UNICEF helps Libyan and Sudanese refugee children in Libya access safe and welcoming learning environments where they can learn, play, and build confidence for the future.

unicef
for every child

Humanitarian Situation Report No. 2

Reporting Period
1 January to 31 December 2025

Middle East and North Africa (MENA) Region

HIGHLIGHTS

- In 2025, the MENA region faced overlapping crises including conflict, displacement, economic collapse, disease outbreaks, and climate shocks, placing children at risk and disrupting access to services. In response, UNICEF delivered lifesaving support across the region.
- In Algeria, 12,300 people, 25 per cent children, were vaccinated against diphtheria in response to an outbreak.
- In Djibouti, 2,720 children aged 6–59 months were screened for wasting, enabling early detection and treatment of malnutrition.
- In Egypt, 15,239 Palestinian children received cash support for digital learning to ensure learning continuity.
- In Iran, 1,100 children in street situations received humanitarian cash assistance to reduce protection risks.
- In Iraq, 13,284 returning children, 57 per cent girls, were supported with case management, birth registration, and civil documentation.
- In Jordan, wastewater system rehabilitation and upgrades improved services for 40,245 people across ten refugee camps.
- In Lebanon, 7,850 winterization kits were distributed to young children living in and around Palestinian camps and gatherings.
- In Libya, 103 unaccompanied and separated children were identified and supported with specialised protection services.
- In Morocco, 789 children on the move accessed protection and social support services.
- In Syria, UNICEF delivered lifesaving nutrition supplies to prevent and treat malnutrition among vulnerable children.
- In Tunisia, nearly 100 children on the move gained regular access to learning materials through UNICEF-supported initiatives.
- The MENA Regional Office provided sustained technical support to Country Offices to strengthen emergency preparedness, coordination, and child-centred responses across the region.

SITUATION IN NUMBERS[1]

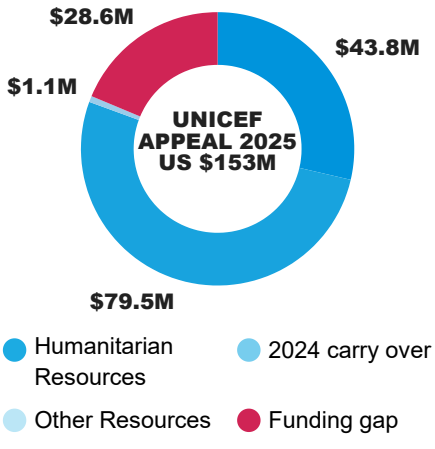
39,832,104
Children in need of protection services

83,062,551
People in need of health and nutrition assistance

35,227,105
Children in need of education support

65,892,064
people lacking access to safe water

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

FUNDING OVERVIEW AND PARTNERSHIPS

In 2025, UNICEF appealed for US$ 153 million to meet the growing and evolving humanitarian needs of children and their families across the MENA region. Throughout the year, the humanitarian environment shifted significantly, with escalating crises including the Sudan conflict, the Gaza escalation, protracted needs in Syria, disease outbreaks, and climate-related shocks, placing unprecedented pressure on children and communities and increasing demand for lifesaving services. This funding therefore supported emergency responses while promoting a coordinated, risk-informed approach to preparedness and response across sectors, including health, nutrition, education, child protection, WASH, and adolescent development.

By 31 December 2025, UNICEF had received US$ 44.9 million towards this appeal, alongside a carryover of US$ 79.5 million, leaving a funding gap of US$ 28.6 million. This gap comes at a time when needs are intensifying and the ability to scale up responses is critical. The evolving crises require rapid, flexible, and predictable resources; without them, vulnerable children and families face worsening health and nutrition outcomes, interrupted education, and heightened protection risks.

Funding also enables UNICEF to coordinate closely with governments, UN agencies, and implementing partners, ensuring more efficient, multi-sectoral, and child-centred responses in rapidly changing contexts. Closing this gap is therefore urgent to sustain lifesaving interventions and prevent deterioration of children's well-being.

UNICEF expresses its deep gratitude to all donors for their continued support and remains committed to a comprehensive, multisectoral response. In 2026, UNICEF will continue advocating for the rights, safety, and well-being of children affected by overlapping crises across the MENA region, as outlined in the 2026 MENA HAC appeal .

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Throughout 2025, overlapping and protracted crises across the MENA region were compounded by complex and converging risks that disproportionately affect children, particularly those in vulnerable households. As a result, 95 million people, including 45 million children, faced life-threatening risks and vulnerabilities across the region.[2]

In the State of Palestine (SoP), escalating violence in the West Bank and the conflict in the Gaza Strip created a devastating humanitarian situation with regional implications. Famine, classified as Integrated Food Security Phase Classification Phase 5, was confirmed in parts of the Gaza Strip (1 Jul 2025 – 30 Sep 2025), reflecting catastrophic nutrition conditions for children and other vulnerable populations.[3] Neighbouring countries, including Egypt, Jordan, Lebanon, and the Syrian Arab Republic, faced increasing challenges in providing services to affected populations while absorbing displaced people. Further escalation risks aggravating fragile political and humanitarian conditions across the region, with significant impacts on Palestinians and host communities alike.

Sudan experienced the world's largest child displacement crisis, with millions of people forced from their homes both internally and across borders. Famine has been confirmed in parts of Darfur and Kordofan (September 2025- January 2026).[4] In 2025, Egypt, the largest recipient of Sudanese refugees, hosted an estimated 1.5 million Sudanese, of whom 780,000 are registered, who have fled the conflict since April 2023.[5] Nearby Libya hosted more than 357,000 Sudanese. The presence of these large refugee populations placed immense pressure on the national systems in both countries.[6]

In Yemen, years of conflict, economic decline, and climate shocks have left families struggling to access food, healthcare, and education. Approximately 19.7 million people including 15 million women and children required humanitarian assistance while 49 per cent of the population faced severe food insecurity.[7]

In the Islamic Republic of Iran, one of the world's largest refugee hosting countries, economic constraints and sanctions continued to limit humanitarian capacity. The escalation of conflict with Israel in June 2025 further increased vulnerabilities and overstretched national services, raising the risk of regional spillover. While the return of Afghan refugees accelerated in mid-2025, an estimated 4.2 million refugees remain in the country, placing strain on national systems. An acute water crisis in 2025 also threatened population displacement from the capital, Tehran.[8]

In the Syrian Arab Republic, ongoing insecurity, displacement, and drought-like conditions continue to strain communities and impede the delivery of essential services. Returning refugees and internally displaced persons require sustained reintegration support. In Iraq, accelerated returns from Al Hol camp in the Syrian Arab Republic have increased humanitarian needs, particularly among women and children. Simultaneously, Iraq is facing its worst water crisis in 80 years, threatening access to safe water and increasing risks of disease and climate-induced displacement.

In North Africa, complex migration flows intersect with intensifying climate risks including droughts, floods, and water scarcity. Algeria continues to host Sahrawi refugees, while ongoing instability in Libya may drive refugees and migrants, including children, across borders. In Morocco, unaccompanied and separated children remain highly vulnerable, while drought and post-earthquake recovery continue to place additional strain on communities. Tunisia, at the crossroads of Africa and Europe, hosts refugees, asylum-seekers, and migrants from Sudan, Syria, Somalia, and several African countries, including children on the move.

ALGERIA

The Sahrawi refugee crisis, rooted in the 1975 Western Sahara conflict, remains one of the world's longest-running displacement situations. Five decades on, more than 173,600 refugees, including about 66,000 children and youth, continue to live in five camps in Tindouf, fully reliant on humanitarian assistance. The crisis receives limited global attention, while chronic poverty, harsh desert conditions, disease outbreaks, and geographic isolation compound risks for children and women across all sectors.[9]

Health services were severely overstretched in 2025. Nearly half of community health centres required urgent rehabilitation, and shortages of trained volunteer health workers persisted. The introduction of new vaccines increased immunization costs by 151 per cent, widening funding gaps and heightening child survival risks. After a measles outbreak in 2024 and a diphtheria outbreak in October 2025, alongside ongoing exposure to polio risks, the population remained vulnerable to vaccine-preventable diseases. Maternal and neonatal services also faced constraints, with declining antenatal care attendance, inconsistent medical supplies, infrastructure deterioration, and service delivery gaps contributing to higher risks of adverse birth outcomes. Low-cost, high-impact early childhood development (ECD) counselling integrated into routine health services remains critical but under-resourced.[10]

Nutrition indicators continued to worsen. Global acute malnutrition rose to 13.6 per cent, stunting affected nearly one in three children under five, and anaemia affected 65 per cent of young children.

Women faced a dual burden of malnutrition and overweight. Poor dietary diversity, suboptimal infant and young child feeding practices, and gender norms highlighted the need for stronger, community-wide social and behaviour change efforts, including greater engagement of male caregivers.[11]

Education quality continued to decline. Schools relied heavily on volunteer teachers earning around US$ 60 per month, contributing to absenteeism, low morale, and high turnover. Learning conditions remained poor, with repetition rates at 23 per cent and exam pass rates at 46 per cent, affecting nearly 40,000 children and undermining long-term human capital development.[12]

WASH conditions remained below minimum standards. Despite investments to expand piped networks and improve water quality, supply still fell short of the Sphere standard of 15 litres per person per day. Menstrual hygiene management was inadequate, with only half of women and girls having sufficient materials, affecting dignity, health, and girls' school attendance.[13]

Protection and inclusion gaps were significant. Only 320 children with disabilities were enrolled in nine special education centres, far below actual need. Weak early identification systems, limited specialised services, and chronic underfunding left many children's disabilities unaddressed. Mental health and psychosocial needs remained largely hidden due to stigma and overstretched services. With only one-third of required protection funding secured in 2025, essential child protection, psychosocial support, rehabilitation, and inclusive education services remained critically insufficient, exposing vulnerable children to long-term risks.[14]

DJIBOUTI

Djibouti's strategic location makes it a major transit hub for migration, with an average of 1,406 people crossing daily, including increasing numbers of children.[15] The country hosts 33,730 refugees and asylum seekers.[16] Children on the move, including asylum seekers and refugees, are particularly vulnerable. In 2025, Djibouti faced a multifaceted humanitarian crisis driven by acute malnutrition, climate shocks, prolonged water scarcity, economic vulnerability, and migration pressures. Despite government efforts, urgent needs persisted in nutrition, healthcare, access to water, quality basic education, and child protection services.

The June 2025 Integrated Food Security Phase Classification (IPC) analysis projected that three out of five regions will be in IPC Phase 4 (Critical) and one region in IPC Phase 3 (Serious) during the second half of the year, with over 230,000 people,[17] or more than 20 per cent of the population, experiencing acute food insecurity. Approximately 34,340 children were acutely malnourished and required treatment in 2025.[18] Rural areas faced the most severe challenges, including high disease prevalence, low immunization coverage, and limited access to safe water and sanitation.

On 2 July, the President launched a national action plan to mitigate the impact of drought, address water scarcity, and reduce public health risks, including malnutrition and waterborne diseases.

Health indicators remain critical, with outbreaks of Acute Watery Diarrhoea (AWD) and polio along with other recurrent disease outbreaks, low immunization coverage, and limited access to healthcare for approximately 20 per cent of the population due to distance.

Child protection concerns increased in 2025 due to displacement, severe water scarcity, and migration pressures. Refugees, children in rural areas, and street children are at heightened risk of violence, neglect, and interrupted education. Limited civil registration further restricts access to essential services, particularly for girls, children with disabilities, and displaced children.

Climate change is exacerbating these risks through increasingly frequent extreme weather events, including cyclones that bring heavy rainfall and flash floods, resulting in loss of life, displacement, and the destruction of homes and livelihoods. Repeated displacement directly increases the risk of school dropout among children.

EGYPT

In 2025, Egypt continued to face significant socio-economic pressures resulting from multiple overlapping crises, including the conflict in Sudan, the ongoing emergency in Gaza, and the protracted situation in Syria. The crisis in Gaza remained a critical priority, with urgent needs for medical assistance and the facilitation of medical evacuations.

