localities, some of which house asylum seekers. Additionally, 45 obsolete hand pumps were replaced in 45 locations. In the six localities equipped with high-volume solar water systems, four water collection points were installed per site to improve access to safe drinking water for communities, healthcare workers and patients attending health centres. These interventions have improved access to water for a total of 18,850 people (4,844 men, 4,741 women, 4,612 girls, and 4,653 boys).

In terms of community access to hygiene and sanitation services, nearly 89,427 people (45,607 men and 38,819 women) across 346 localities continue to benefit from the promotion of good WASH practices. These efforts are implemented through the Community-Led Total Sanitation (CLTS) approach combined with handwashing promotion. With UNICEF's support, the 26 hygiene and sanitation committees established by CIAUD in 2024 conducted activities to promote good hygiene practices, reaching 5,164 people in the host community and among asylum seekers (1,326 men, 1,299 women, 1,275 boys, and 1,264 girls). As of June 2025, a total of 94,591 people reached with hand-washing behavior-change programmes (this corresponds to a 315% progress rate achieved during the reporting period)³⁹ .

Regarding the hygiene component, in response to the humanitarian needs of asylum seekers and host communities, UNICEF and its partner provided 356 hygiene kits to 1,780 people including 997 children in seven villages of Bounkani and Tchologo regions. A total of 274 asylum-seeking households and 82 host community households benefited from this intervention, through the partnership with CIAUD.

As part of the resilience programme, 29,200 school-children (15,184 boys and 14,016 girls) from 148 schools in Koumbala, Ferkessedougou, and Bouna areas benefited from at least one basic WASH service through the implementation of the 3-star WASH approach in schools ([Approche 3 Etoiles dans les Ecoles](#)).

SOCIAL AND BEHAVIOUR CHANGE (SBC)

As part of emergency preparedness and response in the education sector and to promote [Accountability to Affected Populations \(AAP\)](#) , the capacity of 42 education stakeholders was strengthened in three

key areas: community participation, access to information and communication, and feedback and complaints mechanisms. This training enabled accountability activities to be integrated into the education contingency plans of the Bagoué, Poro, Tchologo and Bounkani regions.

As part of resilience interventions and to strengthen the effectiveness of UNICEF's actions, initiatives were implemented to enhance community participation, build the capacity of local actors, and promote social cohesion in the sub-prefectures of Ferkessedougou, Koumbala, Togonieré and Bouna.

UNICEF supported 104 local development committees to co-create initiatives in 104 villages, addressing issues such as sanitation, maternal health, malnutrition, education, vaccination and water management. Consequently, 887 Village Development Committee members, including 221 women, actively implemented these initiatives and disseminated crucial information on accessing essential services.



Local Development Initiative Plan in Logokaha Village (Ferkessedougou), as part of community resilience efforts

In addition, with UNICEF's support, 228 local leaders were trained on their roles and responsibilities, local conflict resolution mechanisms, maintaining social cohesion, as well as communication and leadership. Additionally, 432 local actors (nurses, ARK NGO supervisors, adolescents, village chiefs and community leaders) were trained in Human Centre Design cocreation approach and social listening to support community interventions in health, nutrition, education and WASH sectors.

To promote peace and social cohesion, 35 community actors from Bounkani enhanced their skills in peacebuilding and conflict prevention between farmers and herders.

SOCIAL INCLUSION

As part of its contribution to building resilience to the Sahel crisis during the reporting period, UNICEF supported efforts to improve living conditions of children in Bounkani and Tchologo regions. The results include:

- 374 women organized in saving groups
- 16 income-generating activities supported
- 14 community trainers trained

To ensure mothers have long-lasting capacity to ensure minimum care for their children, UNICEF developed a programme to promote mothers and pregnant women's economic autonomy. This programme targeted 1,000 women in three regions, including Bounkani, Tchologo. These women have been organized in Saving

Groups called AVEC (Collective Savings Valorization Associations) and support is being provided to these groups to develop income-generating activities. While the programme creates links with the Nutrition "First Food Initiative", it also links with the "Girl Power" initiative. As such, the AVEC seek to include young girls that benefited from the "Girl Power" initiative and also targets villages with existing multi-sectoral nutrition platforms (FRANC). In addition, the supported income-generating activities will be targeting, when possible, the production, processing and distribution of nutritious food for children.

UNICEF aims at ensuring sustainability of this support through capacity building of the AVEC members, development of business plans, support to the strengthening and viability of the income-generating activities and community projects for local buy-in. In addition, UNICEF ensured national ownership through integration to the national AVEC system and inclusion of the government in the management of the initiative.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

[Community engagement in Sambakaha and Yediandekaha | UNICEF](#) :

The inhabitants of Sambakaha village in Tchologo, northern Côte d'Ivoire, have joined forces to develop local solutions to keep latrines clean, reduce unpleasant odours and eliminate open defecation. The aim is to improve health and strengthen resilience.

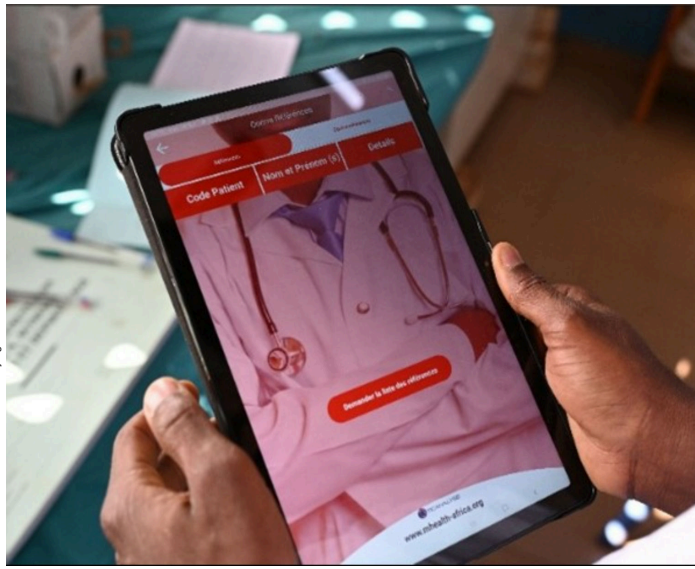
Proposed solutions include sealing full latrines with sand-filled bags, using charcoal powder to neutralise odours and creating wooden closures. The youth president, Yacouba Koné, has pledged to support the communities in this initiative.



Yacouba Koné, youth President of Sambakaha (Tchologo, Northern Côte d'Ivoire)

[Bringing healthcare to remote communities with mHealth: a digital tool that enables instant communication between Community Health Workers and local health centers](#)

"Previously, Community Health Workers had to manage multiple registers and notebooks. Today, thanks to mHealth, the data they used to record manually is now digitized and automated. This is a significant advancement for our work." Didier Coulibaly, Nurse of Kafongo (North, Cote d'Ivoire)."



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[Korobekaha, towards a healthier future! How UNICEF is working to implement the resilience program for the Korobekaha community.](#)

“We are working on vaccination, nutrition, birth registration, children’s schooling, village sanitation, and latrine construction in 22 villages of Koumbala and 59 villages of Ferkessedougou, including Korobekaha. We have established a Village Development Committee (VDC) and are responsible for monitoring the Community Initiative Plans (CIPs) in collaboration with the committee”. Alexis Dobo, SBC Supervisor, ARK NGO.



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GHANA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The reporting period was marked by multiple overlapping emergencies in Ghana, including disease outbreaks, forced displacement, dry spells, and protracted conflict. Cholera remains a persistent threat, with 4,951 suspected cases, 549 confirmed, and 49 deaths recorded between October 2024 and February 2025, mainly affecting young men in Greater Accra, Central, and Western regions. Mpox cases have risen to 163 cases (as of June 2025) across 11 regions of Ghana. In addition to these public health emergencies, other diseases, such as Yellow Fever, despite relatively high immunization coverage, pose a continued risk due to the presence of

unvaccinated nomadic populations.

