



Jamila, a 3 year old girl, just got her vitamin A supplement, in Alépé, in the south of Côte d'Ivoire.

unicef 
for every child

Humanitarian Situation Report No. 2

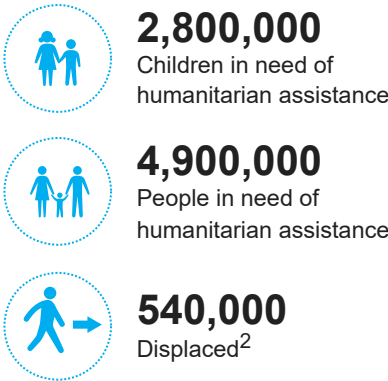
Reporting Period
1 January to 31 December 2025

Central Sahel Outflow

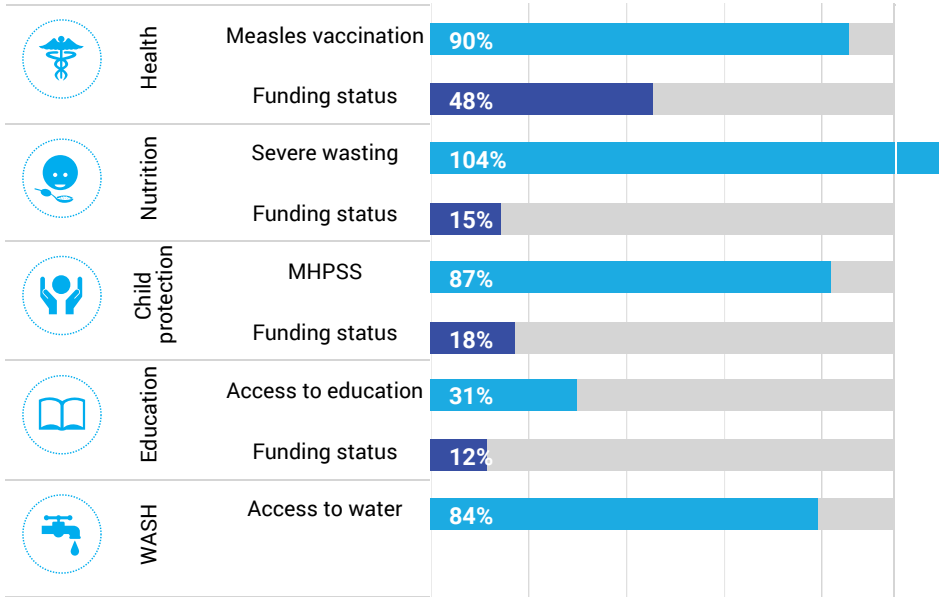
HIGHLIGHTS

- In 2025, UNICEF supported the screening of more than 380,238 children for malnutrition, enabling the identification and treatment of 36,774 children suffering from severe wasting. UNICEF also vaccinated 621,898 children against measles, supplemental dose. In addition, 108,757 children gained access to formal and non-formal education, including early childhood education, strengthening their foundations for learning and development.
- Meanwhile, armed conflicts and insecurity in Burkina Faso, Mali and Niger forced over 540,000 people to flee their homes and seek safety across borders. Mauritania experienced a sharp rise in arrivals and now hosts more than 309,000 Malian refugees. These refugees live in M'bera camp and host communities, increasing pressure on limited services and resources.
- UNICEF appealed for US\$76.8 million but received only US\$ 15 million, representing 20 per cent funded. Despite generous donor support, significant gaps remain, limiting the scale of response and delivery of critical services for vulnerable children and their families

SITUATION IN NUMBERS¹

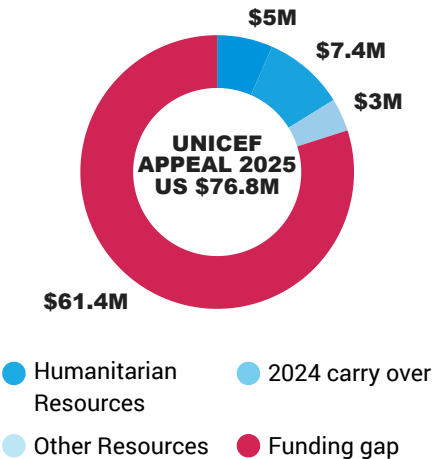


UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING STATUS (IN US\$)**



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The ongoing cross-border and internal displacement is a direct consequence of the escalating insecurity in the Sahel region.

In 2025, rising insecurity across the Sahel and its coastal neighbouring countries continued to drive significant population movements in Mauritania, Ghana, Côte d'Ivoire, Benin, and Togo. The consequences of conflict and insecurity in Burkina Faso, Mali, and Niger continued to be a primary driver, resulting in the displacement of tens of thousands of people across borders. This has placed significant strain on host communities and national systems that are already struggling with limited resources.

Mauritania experienced heightened displacement dynamics over the year. Continued instability in Mali has led to a significant increase in the number of refugees and asylum-seekers, rising from approximately 288,000 at the end of 2024 to around 309,000 by mid-2025³, with further increases anticipated in 2026. The Mbera refugee camp, originally designed to host 70,000 people, sheltered nearly 120,000 refugees, while approximately 170,000 refugees have been dispersed among host communities in Hodh Chargui. This rapid influx overwhelmed local infrastructure, stretched basic services beyond capacity, and heightened tensions over land, water, and livelihoods. Host communities, many of which were already vulnerable, struggle to absorb the growing population.

Ghana has also experienced rising displacement, which is linked to both cross-border insecurity and internal tensions among communities. It is estimated that 25,000 people fleeing violence in Burkina Faso sought refuge in northern Ghana, placing additional pressure on health, education, and protection services⁴. At the same time, the protracted Bawku conflict continued to destabilise communities in the Upper East Region, with more than 300 lives lost since 2021. New episodes of violence in August 2025 further displaced approximately 48,000 people across 48 communities in the Savannah and Bole districts. These movements disrupted livelihoods, interrupted schooling for thousands of children and increased child protection risks.

In **Côte d'Ivoire**, insecurity along the northern borders, compounded by cross-border violence, have led to significant displacement. Violence in northern Ghana led to the arrival of about 48,000 people in Bounkani, including 13,200 temporary arrivals who later returned. This was followed by incursions of Non-State Armed Groups (NSAGs) incursions from Burkina Faso into Téhini and Doropo leading to further movements. By the end of 2025, it was estimated that 82,000 forcibly displaced persons, mostly women and children⁵, were hosted in border areas, and in July 2025, the Government adopted an inter-ministerial decree granting refugee status to over 69,000 Burkinabè and Malian asylum-seekers registered since 2021 after fleeing insecurity linked to the Sahel crisis⁶.

In **Togo**, attacks by Non-State Armed Groups (NSAGs) and the use of improvised explosive devices (IED) in the Savanes region forced repeated displacement, leaving nearly 65,000 people uprooted by November 2025⁷. In Benin, insecurity linked to Sahelian armed groups increasingly affected the northern departments of Alibori, Atacora, Donga, and Borgou in 2025, resulting in the displacement of an estimated 63,000 people, including more than 23,000 refugees and asylum-seekers⁸. Despite reinforced security measures, over 200 security incidents were recorded during the year, with attacks and threats heightening fear and disrupting education, healthcare services, and livelihoods, particularly in Tanguéta, Toucountouna, and Karimama⁹. In the most affected municipalities, persistent insecurity has led to detrimental effect on the education system, leading to the relocation of primary school examination centres to

relatively safer towns and further undermining family stability and community cohesion.

Across all five countries, displacement occurred continuously in contexts where services were limited, humanitarian access was constrained, and social cohesion was under strain.

Growing threat of disease outbreaks

Public health emergencies were a major and compounding challenge in 2025, with disease outbreaks spreading rapidly in contexts of displacement and fragile health systems. Across the five countries, epidemics both reflected and reinforced humanitarian vulnerabilities, particularly among children, pregnant women, and displaced populations.

In **Mauritania**, the influx of refugee has led to a significant increase in public health risks. Living conditions in Mbera camp and outside camp, combined with limited access to safe water and sanitation, increased the likelihood of outbreaks of epidemic-prone diseases.

Health facilities were operating beyond their capacity finding it challenging to address the needs of both refugees and the local populations.

The nutritional situation was particularly alarming, with Global Acute Malnutrition (GAM) among children under five reaching 13.7 per cent and Severe Acute Malnutrition (SAM) 2.7 per cent—both exceeding emergency thresholds. Malnutrition weakened children's immune systems, increasing their susceptibility to disease and raising the risk of mortality in the event of outbreaks.

Throughout the year, **Ghana** encountered public health crises that were both simultaneous and overlapping. Cholera remained a persistent threat, with nearly 5,000 suspected cases and 49 deaths reported between late 2024 and early 2025, followed by an additional 2,325 cases and 13 deaths by June 2025. Monkeypox (mpox) emerged as a growing concern, with 163 confirmed cases across 11 regions by mid-year and reaching a cumulative total of 952 cases and 13 deaths by December. These outbreaks placed significant strain on surveillance, laboratory, and treatment capacities, diverting resources from routine health services and disrupting immunisation and maternal and child health programmes.

Côte d'Ivoire has also experienced recurrent health emergencies. Since 2024, the country has recorded nearly 1,000 suspected mpox cases, while cholera outbreaks in 2025 resulted in more than 550 infections and 24 deaths. Refugee-hosting areas and border regions were particularly affected, as population movements and limited access to safe water increased transmission risks. Malnutrition among children remained a serious concern, further amplifying vulnerability to disease.

In **Togo**, 2025 marked the country's first mpox outbreak, with 90 confirmed cases reported. Cholera also re-emerged, with 448 cases and 21 deaths, while measles outbreaks added to the health burden. Insecurity in the northern Savanes region restricted humanitarian access, complicating outbreak response and limiting the reach of prevention and treatment services.

Across all five countries, health systems faced sustained pressure, underscoring the need for continued investment in preparedness, surveillance, and primary healthcare.

Climate-related risks and impacts on children and adolescents

Climate-related shocks increasingly intersected with conflict and displacement in 2025, deepening vulnerabilities for children and adolescents across the region. Flooding, droughts, fires, and extreme weather events disrupted livelihoods, damaged infrastructure, and undermined access to essential services, particularly in already fragile and insecure areas.

In **Mauritania**, climatic stress compounded the effects of displacement and food insecurity. Erratic rainfall and recurrent droughts affected pastoral and agricultural livelihoods, reducing household food availability and contributing to high levels of malnutrition among children. For refugee and host community children alike, climate shocks increased the risk of negative coping strategies, including school dropout, child labour, and early marriage.

Ghana experienced climate-related impacts alongside insecurity and health crises. Flooding and erratic weather patterns affected agricultural production in northern regions, where many displaced families relied on farming for survival. These shocks disproportionately affected children and adolescents, increasing food insecurity, limiting access to education, and placing additional pressure on already stretched social services.

In **Benin** and **Togo**, climate-related disasters played a particularly significant role in 2025. Floods, high winds, and fires affected thousands of people, damaging homes, schools, and health facilities. In Togo, these events compounded the effects of insecurity in the Savanes region, where displaced families already faced limited access to water, sanitation, education, and psychosocial support. Children were among the most affected, experiencing disruptions to schooling, increased exposure to health risks, and heightened protection concerns.

Across the region, climate change acted as a threat multiplier, intensifying existing vulnerabilities and undermining resilience. Children and adolescents have been particularly badly affected, as climate shocks have had a detrimental effect on educational opportunities, increased instances of malnutrition, and heightened risks of exploitation and violence.

Political tensions and economic pressures

In 2025, political instability across Mauritania, Ghana, Côte d'Ivoire, Benin, and Togo played a significant role in shaping the broader humanitarian context. Political tensions, insecurity, and instability—particularly in border and conflict-affected areas—intersected with displacement and climate-related shocks, contributing to heightened uncertainty and social stress. These dynamics disrupted livelihoods, affected market functioning, and exacerbated fragility in already vulnerable regions.

In **Benin**, a failed coup attempt on 7 December 2025 heightened national tensions and underscored the fragility of the political environment. At the same time, the continued closure of the Niger border since 2023 keeps disrupting trade, livelihoods, and food supply chains in northern communities. In **Côte d'Ivoire**, the electoral period contributed to an environment of heightened political sensitivity, particularly in border areas already affected by insecurity and displacement. In **Ghana**, insecurity and localised violence continued to affect stability in refugee-hosting and border regions, while in **Togo**, persistent insecurity in the north, compounded by recurrent climate shocks, continued to undermine stability.

Strengthening preparedness and resilience at national and subnational levels

Across Mauritania, Ghana, Côte d'Ivoire, Benin, and Togo, the convergence of regional insecurity, sustained displacement, recurrent public health emergencies, climate-related shocks, and political and economic pressures in 2025 highlighted the need to strengthen preparedness and resilience at both national and subnational levels.

In order to manage these overlapping risks, it is necessary to implement preparedness approaches that go beyond emergency response. These should include anticipatory action, strengthened early warning systems, and contingency planning embedded within

national and decentralised coordination mechanisms.