The closure of the Rafah crossing has severely constrained the timely delivery of humanitarian assistance. However, intermittent approvals for medical evacuations from Gaza remain essential, as many individuals entering Egypt require urgent medical treatment and support. Since October 2023, more than 6,590 patients, 80 per cent of whom are children, have been evacuated from Gaza, along with 9,289 accompanying individuals.[19]

According to the Ministry of Health and Population, Egypt has provided medical care to more than 105,300 individuals from Gaza. Following the launch of a nationwide response, 164 hospitals across multiple governorates were prepared to receive and treat incoming patients. Palestinian children and families are now dispersed across 23 governorates, with the highest concentrations in Cairo, Giza, Sharqia, and North Sinai.[20]

IRAQ

By the end of 2025, Iraq hosted 997,334 internally displaced persons (IDPs) and over 4.95 million returnees. In addition, the country accommodated 348,600 refugees and asylum-seekers, the vast majority (88 per cent) of whom were Syrians residing in the Kurdistan Region of Iraq (KRI). Around 30 per cent lived in nine refugee camps, while the remainder were settled in urban and peri-urban areas. Persistent funding shortfalls and the protracted nature of the Syrian crisis have increasingly shifted responsibility for service provision in camps to the Kurdistan Regional Government, which faces acute fiscal constraints. As a result, more than 91,500 Syrian refugees lack adequate access to essential services including water, sanitation and hygiene (WASH), health, nutrition, education and child protection.[21]

Meanwhile, recent security developments in Syria have accelerated the return of Iraqi nationals from Al Hol and Al Roj camps, with the Government of Iraq committing to complete the repatriation process within one year. In 2025, 11,196 individuals, comprising 3,009 households, returned to Iraq, including 6,282 children, of whom 278 were unaccompanied or separated children. These returnees require urgent and sustained support to ensure safe, dignified and durable reintegration.[22]

Climate change is increasingly compounding humanitarian needs across Iraq and has become a significant driver of displacement. Rising temperatures, recurrent droughts, severe water scarcity, desertification, and land degradation are undermining agricultural livelihoods, food security, and access to safe water, particularly in rural and displacement affected areas. As of September 2025, 31,001 families, representing 186,006 individuals, remained displaced due to climatic factors across 12 governorates.[23] The majority of climate displaced persons originated from southern governorates, notably Thi Qar, Missan, Al Najaf, and Al Diwaniya,

where prolonged drought and water shortages have rendered farmland unproductive. In 2025, an additional 1,639 families were newly displaced, primarily in the Hashimiya district of Babil Governorate and the Afaq district of Al Diwaniya Governorate.[24]

Seasonal flooding further exacerbated displacement risks. In December 2025, floods in Sulaymaniyah Governorate displaced approximately 1,500 people, many of whom sought temporary shelter in mosques or with host communities. These climate related shocks are placing increasing pressure on already fragile infrastructure and public services, heightening competition over scarce natural resources, exacerbating protection risks, and disproportionately affecting vulnerable groups, including internally displaced persons, returnees, refugees, women and children.

THE ISLAMIC REPUBLIC OF IRAN

In 2025, Iran continued to face a complex convergence of economic, social, and humanitarian pressures that significantly increased vulnerabilities among children, families, and host communities. Sharp currency devaluation,[25] high inflation, declining purchasing power,[26] and labour market stress eroded household coping capacities, particularly for low-income families, female-headed households, and refugees and those in refugee-like situation.[27] These pressures were compounded by heightened regional insecurity, the June 2025 conflict, and ongoing population movements, which disrupted access to essential services, increased fear and uncertainty, and placed additional strain on already overstretched public systems, especially in border provinces and underserved urban areas.[28] [29]

Afghan refugees and migrants were among the most affected, facing legal uncertainty, documentation barriers, restricted mobility, and limited access to health, nutrition, education, protection, and psychosocial support.[30] Children were disproportionately impacted, with heightened risks of malnutrition, interrupted schooling, child labour, family separation, and psychosocial distress. Service avoidance driven by fear of identification, combined with gaps in infrastructure and uneven service availability, deepened exclusion and limited uptake of life-saving interventions. Vulnerable populations also faced increased protection risks, including exposure to violence, exploitation, and acute psychological stress, both during displacement and upon return to Afghanistan.

Prolonged economic hardship further constrained access to nutritious diets and essential commodities, particularly for low-income and displaced households. Climate stressors, including drought, heat, and recurrent natural hazards, continued to undermine service continuity, public health outcomes, and community resilience, particularly in areas hosting refugees. In addition, pressure on WASH, health, education, and social protection systems from large-scale returns of Afghan nationals and population mobility exacerbated pre-existing vulnerabilities and revealed systemic gaps in preparedness and crisis response.[31]

JORDAN

In 2025, Palestinian refugees in Jordan continued to face heightened humanitarian needs amid a protracted displacement context, rising living costs, constrained livelihood opportunities, and increased demand on overstretched public services. Economic and legal constraints remained a major challenge, particularly for Palestinians with non-citizen status, including approximately 183,500 ex Gazan refugees,[32] 32 per cent of whom are children,[33] and over 20,000 Palestine refugees from Syria (PRS), of whom 39 per cent are children.[34] Of the approximately 19,600 PRS who fled Syria to Jordan and remain in the country, around 3,000 lack any form of official Jordanian documentation, severely limiting access to employment, education, and healthcare and exposing them to heightened protection risks such as arrest, detention, deportation and the risk of statelessness.[35]

Regional instability, economic hardship, and limited access to legal employment and public services have further eroded household coping capacities. Living conditions in all 13 Palestinian refugee camps (home to over 450,000 Palestinian refugees) remain dire, with poverty levels reaching 31 per cent and persistent gaps in access to safe water, sanitation, healthcare, and security.[36] Climate related hazards, including recurrent flooding in areas such as Garden Camp, have exacerbated vulnerabilities and placed additional strain on already fragile WASH infrastructure.[37]

Protection risks and humanitarian needs remain significant across all population groups. Women and girls face elevated risks of violence and harmful practices, requiring targeted protection measures and safe, gender responsive water, sanitation and hygiene services. Men and boys are also experiencing rising levels of violence, unemployment, and psychosocial stress, underscoring the need for structured case management and employability support. Children require sustained access to education, ECD, safe water and sanitation, and child protection services, while adolescents and youth need life skills development, psychosocial support, and pathways to decent employment. Vulnerable Palestinians, including ex-Gazan refugees and Palestinian refugees from Syria, face compounded legal, social, and economic vulnerabilities linked to statelessness and discrimination. Inclusive, rights-based interventions remain essential to ensure equitable access to services and strengthened protection for all.

LEBANON

Lebanon hosts approximately 203,000 Palestinian refugees, many of whom reside in 12 camps and 42 gatherings.[38] This population includes an estimated 180,000 Palestine Refugees from Lebanon (PRL) and 23,000 PRS.[39] Palestinian refugees in Lebanon face multiple and overlapping vulnerabilities, including severe financial hardship driven by restricted access to lawful employment opportunities, as well as widespread food insecurity, with 40 per cent experiencing food insecurity.[40] Overall, an estimated 82 per cent of Palestinian refugees are living below the poverty line.[41]

The nutrition situation in Lebanon remains critical. Wasting affects four per cent of Palestinian children and 9.5 per cent of pregnant and lactating women, more than double the rates observed among Lebanese children and women. In addition, low birthweight was reported among 40 per cent of Palestinian newborns, placing infants at heightened risk of mortality and long-term health complications.[42]

Palestinian children face significant protection risks, including exposure to child labour, exploitation, and increased vulnerability to violence, abuse, and unsafe environments. Ongoing instability in Palestinian camps, marked by intermittent violence and inadequate infrastructure, continues to undermine children's safety and access to essential services.

LIBYA

Libya continued to face a protracted humanitarian crisis in 2025, driven by political fragmentation, economic volatility, and climate vulnerabilities. An estimated 787,090 people, including 314,800 children, required humanitarian assistance.[43] The country remained divided between the Government of National Unity in the West and the Government of National Stability in the East, with stalled elections contributing to underfunding in critical sectors such as

health, education, and social protection. Economic hardship deepened following a 13.3 per cent devaluation of the Libyan dinar in April 2025, with households increasingly relying on harmful coping strategies, including meal skipping, child labour, and debt accumulation.[44]

Libya is a major hub along the central Mediterranean migration route. In 2025, IOM recorded 928,890 migrants from 45 nationalities, including 98,000 children and more than 35,000 unaccompanied or separated children.[45] UNHCR registered 106,560 refugees and asylum seekers, mostly Sudanese, with an estimated 6,000–10,000 migrants in detention at any time, where children and women face high risks of exploitation and violence.

The crisis in Sudan has placed significant strain on Libya's resources. Since April 2023, more than 514,000 Sudanese refugees have arrived, primarily through Al Kufra in southeastern Libya.[46] Approximately 40 per cent are children, and more than 70 per cent lack valid residency documentation, increasing protection risks, including statelessness and exploitation. Access to education remains severely limited, with 43 per cent of refugee children out of school due to financial constraints, documentation barriers, and language challenges.

The Libya Multiple Indicator Cluster Survey (MICS) 2024 to 2025 provided the first nationally representative child and household data in a decade, establishing updated baselines for child survival and nutrition. Findings highlighted ongoing risks and the need for strengthened health and community-based nutrition services. Child protection data showed widespread violent discipline and some child labour. Education participation was high at primary and secondary levels but remained very low for early childhood education. Lastly, while access to basic drinking water was high, safely managed services and water quality remain major concerns with implications for child health. Displacement due to conflict continues to affect a notable share of households, reflecting persistent vulnerability for children and families.

Climate change continues to exacerbate vulnerabilities. In 2024, six major flash flood events displaced more than 11,000 people and caused extensive damage to housing, schools, healthcare facilities, and water systems across Al Kufra, Ghat, Sabha, and several western municipalities. Libya hosts 139,305 internally displaced persons, with 35,043 individuals remaining in protracted displacement. Humanitarian access further deteriorated in 2025, with ten international non-governmental organizations receiving stop work orders from security authorities in March, severely affecting service delivery to vulnerable populations.

MOROCCO

Morocco remains a country of destination, transit, and departure for mixed migration flows, including unaccompanied and separated children, with increasingly complex migration routes across the Mediterranean and regional corridors.[47] While historically a transit country, Morocco has increasingly become a destination for individuals seeking livelihoods, education, or refuge from violence and insecurity.[48]

In 2025, migration dynamics intensified, with emerging trends indicating increased movement in southern regions, particularly toward the Canary Islands.[49] Northern cities such as Tangier, Tétouan, and Martil continued to serve as key transit hubs due to their proximity to Europe and established maritime routes.[50] According to the UNHCR Global Trends Report 2024, the conflict in Sudan has displaced more than 10.8 million people, many of whom have fled to neighbouring countries, including Morocco, via eastern entry points such as Oujda.[51] Reports from implementing partners indicate a significant rise in arrivals in Oujda, notably among children fleeing the ongoing conflict in Sudan.

Many of these children arrive in urgent need of protection, medical care, and legal assistance.[52] Unaccompanied and separated children face heightened risks of violence, trafficking, and exploitation. Persistent gaps remain in protection and emergency services, documentation, access to healthcare and education, and appropriate shelter for vulnerable children. Emergency care and reception services remain insufficient and are often not adapted to their specific needs.

Despite enabling government policies and an evolving regulatory framework to manage migration flows, significant gaps persist in ensuring the fundamental rights of children on the move, particularly unaccompanied or separated children. Many live in conditions of extreme precarity, without stable shelter and face limited access to healthcare, education, psychosocial support, and legal protection. These challenges are compounded by climate related pressures, including prolonged drought, water scarcity, risk of floods, and ongoing earthquake recovery needs, which continue to affect vulnerable rural and migrant hosting communities. These persistent gaps underscore the urgent need for a stronger, child centred response and improved cross sectoral coordination to prevent exploitation and uphold the rights of all children, regardless of nationality.

SYRIAN ARAB REPUBLIC

Approximately 438,000 Palestinian refugees remain in the Syrian Arab Republic, with nearly 40 per cent internally displaced, many of whom are living in or near destroyed camps.[53] Palestinian women and children are among the most vulnerable groups, facing multiple and overlapping risks.

Poverty and food insecurity remain severe, with more than 90 per cent of Palestinian refugees living below the poverty line. Food insecurity increased to 62 per cent in 2024, forcing families to skip meals or resort to harmful coping mechanisms.[54] This situation has contributed to a sharp rise in child malnutrition, reflecting acute shortages of nutritious food and limited access to healthcare services.

In 2025, following the change of regime, Palestine refugee returns to and within Syria tripled compared to the total recorded over the previous five years, reaching an estimated 42,000 individuals returning to Yarmouk, Ein El Tel, and Dera'a Palestine refugee camps alone. Many long-established Palestine refugee camps in Syria remain heavily damaged, with large portions of shelter infrastructure, water, sewage and energy systems still in ruins. Families returning to areas such as Yarmouk camp continue to face inadequate or destroyed housing, severely damaged utilities, and limited access to essential UNRWA services, despite ongoing efforts to rehabilitate installations.[55]

Protection risks remain acute, particularly for women and girls, who face heightened vulnerabilities linked to displacement, economic insecurity, and limited access to services. According to UNRWA reports, female-headed households constitute a significant portion of the refugee population, and the deteriorating socio-economic situation has contributed to a continued rise in gender-based violence, including cases affecting women and girls.[56] Early and forced marriage remain areas of concern, occurring within a broader context of protection threats, restricted livelihood opportunities, and limited community support systems for returning families.