The central Sahel outflow has led to the influx of an estimated 19,000 (as of June 2025) displaced persons from Burkina Faso, Mali, and Niger into northern Ghana, straining basic services and raising child protection and human rights concerns. Out of the estimated refugees, 10,721 were registered as of May 2025. Out of these, 60% (i.e., 6117) are below 18 years. Additionally, the decades-long Bawku conflict has displaced thousands and disrupted public services, with over 300 lives lost since late 2021. In response, UNICEF—together with UN agencies and partners—is employing a gender-responsive, adolescent-sensitive, multisectoral approach to strengthen emergency preparedness systems, deliver life-saving services, and foster community resilience. Leading in education, health, child protection, WASH, and social protection, and as a member of the Interagency Working Group on Emergencies, UNICEF supports assessments, planning, and coordination. However, UNICEF Ghana’s Emergency Preparedness and Response Plan is about 14 percent funded (\$2.8 million available), limiting the scale and reach of critical interventions for vulnerable populations.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF has worked closely with other UN agencies to deliver on the objectives of the Joint Response Plan for the Sahel spillover. Health interventions focused on the displaced population and host communities in three districts, namely the Sissala West, Bawku West, and Bono East regions, targeting a combined displaced population of 18,000. To address challenges with referral and continuity of care, the Bawku West and Sissala West districts were supported with two modified tricycle ambulances. Plans are advanced to initiate the implementation of European Union-funded activities aimed at strengthening the service delivery capacities of 14 health facilities and increasing the reach of community health services across 79 Community-based Health Planning and Services (CHPS) zones.

To strengthen emergency preparedness and response, the Greater Accra, Oti, and Upper East regions in Ghana developed specific plans for priority public health diseases. Greater Accra focused on cholera in 10 districts, while Oti developed plans addressing Yellow Fever in Kadjebi district, Cholera in Jasikan and Krachi Nchumuru districts, and measles in Biakoye district. The Upper East region created a regional emergency response plan and district-specific plans for diseases like Cholera, Meningitis, and Yellow Fever across eight districts. Additionally, 250 health workers were trained in emergency preparedness and response. The mpox outbreak was declared in Ghana (April 2025) and has now spread to 10 regions. The Western Region is the epicenter with 28 confirmed cases across 8 districts (as of June 9, 2025), with the Tarkwa Nsuaem district hardest hit with 13 cases. UNICEF provided support to fill critical gaps to support the Western Region in: rapid case identification, contact tracing, and source investigation; targeted risk communication and community engagement; and strengthened coordination and data management. Additionally, UNICEF provided goggles and facemasks for mpox case management. UNICEF’s response to cholera outbreaks was through support for the procurement of cholera vaccines and provision of prepositioned Acute Watery Diarrhoea (AWD) Kits (Renewable & Drug) to four regions.

NUTRITION

UNICEF continues to support the Ghana Health Service to enhance health and nutrition services for displaced persons and host communities in the Upper East and Upper West Regions. With funding from the French Embassy and the Ministry of Europe and Foreign Affairs, 120 health workers have been trained in managing children with severe acute malnutrition in the two regions. From January to June 2025, 32,794 children aged 0-59 months were screened for severe acute malnutrition, and 881 were identified and admitted for treatment, with 457 successfully treated. Additionally, 46,735 caregivers of children aged 0-23 months received counselling on optimal infant and young child feeding practices across the two regions.

Essential nutrition supplies, including anthropometric equipment, RUTF, F-75, F100, MNPs, and ReSoMal, were also procured to support effective service delivery.

CHILD PROTECTION

The Integrated Social Services (ISS) approach has been used to deliver continuous emergency prevention and response across the country to address protection risks in the context of various emergencies, such as flooding and conflict. A strong age and gender lens has been applied to ensure that interventions are responsive to the specific vulnerabilities of women, adolescent girls, and children, including those at risk of gender-based violence in emergencies (GBViE). Data collection is ongoing on the number of people reached for case management, community-based psychosocial support, and GBViE prevention, risk mitigation, and response. With UNICEF support, the Government approved the new Child Protection Community Facilitation Toolkits' contents on CPIE, MHPSS, and Explosive Ordinance Risk Education. 167 (81 women and 86 men) Government and CSO partners at the national and regional levels benefited from training of trainers, and these toolkits will be implemented in target-affected communities from Q4 2025. The implementation will be monitored by an application that tracks toolkit reporting.

The National Child Protection in Emergency Working Group drafted a new CPIE Contingency Plan covering four main scenarios: conflict (internal and cross-border), flooding, drought, and health crisis. The Plan will be finalized by Q3, and efforts are underway to develop regional CPIE contingency plans in Upper East and Upper West. UNICEF is in collaboration with the UN inter-agency PSEA Network, supporting the Ministry of Gender, Children and Social Protection, which co-chairs the CPIE Working Group, in developing the procedures to provide comprehensive guidance for the Government of Ghana and service providers on PSEA, including prevention, reporting, victim assistance, and investigation. The assessment was being conducted to identify the procedural and capacity gaps, which can inform the scope of the procedures. It is expected to be finalized by the end of 2025.

UNICEF is supporting the development of the victim support information package to provide vulnerable children and their families, including in emergencies, with comprehensive information on available services and procedures, empowering them for increased access to services and facilitating identification, reporting, and referrals. The information package is expected to be widely disseminated to at least 1,000 people by the end of 2025.

EDUCATION

In January 2025, UNICEF and the Ghana Education Service (GES) monitored 82 flood-affected basic schools across six districts in the Volta and Greater Accra regions. The exercise confirmed that all 25,548 learners (12,491 girls) were actively using UNICEF-provided learning tents, stationery, and recreational materials. Strong community engagement was evident, with local efforts like raised

tent platforms at Hatsukope No.1 Basic School in Ketu South.

Additionally, UNICEF distributed 20 School-in-a-Box kits and 20 recreational kits to four schools in the Upper West and Upper East regions, supporting 1,815 learners (898 girls) displaced by the Sahel spillover.

UNICEF also launched a climate in education scoping study to evaluate how climate action is integrated into sector planning, infrastructure, curriculum, and teaching resources. The study, now in its final analysis phase, will inform UNICEF, the Ministry of Education, and GES's climate-resilient education strategy. The final report, due in August 2025, will guide evidence-based decision-making.

WASH

UNICEF provided household purification tablets to support efforts to address the cholera outbreak in the worst-affected areas of the three (3) main affected regions during the first quarter of 2025. The intervention enhanced the safety of drinking water for an estimated 20,000 people, including about 5,000 children across the Greater Accra, Central, and Western Regions of Ghana. Technical advice was provided to Ghana Health Service and government response partners on mpox as part of outbreak management. UNICEF also provided technical and financial support to strengthen the coordination and technical implementation of the response at the regional level through the Environmental Health and Sanitation Directorate at the national level. This capacity support was also extended to the government's response to the tidal wave emergency in the Volta Region. Preliminary site assessments were carried out in coordination with other partners as part of planning for WASH improvements in communities affected by the ongoing crisis in the Sahel region. This joint UN initiative, which is aimed at enhancing resilience within the affected zone, will include WASH improvements at the community level, as well as in schools and healthcare facilities.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

UNICEF SBC co-led the Risk Communication and Community Engagement (RCCE) platform with Ghana Health Service and supported national and sub-national Misinformation Management Task Forces. Partnering with government and NGOs, UNICEF reached 1,045,000 people in Greater Accra, Central, and Western regions with lifesaving cholera information via radio, mobile vans, and community information centres.

At the community level, 264,000 individuals, including 123 persons with disabilities, were engaged in dialogue through durbars, school PTA meetings, and street theatre. Training was provided to 432 vendors, drivers, and frontline workers on early detection, prevention, and oral cholera vaccine (OCV) rollout, achieving 90% coverage in targeted districts.