Reinforcing the capacity of local authorities, civil society, and community-based partners, alongside investments in resilient systems—particularly in health, nutrition, water and sanitation, education, and child protection, social protection—remains essential to reducing vulnerability and supporting sustainable, child-centred resilience across the region.

BENIN

SITUATION OVERVIEW & HUMANITARIAN NEEDS

In 2025, nearly 2 million¹⁰ people in northern Benin faced heightened risks linked to the Sahel crisis, recurrent epidemics and floods. The departments of Alibori, Atacora, Donga and Borgou continued to experience attacks by non-state armed groups (NSAG), resulting in the displacement of 63,152 people, including 39,899 internally displaced people¹¹ of whom over 70 per cent are children and women.

Despite a reinforced military presence in the north, security risks remain high, particularly in cross-border areas. Between January and December, 203 incidents¹², including armed clashes, violence, riots and explosions, were reported. Alibori and Atacora remained the most affected departments, recording 101 and 49 incidents respectively. On 7 December, Benin experienced a failed coup attempt, which was thwarted with the support of the Economic Community of West African States (ECOWAS).

The rise in NSAG attacks and threats against populations has further heightened community vulnerability and triggered widespread fear and panic. Serious incidents and threats against communities have temporarily disrupted education, healthcare provision and livelihoods, particularly in Tanguiéta, Toucountouna and Karimama, impacting family peace and tranquillity. The intensity of the attacks has also weakened the education system in affected municipalities, leading to the relocation of primary school examination centres to relatively safer towns such as Tanguiéta¹³.

Living conditions for children and their families are precarious, with increased risks of exposure to water-borne and food-borne diseases. An estimated US\$456,144¹⁴ is needed to repair water points¹⁵ in the disaster-affected areas, including the municipalities of Boukombé, Cobly, Kérou, Kouandé, Natitingou, Matéri and Tanguiéta in the Atacora department; Banikoara, Kandi, Karimama, Malanville and Ségbana in the Alibori department, and Djakotomey and Lalo in the Couffo department. Social services in host municipalities, notably Banikoara, Cobly, Kérou, Matéri, Tanguiéta and Toucountouna are under increasing strain due to growing demands¹⁶ generated by displaced populations.

Furthermore, the ongoing closure of Niger's border has disrupted trade and livelihoods and exacerbated economic vulnerabilities in northern Benin.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

From January to November 2025, 175,420 people, including 96,481 women and children, benefited from integrated primary health care services in conflict-affected areas of northern Benin. During the same period, 10,275 children aged 0 to 59 months (5,343 girls and 4,932 boys,) were vaccinated against polio, pentavalent, measles

and rubella in the usual hotspot municipalities in the north, as well as Toucountouna which experienced spillover effects from the crisis¹⁷.

The implementation of the National Community Health Policy (NCHP) across northern health zones has significantly improved access to primary health services. Despite persistent security threats, all health facilities remained operational. In 2025, UNICEF supported the government in establishing 112 Composantes Locales du système de santé¹⁸ (CoLoSS) to conduct community health diagnostics and develop emergency preparedness and response plans. To strengthen outreach services for displaced populations, refugees and vulnerable host communities in Alibori and Atacora, UNICEF provided two mobile clinics and two fuel tanks (each with a 3,000-litre capacity). In Banikoara, the mobile clinics enabled more than 1,700 people, including 781 children, living far from health centres to access health services¹⁹.

UNICEF conducted a joint supervision mission on the implementation of the NCHP to assess progress and identify operational bottlenecks, followed by corrective actions. In addition, UNICEF provided technical and financial support to the Departmental Directorate of Health in Alibori to organise a Health, Nutrition and WASH coordination workshop for humanitarian actors (31 participants, including 3 women, representing local, national and international NGOs). This coordination mechanism has been sustained through monthly online meetings.

UNICEF supported the *Centre d'Opérations d'Urgence de Santé Publique (COUSP)* in planning and implementing activities to enhance preparedness and response to health emergencies. Furthermore, the International Committee of the Red Cross (ICRC), in collaboration with UNICEF, trained 20 health workers from Karimama and Malanville on Emergency Obstetric and Neonatal Care.

NUTRITION

Between January and November 2025, with the support of UNICEF and in collaboration with the Ministry of Health, 16,437 children affected by severe acute malnutrition (SAM) were identified, admitted and treated across the 27 municipalities in northern Benin. Of these children, 9,029 were girls (55 per cent) and 7,408 were boys (45 per cent). The programme achieved a recovery rate of 91.1 per cent, exceeding SPHERE standards.

Overall, SAM admissions exceeded the annual target of 14,793, representing a coverage of over 110 per cent. Of the total admissions, 2,074 children (13 per cent) were treated through 15 15 inpatient therapeutic care, while 14,363 children (87 per cent) were managed through communal outpatient therapeutic programmes (OTP).

Data from mobile clinics deployed in Banikoara and Tanguiéta show a strong contribution to active case identification and service delivery. Through mobile outreach sessions, 48 out of 397 children screened as Severe Acute Malnutrition were referred and admitted for treatment. 2,439 mothers and caregivers were reached for health and nutrition SBC activities.

Across the four northern departments, 86,290 children aged 6–11 months received at least one vitamin A capsule, corresponding to 96 per cent coverage. In addition, 548,579 children aged between 12 and 59 months received at least one vitamin A (87.3 per cent). These results reflect intensified catch-up efforts, strong engagement of community health workers, and the impact of population movements in the region.

In parallel, 168,100 mothers and caregivers of children aged 0–23²⁰ months received infant and young child feeding (IYCF) counselling in

emergency settings.

Despite a surge in admissions, largely attributable to expanded screening and population movements, the services maintained their robust operational capacity. There were a number of brief, localised stock-outs (lasting between one week and one month) due to the rapid increase in caseloads and extended treatment periods. These interventions contributed to improved feeding practices, prevention of malnutrition and enhanced household resilience to nutrition-related shocks.

These results were achieved through close collaboration with humanitarian and local NGOs²¹, including Bach Consulting pour le Développement (BCD) and SIAN'SON²², in partnership with UNICEF. To reinforce community-based nutrition services, culinary demonstrations and active screening activities were regularly conducted in Malanville, Tanguiéta and Matéri. Additionally, 1,158 mothers were trained in the Mother MUAC (PB-Mothers) approach and provided with MUAC bracelets, strengthening early detection of malnutrition at community level.

CHILD PROTECTION

- In 2025, UNICEF and its partners contributed to building safer and more resilient communities for children and families in the Alibori, Atacora, Borgou and Donga departments. Their interventions reinforced ongoing efforts to strengthen child protection systems, with a particular focus on the delivery of mental health and psychosocial support (MHPSS) in emergency contexts.
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- Key results achieved during the reporting period include:
- MHPSS Support: A total of 110,312 people²³, including 66,187 adults and 44,125 children (130,936 girls), adolescents, and caregivers and 32 persons with disabilities, accessed community-based MHPSS through 59 child-friendly spaces, peer-to-peer sessions and community dialogue platforms.
- Gender-Based Violence (GBV) Services: 1,104,402 people²⁴ (including 549,878 women and 397,130 children) benefited from GBV risk mitigation, prevention and response interventions. In addition, 3,066 girl survivors of GBV received comprehensive care and specialised support across the four affected departments. 430,410 forcibly displaced persons and host communities (150,644 children, including 78,335 girls) were directly affected in the municipalities affected by the spillover.
- Safe reporting channels: 254,451 people, including 132,636 children (79,134 girls), gained access to safe and confidential channels for reporting sexual exploitation and abuse through UNICEF-supported partners.
- Child Protection case management: 4,706 vulnerable children, including 3,066 girls, 735 children with disabilities and 1,567 displaced and asylum-seeking children (808 girls), received individual case management services. Among them, 202 unaccompanied or separated children (UASC) were placed in alternative care arrangements with host families in the Atacora and Alibori departments.
- Local emergency coordination: Child protection sub-committees in Atacora (Tanguiéta) conducted a rapid assessment following a new displacement in February 2025. In Karimama, the sub-committee convened a coordination meeting in response to new incidents in May 2025, to strengthen response alignment and ensure continuity of essential services.

- Emergency assistance: In Atacora, 664 households, comprising 3,191 displaced persons—including 2,314 children (1,085 girls), 468 women and 409 men—received essential household kits to meet immediate needs. Additionally, 3 families affected by improvised explosive devices (IEDs) in Karimama (Alibori department), totalling 16 people including 12 children, received emergency assistance.
- Explosive Ordnance Risk Education (EORE): 135 institutional and community actors (35 women), including police officers from Alibori and Atacora, were trained in EORE. Through community radio campaigns and sessions organised by the Government and the community-based partners, 600,000 people, including nearly 300,000 children, were reached with explosive ordnance risk education messages across the 4 northern departments.

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EDUCATION

To ensure that all children, including those affected by crises, have equal opportunities to learn and thrive, UNICEF supported the reintegration of 11,802 refugee and displaced children, including 5,680 girls, across 50 schools in 12 municipalities, namely: Banikoara (1,099), Boukoubé (763), Coby (560), Kandi (67), Karimama (135), Kérou (1,512), Malanville (569), Matéri (1,615), Natitingou (1,465), Ségbana (652), Tanguiéta (2,297) and Toucountouna (1,068).

All reintegrated children received emergency school kits to support their learning.. during the 2025-2026 school year. In addition, 46,932 children, including 21,917 girls, in the Alibori and Atacora departments, benefited from educational and psychosocial support through child-friendly spaces.

UNICEF also advocated with the municipal authorities in flood-affected areas (Karimama, Malanville, Tanguiéta, Coby, Materi, Kérou and Lalo) to prevent the use of schools by displaced populations. Flood-affected schools were identified, and strategic discussions are ongoing with local authorities and within the Education in Emergencies Sub-group, led by UNICEF, to ensure safe and uninterrupted learning for all children.

To respond effectively and efficiently to the educational needs of children in crisis situations, an Education in Emergencies action plan was developed and approved with the participation of education stakeholders and partners. Under UNICEF's leadership, a roadmap for its operationalisation was also validated.

WASH

During the reporting period, water supply interventions reached 74,941 people, including approximately 11,037 women and 53,888 children, with safe drinking water. Key activities implemented included the rehabilitation:

- In Banikoara (Alibori) of 12 water pumps, providing safe drinking water to 6,053 people, including 4,324 children (2,248 girls), 917 women (723 refugees) and 812 men (611 refugees).
- In Kandi (Alibori) of 40 water pumps, enabling 35,679 people to access safe drinking water, including 25,485 children and 5,163 women.
- In Karimama (Alibori) of 15 water pumps, providing safe drinking water to 3,750 people, including 2524 children (1,303 girls), 649 women and 576 men.
- In Coby (Atacora) of 5 water pumps, giving 5,014 people access to drinking water, including 4,058 children (2,110 girls) and 655 women.

- In Materi (Atacora) of 15 water pumps, providing access to drinking water for 5,619 people, including 4,682 children (2,139 girls) and 480 women.
- In Kérou (Atacora) of 10 water pumps, enabling 6,067 people to access drinking water, including 4,334 children (2,297 girls), 948 women and 785 men.
- In Tanguiéta (Atacora) of 9 water and one Autonomous Water System (AWS), as well as the installation of two autonomous solar-powered water stations, providing access to safe drinking water for 7,217 people, including 5,155 children (2,629 girls), 1,072 women and 990 men
- In Agbangnizoun and Djidja (Zou): schools and health facilities were connected to the public drinking water distribution network, benefiting 5,543 people, including 3,326 children (1,729 girls), 1,153 women and ,064 men.

In addition, 69,167 people benefited from essential WASH supplies, including hygiene items, while 3,304 people received WASH emergency hygiene kits, as follows:

- Tanguiéta: 1,884 people, including 981 women
- Ségbana: 525 people
- Toucountouna, 895 people.

Coordination and system strengthening: UNICEF strengthened 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. These efforts improved alignment among response actors, reduced response times, and clarified roles and responsibilities 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 departments of Atacora, Donga, Borgou and Alibori. Through local broadcasts, essential information on access to basic social services was disseminated, promoting positive individual and collective behaviours. These messages reached approximately 2,570,987 people, including 821,545 women and 887,252, children and adolescents.

In addition, UNICEF supported community dialogue spaces, facilitated by local structures and leaders, engaging nearly 229,354 people, including 44,656 women and 146,427 children and adolescents. Key themes addressed included peacebuilding, social cohesion, essential family practices, prevention of gender-based violence (GBV), child marriage, early pregnancy, girls' education and access to basic social services. UNICEF developed an Accountability to Affected Population (AAP) strategy to be implemented in 2026.

These initiatives took place in many municipalities:

- Atacora: Boukoubé, Coby, Kérou, Matéri, Natitingou, Péhunco, Tanguiéta and Toucountouna
- Donga: Copargo, Djougou and Ouaké
- Borgou: Kalalé, N'Dali, Nikki, Parakou, Pèrèrè and Sinendé
- Alibori: Banikoara, Gogounou, Karimama and Malanville.