Education remains a critical concern. Across the country, an estimated 2.45 million children are out of school, with Palestinian children facing additional barriers, including overcrowded or destroyed schools, shortages of learning materials, and

displacement-related challenges.[57]

TUNISIA

At the crossroads of Africa and Europe, Tunisia is exposed to complex population movements along the central Mediterranean route, involving refugees, asylum-seekers, and migrants. The country continues to host individuals from Sudan, Syria, Somalia, and several West, Central, and East African countries, many of whom have fled conflict, persecution, and serious protection risks. Among them are particularly vulnerable groups, including survivors of torture and gender-based violence, individuals with serious medical and psychosocial needs, and unaccompanied and separated children.

In recent years, the operational environment for asylum-seekers and refugees has deteriorated significantly. Access to protection and essential services has become increasingly constrained, exacerbating risks faced by forcibly displaced and migrant populations. In early 2025, UNHCR had registered approximately 8,000 asylum-seekers and refugees, including around 1,800 children, down from 18,000 in June 2024, following authorities' instructions to halt further registration. As of December 2025, UNHCR had approximately 1,600 children registered, although the actual number of children on the move is likely significantly higher.

Children on the move face acute and compounding vulnerabilities. While approximately 200 children are currently hosted in UNHCR-run shelters, several hundred more, including unaccompanied and separated children, are living on the streets, in informal settlements, or in precarious urban areas without access to basic services. Needs remained acute throughout 2025, particularly in rural areas of Sfax governorate (El Amra, Jebeniana, Jdaria) and in border regions. Many migrants continue to reside in informal sites without adequate shelter, water and sanitation services, or access to health care. Health risks, including tuberculosis, scabies, malnutrition, and untreated chronic conditions, have increased.

The national child protection system remains overstretched and lacks sufficient capacity to provide alternative care solutions. Reports published by the World Organisation Against Torture (OMCT) in September and December 2025 documenting violations against migrants, including children, have heightened the sensitivity of migration-related issues and further constrained opportunities for public advocacy.

Based on available data, an estimated 1,000 children are in urgent need of humanitarian assistance. These children face heightened risks of exploitation, abuse, trafficking, and psychosocial distress, alongside severely limited access to education, health care, shelter, WASH, and protection services.

The humanitarian context remains highly sensitive and politically charged. While Tunisia is viewed by some external actors as a transit or disembarkation point, humanitarian organizations continue to raise concerns regarding the lack of legal pathways, weak protection frameworks, and restricted operational space for civil society. National and local systems remain overstretched, particularly in high-pressure areas such as Sfax, Médenine, and Tunis.

In coordination with UNHCR, IOM, and national partners, UNICEF continues to support a targeted response focused on the most vulnerable, particularly children, through integrated child protection, WASH, health, education, and psychosocial support interventions.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

ALGERIA

HEALTH

Immunization and clinical health services were strengthened through the procurement of 33,821 doses of pneumococcal and hexavalent vaccines; upgrades to cold chain systems in partnership with the Africa Centres for Disease Control and Prevention; and improved stock safeguarding through the use of Freeze Free Vaccine Carriers and electronic temperature loggers. The launch of a new cold room is scheduled for March 2026, following completion of equipment installation.

More than 12,300 people, including 25 per cent children and 122 volunteer health workers, received diphtheria vaccination through a targeted campaign in response to an outbreak in October 2025. In parallel, a joint polio vaccination campaign with WHO reached all children across the five refugee camps. To address vaccine hesitancy, 53 health workers and social mobilizers, including 50 women and three men, were trained in diphtheria specific risk communication.

Maternal and neonatal care was enhanced through hands on training for 14 midwives in emergency obstetric care, ultrasound use, and neonatal resuscitation. In addition, 20 health personnel, including 19 women and one man, were trained on breastfeeding, complementary feeding, and ECD. ECD kits were distributed to all 29 primary health facilities to support integrated child health services, complemented by planned community awareness sessions in 2026.

NUTRITION

The Nutrition Sector strategic roadmap was finalized with UNICEF participation under the sector leadership of WFP. The roadmap contributes to the 2025–2030 Multisectoral Nutrition Strategy, aligned with the Sustainable Development Goals, and aims to address malnutrition among 8,600 pregnant and lactating women and 21,000 children.

Findings from the 2025 UNHCR–WFP Nutrition Survey directly informed a Ministry of Health endorsed micro plan prioritizing the training of Community Health Workers in anaemia screening and acute malnutrition management. This approach strengthened service delivery capacity and improved nutrition outcomes for the refugee population.

CHILD PROTECTION

Protection from Sexual Exploitation and Abuse (PSEA) was further strengthened through five joint UNHCR, UNICEF, and World Food Programme training sessions, reaching 195 Sahrawi Red Crescent staff and local authorities. Ninety-five per cent of participants were women. Joint UN financing enabled near complete institutional coverage across all five refugee camps.

EDUCATION

The Education Sector, led by UNICEF, sustained access to learning for 35,745 children aged 3–16, including 19,597 girls, who represent more than 54 per cent of enrolled students. Enrolment included 9,619 pre-primary learners, 20,027 primary school students, and 6,099 lower secondary students.

Learning conditions improved as 20,000 primary schoolchildren received school bags, reducing material barriers and supporting full participation in the classroom. The quality and stability of the predominantly volunteer based education system were supported through quarterly minimal financial incentives for 1,287 education personnel, 76 per cent of whom were women. While not constituting

salaries, these incentives supported continuity, retention, and basic subsistence in a protracted humanitarian context.

System capacity was further strengthened through preservice training for 159 newly recruited teachers, 90 per cent of whom were women, delivered in partnership with the Autonomous University of Madrid. Pedagogical reform in science education was also supported through training of 12 national trainers, introducing enquiry-based learning approaches and practical teaching tools.

These achievements were underpinned by strengthened strategic leadership and evidence-based planning. The ongoing Education in Emergencies Situational Analysis will inform the 2026–2030 Education Sector Strategy, alongside the development of an Education Communications and Advocacy Plan, providing a strong foundation for sustained advocacy for the right to education.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

Under the Adolescent Development and Participation (ADAP) programme, children's voices were amplified through the Through Our Eyes exhibition , a child led photography exhibition created by 20 Sahrawi refugee children and launched on International Children's Day in November 2025. The exhibition attracted strong diplomatic and media attention, increased visibility of the protracted humanitarian situation, and reinforced UNICEF's leadership in child rights advocacy.

ACCOUNTABILITY TO AFFECTED POPULATIONS AND LOCALISATION

Accountability to Affected Populations (AAP) was strengthened through the establishment and operationalization of an inter-agency Complaints and Feedback Mechanism Working Group under the United Nations Country Team in Tindouf. Joint Standard Operating Procedures were developed and endorsed, clarifying roles, responsibilities, and culturally appropriate channels for managing community feedback. Agreement was reached on the inter-agency adoption of the World Food Programme's SugarCRM system, planned to become fully operational in 2026.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

In 2025, particularly during the fourth quarter, UNICEF strengthened humanitarian coordination and leadership for children across the Sahrawi refugee camps. This included clearer leadership, stronger advocacy with partners, and a more coherent strategic direction for children's rights and wellbeing.

Through proactive alignment between the UNICEF HAC appeal and contributions to the Sahara Response and Resilience Plan (SRRP), UNICEF fostered a more unified inter-agency approach grounded in shared priorities. UNICEF's leadership of the Education Sector was particularly notable, culminating in the development of a comprehensive Education chapter within the SRRP. A detailed and costed Rolling Workplan for 2026–2027 provided technical experts with a practical framework for planning, concept development, and implementation.

UNICEF also advanced key humanitarian communication messages as well as initiated the development of a broader humanitarian strategy for interventions in the camps in 2026 and helped elevate the visibility of the Sahrawi programme among donors and global audiences. Regular, trust-based coordination with the Sahrawi Red Crescent and implementing partners strengthened operational cohesion, while collaboration with UNHCR on successive SRRP review rounds improved timeliness and technical quality.

In addition, UNICEF facilitated inter agency dialogue, nurtured new partnerships including disability focused collaborations, and supported high level missions and donor visits that amplified the voices and needs of Sahrawi children. Collectively, these efforts reinforced a more predictable, inclusive, and strategically guided humanitarian response across the five refugee camps.

DJIBOUTI

HEALTH

In 2025, Djibouti faced outbreaks of AWD and vaccine-derived poliovirus. Three cases of vaccine-derived poliovirus were reported, including two environmental and one human case. In response, three national vaccination campaigns against poliomyelitis were conducted, achieving immunization coverage of more than 99 per cent among children under five.

Two episodes of AWD occurred in Tadjourah and Obock regions between June and October 2025. A total of 267 cases were reported, with 154 children cured and 13 deaths (CFR 4.9 per cent). UNICEF supported the Ministry of Health as well as primary healthcare facilities by supplying vaccines and drugs, providing technical assistance to strengthen case management and epidemiological surveillance and community-based surveillance, and training 24 healthcare providers and communities on best practices. Pre-positioned emergency supplies, including AWD kits, tents, and medicines, strengthened national and regional preparedness, contributing to life-saving outcomes.

NUTRITION

UNICEF supported the national nutrition programme in conducting the 2025 Integrated Food Security Phase Classification analysis. From May to June, 194,000 people, representing 17 per cent of the population analysed, were estimated to be in high acute food insecurity (IPC Phase 3 or above). Of these, 150,000 were in Crisis (IPC Phase 3) and 44,000 in Emergency (IPC Phase 4).

Approximately 34,340 children suffered from acute malnutrition and required treatment between May and December 2025. Of these, 7,741 children under five had severe acute malnutrition, and 2,500 pregnant or breastfeeding women were affected. Two rural zones, Obock and Tadjourah, were classified as critical (IPC Phase 4 for acute malnutrition), while four urban areas, one rural zone, and two refugee camps were classified as serious (IPC Phase 3).

UNICEF supported community-level screening, reaching 2,720 children aged 6–59 months. Of those screened, 472 were identified with wasting and enrolled in appropriate treatment programmes, in addition to cases detected through primary health care services. In 2025, 3,865 children were treated for severe acute malnutrition and 6,283 for moderate acute malnutrition in health centres across Djibouti and its five interior regions.

A total of 130 facilitators and community actors were trained in screening as well as the promotion of breastfeeding and young child feeding practices, reaching approximately 30,000 pregnant and breastfeeding women with key messages. Mobile teams screened an additional 2,500 children in remote areas. Four coordination meetings were held with UNICEF, WFP, and the Ministry of Health to review national nutrition interventions.

Through regular data monitoring during four coordination meetings held in 2025, nutrition inputs were effectively monitored and shortages were prevented.

CHILD PROTECTION

UNICEF and its partner Caritas developed a programme to address the emergency needs of migrant and street children from June to September 2025. On average, 50 children benefited from night shelter, while 250 to 300 children per month accessed holistic protection services, including psychosocial support, recreational activities, hygiene assistance, and basic healthcare.

WASH

Djibouti faced severe climate-induced challenges throughout 2025, with prolonged drought and water scarcity affecting access to safe water and sanitation. These conditions increased the risk of waterborne diseases, including AWD, and heightened vulnerabilities for children and women in drought-affected regions.

UNICEF supported emergency water supply through the rehabilitation and extension of water systems, as well as water trucking to hard-to-reach communities, reaching 16,567 people. The distribution of 1,500 WASH kits and hygiene promotion campaigns directly reached 14,797 vulnerable individuals. Hygiene awareness initiatives were also conducted through multimedia platforms and community dialogues to encourage behavioural change.

National and regional staff received training on WASH Facility Improvement Tool (FIT) standards, and improvements were made to WASH infrastructure in healthcare facilities to strengthen resilience to climate hazards. Integrated WASH and nutrition interventions benefited approximately 40,320 individuals, including vulnerable children and women.

Despite these achievements, gaps remain. Challenges include irregular national WASH sector coordination meetings, limited structured capacity-building for WASH actors, insufficient financing and monitoring mechanisms, and infrastructure deficits in healthcare facilities and schools, leaving children and their families vulnerable to climate shocks.

EDUCATION AND ADOLESCENT DEVELOPMENT AND PARTICIPATION

UNICEF supported 845 children, including those with disabilities, to access quality basic education and school supplies through a three-year Accelerated Learning Programme in five Non-Formal Education centres. Continuity of learning was reinforced through referrals to the Ministry of Education and the provision of starter kits for technical and vocational training enrolment.

In refugee camps, 4,628 children received education support, enhancing access to learning opportunities for vulnerable and displaced populations.