UNICEF also implemented social and community listening, gathering feedback from 1486 people through digital surveys, community engagement, and online social media monitoring. Insights led to actionable changes, such as constructing temporary toilets and mobilizing traditional leaders to enforce sanitation bylaws. These efforts strengthened community trust and improved cholera response outcomes.

SOCIAL INCLUSION - SOCIAL PROTECTION

212,273 beneficiary households of the LEAP Programme in 5,210 communities in all districts in the eight regions affected by the Dry Spell were provided one-time cash transfer by the Government of Ghana. UNICEF provided technical and financial support for the

independent CSOs' monitoring of the intervention. The independent CSOs monitoring documented key learnings from the delivery of the Dry Spell intervention, to inform and help improve the delivery of future similar emergency cash transfers to households affected by the negative impacts of natural events.

UNICEF provided technical input to the development of Ghana's Shock Responsive Social Protection Strategy by drafting the SOPs for the Social Protection programmes for the consultant and now awaiting zonal consultation by the government for next steps. With the influx from the Sahel region, UNICEF is working with the National Health Insurance Authority to facilitate health access through the National Health Insurance Scheme to displaced population and indigents within the host communities

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Human Interest Story: [From Despair to Dreams: How a School Struggling to stay open became a Beacon of Hope in Ghana](#)"

MAURITANIA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The number of Malian refugees arriving in Hodh Chargui has surged beyond projections, with over 47,000 new arrivals between December 2024 and June 2025. The region now hosts nearly 309,000 refugees, straining the capacity of M'bera camp and increasing pressure on host communities, where refugees now make up 58 percent of the population in affected communes. This influx is driven by ongoing violence in Mali, with 69 security incidents reported in border regions since January 2025. At the current rate, an additional 48,000 refugees are expected by year-end. The growing refugee population is overwhelming local infrastructure and social cohesion, requiring reinforced community support and resilience programming. The nutritional situation is particularly alarming. In Hodh Chargui, the prevalence of Global Acute Malnutrition among children under five is 13.7 percent, while Severe Acute Malnutrition affects 2.7 percent of this population. Both rates exceed internationally recognised emergency thresholds, highlighting a critical need for urgent nutritional interventions. The region is also experiencing a resurgence of several epidemic-prone diseases, exacerbated by poor living conditions, overcrowding, and limited access to clean water and health services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

In 2025, Mauritania did not conduct any national or targeted vaccination campaigns against measles or polio, as the 2024 campaign had successfully reached 99.7% of the target population. UNICEF contributed to the success of Intensive Vaccination Activities (IVAs) implemented in the Hodh Chargui region to reinforce immunity among vulnerable populations. This contribution took the form of support for logistics and capacity-building training for health workers, micro-planning support, community mobilisation, data monitoring and results documentation, all in coordination with health authorities. As a result, 7,449 children aged 15 months and over received two doses of the measles vaccine. Additionally, 9,549 children aged 0 to 12 months received three doses each of the oral

polio vaccine (OPV3) and the Penta vaccine.

NUTRITION

As of June 2025, 10,490 children had received treatment in health facilities, representing 68 per cent of the target figure of 15,329 children in humanitarian areas. The treatment outcomes included: A 92 percent cure rate, a 0.2 percent death rate and a 6.9 percent default rate. Vitamin A supplementation was provided to 26,711 children and micronutrient powder to 16,861, achieving 50 per cent of the planned target. In Bassiknou, 1,131 children with severe acute malnutrition (SAM) were treated, which is a significant increase on the expected caseload of 30 per cent for 2025. This was made possible with UNICEF's technical and financial support, which included improving the Integrated Management of Acute Malnutrition (IMAM) supply chain and deploying mobile clinics. The stabilisation centre successfully treated 90 percent of SAM cases with complications, reducing the mortality rate from 1 percent to 0.3 percent. Additionally, 31,411 caregivers received counselling on infant and young child feeding practices to improve feeding methods and prevent malnutrition

CHILD PROTECTION

As part of efforts to protect crisis-affected populations, key interventions in two priority areas, mental health and psychosocial support (MHPSS) and gender-based violence (GBV) prevention, exceeded the 2025 targets. MHPSS activities reached 10,166 individuals, which is more than double the target of 4,000. This included 5,287 children (4,842 of whom were girls under the age of 18). GBV-related support was provided to 10,123 people (5,281 of whom were children), which was 112 percent of the target of 9,000. MHPSS activities were integrated into safe spaces, schools, and community settings using a community-based approach that relied on local actors such as women's groups, teachers, community health workers, and social workers. Interventions included safe spaces, listening sessions, recreational activities, and life skills education, mainly delivered by community workers trained in psychological first aid. These efforts correspond to the two lower levels of the MHPSS pyramid, focusing on essential services and community protection mechanisms.

These results highlight the importance of localised action and the effectiveness of community-based approaches in combatting gender-based violence. However, major efforts are still required in terms of preventing sexual exploitation and abuse (SEA). Only 10,149 individuals had access to reporting mechanisms, which is well below the target of 70,000. This shortfall could be due to a lack of awareness, accessibility issues, or limited community confidence in existing mechanisms. An analysis is currently underway to evaluate these mechanisms (e.g. suggestion boxes, focal points, toll-free numbers and registers) and assess their effectiveness, with a view to identifying necessary improvements.

EDUCATION

UNICEF provided educational services to 44,152 Malian refugee and Mauritanian returnee children (56 per cent of whom were girls) in primary and secondary school (aged 6–17), representing 31 per cent of the target population. In the M'bera camp, 8,782 children (including 4,429 girls) received school kits (8,255 primary school students and 527 secondary school students), and 373 candidates (134 girls) sitting the DEF-BAC (Malian baccalaureate) were administered the examination with joint support from UNICEF and UNHCR.

In host communities, 2,235 students (1,072 girls) received school kits to support their learning. Additionally, 50 teachers received training in pedagogy, classroom management, and mental health

and psychosocial support (MPHSS) to improve the classroom learning environment and build capacity. The MPHSS training for teachers covered understanding mental health, promoting psychosocial wellbeing, the importance of active listening, identifying students in need of support and knowing where to refer them, and understanding where teachers can intervene and which cases to refer.

Additionally, 2,400 students (including 1,739 girls) in 40 Mahadras (religious/Koranic schools) received classroom kits to support their learning. Other activities included engaging with 3,700 households to promote collaboration between madrasas and formal schools, enabling students to attend both and ensuring better integration of foundational learning (literacy and numeracy). A hybrid programme to facilitate the transition of refugee students from the Malian programme to the Mauritanian system is underway. This programme has a framework focused on Arabic language learning, but it faces several challenges, including a funding shortfall in the education sector which has severely limited progress.

WASH

Since January 2025, the functionality and maintenance of WASH facilities installed in 2024 for approximately 35,000 people across 25 communities hosting Malian refugees have been monitored. This has been done in collaboration with the Regional Directorate of Water and Sanitation. In collaboration with the Directorate and UNHCR, hygiene conditions were improved for around 300 vulnerable, relocated refugee families, as well as some host families in Wassa (Legdour and Amourj), by distributing hygiene kits and conducting hygiene promotion activities. A total of 56 shared bathroom units (toilets and showers) were handed over for use, benefiting 2,688 people in the villages of Legrane, Tinwaguitine, Aghor and Baghdad. UNICEF has maintained its role as co-lead of the regional WASH technical working group.