Feedback from 812 people from Natitingou, Boukoubé, Tanguiéta, Toucountouna (Atacora), Copargo (Donga), Banikoara, Segbana, Gogounou, Malanville (Alibori) and Tchaourou (Borgou), highlighted the need for strengthened support for girls' education, the fight against child marriage and early pregnancy, improvements in school infrastructure (construction and furnishing of classrooms and school canteens, installation of water points), as well as support for the civil registration of students and the promotion of peace and social

cohesion.

NON-FOOD ITEMS

From January to December 2025, UNICEF and its partners supported the government in distributing 250 hygiene kits and 75 protection kits, restoring dignity to more than 5,000 victims of attacks and displaced persons in Tanguiéta and Toucountouna.

UNICEF also provided hygiene kits for 115 CEP exam candidates, relocated from Tanougou to Tanguiéta due to insecurity, who were accommodated at the Maison des Jeunes in Tanguiéta. This support enabled them to sit their *Certificat d'Études Primaires (CEP)*²⁵ exams under hygienic and safe conditions.

Furthermore, UNICEF coordinated the distribution of NFI kits to ensure an effective and inclusive response, ensuring that no one was left behind. At the request of the *Agence Béninoise de Protection Civile (ABPC)*, UNICEF facilitated the harmonisation of NFI kit contents with all humanitarian actors working in Benin who distribute NFI kits in Benin²⁶.

HUMANITARIAN CASH TRANSFER

Under the leadership of the ABPC, UNICEF and WFP signed an agreement on 17 July 2025 to jointly support displaced populations and host families through cash transfers.

During Q3 and Q4 of 2025, both agencies implemented this partnership in the Tanguiéta district, aiming to strengthen resilience and social cohesion among communities affected by the security crisis in northern Benin. Within this framework:

- The WFP provides cash assistance to households of displaced people.
- UNICEF supports host families through cash transfers to meet basic needs, stabilise socioeconomic conditions, and foster community solidarity.

A total of 202 host families in Tanougou and Toucountouna receive 30,000 CFA francs (~50 USD) per household per month for three months, totaling 90,000 CFA francs (~150 USD) per household. Across these households, 1,616 people benefited, 70 per cent of whom are children and women.

The programme is implemented by the Benin Red Cross with direct technical support from WFP and coordination from ABPC.

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 community solidarity and support from the Flexible Minimum Package (PMI), funded by the Government of Canada, the family accessed emergency assistance, healthcare services and school kits. Referred to the Guichet Unique de Protection Social (GUPS), Seidou was able to secure medical care for his sick son and to enroll him in school. His story illustrates the tangible impact of coordinated humanitarian assistance on displaced populations facing extreme vulnerability. Since 2022, over 150,000 girls and adolescents across Benin have benefited from psychosocial support and life skills services, while

2,651 displaced families have received 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 sought refuge with their relatives in Tanguiéta, northwestern Benin. The sudden outbreak of armed conflict disrupted their lives overnight. Welcomed by the host community and supported by humanitarian actors, the children were referred to the GUPS, where they received vital assistance. With help from UNICEF and its partners, including the Government of Benin, the Swiss Cooperation and the European Union, the children received school kits and medical care. Despite initial difficulties linked to their albinism, they gradually integrated into their new community 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 expressed gratitude for the support that enabled them to continue learning and regain a sense of normalcy. Thanks to this coordinated response, more than 5,000 displaced children in the Atacora and Donga departments have returned to school under improved 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>

Defying the odds – Yakassou Baké's journey toward her dream: 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. Having lost her mother, Baké walks nearly 10 kilometers each day to attend secondary school, often arriving late, yet consistently supported by understanding teachers.

With no siblings enrolled in school and increasing pressure to marry early, Baké remains determined, convinced that education is the key to a better future. Her resilience is strengthened through the Faaba Cash+Care programme, which fights child marriage by combining cash transfers that reduce economic vulnerability with community-based initiatives that challenge harmful social norms. Baké's story is a powerful testimony to resilience and the transformative power of education. In a region where girls represent only 16.34 per cent of secondary school students, her journey highlights the urgent need to invest in girls' education as a path to their empowerment and equality.

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

UNICEF Website

- 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

- <https://24haubenin.info/?389-cas-de-violences-physiques-en-six-mois-sur-des-filles-agees-de-18-a-34-ans>
- **Colonie De Vacances Des Filles 2025 A Parakou**

<https://matinlibre.com/2025/08/20/citoyennete-paix-et-droits-des-filles-lunicef-benin-et-lassociation-les-championnes-outillent-250-filles-du-nord-et-du-centre-benin/>

- Journée mondiale de l'enfant 2025 à Natitingou : L'Unicef appelle à renforcer et protéger les droits des enfants

<https://lanation.bj/societe/journee-mondiale-de-lenfant-2025-a-natitingou-lunicef-appelle-a-renforcer-et-protéger-les-droits-des-enfants>

<https://www.youtube.com/watch?v=ty3W8X2-JFg>

Digitalisation 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 salutaires 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

In 2025, Côte d'Ivoire faced multiple humanitarian and public health emergencies. Cross-border violence in northern Ghana in August displaced around 48,000 people, with 13,200 temporarily seeking refuge in Bounkani²⁸; most voluntarily returned by December after security stabilised. Assessments highlighted urgent needs in shelter, food, WASH, protection, and health, with elevated risks of malnutrition and communicable diseases.

The country continued to respond to disease outbreaks, including mpox (944 suspected cases since 2024, with 229 confirmed and 3 deaths) and cholera (556 cases and 24 deaths in 2025, case fatality rate of 4.3%)²⁹, underscoring the need for strengthened surveillance, early detection, and community awareness.

In 2025, multiple incidents occurred along the northern borders of Côte d'Ivoire with Burkina Faso, including incursions by Non-State Armed Groups (NSAGs) and armed forces into several villages in the Téhini³⁰ and Doropo³¹ (Bounkani).

Regional insecurity, particularly in Burkina Faso, drove continued refugee inflows. By end-2025, Côte d'Ivoire hosted nearly 82,787³² forcibly displaced persons—mostly women and children—spread across northern regions, with significant protection, education, nutrition, and WASH needs. Food insecurity remained concerning in refugee-hosting areas, while nutrition screenings identified persistent cases of moderate and severe acute malnutrition among children. Overall, access to water, basic services, and social cohesion in host communities remain critical challenges requiring sustained humanitarian and resilience interventions.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

CHOLERA EPIDEMIC RESPONSE

- To support the response to the mpox and cholera outbreaks, in collaboration with the Ministry of Health and NGOs (Organisation humanitaire pour l'action sociale et l'assistance (OHASA) and CARITAS Man), UNICEF supported capacity strengthening in the Danané (western Côte d'Ivoire), Port-Bouët- Vridi, Yopougon- Est (Abidjan) and San- Pedro health districts to ensure an effective response to the mpox and cholera outbreak.
- Infection Prevention and Control (IPC): A total of 40 health professionals and 25 community health workers were trained in Infection prevention and control (IPC), as well as in the diagnosis and clinical management of mpox cases. This capacity-building aims to enhance early case detection, reduce transmission and improve the quality of care for affected individuals, thereby contributing to outbreak containment and to the protection of vulnerable populations, particularly children.

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- Strengthening the operational capacities of three health districts in areas affected by mpox and cholera: Twenty health centres in the districts of Danané, Port-Bouët, San-Pedro and Yopougon-Est received PCI-WASH kits, as well as personal protective equipment (PPE) for healthcare workers. These supplies aim to:
- Hygiene promotion: To support the response to the mpox and cholera outbreaks in Port-Bouët-Vridi and Danané health districts, 286 community actors were trained to lead local prevention and response efforts. Through hygiene promotion sessions conducted by these trained facilitators, a total of 22,861 people, including 10,597 children, were reached. In addition, 6 sanitation kits and 10 handwashing stations were distributed in the Vridi-Ako community to support awareness-raising on proper hygiene practices. These interventions aim to strengthen community resilience and to reduce vulnerability to health risks.

HEALTH

In 2025, UNICEF and its NGO partner, Comité International pour l'Aide d'Urgence et le Développement (CIAUD), supported 20 health centres under the Bounkani and Tchologo Regional Health Directorates through outreach interventions to bring health services closer to affected populations. A total of 11,068 people, including 7,570 children and women, accessed primary healthcare services in UNICEF-supported facilities. Of those reached, 4,609 were refugees and asylum seekers, 3,502 were children under five and 1,339 were pregnant women.

In addition, emergency medical supplies – including midwifery kits, equipment and other essential medicines for maternal, neonatal and child health – were delivered to the Bounkani and Tchologo Regional Health Directorates to support the implementation of advanced community-based strategies in areas hosting refugees and asylum seekers. These supplies enabled the provision of free healthcare services for children and women, covering both medical consultations and essential medicines.

As part of the measles prevention efforts, UNICEF supported the Ministry of Health in organising a national measles vaccination intensification week in May 2025. During this campaign, 1,777 children aged 0-59 months in the Bounkani region were vaccinated. In addition, through routine immunisation activities, 62,069 children aged 9 to 23 months across the Tchologo and Bounkani regions were immunised, contributing to sustained disease prevention. As of November 2025, with UNICEF support, a total of 63,846 children had been vaccinated against measles in the two main regions hosting asylum seekers.

As part of the resilience programme, to improve care for mothers and children, UNICEF supported the training of 145 healthcare providers in the Bounkani and Tchologo regions on the Integrated Basic Emergency Obstetric and Neonatal Care (SONUB) module, Integrated Management of Childhood Illness (PCIMNE), adolescent and youth health, and the management of postpartum haemorrhage. UNICEF also provided technical and financial support for the establishment of four Kangaroo Mother Care unit in the health

districts of Doropo, Nassian, Bouna and Kong. In addition, 22 healthcare providers were trained in the implementation of this mother-infant bonding approach.

NUTRITION

- UNICEF and its partners continued to support the national nutrition programme through preventive, promotive and curative interventions. Key results from the Bounkani and Tchologo regions during the reporting period include:
- A total of 124,650 children aged 6-59 months were screened for acute malnutrition at health centres and at community level in the Tchologo and Bounkani regions affected by the Sahel crisis.
- Some 2,298 children aged 0-59 months were admitted for treatment for SAM.
- As part of malnutrition prevention efforts, 113,700 children aged 6–59 months received vitamin A supplementation and 17,008 children received multiple micronutrient powder.
- As part of preventive interventions, nutrition education activities for mothers and caregivers of children aged 0–23 months continued through community-based multisectoral nutrition platforms (FRANC). In addition, 9,048 persons (3,974 men and 5,074 women) were sensitized on optimal 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 Programme and the NGO Animation Rurale de Korhogo (ARK) with UNICEF support, continued throughout 2025. 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 2025, UNICEF continued to strengthen the social service workforce and community-based child protection mechanisms in the northern regions. The aim was to prevent and protect children from violence, abuse and exploitation, and to respond to their needs, including through MHPSS at community level. As part of these efforts, 50 Child Protection Committees were established or revitalised across the Bagoué (10), Bounkani (10) and Tchologo (30) regions, to provide additional protection and support. A sustainable approach was adopted by integrating Child Protection Committees into nutrition platforms largely financed by the World Bank and scaled nationwide. Social workers trained members of these nutrition platforms on core child protection components, including the identification and referral of child survivors of violence.

In 2025, the target for community-based MHPSS was 36,000 people. During the reporting period, 48,874 people had access to mental health activities and psychosocial support at community level, thanks to child protection committees supervised by social workers. This overachievement is mainly due to the strong engagement of community protection committees and increased mobilisation of social workers, which boosted demand and service uptake. Community-based MHPSS include awareness sessions, psychological first aid, peer support groups, recreational and resilience-building activities, and referrals for specialised care.

A total of 40,509 individuals were reached through awareness-raising sessions on safe and accessible channels for reporting sexual exploitation and abuse. This support was delivered through Child Protection Committees under the supervision of social workers.

In addition to MHPSS, participants were provided with information and tools related to child protection, covering the following topics:

- Children's rights
- Gender-based violence (GBV)
- Protection from violence, abuse and exploitation
- Sexually transmitted infections (STI)
- Early warning systems

In 2025, 268 children requiring protection received individual case management through UNICEF-supported programmes, representing 54% of the annual target. These included children who were survivors of sexual and physical violence, abuse and child marriage.

In response to the influx of people arriving from Ghana, UNICEF and its partner organisation CIAUD supported the Regional Directorate for Women, Family and Children to conduct an assessment in host villages to identify key child protection risks. Collaboration and coordination were ensured through regular meetings of the child protection subgroup, bringing together humanitarian actors (the Office of the United Nations High Commissioner for Refugees (UNHCR), Save the Children, CIAUD Canada) and partners from key child protection ministries (Women, Family and Children; Social Protection; National Cohesion). These coordination meetings focused on reviewing the emergency response plan, identifying key challenges and discussing strategies to strengthen joint action.

On PSEA, up to 35 local actors – including social workers, asylum seekers and humanitarian staff – were trained on identification and referral mechanisms. Community awareness activities were conducted on the prevention of sexual abuse of children, with particular emphasis on safe reporting channels. At national level, all personnel staffing child and GBV helplines received training on the identification and referral of potential PSEA cases.