SOCIAL AND BEHAVIOUR CHANGE AND ACCOUNTABILITY TO AFFECTED POPULATIONS

In 2025, UNICEF's Social and Behaviour Change (SBC) activities focused on evidence generation, strengthening AAP, and responding to health emergencies. Studies were conducted on routine vaccination and nutrition behaviours, cervical cancer, and zero-dose children to improve service equity and quality.

Over 2,500 community mobilizers were trained and deployed to ensure children were identified and vaccinated during three national polio campaigns. Awareness materials supported the AWD response, and more than 500 actors received capacity building in interpersonal communication and community feedback collection.

AAP was strengthened through the institutionalization of feedback mechanisms within the Ministry of Health, the establishment of an inter-agency AAP Task Force, and the creation of regional committees in Tadjourah and Obock. Over 21,800 community inputs were collected and systematically used to adjust programmes, strengthen communication strategies, and enhance transparency. All newly engaged civil society partners received PSEA training, and safe reporting channels were established to build trust across health, nutrition, WASH, and social mobilization programmes.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF actively participated in newly established joint coordination platforms with UN agencies, the Djiboutian Red Crescent, ICRC, and other Red Cross partners, strengthening information sharing, humanitarian coordination, and communication with donors. UNICEF also continued to lead and engage in sectoral coordination within Education, Child Protection, Nutrition, and WASH inter-agency groups, ensuring strategic alignment and collaborative responses across sectors.

EGYPT

HEALTH

In 2025, UNICEF delivered essential medical equipment to the Ministry of Health and Population (MoHP) to support primary health care (PHC) facilities and hospitals serving Palestinian patients and host communities, reaching an estimated 34,000 people approximately 40 per cent of whom are children. Lifesaving supplies valued at approximately US$ 5 million included centrifuges, ultrasonic devices, nebulisers, ECG recorders, Doppler devices, patient monitors, CPAP machines, phototherapy units, baby incubators, syringes, and infection prevention and control materials.

UNICEF supported emergency care training for 600 health workers nationwide, 55 per cent of whom were women, and for 150 primary healthcare staff in North Sinai, focusing on maternal and child health and nutrition. A shipment of midwifery kits, 50 ultrasound devices, anthropometric equipment, and other PHC essentials for refugee-serving facilities is also underway.

To strengthen national preparedness, UNICEF procured 100,000 doses of Inactivated Polio Vaccine, 500,000 doses of Measles-Rubella vaccine, 100,000 doses of Tetanus-Diphtheria vaccine, and cholera rapid test kits. All vaccines are available, and cold chain capacity remains sufficient.

Since 1 February 2025, electronic registration of medically evacuated patients from Gaza resumed through the District Health Information System, supported by UNICEF. Between January and March, approximately 1,700 patients, including 606 children, and over 2,000 accompanying individuals entered Egypt via Rafah, which has remained closed since 17 March. Since October 2023, UNICEF, in coordination with WHO and other partners, has supported the evacuation of nearly 6,590 patients, including 352 women and 5,621 children.

UNICEF led digital transformation efforts by introducing emergency health modules to respond to crises in Gaza and Sudan. At least 200 frontline data entry personnel, 60 per cent of whom are women, were trained on emergency registries in 176 hospitals and 22 primary healthcare units, enhancing emergency responsiveness.

Overall, 380,680 refugees from all nationalities accessed primary healthcare services across 23 governorates, alongside more than 1.5 million services delivered to vulnerable host community members. UNICEF equipped 115 PHC units in 11 governorates with essential medical equipment, trained 105 quarantine health workers in North Sinai, Aswan, and Sallum in psychological first aid, and provided emergency response training to 400 health workers.

NUTRITION

In collaboration with the National Nutrition Institute, MoHP, WHO, and WFP, UNICEF supported nutrition response planning and developed clinical guidelines for acute malnutrition management. Trainings were delivered to 623 health workers in 50 PHC units across governorates with high refugee populations, focusing on breastfeeding, complementary feeding, and maternal nutrition. Online digital training systems via UNICEF's Learning Passport enabled the scaling up of training packages.

In 2025, 22,782 Palestinian and host community children under five were screened for malnutrition, with 1,846 referred for treatment of severe acute malnutrition. In addition, 8,450 caregivers received Infant and Young Child Feeding (IYCF) counselling. Real-time nutrition surveillance is now enabled through DHIS-2, deployed in PHC units serving refugee-dense areas.

UNICEF, together with the National Nutrition Institute, the MoHP, academia, and UN agencies, led the development of national implementation guidelines for the management of acute malnutrition. The first round of training of trainers has been completed, and the training manuals are being adjusted in accordance with the training. These guidelines will harmonise service delivery standards across the country, institutionalise best practices, and strengthen the overall national capacity to address child wasting. Step down training is being planned for the second quarter of 2026.

CHILD PROTECTION

UNICEF operationalized specialized child protection centres in Greater Cairo to support Palestinian children displaced from Gaza. These centres provide integrated services for at-risk children and survivors of violence, including physical, emotional, and sexual abuse, neglect, exploitation, and harmful practices.

Staffed by trained case managers and supported by strong referral pathways, the centres provided tailored support based on individual assessments and care plans. In 2025, they served 3,008 Palestinian children (1,766 boys and 1,242 girls; 843 under 10 years old, 929 aged 10–14, and 1,236 aged 15–17). All children received comprehensive child protection services, with all children accessing specialized Mental Health and Psychosocial Support (MHPSS) through individual sessions, art therapy, and skills development; 92 per cent being referred for education, health, and food services; and 14 cases receiving legal support. UNICEF is also advancing advocacy on alternative family-based care for children on the move.

In parallel, UNICEF established and operationalized five child-friendly spaces and one specialized MHPSS clinic across four governorates, providing safe and structured environments where 2,250 children (1,249 girls and 1,001 boys) accessed psychosocial support, recreational activities, and protection services. In addition, UNICEF is collaborating with the MoHP to establish ten additional child-friendly spaces in healthcare facilities for medically evacuated children from Gaza. Field visits were conducted to Ministry-approved medical sites and nearby primary healthcare units to identify suitable locations, and work on findings, supply needs, and staff selection is ongoing with the Ministry.

WASH

UNICEF, in partnership with MoHP, strengthened IPC and healthcare waste management in hospitals and PHC centres serving over 645,000 Palestinians and host community members. Hygiene and IPC supplies reached 200,000 individuals.

In North Sinai, UNICEF partnered with the Egyptian Red Crescent to address urgent and longer-term WASH and education needs. Four schools in Al-Arish were rehabilitated, benefiting 3,000 students, and hygiene supplies reached 7,000 non-Egyptian students. One hundred Egyptian Red Cross (ERC) volunteers were trained on WASH in emergencies.

UNICEF prepositioned 14 mobile toilets and distributed 58,000 hygiene kits at strategic locations, including hospitals, accommodation centres, and border points. Three recovery centres in El-Arish, Sheikh Zuweid, and Bir El-Abd received water tanks, pumps, cleaning supplies, and waste management tools.

EDUCATION

To ensure learning continuity, UNICEF provided cash assistance to 15,239 Palestinian children, 49 per cent of whom were girls, to support digital learning, covering internet and educational expenses.

UNICEF prepositioned 4,000 learning kits at ERC, distributing 1,500 to medical and self-evacuated children, with remaining kits scheduled for 2026. Previously procured supplies, including 75 Recreation Kits, 50 Early Childhood Development Kits, and 25 School-in-a-Box kits, support six newly established learning spaces in North Sinai and Qalyobia, serving approximately 1,500 school-aged children with literacy, numeracy, and life skills instruction.

In Cairo, Giza, and Alexandria, 2,294 Palestinian children participated in NGO-led Learning Hubs alongside 67 host community children, receiving catch-up classes and extracurricular activities including science, technology, engineering, arts, math, and outdoor recreation.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

In collaboration with the Ministry of Youth and Sports, UNICEF organized Sports for Development camps in North Sinai and Cairo, engaging 3,567 young people, including 500 Palestinian children. The week-long programme promoted social cohesion and resilience through team games, leadership training, conflict resolution, and gender equality sessions, fostering inclusion and emotional well-being.

ACCOUNTABILITY TO AFFECTED POPULATIONS AND LOCALISATION

UNICEF embedded AAP across sectors to ensure community-led responses. In the health sector, the MoHP hotline was scaled up to inform refugees about available services and collect feedback. Five refugee agents were trained to operate the hotline, which received 483 queries from Palestinians in 2025. UNICEF also collected feedback from 2,141 individuals on winterization assistance, which informed future distributions.

In WASH, hygiene awareness campaigns and kit distributions reached 7,000 students in North Sinai. Feedback mechanisms developed by UNICEF were handed over to ERC, with reporting ongoing.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF leads the Nutrition and WASH Technical Working Groups, co-leads the Education Working Group, and contributes to the Child Protection and Community-Based Protection sub-sector groups. UNICEF also plays a key role in the Health and Protection Working Groups and the Inter-Agency Coordination Group, aligning emergency planning and responses with national strategies and partner efforts.

IRAQ

HEALTH

UNICEF strengthened Rapid Response Team (RRT) capacity in Sulaymaniyah Governorate, training 100 frontline health workers, 70 per cent of whom were women, across five districts through five two-day sessions on life-saving interventions, maternal and child health, immunization, nutrition, and emergency response coordination. Three RRTs per district were established, aligning staff competencies with international standards and enhancing emergency preparedness for crises, displacement, and disasters.

Among northeast Syria returnees, 1,804 children under five (926 girls) received vaccinations against measles, polio, and other preventable diseases. UNICEF supported health staff capacity building and deployed 53 government health workers at Al-Amal Centre to provide rotational essential services. A cold room warehouse was established in Halabja city, serving approximately 300,000 people, including 50,000 children under five and over 10,000 pregnant and lactating women, strengthening vaccine storage and cold chain capacity.

In November 2025, a Multi-Antigen Vaccination Campaign reached 92,822 individuals, including 8,157 children under five, across 16 IDP camps in Erbil and Duhok. Supported by UNICEF and WHO in partnership with the Federal and Kurdistan Region Ministries of Health, the campaign vaccinated 3,174 children, including 134 zero-dose children. Conducted over five days by 40 vaccination teams and 18 supervisors, the campaign overcame challenges such as a shortage of trained vaccinators, limited equipment, and weak parental communication. Recommendations include scaling up this model to refugee camps, enhancing staff training, and improving communication strategies.

NUTRITION

A nutrition screening programme at Al-Amal Health Centre reached 294 children under five (152 girls) and 528 children aged five and above (239 girls), identifying 19 children with malnutrition who were enrolled in treatment. A tent-to-tent survey in October screened 443 children (210 girls, 233 boys) and 134 pregnant and lactating women (21 pregnant, 103 lactating), enabling early identification of nutritional risks.

A rapid infant feeding assessment in November evaluated 30 children under two (13 girls) whose caregivers required support on breastfeeding and infant nutrition. Among northeast Syria returnees, 185 pregnant and lactating mothers accessed perinatal services, with 92 receiving antenatal care and 93 participating in IYCF education sessions. Of 359 children screened, 25 were underweight, 26 stunted, 21 wasted, and 5 overweight, and all were linked with appropriate care.

UNICEF procured and supplied Ready-to-Use Therapeutic Food (RUTF) and Ready-to-Use Supplementary Food (RUSF), supporting Community-based Management of Acute Malnutrition (C-MAM). Household visits (634) included counselling on immunization and IYCF, promoting early detection and responsive feeding practices.

CHILD PROTECTION

The accelerated return of Iraqi families increased demand for child protection and gender-based violence (GBV) services. UNICEF supported 13,284 returning children (57 per cent girls) with case management, birth registration, and civil documentation. Structured MHPSS reached 83,225 children (58 per cent girls) across camps, informal settlements, and host communities. Positive parenting sessions engaged 7,264 caregivers (67 per cent women), while 3,218 children (52 per cent girls) received individualized case management.

In Ninewa, UNICEF strengthened government-led child protection services through 11 social workers deployed to Al-Amal Centre and Karama return areas. National capacity building trained 261 MoLSA social workers across six governorates on case management, needs assessments, referral pathways, and outcome monitoring.

GBV services across eight governorates assisted 4,613 women and girls (786 children), provided psychosocial support to 13,890 individuals, and raised awareness among 18,396 community members. A total of 2,513 survivors were referred to specialized services, including 1,150 legal aid referrals.

In December, UNICEF and the Ministry of Planning finalized Iraq's first national MHPSS training manual, standardizing capacity building for frontline workers and MoLSA social workers, forming part of the national minimum package for child protection.

WASH

In 2025, UNICEF maintained essential WASH services for returnees and communities. Access to safe water, hygiene, and solid waste management was provided to 10,978 returnees (60 per cent women), including 5,258 children (3,004 girls), at Al-Amal Centre in Ninewa Governorate. Services included water quality monitoring and menstrual hygiene management.