In Nouakchott, UNICEF upgraded the water and sanitation facilities at the Youth Rehabilitation Centre (CARSEC). Additionally, emergency WASH supplies for around 4,000 households (24,000 people) have been pre-positioned with partners (DRHA, UNHCR and ACF) across the three intervention regions (Hodh Chargui, Assaba and Guidimakha) to support disaster preparedness and response.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

Information, Education and Communication (IEC) activities related to WASH, nutrition, health, education and protection, targeting those affected by harmful practices, were conducted during the first semester. To improve the quality of these interventions, 10,728 community agents leading community awareness-raising platforms received training in ANJE and the 'PB-mere' approach. This has enabled timely and life-saving information on how and where to access available health and nutrition services to reach 123,380 affected people.

SOCIAL INCLUSION

The procurement process for the acquisition of assistive technologies was launched offshore using the Copenhagen Supply Catalogue to ensure the products were of a high quality and cost-effective. Delivery is expected by the end of July and distribution by the end of September to 200–250 children is planned. This will include wheelchairs, mobility aids, communication tools, adjustable hearing devices, white canes, crutches and school kits for children and teachers. Particular focus will be given to Bassiknou and Fassala, areas hosting Malian refugees from vulnerable households who were identified through the Social Registry.

Coordinating with the Regional Directorate of Child and Family Action in Nema will help build on existing initiatives and establish a

more inclusive social protection system that responds to the specific needs of children with disabilities in crisis settings. The intervention will be supported by integrating data into the national social protection information system to ensure individualised follow-up, improved intersectoral coordination and a more effective response to the needs of children, whether they are refugees or from host communities.

However, the 2025 national emergency response plan estimates that 3,000 disabled children will be in need of assistance. The capitalisation workshop, scheduled for late 2025, will publish the final results.

EMERGENCY PREPAREDNESS

In May 2025, UNICEF Mauritania organised two emergency preparedness workshops to build the capacity of humanitarian actors in the Hodh Chargui, Assaba and Guidimakha regions. The three-day training aimed to harmonise tools for humanitarian preparation, response, and coordination, with the goal of improving the effectiveness and speed of interventions in the face of recurring crises in the region.

A total of 80 people from government services, NGOs and UN agencies (45 from Hodh Chargui and 30 from Assaba and Guidimakha) discussed UNICEF's Core Commitments for Children, the harmonisation of rapid emergency needs assessment tools and innovative coordination approaches in the Mauritanian context.

The workshops also aimed to define key actions to support the government in implementing the decree on natural disaster management. The workshop was facilitated by a UNICEF team from the Dakar regional office, whose support enriched the discussions with comparative experiences from other Sahelian regions.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Between January and June 2025, UNICEF Mauritania increased the visibility of its humanitarian interventions significantly through coordinated media outreach and impactful storytelling. In a context marked by displacement, food insecurity and limited access to basic services, UNICEF strategically highlighted its multisectoral response to ensure that key messages reached national and international audiences.

Media coverage was secured for major field activities, including mobile health and nutrition clinics in Mahmouda and Kinderla, monitoring baccalaureate exams in the M'bera refugee camp and providing communities affected by drought with access to water. These stories were featured on television, on the radio, on online platforms and on social media, generating a cumulative reach of over 250,000 people during the first half of the year.

UNICEF also focused on humanising the crisis through storytelling. One widely shared short film featured Fatal Modou, a young refugee girl from the M'bera camp who is now pursuing higher education, and illustrated the long-term impact of sustained investment in education. Meanwhile, stories of school-aged girls facing challenges related to education, protection, and health were collected for publication, giving a voice to those most affected by the crisis.

Content on child malnutrition, water scarcity, hygiene, menstrual health and the importance of routine immunisation (including HPV vaccination) was regularly disseminated via UNICEF's platforms and partner media to reinforce key behaviour-change messages.

These visibility efforts strengthened UNICEF's position as a leading child-focused humanitarian organisation in Mauritania and supported advocacy and resource mobilisation efforts by putting children's

needs at the centre of public discourse.

Activity 1 - Vidéo, Fatal Modou : Transformer l'exil en espoir

- Link: [\(20+\) Facebook](#)
- Reach (Internet users affected): 7,138

Activity 2 - Video, World Refugee Day

- Link: [\(50\) Publier | Fil d'actualité | LinkedIn](#)
- Reach (Internet users affected): 1,623

Activity 3 - Photo report, Bacculaureate test

- Link: [\(20+\) 🏠 Ils sont 140 et pour la première fois, une... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 54,429

Activity 4 - Photo report, Ceremony World Refugee Day

- Link: [\(20+\) 🎉 Aujourd'hui, au camp de Mbera La Journée... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 44,463

Activity 5 - Post, World Refugee Day

- Link: [\(20+\) 🇵🇸 8 20 juin – Journée mondiale des réfugiés... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 4,943

Activity 6 - Test of the DEF at the camp in M'bera

- Link: [\(20+\) 🇵🇸 Ça y est ! Du 2 au 4 juin, 233 candidats au... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 5,894

Activity 7 - Portrait of Dr Diallo, who helps refugee populations

- Link: [\(20+\) 🌟 Dans la Moughataa de Néma, tout le monde... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 26,837

Activity 8 - Photo report, mobile clinic in Mahmouda

- Link: [\(20+\) 💎 Chaque enfant mérite d'être protégé, où... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 10,395

Activity 10 - Photo report, mobile clinic in Kinderla

- Link: [\(20+\) Pour rapprocher les soins essentiels des... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 988

Activity 11 - Photo reports, digital protection system

- Link: [\(20+\) Chaque enfant a droit à un environnement sûr... - UNICEF Mauritanie | Facebook](#)
- Reach (Internet users affected): 10,181

Activity 12 - Post, access to water

- Link: [\(20+\) Facebook](#)
- Reach (Internet users affected): 4,119

TOGO

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2025, Togo continued to experience rising humanitarian needs exacerbated by climate change, as well as persistent epidemics, flooding, food insecurity and recurrent population displacement resulting from ongoing security concerns. The northeast part of the Savanes region (the Kpendjal and Kpendjal Ouest prefectures) was particularly affected, with one incident involving improvised explosive devices and ten incursions and

attacks carried out by non-state armed groups reported. Access to these areas remains limited for emergency responders.

As of June 2025, 64,793 people were displaced in Togo, consisting of 54,622 refugees and asylum seekers and 10,171 internally displaced persons (IDPs). The majority of these displaced individuals are located in the Savanes region. The host communities in this region have limited access to essential social services, including drinking water, sanitation, primary healthcare, psychosocial support, education, and non-food items.

During the reporting period, Togo also experienced its first mpox outbreak, with 32 confirmed cases in five out of six regions. There were outbreaks of cholera (in the Maritime and Grand Lomé regions), measles (in six regions) and meningitis (in the Kara region), with 209, 316 and 408 cases respectively, and five, zero and 17 deaths. The country also experienced fires, strong winds and floods, affecting 1,378, 6,220 and 49 people respectively.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

All programme interventions within the framework of the Sahel crisis response spillover are primarily implemented in the Savanes region (bordering Burkina Faso), with some activities extending to the Kara region to a lesser extent.

UNICEF has made an effective contribution to humanitarian coordination through its leadership in key sectors (WASH, Education and Child Protection) and its co-leadership in Nutrition, and participates actively in all sectoral and humanitarian coordination working groups. UNICEF contributed actively to the multisectoral needs assessment conducted during the first half of the year, which was used to update the joint response plan objectively. The programme response targets were set based on the population's needs. Due to the limited resources available for the emergency response, UNICEF had to use regular resources to meet critical needs.

HEALTH AND HIV/AIDS

During the reporting period, 20,322 children under five (including 9,923 girls) were vaccinated against measles and rubella as part of the response to the Sahel crisis spillover in the Savanes region, as well as the measles outbreak in the Kara, Central, Plateaux and Maritime regions. This result was achieved with UNICEF's support in equipping health facilities with vaccines, delivering them to remote areas, and training health workers in effective vaccine management.