EDUCATION

During the reporting period, UNICEF, in collaboration with the Ministry of Education, ensured continued access to education for refugee children from Burkina Faso and Mali in the Timalah and Nioronigué sites by rehabilitating 21 classrooms. This initiative enabled 1,539 children, including 806 girls, to attend learning spaces. In addition, 53 Islamic Education Structures (SIE) in the Tchologo and Bounkani regions were integrated into the formal education system with UNICEF's technical and financial support.

With UNICEF support, 14,034 children, including 4,794 attending Islamic Education Structures in the two regions affected by the Sahel crisis, received individual learning materials and 1,539 refugee children gained access to learning spaces. In addition, 36 volunteer teachers, including 20 women, were trained and equipped to strengthen their teaching skills.

In preparation for the 2025–2026 school year, a survey was conducted in Timalah and Nioronigué to analyse the low involvement of refugee parents and to identify additional school-aged children, resulting in the identification of 1,189 children. UNICEF also supported emergency preparedness by developing contingency plans and training 284 teachers and education authorities, including 121 women, on prevention, response and recovery measures using the “Resilient School” or “Safe School” manual, which was deployed in 70 institutions.

As part of resilience interventions, five mobile digital classroom kits were provided to schools in Tchologo (EPP Nioronigué-Ouangolo, GS Résidentiel Ferké, Collège Moderne Ferké) and Bounkani (EPP Oungokoro and GS Téhini), accompanied by training for 56 educators. In addition, recreational kits were distributed to four schools to promote children's well-being.

To address climate-related risks, 593 teachers were trained in managing floods and strong winds, while 1,510 students and 21

school clubs engaged in ecological activities such as tree and grass planting to reduce erosion and strengthen climate resilience. These efforts contribute to the creation of safe, inclusive learning environments and improved preparedness for crises and climate hazards.

YOUTH ENGAGEMENT

WASH

Interventions to improve access to safe drinking water, implemented in 2025, formed part of the resilience programme deployed in the two regions most affected by the Sahel crisis. These interventions addressed essential needs of both host communities and refugees and asylum seekers.

To improve access to drinking water, and thereby support service delivery and quality of care, six small solar-powered water supply systems and two water storage tanks were installed in eight centres across eight localities, including areas hosting refugees. In addition, during the third quarter of 2025, one small solar-powered water supply system was installed in the village of Bania (Bounkani region). Furthermore, 77 obsolete hand pumps were replaced in 77 localities.

Overall, these interventions improved access to safe water for a total of 33,350 people, including 8,773 men, 8,419 women, 7,897 girls and 8,261 boys.

Regarding community access to hygiene and sanitation services, 131,182 people (63,493 children, 33,234 women and 34,455 men) benefited from the awareness-raising sessions on proper hygiene practices between January to December 2025. This significantly exceeded the initial target of 30,000 people due to the combined effects of the cholera outbreak that emerged in May 2025, the mpox epidemic and the community-led total sanitation (CLTS) interventions implemented in the two regions affected by the Sahel crisis.

In addition, 11,952 of these beneficiaries permanently stopped open defecation and regularly practised handwashing, at least during critical times of the day. With UNICEF's support, hygiene and sanitation committees established by CIAUD carried out activities to promote good hygiene practices among both host communities and refugees.

In response to the humanitarian needs of children affected by cholera and mpox outbreaks, as well as refugees and host communities impacted by the Sahel and Ghana crises, UNICEF and its partners (CIAUD, OHASA and CARITAS-MAN) distributed 1,056 hygiene kits to 7,219 people, including 3,944 children, across 23 localities in the Bounkani and Tchologo regions, as well as in the health districts of Port-Bouët, San-Pedro and Danané. Through its partnership with CIAUD, the intervention reached 484 refugee households and 172 host community households affected by the Sahel crisis. The distributed hygiene kits included menstrual hygiene management items, benefiting 1,512 women and girls.

In September 2025, a tree-planting day was organised at the transit site for asylum seekers in Nioronigué (Ouangolodougou), in collaboration with CIAUD, UNICEF and the local authorities. The initiative aimed to restore the ecosystem, improve living conditions and strengthen the participation of asylum seekers in community activities. A total of 250 trees of various species were planted across 10 hectares, contributing to efforts to combat desertification and create green spaces. The activity also raised awareness among both host and displaced communities on environmental protection, while promoting social cohesion and improving living conditions at the site.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

As part of emergency preparedness and response in the education

sector, UNICEF strengthened the capacity of 42 education stakeholders on community participation, access to information, communication and feedback and complaints mechanisms. The training supported the integration of accountability activities into education contingency plans in the Bagoué, Poro, Tchologo, and Bounkani regions, promoting strengthened accountability to affected populations (AAP).

In response to the cholera outbreak, UNICEF conducted a socio-behavioural survey in Vridi-Ako. The findings indicate that the community is generally well informed about cholera and preventive measures, with 83.46 per cent of respondents aware of the disease, reflecting effective awareness campaigns. However, persistent challenges remain, including limited access to safe water, prevailing beliefs and low levels of education, which continue to hinder the practical adoption of recommended health behaviours. The survey also revealed that 8.64 per cent of respondents do not know the symptoms, dehydration is rarely mentioned despite its severity and nearly 14 per cent are unaware of transmission modes.

To strengthen resilience and the effectiveness of UNICEF's interventions, several initiatives were implemented to enhance community participation, build local capacity and promote social cohesion in targeted regions. UNICEF supported 185 local development committees to co-create and implement community initiatives addressing sanitation, maternal health, malnutrition, education, vaccination and water management. In addition, UNICEF supported the training of 228 local leaders on their roles and responsibilities, local conflict resolution mechanisms, social cohesion and communication and leadership. In addition, 432 local actors (nurses, NGO ARK supervisors, adolescents, village chiefs and community leaders) were trained in the Human-Centred Design co-creation Approach and social listening to support community interventions in health, nutrition, education and WASH sectors.

Through these efforts, 40,121 people reached with timely and life-saving information on how and where to access available services.

YOUTH ENGAGEMENT

During the reporting period, UNICEF provided technical support to the government and communities through an integrated programme focused on youth engagement, participation, employment and health.

Key achievements include:

- The Peace Education and Social Cohesion Life Skills manual and guide were finalised and complemented by innovative tools, such as illustrated books, to enhance leadership and promote peace and social cohesion. As a result, 4,415 adolescents and youth developed skills to promote peace and social cohesion and were designated as Peace Ambassadors at the community level, leading to social actions to foster peace, particularly in northern regions affected by the Sahel crisis. As of 2025 4,655 (1,025 male and 3,630 female) people actively participated in localised intercommunity and intergenerational dialogues promoting peacebuilding and social cohesion.
- Establishment of peer support groups for vulnerable adolescent girls, creating safe spaces for experience sharing and psychosocial support.
- Inclusion of adolescent asylum seekers and youth peace ambassadors: 20 young people supported the biannual national U-Report camp, gaining exposure to youth engagement programmes and access to social services such as education and nutrition.

- A total of 9,896 adolescents (girls and boys) attended awareness sessions aimed at: Eliminating harmful gender norms, Promoting sexual and reproductive health and rights and Preventing HIV and GBV
- A total of 1,138 GBV cases (emotional, physical and sexual harassment) were identified and addressed through cost-effective peer-led group discussions under the supervision of qualified social workers.
- Mobile clinics were deployed to deliver integrated services tailored to adolescents and youth, including STI/HIV prevention, SRH counselling, and GBV care: 995 consultations were conducted, with 746 (75 per cent) referred to comprehensive primary health care and at least 10 per cent of sensitised individuals were referred to specialized health services.

SOCIAL INCLUSION

Since the beginning of 2025, UNICEF has supporting initiatives to improve the living conditions of children in the Bounkani and Tchologo regions as part of broader efforts to strengthen community economic resilience in response to the Sahel crisis. To ensure that mothers have sustained capacity to provide minimum care for their children, UNICEF developed a programme to promote the economic autonomy of mothers and pregnant women. This programme targeted 1,000 women in three regions, including Bounkani and Tchologo. These women were organised into saving groups known as AVEC (Collective Savings Valorization Associations), and support is being provided to these groups to develop income-generating activities.

A total of 16 income-generating activities were supported, strengthening households' ability to withstand economic shocks, while 14 community trainers were trained to ensure the sustainable transfer of skills and the long-term viability of local initiatives. This programme establishes links with First Food Nutrition. In addition, it links with the Girl Power initiative, which aims to remove barriers faced by the most disadvantaged adolescent girls. Accordingly, village savings and loan association groups targeted girls who had benefited from Girl Power interventions and villages were equipped with multisectoral nutrition platforms (FRANC). Furthermore, the supported income-generating activities prioritise, whenever possible, the production, processing and distribution of nutritious foods for children.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

[MPOX: Community Response in Danane. Trained health workers are helping protect communities against the spread of mpox along Côte d'Ivoire's western border](#) . Trained health workers are helping protect communities against the spread of mpox along Côte d'Ivoire's western border.

At the border between Côte d'Ivoire, Liberia, and Guinea, intense mobility makes Danané vulnerable to epidemics like mpox. Thanks to the vigilance and swift response of health workers, the first cases were contained, preventing the spread of the virus and saving lives.

[The School and University Health Service for Adolescent and Youth Health \(SSSU-SAJ\[i\]\) in Ferké is a safe space for learning about sexuality without judgment. At the SSSU-SAJ, girls and boys can access the necessary information on all contraceptive methods without taboos](#) .

"Adolescents and young people face multiple challenges: infections,

early pregnancies, abstinence that provokes mockery, overly intrusive parents who want to check their daughter's virginity or force her to get implants, etc. Parents tend to be distrustful toward their teenagers, and this can create tension. My role is to welcome, advise, guide everyone involved, and sometimes act as a mediator."
— Midwife Adjiri

[A new solar-powered water tower at the Kala Kala Health Center, a major step forward for the hygiene, comfort and dignity of patients :](#)

In Kala Kala, the health center now benefits from a new water tower powered by solar energy. This is a real breakthrough for the community, where recurring water supply issues had long hampered the proper functioning of health services.

[Child Protection Committees, a Response to Child Labor: In the Asylum Seekers' Camp in Nioronigué, the Fight for Child Protection is Essential.](#)

The committees work closely with educational and social partners and hold weekly awareness sessions. And it's working. As one CPE member puts it: *"Change doesn't happen with a single action. You have to start over, repeat again and again, because a message heard once is forgotten, but a message repeated eventually convinces."*

[Scarred by the Sahel crisis, yet full of hope: Through Djeneba's eyes, unimaginable hardships have unfolded — and still, she dares to dream .](#)

GHANA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The reporting period was marked by multiple overlapping emergencies in Ghana, including disease outbreaks, forced displacement, dry spell, 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. WHO monthly bulletin reports 2,325 cases and 13 deaths in Ghana as of June 2025. Monkeypox cases rose to 163 cases (as of June 2025) across 11 regions of Ghana. The Ministry of Health SitRep on Monkeypox reported 952 Cumulative confirmed cases in 2025 with 13 deaths as of December 2025. Despite high yellow fever immunisation coverage, unvaccinated nomadic populations remain at risk. The Sahel spillover has led to the influx of over 25,000 (as of August 2025)³³ displaced persons from Burkina Faso, Mali, and Niger into northern Ghana, straining basic services and raising child protection and human rights concerns. Additionally, the decades-long Bawku conflict has displaced thousands and disrupted public services, with over 300 lives lost since late 2021. In August 2025, violent attacks broke out in Gbiniyiri community of the Sawla-Tuna-Kalba (STK) District in the Savannah Region of Ghana. This escalated and spilled over from Gbiniyiri to several communities in STK and Bole districts. Government sources reported that the conflict led to widespread displacement and casualties in over 48 communities with approximately 48,000 affected persons in the STK and Bole districts.

In response, UNICEF, with UN agencies and partners, employs a gender-responsive, multisectoral approach to enhance emergency systems, provide critical services, and foster resilience. Leading in education, health, child protection, WASH, and social protection, and as a UNIAWGE member, it supports assessments, planning, and

coordination. However, UNICEF Ghana's Emergency Preparedness 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 collaborated with other UN agencies to advance the Joint Response Plan for the Sahel spillover. The plan focused on displaced populations and host communities in Sissala West, Bawku West, and Bono East, targeting approximately 18,000 displaced persons. To improve referral and continuity of care, two modified tricycle ambulances were provided to health facilities in the Bawku West and Sissala West districts. Procurement of essential supplies is underway to strengthen 14 health facilities and expand community health services across 79 CHPS zones with funding from the European Union under the Unite Project. Additionally, UNICEF supported Ghana Health Service to establish an outreach point in Sawla to deliver essential services to internally displaced persons in Sawla/Tuna/Kalba District in the Savannah Region. Across the three regions, 24,224 children received Penta 3 vaccines and 51,698 received polio vaccines.

To enhance emergency preparedness and response, Greater Accra, Oti, and Upper East regions developed plans for priority public health diseases. Greater Accra focused on cholera in 10 districts, Oti addressed yellow fever, cholera, and measles in four districts, while Upper East created regional and district-specific plans for cholera, meningitis, and yellow fever. A national risk assessment using WCARO tools was conducted, and 250 health workers were trained in emergency preparedness and response. UNICEF also facilitated a Health Emergency Facility (HEF) simulation in Accra with WHO, WFP, MSF, and partners. The HEF, a mobile unit for emergency treatment during outbreaks, strengthens the rapid response capacity.