In schools, 127,139 students (64,218 girls) across 300 schools received WASH support, including 682 communal water tanks, 600 garbage bins, and 15,000 garbage bags. Nationwide water safety monitoring was strengthened through 1,000 chlorine testing kits and 4,000 DPD #1[58] packs distributed across 15 governorates, promoting sustainable access to safe drinking water.

EDUCATION

Education services reached 65,491 crisis-affected children, including 29,221 girls, across Erbil, Dohuk, Sulaymaniyah, Anbar, Ninewa, and Salah Al-Din. Services included school- and community-based programmes, non-formal education, remedial and catch-up classes, life skills education, and MHPSS.

UNICEF invested in school infrastructure, constructing a new school at Al-Amal Centre, renovating refugee schools, and providing educational materials, including desks, stationery, and student bags. 1,050 teachers were trained in learner-centred pedagogy and MHPSS. Displacement-related education needs persist in 20 IDP and nine refugee camps, highlighting the continued need for Education in Emergencies support.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

Through ongoing programmes, 420 young people (50 per cent girls) aged 10–24 were reached with life skills and citizenship education, fostering social inclusion and active participation.

SOCIAL AND BEHAVIOUR CHANGE

In 2025, UNICEF supported vaccination campaigns by training health promotion teams and youth to counter misinformation and improve parental communication, reaching nearly 10,000 caregivers with vaccination messaging.

The year also saw 60 young people complete SBC trainings to support climate action. They led community-based initiatives, particularly in areas hosting displaced and refugee populations, reaching 1,145 individuals through door-to-door outreach, school sessions, and community dialogues with local farmers.

Iraq was one of four countries participating in a regional Knowledge, Attitudes and Practices (KAP) study on climate change led by UNICEF in the Middle East and North Africa. As an upper-middle-

income country, Iraq's participation enables comparative analysis across income contexts, examining how different age groups perceive and respond to climate risks, including extreme weather events, water scarcity, and climate-related impacts on children and communities. The study focused on young people aged 15–25 and adults over 40, generating evidence to inform climate action, SBC programming, and advocacy. Data collection in Iraq has been completed, and the study is now in the analysis phase, with findings expected to guide both regional and country-level interventions.

ACCOUNTABILITY TO AFFECTED POPULATIONS AND LOCALISATION

Sixteen social workers were trained on AAP tools and successfully collected 205 feedback entries on services. UNICEF continues to update the AAP strategy and map feedback mechanisms to strengthen government response and population engagement.

EMERGENCY PREPAREDNESS

UNICEF Iraq completed a comprehensive risk update under the Emergency Preparedness Platform, including scenario planning and contingency measures. With the phased closure of UNAMI and the cluster system, UNICEF has assumed increased leadership in child-focused emergency preparedness and response. A three-phase in-person EPR capacity-building programme for government counterparts, partners, and staff will commence in February 2026, emphasizing child-focused interventions.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF strengthened government-led sector coordination across WASH, education, and child protection through the Joint Coordination Framework co-led with UN Resident Coordinator's Office and the Council of Ministers Secretariat (COMSEC). Coordination was enhanced in Basra, Ninewa, Kirkuk, Salah al-Din, Diyala, Anbar, and the Kurdistan Region of Iraq, focusing on child protection, climate adaptation, and reintegration of returnees from northeast Syria, while embedding cross-cutting priorities such as climate fragility and child protection in emergency response.

THE ISLAMIC REPUBLIC OF IRAN

HEALTH

In 2025, UNICEF strengthened primary healthcare capacity for Afghan refugees and vulnerable populations, reaching over 60,000 individuals. Through UNICEF's support, border PHC units provided essential services to people on the move, including immunization, maternal and child health, nutrition, and psychosocial support. Full vaccination coverage was achieved for previously under-immunized groups, and maternal, newborn, and child health services were expanded. UNICEF provided portable PHC tents and Rapid Response backpacks enabled continuity of care during emergencies. Furthermore, UNICEF conducted preparedness measures, which included the procurement of essential vaccines and a national workshop to train health network professionals, public health emergency coordinators, and hospital managers on urban health system resilience. Despite these gains, infrastructure limitations, constrained diagnostic capacity, and insufficient human and financial resources continued to impede service delivery, particularly in remote areas. Movement restrictions and government sensitivities limited the possibility to conduct full monitoring and outreach. Without predictable and flexible funding, preparedness gains risk remaining episodic rather than institutionalized. UNICEF continues to advocate for increased government investment and leverages field presence to highlight gaps in real time.

NUTRITION

In 2025, UNICEF treated 1,512 children with severe acute malnutrition across high-need cities, prioritizing Tehran, Mashhad, Zabol, Zahedan, and Iranshahr. Facility-based treatment and strengthened referral pathways improved continuity of care and reduced treatment interruptions. UNICEF also provided 2.99 million mega doses of Vitamin A supplementation, reaching 1,142,754 children aged 2–5 across 20 provinces. Support to the Ministry of Health reinforced identification, referral, treatment, and follow-up cycles for malnourished children. Challenges included inconsistent referral and follow-up systems, limited coverage of preventive nutrition interventions, long laboratory turnaround times, distance to services, indirect costs, and caregiver fatigue, all of which affect adherence to care pathways.

WASH

UNICEF provided essential WASH services in priority locations under high population pressure. In August 2025, 3,100 hygiene kits were delivered and four 10,000-litre water tanks installed at Al-Ghadir refugee centre, Sistan and Baluchestan. Pre-positioned emergency supplies enabled rapid response to sudden population movements. UNICEF led sector coordination and capacity-building initiatives, including climate-resilient WASH infrastructure, water treatment, and integration with public health responses. Planning for longer-term improvements in school and health facility WASH infrastructure was initiated. Operational, financial, and access constraints limited scale and coverage. Volatile procurement conditions, rapidly evolving needs, and reduced humanitarian funding further constrained the ability to sustain interventions.

EDUCATION

UNICEF improved learning environments for refugee and host-community children, benefiting 72,108 students through WASH upgrades in 128 schools. Remedial education reached 4,283 students, and early childhood education supported 1,200 children. Support for children with disabilities reached 4,118 children through financial assistance, specialized services, braille textbooks, and accessible digital resources. 53 comprehensive centres were rehabilitated, and 1,500 teachers trained in inclusive education approaches. Remaining gaps include overcrowded classrooms, aging infrastructure, insufficient learning materials, widespread foundational learning gaps, and limited access to inclusive education for children with disabilities. Adolescents face constrained pathways to post-primary education and skills development, and funding and coordination gaps continue to hinder scale-up.

CHILD PROTECTION

In 2025, UNICEF maintained and strengthened the operation of two child-friendly spaces (CFS) in Meybod and Torbate Jam refugee settlements, reaching 2,696 children with community-based MHPSS and child protection services. The growing use of these spaces reflects increased community trust in CFSs as safe, accessible entry points for support. Despite resource and infrastructure constraints, inclusive outreach and adaptive programming enabled the CFSs to respond to evolving needs and rising demand. The centres also served as referral hubs for specialised child protection services, including case management and psychosocial support.

Around 700 caregivers, predominantly women, participated in UNICEF-supported sessions to strengthen their ability to support children's emotional well-being through positive parenting, stress management, and psychosocial support.

At the systems level, UNICEF continued advocacy with the Centre

for Aliens and Foreign Immigrants' Affairs (CAFIA) to strengthen child protection safeguards during returns and deportations, with particular attention to unaccompanied and separated children. This led to a partnership between UNICEF, CAFIA, and two national NGOs to deliver child protection services, psychosocial support, and temporary care for children on the move near border areas in Khorasan Razavi and Sistan and Baluchistan provinces.

As part of preparedness and quality assurance efforts, UNICEF supported the development of a national Standard Operating Procedure for Child Protection Case Management, establishing a unified, child-centred framework aligned with international protection standards.

SOCIAL PROTECTION

UNICEF delivered cash assistance to 1,100 children in street situations, primarily Afghan refugees and migrants, and to 1,200 conflict-affected children following the June 2025 conflict. Transfers were based on the Minimum Expenditure Basket and implemented through six local NGOs and financial service providers. Monitoring indicates improved access to food, healthcare, and education, contributing to household stabilization. Challenges included building trust with Afghan families, hyperinflation reducing the real value of cash transfers, rapidly fluctuating market prices, limited partner capacity, restrictions on data sharing, and reliance on financial intermediaries, which lengthened disbursement timelines and constrained coverage for undocumented families.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

UNICEF reached 3,767 adolescents, youth, parents, and caregivers from Afghan and host communities through mental health and psychosocial support and skills development interventions, including mobile outreach and satellite service points. Individual and group counselling, structured psychosocial activities, and skills-building sessions supported emotional regulation, coping strategies, and social connection. Tele-counselling expanded access for adolescents unable to reach physical service points. Challenges included restricted access for undocumented adolescents, heightened anxiety and mobility limitations following the June 2025 conflict, the severity of mental health needs exceeding available resources, and insufficient trauma-informed care capacity. Operational constraints such as lack of safe spaces, limited community-level assessments, and resource limitations restricted scale and coverage.

SOCIAL AND BEHAVIOUR CHANGE

UNICEF strengthened Risk Communication and Community Engagement (RCCE) and SBC capacities in 2025, developing a gender-responsive "Self-Care in War" plan covering health, hygiene, nutrition, evacuation preparedness, MHPSS, and protection of vulnerable groups. Standardized RCCE training and materials supported dissemination through partners and social media, reaching 2,930,418 individuals. Community-based approaches included training 80 psychologists on GBV risk mitigation and adolescent engagement. Remaining gaps include the absence of fully institutionalized AAP mechanisms, access constraints due to fear of deportation, reliance on remote communication channels, delayed government approvals, uneven frontline capacity, and limited cross-sector coordination. Sustained investment is needed to expand engagement platforms, strengthen capacity, and integrate SBC into sectoral responses.

ACCOUNTABILITY TO AFFECTED POPULATIONS AND LOCALISATION

UNICEF prioritized safe and trusted engagement with communities, gathering feedback through partners, outreach teams, child-friendly spaces, adolescent centres, health and MHPSS services, and cash delivery processes. Standardized AAP results were integrated into all humanitarian programme documents. Challenges include the absence of scalable feedback and complaints mechanisms, restricted access to some locations, limited partner capacity, and sensitivities around data sharing. Incremental strengthening of context-appropriate AAP practices will remain a priority.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF maintained a multi-sectoral, human-centred approach prioritizing Afghan populations and vulnerable host communities. In 2025, programming adapted to acute emergencies and protracted vulnerabilities, including the June conflict, as well as mass deportations to Afghanistan. UNICEF led and co-led thematic and sectoral groups, including Child Protection, WASH, Nutrition, and Education, contributed to contingency planning, and strengthened operational preparedness in collaboration with IRCS, CAFIA, technical ministries, NDMO, and local NGOs. Efforts emphasized localization, accountability, and inclusive programming to ensure principled engagement, leveraging partnerships and technical leadership to support children in crisis and recovery contexts.

JORDAN

WASH

In 2025, UNICEF supported 53,419 people (50 per cent female, 13 per cent persons with disabilities) with safe and accessible water supply. This total comprises 52,819 people (50 per cent female, 13 per cent persons with disabilities) in all 13 Palestinian refugee camps in Jordan[59] who were reached with improved water supply systems through the rehabilitation of water sources and protection of well fields, replacement and upgrading of distribution networks, reduction of non revenue water, and the connection of previously unserved households. In addition, 547 people (52 per cent female, 1 per cent persons with disabilities) living in Garden refugee camp[60] were provided with sustained access to a safe and sufficient water supply.

Of those reached in the Palestinian camps, 20,707 people (50 per cent female, 13 per cent persons with disabilities) also benefited from the installation of household water storage tanks, further improving the reliability of water access at the household level.

Furthermore, UNICEF supported critical improvements in municipal wastewater systems across Palestinian refugee camps, reaching 40,263 people (50 per cent female, 13 per cent persons with disabilities) with basic sanitation services, 39,663 (50 per cent female, 13 per cent persons with disabilities) in the refugee camps of Jerash, Souf, Irbid, Martyr Azmi Al Mufti, Talbiyah, Hiteen, and Madaba, and 600 (49 per cent female, 4 per cent persons with disabilities) in Garden camp. These improvements included repairs to pumping stations and sewer networks; installation of new manholes; reduction of blockages; extension of household connections to municipal networks; and system repairs to prevent wastewater overflows, which are key to reducing flood risks, preventing environmental contamination, and safeguarding public health in densely populated camp settings. Among them, 448 people (50 per cent female, 13 per cent persons with disabilities) also benefited from the rehabilitation of WASH blocks at the household level, improving access to dignified sanitation and creating safer, private, and hygienic spaces for women and girls to manage their menstruation with dignity.