In the Savanes region, 211,331 children (108,413 girls) and 19,118 women received primary healthcare in facilities supported by UNICEF. In this context, 1,365 community health workers (CHWs) who had been trained in previous years were provided with equipment and medicines, enabling them to implement the integrated management of childhood illnesses. Consequently, 26,224 cases of malaria, 3,711 cases of pneumonia and 1,735 cases of diarrhoea in children under five were treated.

Regarding the prevention of mother-to-child transmission of HIV, 72 pregnant and breastfeeding women were put on antiretroviral therapy.

In response to the Mpox outbreak, 1,335 community health workers who were trained in community-based surveillance in 2022 are being used to provide an early warning system.

To prepare for epidemics, including Mpox, UNICEF has pre-positioned WASH supplies, supplies for infection prevention and control, and supplies for case management in the Savanes region.

NUTRITION

An active community screening session was organised in June. Out of a total of 14,520 children under five (7,931 girls) screened from a population of 83,661 children under five, a total of 295 cases (166 girls) of severe acute malnutrition (SAM) and 1,065 cases (611 girls) of moderate acute malnutrition were detected. A total of 2,309 cases of SAM (1,329 girls) were treated in the Savanes and Maritime regions combined. The results of this screening show a global acute malnutrition rate (9.4%) close to the WHO-defined alert threshold of 10%. In light of this concerning result, active screening will be extended to other districts, alongside a rapid assessment to better understand the factors behind the increase in SAM cases despite the preventive measures in place.

In the Savanes region, a total of 234 Community Health Workers (103 of whom are women) have been trained in Essential Nutrition Actions to promote Infant and Young Child Feeding (IYCF) at a community level. This has enabled newly and previously trained CHWs to educate 75,725 mothers/caregivers of children aged 6–23 months (including 11,335 fathers) about IYCF, with the aim of improving their nutritional practices.

CHILD PROTECTION

Since January 2025, UNICEF and its partners have provided psychosocial support to 5,612 individuals (5,317 children, including 3,530 girls, and 295 caregivers, including 153 women) affected by the Sahel spillover. Additionally, 284 vulnerable children (102 girls), including unaccompanied and separated children, received personalised care through foster family support initiatives and case management facilitated by the Green Line, the National Refugee Assistance Coordination and medical-psychosocial teams operating in child-friendly spaces.

To address gender-based violence (GBV), 4,669 people (3,100 women and 1,569 children) benefited from awareness sessions, training and case management services aimed at mitigation, prevention and response.

In terms of preventing sexual exploitation and abuse, 34,565 individuals (17,628 of whom were women) were made aware of and informed about safe reporting mechanisms through radio broadcasts, peer education, awareness campaigns, training for humanitarian actors and the use of hotlines such as 'Allo 1011' and other UN reporting channels. As a result, 2,491 calls were received and processed, enabling support to be provided to 114 children (38 girls).

EDUCATION

During the reporting period, 291 children (144 girls) affected by the Sahel crisis spillover benefited from improved learning environments in the form of six semi-permanent classrooms constructed in two schools.

In anticipation of the 2025–26 school year, learning materials have been purchased to support around 12,000 children, improving the quality of education.

Preparations are underway to implement capacity-building activities for teachers and school administrative staff on mental health and psychosocial support, preschool management and identifying improvised explosive devices.

WASH

To date, 2,000 people (1,020 women, 980 men and 960 children) in communities hosting displaced persons due to the central Sahel

outflow have improved their access to drinking water thanks to a borehole equipped with solar and manual pumps. Of these, 154 pupils (75 girls) now have access to improved sanitation and hygiene facilities thanks to the construction of toilets, enabling them to study in an environment free from open defecation.

Implementing the community-led total sanitation approach has enabled 21,895 people (11,166 women, 10,729 men and 10,510 children) to access improved sanitation services. Of these, 20,715 people (10,565 women, 10,150 men and 9,943 children) now live in an environment that is certified as being free from open defecation. Additionally, ten healthcare facilities in the Maritime region received infection prevention and control kits to improve hygiene conditions and prevent the spread of the monkeypox outbreak.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

To date, 1,189,312 people (487,578 women, 701,734 men and 117,568 children) have received key information on recommended practices and access to healthcare services in response to epidemics occurring throughout the country, including cholera, meningitis, measles and monkeypox. This was achieved thanks to the engagement of 3,220 community health workers, who were trained in community-based surveillance, and the involvement of 42,474 people (19,204 women, 23,270 men and 10,239 children) from affected communities. These individuals were mobilised to deliver key messages.

As part of accountability to affected populations (AAP), the capacity of 209 community health workers and 76 local leaders and authorities in the Savanes region was built in relation to AAP principles and community mobilisation. As a result, 355 people shared their concerns, questions and complaints through water management committees, primarily regarding the operation and management of water pumps. These were addressed within two weeks, with programmatic adjustments made accordingly.

SOCIAL POLICY

To date, 1,189,312 people (487,578 women, 701,734 men and 117,568 children) have received key information on recommended practices and access to healthcare services in response to epidemics occurring throughout the country, including cholera, meningitis, measles and Mpox. This was achieved thanks to the engagement of 3,220 community health workers, who were trained in community-based surveillance, and the involvement of 42,474 people (19,204 women, 23,270 men and 10,239 children) from affected communities. These individuals were mobilised to deliver key messages to populations.

As part of the Accountability to Affected Populations (AAP) initiative, the capacity of 209 community health workers and 76 local leaders and authorities in the Savanes region was built on AAP principles and community mobilisation. As a result, 355 people shared their concerns, questions and complaints through water management committees, primarily regarding the operation and management of water pumps. These were addressed within two weeks, with programmatic adjustments made accordingly.

NON-FOOD ITEMS

In collaboration with the National Civil Protection Agency, 1,500 households in displaced and host communities in areas affected by the spillover of the Sahel crisis have been selected to receive non-food item kits. Distribution will take place in the coming months as planned.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In Tsoaga, northern Togo, a woman is weaving a path of resilience for her fifteen children.

9 April, Dapaong, Togo – More than 650 kilometres from the capital, Lomé, in the dusty courtyard of a house in Tsoaga, a peripheral neighbourhood of Tone 1 municipality, the steady clatter of a loom can be heard. Seated with grace and focus, Possibo Bangou, 45, moves her fingers deftly across colourful threads, patiently weaving a fabric — and a new life.

Having arrived in northern Togo after fleeing the violence caused by the Sahel crisis, Possibo did not come alone. Fifteen children are now in her care, including eight girls, all of whom have been affected by displacement, family separation and hardship in some way. Some have been separated from their parents, while others have grown up without a stable home.

“Sometimes I didn’t know how I would feed them all, but I couldn’t abandon them. They became my strength,” she says, her voice firm though her eyes reflect painful memories



Possible BANGOU, Weaver, mother of 5 children, Refugee in Tsoaga (Dapaong) since July 2022 with other dependent children

Weaving as a Symbol of Restored Dignity

Possibo is a beneficiary of the family reunification and reintegration program for unaccompanied and separated children, implemented by the Government of Togo with support from UNICEF. The program targets people displaced by the security crisis in the Savanes region and helps vulnerable families regain stability and access psychosocial support.

The process begins with the identification of unaccompanied and separated children, followed by in-depth social assessments and rapid evaluations of their needs. The results are carefully reviewed during case management committee meetings, which bring together social workers, child protection teams, local authorities, and specialized organizations. These collaborative discussions help identify the risks each child faces, the barriers to their care, and tailor-made solutions for their situations.

Thanks to this support, Possibo resumed her work as a weaver, a traditional craft she had mastered since childhood. Today, weaving is much more than a livelihood for her—it’s a tool of emancipation, a means to feed, educate, clothe, and care for the children in her care. Each pattern she creates tells a story of courage, legacy and future.