NUTRITION

UNICEF continues to support the Ghana Health Service in delivering quality nutrition services to displaced populations and host communities in the Upper East, Upper West, and Savannah Regions affected by tribal conflict. With funding from the French Embassy and the Ministry of Europe and Foreign Affairs, 120 health workers and 200 community health volunteers were trained on the management of severe acute malnutrition (SAM).

During the reporting period, 71,904 children under five were screened for SAM. Of these, 1,694 children, representing 6 percent of the estimated SAM caseload- were admitted for treatment. A total of 203 children were admitted for inpatient care, while 1,491 received outpatient treatment. 705 children have been successfully cured, achieving a cure rate of 85%. The highest number of cases was recorded in November, likely linked to the lean season. In addition, active SAM case searches conducted by trained community health volunteers identified and referred to 250 additional SAM cases for treatment. Using house to house approach, they screened eligible children and referred appropriately those identified to be SAM to the health facility for treatment.

The country currently has no dedicated funding for the procurement of therapeutic foods and milks for SAM treatment, and existing stocks are expected to run out by the end of February. UNICEF is engaging the Government of Ghana to include these products in the essential medicines list to ensure a more sustainable supply.

Furthermore, 116,372 caregivers received counseling on optimal

infant and young child feeding (IYCF) practices. Vitamin A supplementation reached 273,332 children aged 6–59 months, and 32,000 children aged 6–23 months received micronutrient powders. Preventive iron supplementation was also provided to 193,505 pregnant women. Essential nutrition supplies including anthropometric equipment, ready-to-use therapeutic food (RUTF), therapeutic milks (F75 & F100), micronutrient powders, and ReSoMal were procured to support ongoing 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 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). A total of 334 children (157 boys and 177 girls) affected by displacement and internal conflicts benefited from individualised case management services in 2025. Also, 2,325 women and children (1,110 women, 517 boys and 708 girls) were reached by gender-based violence prevention messages and psychosocial support. With UNICEF support, the Government approved the new Child Protection Community Facilitation Toolkits contents on CPIE, MHPSS and Explosive Ordinance Risk Education. 167 people benefited from training of trainers at the national and regional levels. Full roll out of the new content will be in 2026. The National Child Protection in Emergency Working Group developed the first ever CPIE Contingency Plan covering four main scenarios: conflict (internal and cross-border), flooding, drought and health crisis. The Plan was finalised and validated, and efforts are underway to develop regional CPIE contingency plans in Upper East and Upper West. UNICEF supported the development of the Government of Ghana procedures for Protection from Sexual Exploitation and Abuse (PSEA) with the aim of providing comprehensive guidance for the government service providers across sectors to prevent, mitigate risks of and respond to sexual exploitation and abuse. This is a collaborative effort with the National Child Protection in Emergencies (CPIE) Working Group and the UN inter-agency PSEA Network. In November 2025, the Training of Trainers took place to capacitate 45 national government stakeholders and civil society to provide cascaded training to sub-national level authorities and service providers. In 2026, UNICEF is exploring opportunity to integrate the PSEA procedures into in- and pre-service training in partnership with tertiary institutions, such as the Office of the Head of the Civil Service and the Public Services Commission.

EDUCATION

Ghana's education system continues to operate within a context of heightened risk as flooding, disease outbreaks, and localised conflict increasingly disrupting access to learning for the most vulnerable children. Rapid assessments by the UN Inter-Agency Working Group on Emergencies confirmed the intensifying impact of the Sahel spillover on border communities, resulting in school disruptions and displacement. A UNICEF-supported study in Tarikom and Zini further revealed that over 70 per cent of displaced learners required remedial support. This is compounded by limited teacher capacity, infrastructure gaps, and weak inclusion and psychosocial support (PSS) systems. These findings highlighted the urgent need for coordinated evidence-driven responses to strengthen resilience. At the national level, UNICEF advanced advocacy for the National Guidance and Counselling Policy, now under academic review, to institutionalise PSS in schools. Through the Safe Schools Programme, over 1,000 teachers were trained in PSS, reaching more than 11,000 learners. UNICEF also supported 101 flood-affected schools to update emergency plans and ensured continuity

of learning for 6,350 learners affected by conflict. Additional support reached 1,815 displaced learners through learning and recreational kits, while 1,689 school management structures were engaged to strengthen community ownership and accountability for enhanced resilience building.

WASH

In the reporting year 85,000 people benefited from UNICEF humanitarian interventions for 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. 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.

In September, UNICEF provided life-saving support for persons displaced by intra-communal violence in the Savannah Region. This included provision of safe water, shower and latrine cubicles, and hygiene supplies to over 1,000 people temporary refugees.

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 a local NGO, Theatre for Social Change, UNICEF reached 1,045,000 people in Greater Accra, Central, and Western regions with lifesaving cholera and mpox information via radio, mobile vans, and community information centers.

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, treatment seeking and the oral cholera vaccine (OCV). These interventions contributed to 90% OCV coverage in targeted districts and a significant reduction in cholera transmission in the most severely affected districts across Ghana.

In addition, targeted efforts prioritised populations at highest risk for mpox vaccination in the three most affected regions. Intensified social and behaviour change (SBC) activities—engaging 39,030 girls, boys, women and men in community dialogue and reaching 767,125 people through radio broadcasts and live discussions—contributed to 90 percent mpox vaccination rates among the targeted at-risk population. Furthermore, mpox SBC interventions were institutionalised at community information centres (CICs), radio stations, and outpatient departments (OPDs) in these regions during peak service hours.

UNICEF also implemented social and community listening, gathering feedback from 1486 people through digital surveys, and offline and online feedback. In parallel, online conversations were tracked using Talkwalker and data was compiled and analysed regularly; in 2025, mpox social listening generated 11.7K engagements and a potential

reach of 179.6M. Findings were shared with national and district-level partners, including the Ghana Health Service, to support timely message refinement, rumour management, and coordinated follow-up actions at the community level. For cholera, insights led to actionable changes, such as constructing temporary toilets and mobilising 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 drought were provided one-time cash transfer by the Government of Ghana. UNICEF provided technical and financial support for independent CSOs monitoring of the intervention. The independent CSOs monitoring documented key learnings from the delivery of the drought intervention, to inform and help improve delivery of future similar emergency cash transfers to households affected by negative impacts of natural events. UNICEF, with RO/HQ expertise, supported the MoGCSP co-developed the national shock-responsive Social Protection (SRSP) strategy and SOPs, with national validation slated for Q1 2026. This positions Ghana to protect children and their families from negative coping strategies during shocks by enabling faster, rules-based scale-up of benefits. With the influx from the Sahel region, UNICEF continued to work with the National Health Insurance Authority (NHIA) to facilitate health access through the National Health Insurance Scheme (NHIS) to displaced populations and indigents within the host communities. Currently exploring partnership with the Ghana Refugee Board and the UNHCR to institutionalise exempt NHIS registration for asylum seekers within the camps under their care.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

<https://www.unicef.org/ghana/blog/boy-blue-navigating-climate-change-coastal-ghana>

<https://www.unicef.org/ghana/stories/ghana-floods-two-girls-journey-resilience>

<https://www.unicef.org/ghana/press-releases/eu-unicef-and-unhcr-launch-27-million-initiative-displaced-persons-and-host>

MAURITANIA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

In 2025, Mauritania faced a significant and growing refugee crisis, driven by continued instability in neighbouring Mali. From the end of 2024's tally of approximately 288,000 refugees and asylum seekers, the total rose to around 309,000 by mid-2025³⁴, indicating roughly 21,000 new arrivals within the first half of the year, with similar numbers likely arriving by year's end. The M'bera camp remains the epicentre of this crisis, sheltering about 120,000 registered refugees, already far above its planned capacity. Additionally, roughly 170,000 refugees have settled in host communities across Hodh Chargui (HC), living outside the camp's confines. The growing refugee

population is overwhelming local infrastructure and social cohesion, requiring reinforced community support and resilience programming. The nutritional situation remains alarming: in Hodh Chargui, Global Acute Malnutrition among children under five is 13.7%, and Severe Acute Malnutrition 2.7%, both above emergency thresholds. Health risks are compounded by a resurgence of epidemic-prone diseases, fuelled by overcrowding, poor living conditions, and limited access to clean water and health services.

Humanitarian needs are escalating, with urgent calls for expanded food assistance, health and nutrition interventions, and investments in basic services to protect both refugees and vulnerable host populations.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF contributed to the implementation of Intensive Vaccination Activities (IVAs) and the big catch-up implemented in the Hodh Chargui, Assaba and Guidimakha regions to reinforce immunity among vulnerable populations by providing technical, logistics, social mobilising support in coordination with health authorities. With the following results, 54,432 children aged 15 months and older received two doses of the measles vaccine. In addition, 18,818 children aged 0 to 12 months received three doses of the pentavalent vaccine, 12,372 live births that were delivered in health facilities in UNICEF-supported areas and 27,009 children have received treatment for acute watery diarrhea in UNICEF-supported facilities.

NUTRITION

As of December 2025, 12,489 children with severe acute malnutrition (SAM) received treatment in health facilities, reaching 81.5 % of the target of 15,329 children in humanitarian areas. Treatment performance remained strong, with a cure rate of 92 per cent, reflecting the quality of care and continuity of services supported by UNICEF. In Bassiknou hot spot areas, 2,862 children with SAM were treated, significantly exceeding the expected caseload of 180% percent for the year 2025 due to a combination of humanitarian factors, notably the influx of refugees linked to cross-border shocks, heightened food insecurity, and improved access to previously hard-to-reach areas, which led to intensified malnutrition screening by community health workers and health facilities and a higher number of referrals. This support contributed to a reduction in the death rate from 1 percent to 0.2 percent, driven by the quality of CRENI treatment services, strengthened community-based activities, and mobile clinics ensuring timely referral and management of cases. In addition, 31,411 caregivers received counselling on infant and young child feeding (IYCF) practices to improve feeding practices and prevent malnutrition.

For the prevention activities in emergencies, vitamin A supplementation was provided to 26,711 children 6-59 month, while 16,861 children 6-23 months received micronutrient powder, reaching 50 percent of the planned target. This level of achievement reflects the transition from campaign-based vitamin A supplementation to routine delivery and the gradual roll-out of alternative and innovative platforms, which temporarily reduced coverage during the shift in implementation modalities.

CHILD PROTECTION

In 2025, the section intensified its efforts to protect children amid the influx of refugees. 907 children, including 77 with disabilities, received support through case management, including mental health support for 134 victims of violence. Three child-friendly spaces were

created in camp M'bera and four in the host communities, offering recreational and psychosocial activities to 5,112 children (against a target of 4,000). At the same time, 3,787 parents benefited from awareness-raising on child protection issues, 571 women from GASPA were mobilised for the prevention of sexual and gender-based violence, and 316 religious leaders were involved in protection campaigns. Ten community watch were set up and two municipal systems were revitalised. 596 people participated in actions against GBV and 126 declared that they had abandoned FGM.

EDUCATION

The number of children in humanitarian situations that participated in formal or non-formal pre-primary, primary and secondary education through UNICEF supported programmes comes to a total of 3,300 (1,677 boys and 1,623 girls), making up approximately 23 per cent of the total number of children supported by UNICEF in 2025. In addition, 43,402 children were provided with individual education/early learning materials through UNICEF supported programmes in 2025 which serve to help facilitate access to education for the most vulnerable communities with a focus on Malian refugee children in M'bera refugee camp and surrounding host communities throughout Hodh Chargui. While good progress is being made, in coordination with UNHCR and WFP, the needs remain great with Gross Enrolment rates for refugee children remaining far below the national average, requiring sufficient resource mobilisation and programming.