Moreover, UNICEF supported the Department of Palestinian Affairs (DPA) and water utilities with data collection and technical

assessments to identify WASH service delivery gaps within the camps and to inform prioritization for expanding critical WASH activities. This approach enabled targeting of the most vulnerable populations and ensured equity focused programming. The outcomes of these assessments will inform resource mobilization and prioritization, ensuring that the most vulnerable families in Palestinian refugee camps continue to benefit from safer, more dignified, and more resilient living conditions.

Complementing the infrastructural works, UNICEF strengthened household level WASH in five Palestinian camps through social and behaviour change and community engagement activities, in collaboration with community based organizations and Makani centres. These interventions reached 775 households, covering hygiene, water conservation, safe storage, waste management, and menstrual health.

In 2025, UNICEF further strengthened its collaboration with the DPA on WASH, taking an important step towards addressing the specific WASH challenges faced by residents of Palestinian refugee camps. This collaboration enabled UNICEF and the DPA to jointly plan and implement interventions responding to priority WASH needs across the camps, in close partnership with the three national water utilities, which supported the technical design, implementation, and oversight of water and sanitation infrastructure projects.

To complement system level WASH interventions, UNICEF established a new partnership with the local NGO Future Pioneers to support hygiene promotion and community mobilization in Palestinian refugee camps.

As co lead of the WASH sector in Jordan with the Ministry of Water and Irrigation, UNICEF continued to provide overarching coordination and strategic direction for the WASH sector. This included supporting the prioritization of WASH sector assistance for the areas and populations with the greatest needs, while ensuring partner interventions were complementary and avoided duplication.

UNICEF ensured the quality, accountability, and effective targeting of WASH interventions through a layered monitoring and oversight approach. Implementation was tracked through regular partner reporting, complemented by technical supervision from the DPA, Miyahuna, and Yarmouk, and by direct field monitoring from UNICEF technical staff. Standard assurance mechanisms were applied, including monthly progress reports validated through programme visits. This combined approach enabled continuous oversight, early identification of implementation challenges, and timely corrective actions, while strengthening compliance with technical standards and enhancing the overall quality and accountability of WASH service delivery, particularly for the most vulnerable populations.

LEBANON

NUTRITION

In Lebanon, UNICEF reached 13,223 Palestinian children through nutrition awareness and promotion activities. An additional 4,300 children were screened for malnutrition, with 970 children identified with suspected malnutrition and referred for follow-up services. During 2025, UNICEF also engaged 1,650 caregivers in sessions on nutrition, food safety, and positive caregiving, and trained 210 staff on nutrition service delivery to strengthen frontline capacity.

PALESTINIAN PROGRAMME IN LEBANON - BASIC NEEDS

In 2025, UNICEF distributed 7,850 winterization kits to children aged three to five years living in and around Palestinian camps and gatherings. Distributions are expected to be completed by mid-February 2026. UNICEF also initiated the procurement process for hygiene kits for communities in 13 Palestinian camps and gatherings, with distributions planned to commence from mid-February 2026.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

In Lebanon, UNICEF's interventions were closely coordinated with UNRWA, the Humanitarian Country Team, and relevant sector coordination mechanisms, including the Nutrition and Basic Needs sectors, to ensure complementarity, alignment, and effective service delivery.

LIBYA

HEALTH

In 2025, UNICEF continued to strengthen Libya's health system, prioritizing flood affected areas and communities hosting Sudanese refugees. UNICEF supported 12 health facilities across flood affected municipalities as well as refugee hosting areas, reaching 120,000 people including an estimated 48,000 children and 37,000 women. Facilities were supported with comprehensive maternal and child health and nutrition packages. Interventions included the rehabilitation of 12 health facilities and the installation of two prefabricated clinics in Al Kufra and Alquba, significantly expanding service delivery capacity.

Essential lifesaving medical supplies and equipment valued at over US$ 441,769 were procured and distributed nationwide. Solar powered systems were installed in 14 healthcare facilities to address frequent power outages that compromised cold chain functionality and vaccine storage. UNICEF also conducted corrective maintenance on 81 units of cold chain equipment, including solar refrigerators, across 25 municipalities in eastern and southeastern regions. These integrated efforts enabled access to quality health and nutrition services for 180,000 people, including 91,800 women and girls and 88,200 men and boys, of whom 54,000 were children comprising 27,540 girls and 26,460 boys.

To protect children from vaccine preventable diseases, UNICEF collaborated with the National Centre for Disease Control to deploy mobile vaccination teams conducting routine immunization catch up activities. Throughout 2025, these outreach efforts reached 5,840 children under five, including 2,626 girls and 3,214 boys, with lifesaving immunizations across refugee hosting municipalities. A total of 21 immunization teams were trained on microplanning and mobile vaccination activities, enhancing campaign quality and reach.

UNICEF also strengthened emergency preparedness and response by collaborating with the Ministry of Health and WHO to train 29 health and communication workers on preparedness and response to acute diarrheal epidemics and by prepositioning AWD kits with the Ministry of Health in Al Kufra.

UNICEF implemented comprehensive health interventions in Al Kufra and southeastern municipalities to address the urgent health needs of Sudanese refugee children and host communities, reaching 24,000 people including approximately 9,600 children In response to measles outbreaks in eastern and southern Libya, UNICEF supported the rollout of two subnational measles rubella campaigns across 23 municipalities. These campaigns reached 313,967 children aged 9 months to 9 years, including migrant and national children, contributing to outbreak containment and reduced transmission risks.

To address critical human resource gaps, UNICEF deployed two paediatricians in Al Kufra who provided specialized health services to

over 800 Sudanese refugee children, in addition to 900 children from host communities and other nationalities. Health facilities in Kufra including Bezziema and Attullab, Jalo including Almshaiti, and Awjila including Asswani were rehabilitated, and essential medical supplies were distributed to ensure sustainable and quality maternal and child health services for the most vulnerable children and families.

The School Health and Nutrition Programme strengthened coordination between the education and health sectors, reaching 321 students (220 girls, 101 boys) across four municipalities. The programme served as a model for integrated and equity focused school health initiatives for Sudanese school aged children. Through these integrated and targeted interventions, UNICEF contributed to improved access to quality health services for vulnerable children, strengthened health system resilience, and ensured the inclusion of refugee and host community children in essential immunization and primary healthcare services.

NUTRITION

UNICEF, in collaboration with WHO, WFP, the Ministry of Health, and the Primary Health Care Institute, implemented the 2024 to 2025 Emergency Nutrition Sector Response Plan. The response delivered lifesaving nutrition services to approximately 446,000 individuals, including 375,000 refugees, 1,000 third country nationals, and 70,000 people from host communities and internally displaced populations. UNICEF distributed over 8,750 cartons of Ready to Use Therapeutic Food across 22 municipalities, targeting children with severe acute malnutrition and enabling community-based recovery.

In addition, 126,360 packets of multiple micronutrient powder, sufficient for 10,530 children for 12 months, and 23,600 micronutrient tablets, supporting 7,867 pregnant and breastfeeding women for nine months, were procured and prepared for distribution to address preventable malnutrition.

UNICEF, in collaboration with the Ministry of Health, aligned key nutrition emergency guidelines, including the review and update of the Nutrition Sector Response Plan for 2026, the national IYCF in Emergencies guidance, and the wasting management protocol. Under the leadership of the technical committee and the Primary Health Care Institute Nutrition and Food Security Unit, and in coordination with WHO, IOM, WFP, and other sector partners, guidelines were harmonized to ensure alignment with national priorities and WHO 2023 recommendations.

Expanded preventive and therapeutic nutrition services were delivered through 71 primary healthcare facilities, detention centres, and outreach sites across 22 municipalities in collaboration with the Ministry of Health Primary Health Care Institute, IOM, INTERSOS, and the Libyan Red Crescent. Capacity strengthening remained a core focus, with 24 healthcare providers and UN agency representatives participating in Training of Trainers on wasting management, and 153 health workers trained on updated national guidelines for the prevention and management of wasting and optimal IYCF in Emergencies practices.

Partnerships were further strengthened through targeted training of frontline partners, including 13 Libyan Red Crescent volunteers, 9 INTERSOS mobile team members, and 27 IOM mobile medical team members trained on the operationalization of national guidelines. At the community level, 46,385 caregivers and mothers were reached with IYCF in Emergencies and maternal nutrition counselling through primary healthcare consultations, mother support groups, awareness sessions, and information, education, and communication material distribution. Nutrition supplies valued at US$ 432,973 were distributed.

As part of the nutrition emergency response for refugees and migrants, 33,789 children aged 6 to 59 months, including approximately 17,233 girls and 16,556 boys, were screened for wasting. Of these, 4,966 children were identified with moderate or severe acute malnutrition and provided with appropriate case management. In addition, 25,209 women of childbearing age were screened, with 739 women identified with moderate or severe thinness and linked to care.

CHILD PROTECTION

UNICEF child protection interventions reached 53,281 individuals across Libya, including children, adolescents, parents, and caregivers. Of these, 36,734 individuals, representing 69 per cent, were migrants and refugees, reflecting the scale of humanitarian needs linked to displacement, particularly the Sudanese refugee crisis. A total of 16,547 individuals, representing 31 per cent, were Libyan nationals reached through ongoing child protection and systems strengthening programming.

Services were delivered through Baity Centres, Child Friendly Spaces, and mobile outreach teams across Al Kufra, Ajdabiya, Benghazi, Tripoli, Misrata, Sebha, Ghat, Ubari, and Brak Shati, combining emergency response with longer term child protection interventions.

A total of 14,112 migrant and refugee individuals received community based MHPSS, including 6,031 girls, 5,909 boys, 2,068 women, and 104 men, addressing trauma, displacement related stress, and chronic insecurity. Individual case management services were provided to 1,532 individuals, including 437 girls, 543 boys, 480 women, and 72 men, responding to complex protection risks such as violence, exploitation, neglect, and family separation.

Child protection interventions included the identification and registration of 103 unaccompanied and separated children, comprising 39 girls and 64 boys, who were supported through specialized services to mitigate acute risks of trafficking, abuse, and exploitation and referred for alternative care arrangements. Preventive interventions reached 7,806 parents and caregivers, including 7,359 women and 447 men, through positive parenting programmes. In addition, 10,866 individuals participated in community-based dialogue and awareness raising activities addressing harmful social norms.

Targeted referrals ensured access to essential services, with 2,713 individuals who experienced violence, abuse, exploitation, or neglect supported through health, social work, or justice services facilitated by UNICEF.

UNICEF sustained child protection programming for Libyan children and families, reaching 16,547 Libyan nationals. Community based MHPSS services reached 9,090 individuals, including 4,181 girls, 4,404 boys, 201 women, and 304 men. Individual case management was provided to 210 children, including 94 girls and 98 boys, as well as 18 caregivers comprising 5 women and 13 men. Ten Libyan unaccompanied and separated children, including 5 girls and 5 boys, received intensive case management and coordinated referrals.

Prevention efforts reached 1,234 parents and caregivers, including 609 women and 625 men, through positive parenting programmes. Community dialogue and awareness raising activities engaged 5,720 individuals. In addition, 283 individuals who experienced violence were reached through UNICEF supported services. These efforts contributed to strengthening national child protection systems while ensuring continuity of services for Libyan children affected by conflict, economic hardship, and localized emergencies.

WASH

UNICEF addressed critical water, sanitation, and hygiene needs across Libya through targeted support to flood affected communities and scaled up interventions for Sudanese refugees and vulnerable

host populations. The response combined early recovery assistance to restore and sustain water and sanitation services, emergency water provision for people on the move and communities facing acute shortages, and climate resilient upgrades to reduce service disruptions and strengthen preparedness for future shocks.

UNICEF prioritized early recovery in areas affected by Storm Daniel. To mitigate sewage overflows and flash flood impacts, UNICEF provided the General Company for Water and Wastewater with four trailer mounted mobile drainage pumps for Al Bayda and Shahat, benefiting approximately 32,000 people, including approximately 16,320 women and girls and 15,680 men and boys. In Derna, two sewage pumps restored the functionality of the Al Saida Khadeja sewage lifting station, protecting the health of 12,000 residents.

UNICEF installed a water treatment unit in Um Arrzum with a capacity of 10,000 litres per hour, ensuring safe water access for more than 5,000 people. To sustain water production and safety, UNICEF provided the eastern branch of the General Company for Water and Wastewater with approximately 10.6 metric tons of water treatment chemicals and supported desalination continuity through the provision of control units and 21 tons of operational chemicals, securing uninterrupted access to clean water for an estimated 120,000 people. Solar powered water pumping systems installed in Shahat, Alqubbas Albayda, Almekhili, and Omar Almokhtar restored household water access for between 7,000 and 21,000 people.