Lives Transformed by Family Reunification

Supported by the U.S. Government through the Bureau of Population, Refugees, and Migration (BPRM), the program helps stabilize the fragile social fabric disrupted by the Sahel crisis spillover into the Savanes region. It addresses the urgent needs of displaced populations through a triple nexus strategy, linking humanitarian, development, and peacebuilding initiatives to benefit both refugees and host communities.

The program includes a wide range of interventions aimed at improving access to essential services such as education, child protection, health (including mental health), nutrition, and water, sanitation, and hygiene (WASH).

As of February 2025, Togo hosted 52,110 displaced persons, a 6% increase from October 2024 (49,607). Among them, 41,939 are refugees who fled violence and instability in the region, especially due to the Sahel crisis. The majority—79% (41,374 individuals)—are located in the Savanes region, bordering Burkina Faso. This displaced population includes 24,824 children, of whom 12,825 are girls, highlighting the pressing needs for protection, education, and basic social services. Additionally, 10,171 individuals are considered internally displaced, having fled their homes within Togo. The children in Possibo’s care, like many others, are now enrolled in school or vocational training, monitored by community actors, and live in a safer, more protective environment. Most importantly, they are laughing again. In Tsoaga, Possibo is not an isolated case, but she has become a symbol—a resilient woman who, despite past wounds, chooses every day to weave the threads of dignity and a brighter future. “What I wish now is for these children to become pillars and builders themselves. I want them to know that you can always start again.”



Possible BANGOU, Weaver, mother of 5 children, Refugee in Tsoaga (Dapaong)



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In Tsoaga, a canton in the commune of Tone 1 north of the Togo

HAC APPEALS AND SITREPS

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

NEXT SITREP: 31 DECEMBER 2025

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	697,261	487,985	▲ 70%
Children vaccinated against measles, supplemental dose	Total	-	688,349	88,872	▲ 13%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	222,528	28,740	▲ 13%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	54,964	31,134	▲ 57%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	18,343	21,873	▲ 119%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	31,054	20,130	▲ 65%
HIV/AIDS					
Adolescents tested for HIV and received the result of the last test	Total	-	500	-	0%
Nutrition					
Children 6-59 months screened for wasting	Total	-	779,115	203,309	▲ 26%
Children 6-59 months with severe wasting admitted for treatment	Total	-	69,975	18,774	▲ 27%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	473,139	205,057	▲ 43%
Children 6-59 months receiving micronutrient powder	Total	-	138,255	16,861	▲ 12%
Pregnant women receiving preventative iron supplementation	Total	-	156,695	56,935	▲ 36%
Children 6-59 months receiving Vitamin A supplementation	Total	-	656,552	289,342	▲ 44%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	220,317	72,175	▲ 33%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	616,477	150,716	▲ 24%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	736,056	106,293	▲ 14%
Children who have received individual case management	Total	-	9,300	2,709	▲ 29%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	346,277	88,812	▲ 26%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Children receiving individual learning materials	Total	-	329,710	18,367	▲ 6%
Children and adolescents accessing skills development programmes	Total	-	24,963	-	0%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	8,247	92	▲ 1%
Schools implementing safe school protocols (infection prevention and control)	Total	-	4,384	70	▲ 2%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	338,657	102,596	▲ 30%
People accessing appropriate sanitation services	Total	-	62,164	24,583	▲ 40%
Women and girls accessing menstrual hygiene management services	Total	-	15,300	-	0%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	41,000	201	0%
People reached with hand-washing behaviour-change programmes	Total	-	120,000	94,591	▲ 79%
People reached with critical WASH supplies	Total	-	629,328	30,478	▲ 5%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	174,000	212,273	▲ 122%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	33,800	-	0%
People reached with timely and life-saving information on how and where to access available services	Total	-	10.5 million	3.4 million	▲ 32%
People engaged in reflective dialogue through community platforms	Total	-	2.3 million	447,180	▲ 20%
People engaged in reflective dialogue through social media and digital platforms	Total	-	35,472	1,373	▲ 4%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	230,879	2,254	▲ 1%
Adolescents and young people who participate in or lead civic engagement initiatives	Total	-	200	48	▲ 24%

Ghana

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	143,175	16,735	▲ 12%
Children vaccinated against measles, supplemental dose	Total	-	65,601	20,170	▲ 31%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	76,747	19,151	▲ 25%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	21,947	21,545	▲ 98%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	11,013	17,091	▲ 155%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	8,539	-	0%
Nutrition					
Children 6-59 months screened for wasting	Total	-	53,000	32,794	▲ 62%
Children 6-59 months with severe wasting admitted for treatment	Total	-	28,870	881	▲ 3%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	195,869	46,735	▲ 24%
Children 6-59 months receiving micronutrient powder	Total	-	84,615	-	0%
Pregnant women receiving preventative iron supplementation	Total	-	156,695	56,935	▲ 36%
Children 6-59 months receiving Vitamin A supplementation	Total	-	253,846	191,968	▲ 76%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	120,000	-	0%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	120,000	167	0%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	120,000	-	0%
Children who have received individual case management	Total	-	4,200	-	0%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	166,085	27,817	▲ 17%
Children receiving individual learning materials	Total	-	157,707	1,815	▲ 1%
Children and adolescents accessing skills development programmes	Total	-	24,581	-	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	6,896	-	0%
Schools implementing safe school protocols (infection prevention and control)	Total	-	4,324	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	50,000	-	0%
People accessing appropriate sanitation services	Total	-	5,000	-	0%
Women and girls accessing menstrual hygiene management services	Total	-	3,800	-	0%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	3,000	-	0%
People reached with hand-washing behaviour-change programmes	Total	-	90,000	-	0%
People reached with critical WASH supplies	Total	-	8,000	20,000	▲ 250%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	50,000	212,273	▲ 425%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	10,000	-	0%
People reached with timely and life-saving information on how and where to access available services	Total	-	6 million	1 million	▲ 17%
People engaged in reflective dialogue through community platforms	Total	-	2.1 million	263,649	▲ 13%
People engaged in reflective dialogue through social media and digital platforms	Total	-	472	1,373	▲ 291%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	92,230	1,486	▲ 2%

Benin

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	19,890	97,745	▲ 491%
Children vaccinated against measles, supplemental dose	Total	-	9,945	7,232	▲ 73%
Nutrition					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Children 6-59 months screened for wasting	Total	-	375,426	-	0%
Children 6-59 months with severe wasting admitted for treatment	Total	-	14,793	4,140	▲ 28%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	30,909	51,186	▲ 166%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	36,000	41,723	▲ 116%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	400,000	125,065	▲ 31%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	400,000	46,870	▲ 12%
Children who have received individual case management	Total	-	3,000	2,278	▲ 76%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	27,300	11,221	▲ 41%
Children receiving individual learning materials	Total	-	27,300	11,221	▲ 41%
Children and adolescents accessing skills development programmes	Total	-	382	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	50,000	46,746	▲ 93%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	30,000	201	▲ 1%
People reached with critical WASH supplies	Total	-	500,000	6,898	▲ 1%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	12,200	-	0%
People reached with timely and life-saving information on how and where to access available services	Total	-	1.8 million	1.1 million	▲ 64%
People engaged in reflective dialogue through community platforms	Total	-	176,756	141,057	▲ 80%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	134,599	413	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	15,000	-	0%
Children vaccinated against measles, supplemental dose	Total	-	70,000	33,699	▲ 48%
HIV/AIDS					
Adolescents tested for HIV and received the result of the last test	Total	-	500	-	0%
Nutrition					
Children 6-59 months screened for wasting	Total	-	80,000	47,142	▲ 59%
Children 6-59 months with severe wasting admitted for treatment	Total	-	3,000	954	▲ 32%
Children 6-59 months receiving micronutrient powder	Total	-	20,000	-	0%
Children 6-59 months receiving Vitamin A supplementation	Total	-	140,000	70,663	▲ 50%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	36,000	14,674	▲ 41%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	30,000	10,692	▲ 36%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	25,000	14,709	▲ 59%
Children who have received individual case management	Total	-	500	147	▲ 29%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	6,000	5,331	▲ 89%
Children receiving individual learning materials	Total	-	25,000	5,331	▲ 21%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	190	92	▲ 48%
Schools implementing safe school protocols (infection prevention and control)	Total	-	60	70	▲ 117%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	25,000	18,850	▲ 75%
Women and girls accessing menstrual hygiene management services	Total	-	1,500	-	0%
People reached with hand-washing behaviour-change programmes	Total	-	30,000	94,591	▲ 315%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
People reached with critical WASH supplies	Total	-	12,000	1,780	▲ 15%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	1,000	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	11,000	-	0%
Adolescents and young people who participate in or lead civic engagement initiatives	Total	-	200	48	▲ 24%
People reached with timely and life-saving information on how and where to access available services	Total	-	100,000	887	▲ 1%
People engaged in reflective dialogue through social media and digital platforms	Total	-	35,000	-	0%