WASH

Since January 2025, WASH humanitarian interventions have reached 9,153 people in approximately six communities hosting Malian refugees in the Hodh Chargui region and three sites hosting victims of the 2025 floods in the Guidimakha regions. These interventions were carried out by implementing partners, namely the NGOs ID and Adicord, in collaboration with the regional water and sanitation office, which supervised the implementation of activities in the field. The interventions carried out as part of these emergency responses have improved access to water, sanitation and hygiene through the reinforcement of existing water systems (extension of standpipes and installation of distribution points), the construction of latrines, the distribution of hygiene kits and the implementation of hygiene promotion activities for approximately 1,525 households, including 955 refugee et host households host communities in HEC and 570 households affected by flooding in Guidimakha. Specifically, this intervention provided 4,020 people with access to sanitation through the construction of 100 latrine-shower blocks.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

Since September 2025, Mauritania faced outbreaks of diphtheria and Rift Valley Fever (RVF). UNICEF, in coordination with the Regional Office, supported the Ministry of Health in Risk Communication and Community Engagement, enabling timely case identification and management. For RVF, 53 cases and 15 deaths were confirmed, with viral circulation largely contained by December. Building on the 2024 polio campaign, UNICEF provided technical guidance for mapping resistant and hard-to-reach populations, post-campaign communication, and community-based surveillance. Information, Education and Communication activities on WASH, nutrition, health, education, and protection reached affected populations, while 10,728 community agents trained in ANJE and "PB-mère" approaches delivered life-saving information to 123,380 people. Additionally, 13 NGOs and the University of Nouakchott received Social Behaviour Change training, and gender and anti-violence modules for teachers are being implemented, reaching 834 educators

SOCIAL INCLUSION

In a context of sustained crisis in neighboring countries and a continuous influx of Malian refugees in Bassiknou and in Fassala areas, children with disabilities are particularly vulnerable to exclusion and lack of access to essential services. To address this, technical aids for children with disabilities are procured through UNICEF's central purchasing unit, ensuring high standards of quality, efficiency, and cost-effectiveness. Following a joint UNICEF and MASEF mission to identify children with disabilities, carried out with the support of local authorities and schools, the process of acquiring assistive technologies was launched in 2025. Distribution is scheduled for February 2026, targeting 200 to 250 children, for both refugees and those from host communities. The intervention is aimed at reducing functional barriers and improving access to health, education, nutrition, and protection services, while supporting the inclusion of disability within national social protection systems, including in humanitarian contexts.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- **UNICEF Mauritania – Emergency interventions addressing urgent child needs.**
- Life-saving actions targeting children exposed to protection, health and education risks in crisis-affected settings.
- <https://web.facebook.com/share/p/17fDz2fk11/>
-
- **UNICEF Mauritania – Emergency assistance for refugees and host communities affected by the Sahel crisis.**
- Provision of humanitarian assistance to children and families affected by the influx of refugees from Mali, including support to basic services in refugee-hosting areas.
- <https://web.facebook.com/share/p/1HHQe9ozrB/>
-
- **UNICEF Mauritania – Humanitarian response to the growing refugee influx in eastern Mauritania.**
- Field activities responding to population movements linked to the Sahel crisis, addressing urgent needs of refugee children and vulnerable host communities.
- <https://web.facebook.com/share/p/1EjwsCXMzw/>
-
- **UNICEF Mauritania – Assistance to displaced children and families in crisis-affected areas.**
- Delivery of humanitarian support to displaced populations, with a focus on children affected by conflict, displacement and service disruption.
- <https://web.facebook.com/share/p/17oP53wnmQ/>
-
- **UNICEF Mauritania – Education and child protection services in refugee-hosting areas.**
- Implementation of emergency education activities and child protection services for refugee children and vulnerable host community members.
- <https://web.facebook.com/share/p/1RGmPj7rww/>
-
- **UNICEF Mauritania – Scaling up humanitarian assistance following increased refugee arrivals.**
- Expansion of UNICEF emergency interventions to respond to rising humanitarian needs caused by displacement from the Sahel region.
- <https://web.facebook.com/share/p/1EjwsCXMzw/>
-
- **UNICEF Mauritania – Emergency support to populations affected by displacement in eastern regions.**
- Humanitarian assistance delivered to refugees and host communities facing pressure on essential services due to displacement.

- <https://web.facebook.com/share/p/1AdmshuKmr/>
-
- **UNICEF Mauritania – Continuity of essential services under humanitarian pressure.**
- Support to maintain access to basic services for children and families in areas affected by humanitarian strain and displacement.
- <https://web.facebook.com/share/p/17uHqaHiWo/>
-
- **UNICEF Mauritania – Assistance to refugee and host communities impacted by the Sahel crisis.**
- Integrated humanitarian support addressing the needs of refugees and vulnerable host populations in affected regions.
- <https://web.facebook.com/share/p/1BzgvE3mQ/>
-
- **UNICEF Mauritania – Life-saving humanitarian actions for children in emergency contexts.**
- Emergency response activities addressing immediate health, protection and education needs of children affected by crisis.
- <https://web.facebook.com/share/p/1AweEFRHC2/>
-
- **UNICEF Mauritania – Child-focused humanitarian response in crisis-affected areas.**
- Humanitarian interventions prioritizing children's needs within broader emergency response operations.
- <https://web.facebook.com/share/p/1aBHmq2is/>
-
- **UNICEF Mauritania – Humanitarian assistance to displaced populations.**
- Support delivered to displaced families, addressing immediate needs linked to forced displacement and crisis.
- <https://web.facebook.com/share/p/1AEARhvvtk/>
-
- **UNICEF Mauritania – Response to urgent child needs in humanitarian settings.**
- Emergency actions targeting children facing heightened risks due to crisis and displacement.
- <https://web.facebook.com/share/p/16iDtnDFKx/>
-
- **UNICEF Mauritania – Emergency response to refugee influx from the Sahel.**
- Humanitarian response addressing the impact of refugee arrivals from the Sahel on children and host communities.
- <https://web.facebook.com/share/p/17jcMCTaFA/>
-
- **UNICEF Mauritania – Continued humanitarian support in refugee-hosting zones.**
- Ongoing assistance to sustain essential services in areas hosting refugees and affected by humanitarian pressure.
- <https://web.facebook.com/share/p/16tMcdFtEq/>
-
- **UNICEF Mauritania – Protection of children affected by displacement and crisis.**
- Child protection interventions addressing risks associated with displacement and humanitarian emergencies.
- <https://web.facebook.com/share/p/1Ahat71yt9/>
-
-

TOGO

SITUATION OVERVIEW & HUMANITARIAN NEEDS

In 2025, Togo faced a complex crisis, marked by the effects of climate change and recurring humanitarian shocks, including

epidemics, floods, strong winds, food insecurity, and insecurity-related population displacement. In the northeastern Savanes region, particularly in the prefectures of Kpendjal and Kpendjal Ouest, there have been reports of incidents involving improvised explosive devices (IEDs) as well as attacks and incursions by non-state armed groups were reported, severely limiting humanitarian access.

As of December 2025, the country had in total 64,793 displaced people³⁵, 99% of whom were in the Savanes region. Among them, 54,622 were externally displaced persons (EDPs), including 3,294 asylum seekers and 51,328 refugees, and 10,171 were internally displaced persons (IDPs). These populations are being hosted by various host families where access to basic social services remains insufficient, particularly in terms of drinking water, sanitation, primary healthcare, psychosocial support, education, and non-food items.

In terms of health, Togo has recorded its first outbreak of monkeypox, with 90 confirmed cases. The cholera epidemic, which began in 2024, continued into 2025, with 448 cases and 21 deaths. The country also reported 1,056 cases of measles. Furthermore, fires, high winds, and floods affected 1,638, 8,223, and 203 people, respectively.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH AND HIV/AIDS

In 2025, UNICEF strengthened community and health interventions in the Kara and Savanes regions affected by the Sahel crisis. In the Kara region, 715 community health workers (CHWs) were trained in community IMCI and the Child-Friendly Community approach with real-time digital monitoring. This resulted in achieving 184 per cent of the target through expanded training and capacity transfer. Since 2020, 2,382 CHWs have been trained across both regions (Kara: 1016; Savanes: 1366). Strengthened community systems enabled the treatment of 509,178 children under five, mainly for malaria (455,186), pneumonia (37,243) and diarrhea (16,749), contributing to reduced child mortality. All 261 healthcare facilities (Kara, 138; Savanes, 123) which represents 100% of an initial target of 90% provided delivery services with functional neonatal resuscitation equipment, supported by clinical mentorship, particularly in Bassar. The Child-Friendly Community approach was implemented in all 14 districts, mobilising 2,321 CHWs and 509 community relays (Kara 1002 ASC/215 RC, Savanes 1319 ASC/294 RC). Additionally, 89 per cent of health facilities provided lifelong ART, with 444 pregnant and breastfeeding women living with HIV (Kara, 310/513 that is 60%, Savanes 134/265, that is 51%).

NUTRITION

In 2025, 18,376 children aged 6-59 months (9371 girls and 9005 boys) were screened for malnutrition. Overall, 3856 children (1967 girls and 1889 boys) were treated in Savanes region. This represents a decrease compared to 2024 (5992 children), mainly due to stock-outs of ready-to-use therapeutic food during the last quarter of the year. due to Global supply issues causing delays in the delivery of the national order. Procurement orders will be placed more in advance to mitigate potential delivery delays. In addition, 60 health workers (including 49 women) were trained in infant and young child feeding counselling (IYCF), 692 community health workers (282 women) in Essential Nutrition Actions. As a result, 148 423 primary caregivers of children aged 0- 23 months (127 339 women), received counselling on IYCF. In addition, a malnutrition prevention Program among vulnerable children using small-quantity lipid-based nutrient supplements (SQ-LNS) reached 28,908 children

aged 6–23 months in Dankpen, Tône, and Oti-Sud districts. The evaluation of SQLNS supplementation demonstrated high product acceptability among children and caregivers, alongside improvements in nutritional indicators among beneficiary children. However, instances of premature cessation of breastfeeding were reported, underscoring the need to strengthen Infant and Young Child Feeding (IYCF) communication throughout implementation. Regarding Vitamin A, 340 340 children in 383 895 received vitamin A in the Savanes and Maritime regions (88,65%).

CHILD PROTECTION

In 2025, 21,858 people received psychosocial support, approximately 90% of the planned target (24,318 beneficiaries in total). These actions involved 1556 women and 9557 girls as well as 18,791 children (9234 boys), through community-based games and psychosocial support activities organised in child-friendly spaces and parenting sessions allowing to 7,692 displaced children, including 3,922 girls, to have access to safe spaces for play and learning, strengthening resilience and social cohesion. Gender-based violence prevention and response services reached 61,588 people (107% of the target), through a multisectoral approach integrating child protection, WASH, and education. In addition, 140,929 people had access to secure reporting mechanisms, including through the "Allo 1011" line. Finally, 2,011 child (1016 girls') victims of violence, received individualised care (food, medical, legal assistance and family tracing and reunification), representing 126% of the target resulting from the strengthening of reporting mechanisms (Allo 1011 hotline and internal protection system), promoting a high rate of reporting of cases of violence and abuse against children. In this context, 4 boys and 5 girls among 227 unaccompanied children (136 girls), documented and placed in foster families and communities, were reunited with their biological families thanks to family tracing mechanism.

EDUCATION

In response to the security crisis in the Savanes region, UNICEF, in support of the Ministry of National Education, constructed six semi-permanent classrooms in two schools, rehabilitated 12 classrooms in six schools, and launched the construction of six classrooms in three public kindergartens (JEP), improving access to safe learning spaces for 2,164 students, including 994 girls. To strengthen school safety, 36 teachers (five women) were trained on improvised explosive device (IED) risk awareness with support from the Koundjouaré Operation Defense Forces. These actions contributed to safer and more inclusive learning environments for 11,760 students, including 2,043 displaced children. UNICEF also supported the development of a teacher training guide on the spillover effects of the Sahel crisis and trained 37 school inspectors and pedagogical advisors, including eight women. Additionally, 180 school desks were distributed, increasing intake capacity for 360 students, including 178 girls, in two schools hosting displaced children.

WASH

In 2025, 166,616 people (44,446 women; 79,976 children and 42,194 men) affected by the Sahel crisis spillover in the Savanes, typhoid fever in Kara, mpox and cholera risk areas in the Maritime gained improved access to safe drinking water through borehole drilling and the distribution of chlorine tablets for household water treatment.

Among them, 5,203 students (2,549 girls; 2,654 boys) gained access to improved sanitation and hygiene services through school latrine construction. In addition, 10,548 students (4,958 girls and 5,590 boys) are studying in a healthy school environment with improved hygiene practices following the provision of adequate supplies and equipment, coupled with the implementation of hygiene promotion

activities. In the same emergency areas, 156,916 people (41,859 women; 75,319 children and 39,738 men) now use appropriate sanitation services, including 98,410 people (37,078 children) accessing improved sanitation facilities and 77,246 people (47,237 children) living in ODF communities through CLTS in the Savanes. Besides, 135,798 people (36,225 women; 65,183 children and 34,390 men) received essential WASH supplies, including menstrual hygiene kits for 13,778 vulnerable adolescent girls and women. Finally, 103 health facilities were equipped to respond to mpox, the Sahel crisis, typhoid outbreaks, and cholera prevention.

SOCIAL AND BEHAVIOUR CHANGE (SBC)

In 2025, risk communication and community engagement activities were carried out to promote the resilience of populations affected or at risk due to the spillover of the Sahel crisis and epidemics (cholera, measles, mpox, meningitis). In response to these events, 2,020,377 people including 722,959 women and 435 705 children were reached with essential information on accessing and using basic services through social mobilisation activities, against a target of 2,604,729 people

A total of 8,690 actors (5,340 women) were engaged through the organisation of community diagnostic meetings that generated endogenous response plans on the promotion and increase demand for services in favour of children's well-being and social cohesion. To facilitate these community diagnostics, the capacities of mobilisers and community platforms members have been strengthened.

As part of accountability to affected populations, 382 people, out of 4,050 targeted, shared their concerns and received appropriate responses through the established community feedback and response mechanisms.

SOCIAL POLICY

The suspension of cash transfers implementation by Financial and Technical Partners remains. Nevertheless, UNICEF had strategically positioned itself in 2024, to contribute to the humanitarian response through the strengthening of the social protection system. In this regard, the partnership with the National Agency for Identification (ANID) has been effective, with UNICEF playing a determinant role in the technical validation of the strategic documents underpinning the deployment of the Universal Social Registry of People and Households (RSPM). This collaboration, alongside engagement with the World Bank, supports the development and operationalisation of the RSPM, which remains a critical instrument for the implementation of HCT interventions.