More than 6,600 family hygiene kits were distributed in Tripoli, Sebha, Al Kufra, and Benghazi, reaching over 33,000 people, including approximately 16,830 women and girls and 16,170 men and boys. In Al Kufra, UNICEF supplied the National Centre for Disease Control with 8 million water purification tablets, sufficient to treat 40 million litres of water for up to 22,000 people over one year. Emergency water trucking at the Alassa border facility delivered 850,000 litres of water, supporting more than 500 migrants with essential water services.

UNICEF significantly expanded WASH interventions in Al Kufra and surrounding areas. Emergency water trucking delivered more than 2.1 million litres of safe water to gathering sites including Dar Alsalam, Kraik, and Omran, reaching approximately 6,000 refugees. UNICEF provided the General Company for Water and Wastewater with six submersible pumps to restore six inactive boreholes, enabling 40,000 people to access safe water. Six solar powered water pumping systems were installed, ensuring daily production of approximately 3.6 to 5 million litres of water and benefiting more than 30,000 to 35,000 people.

UNICEF installed 72 prefabricated latrines across four refugee gathering sites, namely Alkrik, Alazoomi, Omran, and Alabaj Farms, providing gender sensitive and inclusive sanitation services for 3,000 refugees. Essential spare parts enabled the reactivation of three water trucks and eight sewage trucks, supporting WASH operations for 40,000 people. Two trailer mounted mobile drainage pumps were also provided to manage sewage overflows and flash floods, benefiting approximately 50,000 people. Through these integrated interventions, UNICEF improved access to safe water and sanitation services for more than 250,000 people across Libya.

EDUCATION

In 2025, UNICEF remained committed to ensuring access to quality and inclusive education for all children in Libya, including those affected by displacement, migration, and crisis. Through Baity Centres and community-based programmes, more than 17,425 out of school children and children at risk of dropping out accessed non-formal education, including remedial and catch-up learning, across Misrata, Tripoli, Ghat, Ubari, Ajdabiya, Benghazi, Sebha, and Al Kufra. This included approximately 8,887 girls and 8,538 boys. Interventions were implemented in partnership with Terre des Hommes, INTERSOS, CESVI, the International Rescue Committee, and Future Makers.

In collaboration with the Ministry of Education, UNICEF supported Phase Five of remedial classes during summer 2025 across 175 schools in 50 municipalities, benefiting 12,691 children, including approximately 6,472 girls and 6,219 boys. UNICEF also led advocacy efforts to improve access to formal education for non-Libyan children, including Sudanese children, by facilitating enrolment in public national schools through support with birth registration, educational placement, facilitation of final examinations, and certification of prior learning.

UNICEF structured its education response to support children's return to safe learning environments with minimal disruption. UNICEF supported the establishment and operation of Sudanese government schools in Tripoli, Misrata, Benghazi, Al Kremya, Algaraboli, Ajdabiya, Al Marj, and Al Bayda, reaching more than 10,000 children, including approximately 5,100 girls and 4,900 boys, with formal education opportunities.

Key infrastructure support included the installation of eight prefabricated classrooms at Al Okia Two Sudan School in Tripoli, benefiting 800 children from Grades One to Twelve, the completion of rehabilitation at Al Okia One Sudan School improving learning conditions for 1,200 children, the rehabilitation of Al Kremya School benefiting 800 students, and the full rehabilitation of Al Sadaka School in Benghazi benefiting 1,078 children.

UNICEF provided essential learning materials, including desks, chairs, whiteboards, information and communication technology equipment, teacher kits, and Montessori and resource rooms to support children with disabilities. Sudanese textbooks for grades one to twelve were distributed to 6,000 children. To strengthen education quality, 180 Sudanese teachers received training on effective teaching methodologies, MHPSS, and inclusive education to better support children affected by displacement related trauma.

Throughout 2025, UNICEF continued to lead the Sudanese Refugee Education Task Force, coordinating education responses across United Nations agencies and international and national civil society organizations, and engaging closely with the Sudanese Embassy and community leaders. As sector lead, UNICEF chaired the Education Task Force and coordinated with the Regional Refugee Response Plan, working alongside the Norwegian Refugee Council as co-lead.

Beyond formal education, UNICEF supported skills-based education for 5,971 refugee children, including approximately 3,045 girls and 2,926 boys, across Al Kufra, Ajdabiya, Benghazi, Sebha, Tripoli, Misrata, Ubari, and Ghat. Life skills and citizenship education further equipped children with competencies for personal development, social integration, and resilience. Through these integrated interventions, UNICEF ensured that more than 18,000 children accessed safe, inclusive, and quality education opportunities.

In collaboration with organizations of persons with disabilities, UNICEF provided disability inclusion trainings to 30 staff from international NGOs and local civil society organizations, covering rights-based approaches, practical inclusion actions, and service adaptations. Trainings were cascaded to social workers, volunteers, and government officials across regions. Additionally, the Esmani Hear Me initiative delivered Module One of UNICEF's Disability Inclusion Training Package for Frontline Workers, focusing on accessible communication, including captions, sign language, and audio descriptions. In total, 57 individuals received cascaded disability inclusion training.

SOCIAL PROTECTION AND SOCIAL POLICY

UNICEF continued to strengthen its humanitarian cash transfer

programming to address the urgent needs of vulnerable displaced households in Libya. In partnership with the Future Makers Society, UNICEF implemented a multipurpose cash assistance intervention to support families affected by the Derna floods in eastern Libya.

Based on a rapid vulnerability assessment, UNICEF provided direct cash assistance to 454 displaced households, disbursing United States dollars 324 per household through prepaid cards over three months. This multipurpose cash assistance enabled families to meet their immediate and most pressing needs, including food, transportation, and access to health services, while restoring dignity and agency during a time of crisis.

Building on this experience and recognizing increasing humanitarian needs among Sudanese refugees, UNICEF expanded its cash assistance programming to support families who fled the conflict in Sudan. In Benghazi, UNICEF conducted a comprehensive vulnerability assessment covering 309 Sudanese refugee households through the Future Makers Society. The assessment identified the most vulnerable households eligible for humanitarian assistance, ensuring targeted support reached those in greatest need.

Based on the assessment findings, UNICEF provided humanitarian voucher assistance to 200 vulnerable Sudanese households in Benghazi, in coordination with the Sudanese Consulate, enabling families to access essential goods and services. Through these targeted cash and voucher interventions, UNICEF supported more than 654 vulnerable households, including flood affected families and Sudanese refugees, to meet their immediate needs while preserving dignity and choice. UNICEF remains committed to expanding humanitarian cash transfer modalities as a flexible and scalable approach to address urgent needs and support household resilience across Libya.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

In 2025, UNICEF Libya continued to systematize adolescent and youth participation and engagement. Throughout the year, UNICEF fulfilled its role as chair of the United Nations Country Team Youth Working Group, the main coordination body for United Nations youth nexus programming in Libya, benefiting young people aged 15 to 24, including internally displaced persons, migrants, and refugees.

Youth Working Group proceedings involved sustained strategic dialogue with government and local actors to ensure that the national youth agenda is responsive to the needs of vulnerable populations, including those requiring humanitarian assistance such as refugees fleeing conflict in Sudan. To strengthen participation and engagement, UNICEF institutionalized its Youth Advisory Group, comprising 15 young people, of whom 50 per cent were female, who acted as agents of positive change and amplified young people's voices, needs, and aspirations. UNICEF is currently conceptualizing an updated methodology for the Youth Advisory Group to strengthen the capacity of future cohorts to support adolescent development and youth programming across sectors, following an evaluation of the impact of the 2024 to 2025 methodology.

At the service delivery level, UNICEF continued to reach adolescents up to age 19 with essential services and specialized support to enable them to realize their rights and potential. More than 1,400 adolescent girls and boys from host communities, internally displaced populations, migrants, and refugees benefited from life skills education through non formal education settings hosted by UNICEF supported Baity Centres nationwide. These centres provided integrated multisectoral services including education, child protection, gender-based violence response, and MHPSS, benefiting 2,215 adolescents in 2025, of whom 66 per cent were female, comprising approximately 1,462 girls and 753 boys.

SOCIAL AND BEHAVIOUR CHANGE

UNICEF's SBC interventions in Libya promoted healthy practices among the most vulnerable children, families, and communities, with particular focus on Sudanese refugees and underserved populations in southern Libya.

UNICEF conducted 29 interactive awareness sessions reaching 544 Sudanese mothers, using live demonstrations to address misconceptions and strengthen maternal and child feeding practices. A mother-to-mother support group with 250 participants was established to enhance breastfeeding and complementary feeding counselling. Two evidence-based SBC videos on maternal and child nutrition were disseminated across multiple platforms, supported by 1,200 booklets, 100 posters, and 1,680 take-home materials.

School health awareness sessions across 12 southern municipalities reached 2,486 students and 373 parents through interactive, age- and gender-sensitive methods, delivering culturally tailored messages on nutrition, hygiene, and disease prevention. Evidence-based SBC packages on routine immunization, IYCF, and handwashing were standardized and disseminated across 26 municipalities.

Community-level social listening and infodemic management continued through a network of 400 trained individuals monitoring community insights and countering rumours and misinformation. UNICEF also developed the National RCCE Cholera Preparedness and Response Plan to strengthen health emergency readiness. In addition, four SBC videos on disability inclusion were launched on World Disability Day (3 December 2025) and are being disseminated nationwide.

ACCOUNTABILITY TO AFFECTED POPULATIONS AND LOCALISATION

UNICEF continued to prioritize the implementation of its AAP strategy, ensuring meaningful community participation and feedback throughout all stages of humanitarian programming. Accountability principles were systematically integrated across sectors, enabling affected populations, particularly children, women, and vulnerable families, to safely express concerns, seek information, and engage directly with UNICEF staff and implementing partners during assessments, field monitoring visits, and programme implementation.

Throughout 2025, more than 4,000 feedback inputs were received through UNICEF supported Baity Centres where Sudanese refugee children and their families are registered. Feedback was collected through focus group discussions and one on one interviews with partners and caregivers. Key themes included requests for cash assistance, particularly support for rent, school enrolment for school aged children, and access to non-food items. This feedback directly informed UNICEF programming decisions and resource allocation, ensuring interventions responded to community identified needs.

In response to increasing humanitarian needs among Sudanese refugees, UNICEF, through implementing partners, expanded its cash assistance programming. In Benghazi, partners conducted a vulnerability assessment to identify the most vulnerable households for targeted humanitarian support, followed by the delivery of humanitarian voucher assistance to eligible Sudanese families in coordination with relevant stakeholders. To strengthen accountability, clear information on eligibility criteria and assistance modalities was shared, and a dedicated hotline and feedback mechanism were managed by partners to receive questions, complaints, and feedback from beneficiaries.

UNICEF also invested in building the capacity of staff and partners to strengthen the understanding and application of accountability

principles, ensuring accountability was embedded across all programmes. Throughout the year, UNICEF maintained close coordination with local authorities and municipalities to ensure interventions remained responsive to community priorities and adapted to evolving needs. These efforts strengthened UNICEF's responsiveness to community feedback and reinforced its commitment to placing affected populations, especially children and their caregivers, at the centre of humanitarian decision making.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

In 2025, UNICEF played a central role in humanitarian coordination in Libya, focusing on child-centred responses within the Inter Agency Working Group for the Sudanese refugee response. UNICEF led the WASH and Education Task Forces, co-led Health and Nutrition with emphasis on nutrition, and co-chaired the Child Protection Sub Task Force. These platforms enabled joint planning, service harmonization, and effective collaboration to address urgent needs of refugee and host communities. Biweekly coordination meetings ensured inclusive, accountable service delivery while minimizing duplication. Cluster staffing commitments were met, with dedicated coordinators for WASH and Education and sector information management support.

As lead of the Child Protection Task Force under the Sudan response, UNICEF coordinated NGOs and UN agencies to ensure harmonized service delivery, conducted service mapping, and strengthened referral mechanisms for vulnerable children. Twelve monthly coordination meetings were held, alongside co-leading Protection Taskforce meetings and participating in Inter Agency meetings. UNICEF also led the National Child Protection Working Group, coordinating nationwide service mapping, referral pathways, and frontline capacity strengthening. Both forums emphasized building frontline capacity to manage cases of abuse, neglect, and exploitation.

UNICEF collaborated with national authorities, including Ministries of Education, Health, Social Affairs, Justice, and Interior, aligning humanitarian interventions with government priorities and supporting system strengthening. Beyond the refugee response, UNICEF engaged in the humanitarian-development-peace nexus, chairing Pillar Two on Social and Human Capital Development under the UN Sustainable Development Cooperation Framework and contributing to Pillar Four on Water and Climate, including durable solutions and migration management.