Mauritania

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	230,273	143,056	▲ 62%
Children vaccinated against measles, supplemental dose	Total	-	126,318	7,449	▲ 6%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	145,781	9,589	▲ 7%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	33,017	9,589	▲ 29%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	7,330	4,782	▲ 65%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	22,515	20,130	▲ 89%
Nutrition					
Children 6-59 months screened for wasting	Total	-	262,706	106,544	▲ 41%
Children 6-59 months with severe wasting admitted for treatment	Total	-	15,329	10,490	▲ 68%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	77,213	31,411	▲ 41%
Children 6-59 months receiving micronutrient powder	Total	-	33,640	16,861	▲ 50%
Children 6-59 months receiving Vitamin A supplementation	Total	-	262,706	26,711	▲ 10%
Child protection, GBVIE and PSEA					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	4,000	10,166	▲ 254%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	9,000	10,123	▲ 112%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	70,000	10,149	▲ 14%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	143,289	44,152	▲ 31%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	50,000	35,000	▲ 70%
People accessing appropriate sanitation services	Total	-	20,000	2,688	▲ 13%
Women and girls accessing menstrual hygiene management services	Total	-	10,000	-	0%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	8,000	-	0%
People reached with critical WASH supplies	Total	-	20,000	1,800	▲ 9%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	12,000	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	600	-	0%

Togo

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	288,923	230,449	▲ 80%
Children vaccinated against measles, supplemental dose	Total	-	416,485	20,322	▲ 5%
Nutrition					
Children 6-59 months screened for wasting	Total	-	7,983	16,829	▲ 211%
Children 6-59 months with severe wasting admitted for treatment	Total	-	7,983	2,309	▲ 29%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	169,148	75,725	▲ 45%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	24,317	5,612	▲ 23%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	57,477	4,669	▲ 8%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	121,056	34,565	▲ 29%
Children who have received individual case management	Total	-	1,600	284	▲ 18%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	3,603	291	▲ 8%
Children receiving individual learning materials	Total	-	119,703	-	0%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	1,161	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	163,657	2,000	▲ 1%
People accessing appropriate sanitation services	Total	-	37,164	21,895	▲ 59%
People reached with critical WASH supplies	Total	-	89,328	-	0%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	111,000	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	2.6 million	1.2 million	▲ 46%
People engaged in reflective dialogue through community platforms	Total	-	16,000	42,474	▲ 265%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	4,050	355	▲ 9%

*Progress in the reporting period 1 January to 30 June 2025

ANNEX B — FUNDING STATUS

Consolidated funding by sector

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	10,605,500	1,103,698	1,808,693	2,173,304	5,519,803	52%
Nutrition	12,980,830	670,745	42,000	978,032	11,290,051	87%
Child protection, GBViE and PSEA	7,073,900	280,443	391,041	571,972	5,830,443	82%
Rapid response	1,849,588	164,047	-	41,195	1,644,345	89%
Cross-sectoral (HCT, C4D, RCCE and AAP)	12,024,930	796,177	80,979	832,378	10,315,394	86%
Social protection	930,000	-	113,608	53,593	762,799	82%
Education	15,228,459	494,608	274,177	553,984	13,905,688	91%
Water, sanitation and hygiene	14,076,070	503,558	35,027	425,564	13,111,919	93%
Preparedness/anticipatory actions for humanitarian action*	2,000,000	26,000	-	400,000	1,573,999	79%
Total	76,769,277	4,039,280	2,745,527	6,030,024	63,954,444	83%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Consolidated funding by office

Office	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Benin	17,536,886	1,355,906	512,061	747,932	14,920,986	85%
Côte d'Ivoire	14,739,430	448,825	265,979	2,069,297	11,955,328	81%
Ghana	20,027,944	364,571	1,967,487	593,550	17,102,334	85%
Mauritania	10,538,369	850,000	-	1,303,181	8,385,187	80%
Togo	13,926,648	1,019,977	-	1,316,063	11,590,608	83%
Total	76,769,277	4,039,280	2,745,527	6,030,024	63,954,444	83%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Benin

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	1,033,610	651,292	113,993	641,790	-	0%
Nutrition	4,224,586	184,818	-	23,454	4,016,313	95%
Child protection, GBViE and PSEA	1,168,000	86,279	299,270	23,881	758,568	65%
Education	2,610,690	94	67,789	1,565	2,541,240	97%
Water, sanitation and hygiene	2,300,000	303,540	31,007	265	1,965,186	85%
Cross-sectoral (HCT, C4D, RCCE and AAP)	5,900,000	129,880	-	56,975	5,713,144	97%
Preparedness/anticipatory actions for humanitarian action*	300,000	-	-	-	300,000	100%
Total	17,536,886	1,355,906	512,061	747,932	14,920,986	85%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Côte d'Ivoire

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over) ⁴⁰	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	1,430,500	21,600	-	155,886 ⁴¹	1,253,013	88%
Nutrition	1,650,000	-	-	193,991 ⁴²	1,456,008	88%
Child protection, GBViE and PSEA	1,500,000	-	35,000	390,428 ⁴³	1,074,571	72%
Education	2,700,000	-	90,000	408,497 ⁴⁴	2,201,502	82%
Water, sanitation and hygiene	2,900,000	-	-	303,324 ⁴⁵	2,596,675	90%
Social protection	300,000	-	60,000	-	240,000	80%
Cross-sectoral (HCT, C4D, RCCE and AAP)	4,058,930	427,225	80,979	617,168 ⁴⁶	2,933,557	72%

Preparedness/anticipatory actions for humanitarian action*	200,000	-	-	-	200,000	100%
Total	14,739,430	448,825	265,979	2,069,297⁴⁷	11,955,328	81%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Ghana

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	4,422,345	156,844	1,694,700	541,358	2,029,442	46%
Nutrition	3,356,740	-	42,000	45,497	3,269,242	97%
Child protection, GBViE and PSEA	2,000,000	812	56,771	-	1,942,416	97%
Education	4,498,359	-	116,388	-	4,381,971	97%
Water, sanitation and hygiene	1,750,500	-	4,020	-	1,746,480	100%
Social protection	500,000	-	53,608	-	446,392	89%
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,500,000	16,866	-	6,695	1,476,438	98%
Rapid response	1,000,000	164,047	-	-	835,952	84%
Preparedness/anticipatory actions for humanitarian action*	1,000,000	26,000	-	-	973,999	97%
Total	20,027,944	364,571	1,967,487	593,550	17,102,334	85%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Mauritania

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	2,424,841	200,000	-	710,586	1,514,255	62%
Nutrition	2,381,748	-	-	-	2,381,748	100%

Child protection, GBViE and PSEA	700,000	100,000	-	37,725	562,274	80%
Education	2,865,780	400,000	-	42,033	2,423,747	85%
Water, sanitation and hygiene	1,500,000	100,000	-	28,612	1,371,387	91%
Social protection	30,000	-	-	53,593	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)	236,000	50,000	-	30,632	155,368	66%
Preparedness/anticipatory actions for humanitarian action*	400,000	-	-	400,000	-	0%
Total	10,538,369	850,000	0	1,303,181	8,385,187	80%

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Togo

Sector	Requirements	Funding available			Funding gap	
		Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	1,294,204	73,961	-	123,684	1,096,559	85%
Nutrition	1,367,756	485,927	-	715,090	166,739	12%
Child protection, GBViE and PSEA	1,705,900	93,351	-	119,937	1,492,612	87%
Education	2,553,630	94,514	-	101,888	2,357,228	92%
Water, sanitation and hygiene	5,625,570	100,018	-	93,362	5,432,190	97%
Social protection	100,000	-	-	-	100,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	330,000	172,206	-	120,907	36,887	11%
Rapid response	849,588	-	-	41,195	808,393	95%
Preparedness/anticipatory actions for humanitarian action*	100,000	-	-	-	100,000	100%
Total	13,926,648	1,019,977	0	1,316,063	11,590,608	83%































Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

Humanitarian resources- humanitarian funding commitments received from donors in the current appeal year.