NON-FOOD ITEMS

In collaboration with the National Civil Protection Agency, 1190 households of displaced persons and host communities in localities affected by the repercussions of the Sahelian crisis received non-food item kits including hygiene kits.

COMMUNICATION AND ADVOCACY

In 2025, under the leadership of the Government of Togo, UNICEF supported strategic communication actions to accompany the emergency response to the security and humanitarian crisis in the Savanes region and enhance the visibility of interventions for children, adolescents and affected families.

Aligned with national priorities and implemented in support of central and local authorities, these actions aimed to showcase essential services delivered on the ground and provide a coherent and credible platform for Government-led interventions. They targeted communities, civil society organisations, technical and financial partners, and national and local decision-makers.

Communication efforts also strengthened accountability and transparency by highlighting achieved results, integrated approaches and human-interest stories demonstrating the impact of the response.

Finally, these actions ensured the visibility and recognition of donors supporting the emergency response through UNICEF, acknowledging their contributions to protecting children, strengthening community resilience and supporting recovery under Government leadership.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

“When Everything Falls Apart, a Mother Finds the Strength to Keep Moving”

Badogo’s Story: **A Portrait of Resilience in the Sahel Crisis**



Babogo DJALO, housewife, Burkinabé refugee woman in Cinkassé with her children

March 2025, Cinkassé, 672 km from Lomé, the capital - Badogo, a mother of nine from Burkina Faso, once lived a peaceful life in the province of Koutélo. That peace was shattered when violence reached her community, taking the life of her husband and forcing her to flee to protect her children. What followed was a long and exhausting journey marked by fear, uncertainty, and the pain of family separation. By the time she reached Zambèdè, only her two youngest children were still with her. Despite the trauma, Badogo kept moving forward, determined to find safety in Togo’s Savanes region.

Seeking Safety, Rebuilding Daily Life

Upon her arrival in Togo, Badogo faced new challenges. With no space available in the transit centre, she had to rent a room with the little means she had. Her daughter, once enrolled in school, had to drop out and began selling water sachets to support the family. Her son became a carpenter’s apprentice but without a formal contract. Health concerns weigh heavily on her mind: “Today, if a child falls ill and you are missing even one franc, you’re turned away,” she explains. Support from the host community and the UNICEF-supported Child-Friendly Spaces has become a crucial lifeline.

A Place Where Children Can Be Children Again

At the Child-Friendly Space in Cinkassé, Samare Mahamadou Kamale and his team work with children who have experienced severe trauma. “In the beginning, they are very withdrawn. But with

games, songs, dancing, and sports, they slowly open up. For the most affected, we call on psychologists,” he explains. This safe, structured environment is helping many children rebuild confidence. For Badogo, the support is invaluable: “Without the help of the Government and UNICEF, I don’t know what I would have done. Today, I still hold hope that my children can have a better life.”

A Coordinated Response for the Most Vulnerable

Badogo’s story reflects the growing needs of displaced families in northern Togo. Pikeli Djibril, Prefectural Director of Social Affairs in Tône, underscores the scale of the response: “Since 2021, we have identified 97 unaccompanied children. With UNICEF, we provide adapted assistance to children, pregnant women, and vulnerable people.” This support is part of a multisectoral response coordinated by local authorities, UNICEF, BPRM, and partners to strengthen child protection, psychosocial support, and resilience in host communities.



SAMARE Mohamoudou Kamale, Lead Facilitator at the Child-Friendly Space in Cinkassé

A Fragile Future, but Hope Restored



Babogo DJALO, housewife, Burkinabé refugee woman in Cinkassé with her children

Badogo says she does not plan to return to Burkina Faso, the trauma is too deep. “Even if peace returns, I could never live calmly again, seeing my husband’s grave at the center of our home,” she says. Today, she looks ahead with determination. Her priority is

clear: rebuilding a life for her children and offering them the chance of a safer, dignified future. Through her courage, Badogo embodies the resilience of thousands of displaced families, families who continue to hope, rebuild, and move forward, one step at a time.

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: NOT APPLICABLE⁷³

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	981,945	▲ 141%
Children vaccinated against measles, supplemental dose	Total	-	688,349	621,898	▲ 90%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	222,528	79,928	▲ 36%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	54,964	43,042	▲ 78%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	18,343	37,012	▲ 202%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	31,054	27,009	▲ 87%
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	807,662	▲ 104%
Children 6-59 months with severe wasting admitted for treatment	Total	-	69,975	36,774	▲ 53%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	473,139	581,430	▲ 123%
Children 6-59 months receiving micronutrient powder	Total	-	138,255	82,265	▲ 60%
Pregnant women receiving preventative iron supplementation	Total	-	156,695	193,505	▲ 123%
Children 6-59 months receiving Vitamin A supplementation	Total	-	656,552	427,343	▲ 65%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	220,317	190,829	▲ 87%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	616,477	549,391	▲ 89%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	736,056	486,255	▲ 66%
Children who have received individual case management	Total	-	9,300	7,319	▲ 79%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	346,277	108,757	▲ 31%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Children receiving individual learning materials	Total	-	329,710	59,836	▲ 18%
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	1,805	▲ 22%
Schools implementing safe school protocols (infection prevention and control)	Total	-	4,384	442	▲ 10%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	338,657	283,134	▲ 84%
People accessing appropriate sanitation services	Total	-	62,164	245,936	▲ 396%
Women and girls accessing menstrual hygiene management services	Total	-	15,300	2,442	▲ 16%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	41,000	2,201	▲ 5%
People reached with hand-washing behaviour-change programmes	Total	-	120,000	131,182	▲ 109%
People reached with critical WASH supplies	Total	-	629,328	306,337	▲ 49%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	174,000	236,273	▲ 136%
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	1,616	▲ 5%
People reached with timely and life-saving information on how and where to access available services	Total	-	10.5 million	5.4 million	▲ 52%
People engaged in reflective dialogue through community platforms	Total	-	2.3 million	277,074	▲ 12%
People engaged in reflective dialogue through social media and digital platforms	Total	-	50,000	23,071	▲ 46%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	230,879	7,014	▲ 3%
Adolescents and young people who participate in or lead civic engagement initiatives	Total	-	200	359	▲ 180%

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	152,686	▲ 107%
Children vaccinated against measles, supplemental dose	Total	-	65,601	73,730	▲ 112%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	76,747	51,698	▲ 67%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	21,947	24,224	▲ 110%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	11,013	24,640	▲ 224%
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	71,904	▲ 136%
Children 6-59 months with severe wasting admitted for treatment	Total	-	28,870	1,694	▲ 6%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	195,869	116,372	▲ 59%
Children 6-59 months receiving micronutrient powder	Total	-	84,615	32,000	▲ 38%
Pregnant women receiving preventative iron supplementation	Total	-	156,695	193,505	▲ 123%
Children 6-59 months receiving Vitamin A supplementation	Total	-	253,846	273,332	▲ 108%
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	5,580	▲ 5%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	120,000	2,766	▲ 2%
Children who have received individual case management	Total	-	4,200	334	▲ 8%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	166,085	60,002	▲ 36%
Children receiving individual learning materials	Total	-	157,707	34,000	▲ 22%
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	1,047	▲ 15%
Schools implementing safe school protocols (infection prevention and control)	Total	-	4,324	293	▲ 7%
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	85,000	41 ▲ 1700%
Women and girls accessing menstrual hygiene management services	Total	-	3,800	150	▲ 4%
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	85,000	42 ▲ 1063%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	50,000	212,273	43 ▲ 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	767,125	▲ 13%
People engaged in reflective dialogue through community platforms	Total	-	2.1 million	39,030	▲ 2%
People engaged in reflective dialogue through social media and digital platforms	Total	-	15,000	18,416	▲ 123%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	92,230	5,820	▲ 6%

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	175,420	44 ▲ 882%
Children vaccinated against measles, supplemental dose	Total	-	9,945	52,418	45 ▲ 527%
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	380,238	46 ▲ 101%
Children 6-59 months with severe wasting admitted for treatment	Total	-	14,793	16,437	▲ 111%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	30,909	168,100	46 ▲ 544%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	36,000	110,312	47 ▲ 306%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	400,000	430,410	▲ 108%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	400,000	254,451	▲ 64%
Children who have received individual case management	Total	-	3,000	4,706	48 ▲ 157%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	27,300	11,802	▲ 43%
Children receiving individual learning materials	Total	-	27,300	11,802	▲ 43%
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	74,941	49 ▲ 150%
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	69,167	▲ 14%
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	1,616	▲ 13%
People reached with timely and life-saving information on how and where to access available services	Total	-	1.8 million	2.6 million	50 ▲ 145%
People engaged in reflective dialogue through community platforms	Total	-	176,756	229,354	▲ 130%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	134,599	812	▲ 1%

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	7,570	▲ 50%
Children vaccinated against measles, supplemental dose	Total	-	70,000	63,846	▲ 91%
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	124,650	51 ▲ 156%
Children 6-59 months with severe wasting admitted for treatment	Total	-	3,000	2,298	▲ 77%
Children 6-59 months receiving micronutrient powder	Total	-	20,000	17,008	▲ 85%
Children 6-59 months receiving Vitamin A supplementation	Total	-	140,000	113,700	▲ 81%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	36,000	48,874	52 ▲ 136%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	30,000	44,840	53 ▲ 149%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	25,000	40,509	▲ 162%
Children who have received individual case management	Total	-	500	268	▲ 54%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	6,000	6,653	▲ 111%
Children receiving individual learning materials	Total	-	25,000	14,034	▲ 56%
Teachers and facilitators trained in basic pedagogy and/or mental health and psychosocial support	Total	-	190	685	▲ 361%
Schools implementing safe school protocols (infection prevention and control)	Total	-	60	149	▲ 248%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	25,000	33,350	54 ▲ 133%
Women and girls accessing menstrual hygiene management services	Total	-	1,500	1,512	55 ▲ 101%
People reached with hand-washing behaviour-change programmes	Total	-	30,000	131,182	56 ▲ 437%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
People reached with critical WASH supplies	Total	-	12,000	7,219	▲ 60%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	1,000	1,000	▲ 100%
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	359	▲ 180%
People reached with timely and life-saving information on how and where to access available services	Total	-	100,000	40,121	▲ 40%
People engaged in reflective dialogue through social media and digital platforms	Total	-	35,000	4,655	▲ 13%

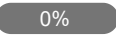
Mauritania

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	317,947	▲ 138%
Children vaccinated against measles, supplemental dose	Total	-	126,318	54,432	▲ 43%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	145,781	28,230	▲ 19%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	33,017	18,818	▲ 57%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	7,330	12,372	▲ 169%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	22,515	27,009	▲ 120%
Nutrition					
Children 6-59 months screened for wasting	Total	-	262,706	212,494	▲ 81%
Children 6-59 months with severe wasting admitted for treatment	Total	-	15,329	12,489	▲ 81%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	77,213	148,535	▲ 192%
Children 6-59 months receiving micronutrient powder	Total	-	33,640	33,257	▲ 99%
Children 6-59 months receiving Vitamin A supplementation	Total	-	262,706	40,311	▲ 15%
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	9,785	▲ 245%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	9,000	6,973	▲ 77%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	70,000	47,600	▲ 68%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	143,289	28,136	▲ 20%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	50,000	8,227	▲ 16%
People accessing appropriate sanitation services	Total	-	20,000	4,020	▲ 20%
Women and girls accessing menstrual hygiene management services	Total	-	10,000	780	▲ 8%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	8,000	2,000	▲ 25%
People reached with critical WASH supplies	Total	-	20,000	9,153	▲ 46%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	12,000	23,000	▲ 192%
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	328,322	▲ 114% 57
Children vaccinated against measles, supplemental dose	Total	-	416,485	377,472	▲ 91%
Nutrition					
Children 6-59 months screened for wasting	Total	-	7,983	18,376	▲ 230% 58
Children 6-59 months with severe wasting admitted for treatment	Total	-	7,983	3,856	▲ 48%

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	148,423	 88%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	24,317	21,858	 90%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	57,477	61,588	 107%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	121,056	140,929	 116%
Children who have received individual case management	Total	-	1,600	2,011	 126%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	3,603	2,164	 60%
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	73	 6%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	163,657	166,616	 102%
People accessing appropriate sanitation services	Total	-	37,164	156,916	 422%
People reached with critical WASH supplies	Total	-	89,328	135,798	 152%
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	2 million	 78%
People engaged in reflective dialogue through community platforms	Total	-	16,000	8,690	 54%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	4,050	382	 9%

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

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	10,605,500	2,088,638	345,435	2,678,559	5,492,866	52%
Nutrition	12,980,830	394,908	138,728	1,463,056	10,984,136	85%
Child protection, GBViE and PSEA	7,073,900	239,092	409,212	619,371	5,806,223	82%
Rapid response	1,849,588	206,396	-	41,195	1,601,996	87%
Cross-sectoral (HCT, C4D, RCCE and AAP)	12,024,930	985,351	357,790	1,158,520	9,523,267	79%
Social protection	930,000	770	237,720	46,174	645,335	69%
Education	15,228,459	456,198	695,609	689,316	13,387,334	88%
Water, sanitation and hygiene	14,076,070	656,082	812,009	627,893	11,980,083	85%
Preparedness/anticipatory actions for humanitarian action*	2,000,000	20,600	-	45,774	1,933,626	97%
Total	76,769,277	5,048,039	2,996,506	7,369,862	61,354,869	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

Consolidated funding by office

		Funding available			Funding gap	
Office	Requirements	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	2,211,838	551,093	747,932	14,026,021	80%
Côte d'Ivoire	14,739,430	548,825	265,979	3,013,647 ⁷²	10,910,977	74%
Ghana	20,027,944	761,046	2,179,434	803,619	16,283,843	81%
Mauritania	10,538,369	916,877	-	1,488,600	8,132,892	77%
Togo	13,926,648	609,451	-	1,316,063	12,001,134	86%
Total	76,769,277	5,048,039	2,996,506	7,369,862	61,354,869	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

Benin

		Funding available			Funding gap	
Sector	Requirements	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	1,422,245	2,421	641,790	-	0%
Nutrition	4,224,586	57,715	96,728	23,454	4,046,687	96%
Child protection, GBViE and PSEA	1,168,000	105,430	89,841	23,881	948,847	81%
Education	2,610,690	102	-	1,565	2,609,021	100%
Water, sanitation and hygiene	2,300,000	331,528	321,470	265	1,646,736	72%
Cross-sectoral (HCT, C4D, RCCE and AAP)	5,900,000	294,816	40,631	56,975	5,507,576	93%
Preparedness/anticipatory actions for humanitarian action*	300,000	-	-	-	300,000	100%
Total	17,536,886	2,211,838	551,093	747,932	14,026,021	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

Côte d'Ivoire

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over) ⁶⁴	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	1,430,500	15,390	-	313,200 ⁶⁵	1,101,909	77%
Nutrition	1,650,000	21,597	-	269,408 ⁶⁶	1,358,993	82%
Child protection, GBViE and PSEA	1,500,000	-	35,000	437,828 ⁶⁷	1,027,171	68%
Education	2,700,000	-	90,000	544,463 ⁶⁸	2,065,536	77%
Water, sanitation and hygiene	2,900,000	-	-	505,654 ⁶⁹	2,394,345	83%
Social protection	300,000	-	60,000	-	240,000	80%
Cross-sectoral (HCT, C4D, RCCE and AAP)	4,058,930	511,837	80,979	943,091 ⁷⁰	2,523,021	62%

Preparedness/anticipatory actions for humanitarian action*	200,000	-	-	-	200,000	100%
Total	14,739,430	548,825	265,979	3,013,647⁷¹	10,910,977	74%

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

		Funding available			Funding gap	
Sector	Requirements	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	460,605	343,013	803,619	2,815,106	64%
Nutrition	3,356,740	123,454	42,000	-	3,191,286	95%
Child protection, GBViE and PSEA	2,000,000	669	284,371	-	1,714,959	86%
Education	4,498,359	1,467	605,609	-	3,891,282	87%
Water, sanitation and hygiene	1,750,500	-	490,539	-	1,259,960	72%
Social protection	500,000	-	177,720	-	322,279	64%
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,500,000	-	236,180	-	1,263,819	84%
Rapid response	1,000,000	174,851	-	-	825,149	83%
Preparedness/anticipatory actions for humanitarian action*	1,000,000	-	-	-	1,000,000	100%
Total	20,027,944	761,046	2,179,434	803,619	16,283,843	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

Mauritania

		Funding available			Funding gap	
Sector	Requirements	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	125,382	-	796,266	1,503,193	62%
Nutrition	2,381,748	21,482	-	455,104	1,905,162	80%

Child protection, GBViE and PSEA	700,000	124,482	-	37,725	537,793	77%
Education	2,865,780	444,223	-	41,399	2,380,158	83%
Water, sanitation and hygiene	1,500,000	145,964	-	28,612	1,325,424	88%
Social protection	30,000	-	-	46,174	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)	236,000	34,744	-	37,546	163,710	69%
Preparedness/anticipatory actions for humanitarian action*	400,000	20,600	-	45,774	333,626	83%
Total	10,538,369	916,877	0	1,488,600	8,132,892	77%

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	65,015	-	123,684	1,105,504	85%
Nutrition	1,367,756	170,658	-	715,090	482,007	35%
Child protection, GBViE and PSEA	1,705,900	8,511	-	119,937	1,577,451	92%
Education	2,553,630	10,406	-	101,888	2,441,335	96%
Water, sanitation and hygiene	5,625,570	178,590	-	93,362	5,353,618	95%
Social protection	100,000	770	-	-	99,230	99%
Cross-sectoral (HCT, C4D, RCCE and AAP)	330,000	143,953	-	120,907	65,139	20%
Rapid response	849,588	31,545	-	41,195	776,847	91%
Preparedness/anticipatory actions for humanitarian action*	100,000	-	-	-	100,000	100%
Total	13,926,648	609,451	0	1,316,063	12,001,134	86%

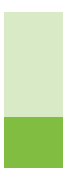
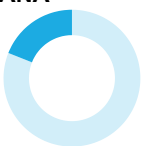
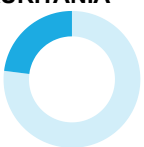
Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.

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	CHILD PROTECTION, GBVIE, AND PSEA	EDUCATION	WATER, SANITATION AND HYGIENE
BENIN  80% gap \$14M	 -100% gap \$1M	 81% gap \$1.2M	 100% gap \$2.6M	 72% gap \$2.3M
CÔTE D'IVOIRE  74% gap \$10.9M	 77% gap \$1.4M	 68% gap \$1.5M	 77% gap \$2.7M	 83% gap \$2.9M
GHANA  81% gap \$16.3M	 64% gap \$4.4M	 86% gap \$2M	 87% gap \$4.5M	 72% gap \$1.8M
MAURITANIA  77% gap \$8.1M	 62% gap \$2.4M	 77% gap \$700K	 83% gap \$2.9M	 88% gap \$1.5M
TOGO  86% gap \$12M	 85% gap \$1.3M	 92% gap \$1.7M	 96% gap \$2.6M	 95% gap \$5.6M

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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: 63,152 ; Cote d'Ivoire: 82,787 ; Ghana:18,789; Mauritania:309,000; Togo: 64,793
3. UNHCR Mauritania, as of June 30, 2025, <https://data.unhcr.org/en/documents/details/117979>
4. Final Inter-Agency Host Communities Assessment, August 2025
5. UNHCR Cote d'Ivoire, <https://data.unhcr.org/en/documents/details/120662> as of December 2025
6. Government of Côte d'Ivoire, Inter-ministerial decree of 2 July 2025 on the granting of refugee status to Burkinabè (and Malian) asylum-seekers; ACHPR, 25 Nov 2025; UNHCR/DAARA, 2025.
7. Government, IOM, UNHCR https://data.unhcr.org/en/situations/mco_cotedivoire; Country - Togo
8. UNHCR Benin country data (May–June 2025); Situation Multi Country Office (MCO) Cote d'Ivoire, <https://data.unhcr.org/en/country/ben>; IOM Displacement Tracking Matrix, Round 4, conducted with the Agence Béninoise de Protection Civile (ABPC), November 2025 Bénin — Tableau de bord de suivi des déplacements Round 4 (Novembre 2025) | Displacement Tracking Matrix
9. ACLED (Armed Conflict Location and Event Data)
10. Intersectoral Analysis Regional Group (GRANIT) Data
11. UNHCR Benin country data (May–June 2025); Situation Multi Country Office (MCO) Cote d'Ivoire
12. ACLED (Armed Conflict Location and Event Data)
13. Examination centre in Tanougou near Park Pendjari with 115 student candidates relocated due to insecurity, Mairie de Tanguiéta
14. \$1=561.175
15. Estimated Needs at 5% for the Repair of Hand Pump Boreholes, Mairies des communes
16. Rapid multi-sector assessment, EDUCO
17. This result focuses on municipalities receiving a significant number of displaced persons and represents the work of all organisations present in the affected area. The Ministry of Health platform does not provide data on the contribution of each actor.
18. Local Health System Components
19. Malnutrition screening, curative consultations, child vaccination, prenatal and neonatal consultations
20. Malnutrition screening, curative consultations, child vaccination, prenatal and neonatal consultations
21. UNICEF provides inputs and technical support, working in synergy with these NGOs, which are members of the emergency nutrition response coordination group.
22. SIAN'SON means 'For a better tomorrow' in the Baatonum language.
23. This result represents forcibly displaced persons and host communities directly affected. UNICEF also carries out mental health activities in at-risk communities.
24. This impact was achieved through continuous dissemination of essential information on access to basic social services via local radio stations, with broadcasts sustaining positive individual and collective behavior.
25. Primary School Certificate, this is the examination at the end of primary schooling and gives access to secondary education
26. This request follows tensions created within communities due to differences in kit contents during the response to forced displacement in May in Atacora. The process is currently being finalised.
27. This activity is supported by UNICEF Benin's social policy section.
28. Ghana – Savannah Region: Flash Report – Population Displacement (8 September 2025).
29. Le VIGILE, Bulletin épidémiologique hebdomadaire N°902/2025-Week 50 (08-14 December 2025)
30. Téhini : Six agents humanitaires ivoiriens enlevés par des supplétifs de l'armée burkinabè
31. Emboscade à Doropo: Trois agents attaqués - Côte d'Ivoire
32. UNHCR Côte d'Ivoire, Monthly Statistics Dashboard, November 2025
33. Final Inter-Agency Host Communities Assessment, August 2025
34. UNHCR Mauritania, as of June 30, 2025, <https://data.unhcr.org/en/documents/details/117979>
35. Government, IOM, UNHCR. https://data.unhcr.org/en/situations/mco_cotedivoire Country - Togo
36. Initial HAC estimates, based on historical data and projected population movements, did not fully capture evolving dynamics in 2025, including a 38% increase in refugee populations and an unanticipated tribal conflict in the Savannah Region. This led to expanded outreach and higher-than-planned beneficiary reach across key health and nutrition indicators.
37. Ibid.
38. Ibid.
39. Ibid.
40. Ibid.
41. Ibid.
42. Ibid.
43. Planning assumptions were based on targeting 15% of existing LEAP households (approximately 350,000 households). However, in 2025, Ghana experienced a prolonged dry spell affecting over 1 million people (approximately 3.3% of the population) across nine regions. In response to the expanded scale of needs, the coordinated intervention was extended beyond the initially planned caseload, resulting in wider coverage and higher-than-anticipated achievement rates

44. For selected indicators, achievements exceeded 100% of targets, reflecting both strong programme performance and an underestimation of needs in a rapidly evolving context, including a significant influx of displaced children (45%). Actions are underway to strengthen forecasting and better align targets with actual needs.
45. Ibid.
46. Ibid.
47. Ibid
48. Ibid.
49. Ibid.
50. Ibid.
51. In Côte d'Ivoire, the overachievement of certain targets is due to the response to the cholera outbreak in May 2025, as well as the response to the mpox outbreak. It is also explained by the inclusion of resilience interventions that target both host populations and refugees.
52. The exceeding of certain targets is explained by the extension of interventions to the six regions of the North
53. Ibid.
54. The overachievement is explained by the inclusion of Community-Led Total Sanitation activities and the completion of water supply works in refugee hosting areas.
55. Ibid.
56. Ibid.
57. The increase in the number of children and women accessing primary healthcare services is mainly due to the influx of displaced populations from Burkina Faso, which increased attendance at health facilities.
58. The initial target was based on routine screening. However, in 2025, the organization of active screening in the Tone district, following alerts of malnutrition cases, led to the identification of more affected children and expanded coverage; therefore, the target was largely exceeded.
59. The indicator rose further because the refugee influx boosted participation in awareness activities during distributions and via radio campaigns, expanding audience reach beyond expectations.
60. Results exceeded targets due to improved reporting, referral, and case management (including the Allô 1011 system, which ensured all reported cases were addressed). Stronger community mechanisms also increased identification and referral of vulnerable children, including new refugees and asylum seekers
61. Results significantly exceeded targets due to escalating crises that increased needs, including the Sahel spillover in Savanes, typhoid outbreaks in Kara, and Mpox and cholera risks in Maritime.
62. Ibid.
63. Ibid
64. This includes the other resources available from 2024 (Carry-over)
65. This amount represents 100% of other resources available from 2024 (carry-over).
66. 187,564US\$ from other resources available from 2024 (Carry-over)
67. 187,564US\$ from other resources available from 2024 (Carry-over)
68. 406,338 US\$ from other resources available from 2024 (Carry-over)
69. Other resources available from 2024 (Carry-over)
70. 578,406 US\$ from other resources available from 2024 (Carry-over)
71. 47,350 US\$ " Humanitarian Resources available from 2024 (Carry-over) "
72. 2,966,298 US\$ from other resources available from 2024 (Carry-over)
73. This SitRep will not be active in 2026 in view of the change made in the grouping of countries for HAC 2026.