Other resources- non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year

Resources available from 2024 (carry over)- funding received in the previous appeal year that is available to respond in line with the current HAC appeal

ANNEX C — FUNDING GAP BY OFFICE AND SECTOR

% GAP (APPEAL SECTOR)					
% GAP (TOTAL)	HEALTH	NUTRITION	CHILD PROTECTION, GBVIE, AND PSEA	EDUCATION	WATER, SANITATION AND HYGIENE
BENIN  85% gap \$14.9M	 -36% gap \$1M	 95% gap \$4.2M	 65% gap \$1.2M	 97% gap \$2.6M	 85% gap \$2.3M
CÔTE D'IVOIRE  81% gap \$12M	 88% gap \$1.4M	 88% gap \$1.7M	 72% gap \$1.5M	 82% gap \$2.7M	 90% gap \$2.9M
GHANA  85% gap \$17.1M	 46% gap \$4.4M	 97% gap \$3.4M	 97% gap \$2M	 97% gap \$4.5M	 100% gap \$1.8M
MAURITANIA  80% gap \$8.4M	 62% gap \$2.4M	 100% gap \$2.4M	 80% gap \$700K	 85% gap \$2.9M	 91% gap \$1.5M
TOGO  83% gap \$11.6M	 85% gap \$1.3M	 12% gap \$1.4M	 87% gap \$1.7M	 92% gap \$2.6M	 97% gap \$5.6M

Who to contact for further information:

Gilles Fagninou
 Regional Director, West and Central Africa
 T +221783792740
 gfagninou@unicef.org

Nicola Bennett
 Regional Chief of Emergency
 T +221773336695
 nbennett@unicef.org

Jean-Jacques Simon
 Regional Chief of Communication
 T +8801713043478
 jsimon@unicef.org

ENDNOTES

1. This Situation report covers the coastal countries (Benin, Cote d'Ivoire, Ghana and Togo) along with Mauritania.
2. UNHCR, IOM and government: <https://data.unhcr.org/> Benin: 50,547; Cote d'Ivoire: 72,221; Ghana:18,789; Mauritania:309,000; Togo: 64,793
3. UNHCR <https://data.unhcr.org/en/documents/details/117979>
4. ACLED database (Armed Conflict Location & Event Data) as of 30th of June 2025 in the following regions: Hodh El Chargui, Hodh El Charbi, Guidimakha, Assaba
5. Government, IOM, UNHCR: https://data.unhcr.org/en/situations/mco_cotedivoire
6. UNHCR, Situation Multi Country Office (MCO) Cote d'Ivoire
7. Organisation internationale pour les migrations (OIM). Tableau de bord de Suivi des déplacements de juillet 2025, Round 03 – OIM Bénin
8. ACLED database (Armed Conflict Location & Event Data) as of 30th of June 2025 in Benin- Atacora 60 incidents, Alibori 119 incidents reported.
9. <https://data.unhcr.org/en/country/civ>
10. <https://data.unhcr.org/en/country/gha>
11. ACLED database (Armed Conflict Location & Event Data) as of 30th of June 2025 in the following regions: Benin- Atacora, Alibori, Côte d'Ivoire- Folon, Bagoue, Poro, Tchologo, Bounkani, Gontougou, Ghana-Upper West, Upper East, Togo-Savanes.
12. Intersectoral Analysis Regional Group (GRANIT) Data
13. <https://data.unhcr.org/en/documents/details/113281> & ABPC
14. Organisation internationale pour les migrations (OIM). Tableau de bord de Suivi des déplacements de juillet 2025, Round 03 – OIM Bénin
15. ACLED (Armed Conflict Location and Event Data)
16. Examination centre in Tanougou near Park Pendjari with 115 student candidates relocated due to insecurity, Mairie de Tanguiéta
17. \$1=561.175
18. Estimated Needs at 5% for the Repair of Hand Pump Boreholes, Mairies des communes
19. Rapid multi-sector assessment, EDUCO
20. This is the result of all the organisations working in the affected area. The Ministry of Health's platform does not provide data for each player's contribution
21. Local Health System Components
22. Malnutrition screening, curative consultations, child vaccination, prenatal and neonatal consultations
23. Plumpy nut
24. Banikoara; Kandi-Gogounou-Ségbana; Malanville-Karimama, Kouandé-Péhunco-Kérou; Natitingou-Boukoumbé-Toucountouna; Tanguiéta-Cobly-Matéri; Bembèrèkè-Sinendé; N'Dali-Parakou; Nikki-Kalalé-Pèrère; Tchaourou; Bassila; Djougou-Ouaké-Copargo.
25. Doctors without borders
26. SIAN'SON signifie en langue Baatonum « Pour un lendemain meilleur »
27. UNICEF met à disposition des intrants et fournit l'appui technique, travaillant en synergie avec ces ONG, membres du groupe de coordination de la réponse nutritionnelle aux urgences
28. This result concerns the organisations working in the affected area. The Ministry of health's platform does not provide data for partners' contributions.
29. Primary School Certificate. This is the certificate that gives access to secondary school in Benin
30. Primary School Certificate, this is the examination at the end of primary schooling and gives access to secondary education
31. Source : Port-Bouët Vridi Health District, Situation Report, 30 June 2025
32. UNHCR Côte d'Ivoire, Situation Report on asylum seekers in the North, 30 April 2025
33. UNHCR, Monthly Statistics Dashboard Côte d'Ivoire as of 30 April 2025 External version
34. Analyse de Protection [Projet 21] - Bureau Multi-Pays du HCR en Côte d'Ivoire
35. Gulf of Guinea Joint Response Plan 2024 - Côte d'Ivoire Report, May 2025
36. Prise en Charge Intégrée des Maladies du Nouveau-né et de l'Enfant
37. Foyer de Renforcement des Activités de Nutrition Communautaire (Community Centres for Reinforcement of Nutrition)
38. Denial of equal opportunity, including resources and services refers to any action, conduct or measure resulting in or likely to result in the taking away in any manner of existing opportunities for livelihood, vocation, occupation or employment or any other livelihood rights and entitlements
39. This overachievement is explained by the intensification of CLTS activities in the affected areas, combined with emergency response interventions.
40. This includes the other resources available from 2024 (Carry-over)
41. This amount represents 100% of other resources available from 2024 (carry-over).
42. 187,564US\$ from other resources available from 2024 (Carry-over)
43. 187,564US\$ from other resources available from 2024 (Carry-over)
44. 406,338 US\$ from other resources available from 2024 (Carry-over)
45. Other resources available from 2024 (Carry-over)
46. 578,406 US\$ from other resources available from 2024 (Carry-over)
47. 47,350 US\$ " Humanitarian Resources available from 2024 (Carry-over) "