Persistent challenges included unpredictable administrative clearance processes, limited presence in remote southern areas, the lack of a unified coordination framework between eastern and western authorities, and restricted access to detention centres and disembarkation points. Stop work orders issued to ten international NGOs disrupted service delivery, while the scale of the Sudanese refugee influx exceeded available resources, particularly in Al Kufra. Funding gaps limited the expansion of cash transfer programmes, and documentation barriers continued to impede refugee children's access to formal education.

MOROCCO

CHILD PROTECTION

In 2025, UNICEF Morocco continued to support government and civil society partners to deliver protection services for children on the move, with a focus on unaccompanied and separated children affected by migration and overlapping vulnerabilities. In 2025, a total of 789 children on the move received protection services. This included 617 children supported through UNICEF's partners Association de Protection de l'Enfance et de Soutien à la Famille (APISF) and Chabiba in Tétouan and Oujda, and 172 children reported through national social assistance mechanisms under Entraide Nationale. Services provided included identification and reception, psychosocial care, referrals to health and education services, and support for social and economic inclusion.

MHPSS was systematically integrated into the protection package; as a result, 617 children benefited from MHPSS interventions as part of their comprehensive care. UNICEF also supported access to education for migrant children by working with regional focal points to facilitate enrolment. This resulted in 445 children being registered in schools in the Oriental region.

Despite notable progress, significant gaps persist. Pilot transitional centres have exceeded their capacity, while delays in securing refugee cards for asylum seekers, alongside broader challenges related to legal status and regularization, continue to pose barriers to the stabilization and integration of children and youth on the move. In response, UNICEF Morocco is working to strengthen child protection and referral systems, enhance coordination with UNHCR and border police, and expand access to schools and vocational training for children and youth on the move. Continued investment remains essential to support partners in scaling up child sensitive emergency and reception infrastructure, including shelter for unaccompanied and separated children, and in developing alternative care and durable solutions.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF's strategic leadership and coordination efforts continued to deliver added value in strengthening child protection systems. UNICEF advocated for the integration of responses for children on the move within national responses for vulnerable children, using the Integrated Territorial Child Protection Mechanism (DTIPE) as a key entry point. UNICEF accompanied Provincial Child Protection Committees to ensure that emergency care, access to education, and social inclusion are incorporated into territorial development plans in large provinces such as Oujda, Tangier, and Agadir.

To strengthen norms and practices, UNICEF facilitated the Arabic adaptation and launch of Standard Operating Procedures for the care of children on the move, institutionalizing decision making guided by best interest principles. Frontline capacity was reinforced through partnerships between Entraide Nationale and civil society organizations to support a continuum of care beyond immediate service provision. Twenty Child Protection Support Centre coordinators and team members from multiple provinces were trained in governance, planning tools for territorial child protection systems, outreach strategies, and prevention of sexual exploitation and abuse.

In addition, UNICEF provided refresher training to a pool of trainers from the National Institute for Social Assistance and the Social Development Agency through a three-day session using the Training Toolkit for Social Workers on Child Protection, with a focus on migration.

In the education sector, UNICEF co-created practical guides with the national education directorate and trained thirty regional cadres. Furthermore, experts trained through UNICEF supported Training of Trainers sessions reached 240 actors across four provinces, embedding child cantered decision making within justice and social protection systems.

However, several challenges emerged during the reporting period. Overcapacity in transitional centres created bottlenecks that strained referral systems and limited new admissions. Delays in legal and administrative procedures continued to hamper case resolution and

social and economic integration. The identification of girls remains a challenge, as does the provision of specialized services such as protection for children who are victims of trafficking. To improve outcomes, UNICEF will continue to build partner capacity to enhance response efficiency, ensure service consistency, and support the long-term protection and integration of children on the move. UNICEF will also continue to advocate for the rights of children on the move and to support child protection systems strengthening to ensure inclusive access to quality essential services.

SYRIAN ARAB REPUBLIC

HEALTH

UNICEF continued to scale up essential health and nutrition services for Palestinian children and women across Damascus, Rural Damascus, Aleppo, Lattakia, Homs, Hama, and Dar'a governorates. UNICEF partnered with local NGOs to deliver lifesaving paediatric and maternal health care, including routine checkups, treatment of common childhood and maternal illnesses, and malnutrition screening. Awareness raising sessions were conducted by specialized nurses and doctors in health centres and through mobile medical teams, while complicated cases were referred to specialized health facilities for advanced care.

Through these efforts, partner organizations reached 292,306 beneficiaries, including 187,108 children and 105,198 women. To ensure continuity of care, UNICEF facilitated the distribution of all planned vaccines, including Bacillus Calmette Guérin for tuberculosis prevention, Oral Polio Vaccine for polio eradication, and the Diphtheria Tetanus vaccine, alongside critical medical supplies. These included inter agency emergency health kits, paediatric, midwifery, obstetric, and AWD kits, as well as Permethrin and Benzyl Benzoate for disease prevention. Lifesaving nutrition supplies, including Ready to Use Therapeutic Food, high energy biscuits, and Nutri supplements, were also provided to support the treatment and prevention of malnutrition.

TUNISIA

HEALTH

Following Tunisia's introduction of the HPV vaccine into the national immunization schedule for adolescent girls in 2025, UNICEF advocated for the inclusion of girls on the move in the vaccination campaign. A two-day workshop was conducted in Gabès, followed by a full-day training in Médenine for staff from UN agencies. These sessions strengthened the capacity of Tunisian Scouts and frontline staff to raise awareness among refugee and asylum-seeking girls aged 11–12. As a result, discussions were initiated with the Ministry of Health and a dedicated vaccination strategy for girls on the move was drafted for implementation through 2026.

CHILD PROTECTION

UNICEF significantly expanded child protection and MHPSS interventions in 2025, with a strong focus on children on the move and vulnerable adolescents. Through its partnership with Médecins du Monde, more than 100 children accessed health services, nearly 100,000 people were reached through a violence prevention and sensitization campaign, and a study was supported on the mental health of youth engaged in, or considering, irregular migration.

Case management, psychosocial, legal, and WASH services were reinforced through the deployment of 13 dedicated personnel and 6 UN Volunteers. As a result, 249 children received case management support, 114 children benefited from specialized MHPSS services, and 142 children accessed community-based protection services. In total, 876 children were reached through legal, social work, and health services in collaboration with Médecins du Monde and the International Legal Foundation.

To strengthen frontline capacity, UNICEF delivered Psychological First Aid training to frontline workers, journalists, and security personnel to improve early identification of distress and timely response. Infrastructure improvements were also advanced through an approved rehabilitation plan for the alternative care centre CEOS Zarhouni in Tunis. In addition, an MHPSS action plan was developed and rolled out for the Ministry of Social Welfare's alternative care institution in Sfax, supporting adolescents, mothers, and vulnerable groups, strengthening mother–child relationships, and providing support to social workers and psychologists.

Seven UNICEF staff and four staff from other UN agencies completed a training of trainers on positive parenting developed by civil society organizations to improve care practices for young children and support parents facing challenging circumstances.

EDUCATION

UNICEF facilitated inter-agency coordination to improve access to formal education and to the Sudanese Learning Passport platform for Sudanese refugees and asylum-seekers. Twenty-one tablets were distributed across shelter locations, enabling nearly 100 children on the move to access learning materials regularly with support from UNICEF staff.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

UNICEF supported life skills development for Tunisian and migrant youth through workshops at the Reception, Care, and Orientation Centre of Médecins du Monde, focusing on adaptability, critical thinking, and resilience. Sessions using the Adolescent Kit for Expression and Innovation were conducted in UNHCR-run shelters and in the Sfax alternative care centre, reaching more than 150 adolescents and promoting self-expression, emotional well-being, and life skills, particularly for children in shelters and on the move.

REGIONAL OFFICE EMERGENCY PREPAREDNESS ACTIVITIES AND TECHNICAL SUPPORT

HEALTH

In 2025, the MENA region experienced multiple disease outbreaks, including cholera, AWD, dengue fever, hepatitis A and E, and malaria, as well as outbreaks of vaccine preventable diseases such as diphtheria, measles, and polio. These outbreaks disproportionately affected the most vulnerable children, particularly those in hard-to-reach locations. Escalation of conflict in countries such as Sudan, SoP, the Islamic Republic of Iran, the Syrian Arab Republic, Lebanon, and Yemen also negatively affected the delivery of essential health services. The MENA Regional Office (MENARO) provided technical assistance and regional leadership, with a focus on strengthening integrated primary health care interventions and addressing disease outbreaks across the region.

To support country preparedness for and response to disease outbreaks, MENARO, through its Regional Outbreaks Taskforce comprising Health, Humanitarian, WASH, Social and Behaviour Change, Supply, and AAP functions, provided technical assistance to country offices across the region. Key examples included support to Sudan and Yemen to scale up cholera and AWD responses. In Sudan, the regional taskforce supported the country office in

developing a strategy to implement a minimum package of integrated, community-based interventions to address cholera in high burden areas.

To ensure continuity of essential health services in conflict affected countries, the regional health team supported the development of strategies to sustain health service delivery in humanitarian settings, with a particular focus on children, mothers, and families. Key examples included development of a Primary Health Care concept note for the Syrian Arab Republic and guidance notes on health systems recovery to support partner engagement. As part of regional capacity building efforts to strengthen public health responses to conflict and protracted emergencies, the regional health team conducted a regional webinar attended by more than 30 health experts from UNICEF country offices across the region.

The regional health team continued to monitor infectious disease alerts across the region, including the impact of disease outbreaks on children. Timely collection, analysis, and dissemination of information on public health emergencies were critical to informed strategic and operational planning, enabling the timely implementation of evidence-based interventions to mitigate risks and support emergency responses in affected countries.

The regional health team also provided technical guidance on strategic and contingency planning, ensuring that health emergency preparedness and response plans were aligned with the Core Commitments for Children. Countries supported in 2025 included the Syrian Arab Republic, Sudan, SoP, and Yemen.

To support capacity during periods of heightened need, the regional health team provided both in country and remote surge support, focusing on scaling up health responses and strengthening technical assistance for disease outbreak preparedness and response. Key examples included deployments to Gaza to support the scale up of health responses, deployments to Sudan to support health and cholera responses, and remote technical support to SoP country office on health contingency planning.

Following the political transition in the Syrian Arab Republic in December 2024, the regional health team continued to support the country in health systems strengthening and institutional capacity building. A joint in-country mission with WHO recommended adoption of a primary health care approach, including development and implementation of a minimum package of services and supplies alongside strengthened disease outbreak preparedness and response. This approach also identified broader opportunities for health systems strengthening, including infrastructure rehabilitation, capacity development, and reinforcement of community-based systems to rebuild trust in primary health care services.

NUTRITION

In 2025, UNICEF MENARO sustained high-quality technical and strategic leadership for humanitarian nutrition responses, reinforcing governance, evidence generation, and partnerships across the MENA region. Through targeted support to Level 3 emergencies and protracted crises, the Regional Office supported countries to strengthen coordination, data systems, and programme delivery. Efforts remained anchored in the prevention, early detection, and treatment of child wasting through multisectoral and systems-based approaches, aligned with the Core Commitments for Children (CCCs) and the MENA Nutrition Strategic Direction 2030.

In Gaza, the regional nutrition team's technical and operational support was central to sustaining nutrition services under siege conditions and scaling up the famine response following confirmation of famine in parts of the Gaza Strip between 1 Jul 2025 – 30 Sep 2025. The regional team guided interpretation of IPC results and supported development of a coherent famine response plan, ensuring that advocacy and resource mobilization were grounded in robust evidence. Close coordination with the Nutrition Cluster and partners helped align service delivery across humanitarian actors and maintain the continuum of prevention, early detection, and treatment of child wasting.

In Sudan, the regional nutrition team provided technical guidance to the Country Office to revise the famine prevention plan, ensuring it reflected the evolving context and incorporated both nutrition-specific and multisectoral actions addressing underlying determinants of maternal and child nutrition. Support was also provided to prioritize hotspot areas using available data. Concurrently, the regional team collaborated with Headquarters and Country Office teams to secure Child Nutrition Fund (CNF) financing, ensuring continuity of the RUTF pipeline. Technical assistance was further provided to interpret IPC findings and translate them into clear, evidence-based messages integrated across advocacy materials, situation reports, and funding appeals, strengthening stakeholder engagement and resource mobilization.

In the Syrian Arab Republic, regional missions strengthened joint programming between cross-border and Damascus-based teams, facilitating the transition toward a "One Syria" approach. This alignment enhanced coordination, harmonized response plans, and consolidated nutrition data under a single framework. The regional nutrition team provided both remote and in-person support to design a comprehensive nutrition needs assessment comprising: (i) a SMART survey to assess the nutritional status of children nationwide; and (ii) an institutional capacity assessment of the Ministry of Health. The resulting evidence base is informing the 2026 HNO/HRP and strengthening nutrition programming and advocacy, including burden estimation, geographic targeting, supply forecasting, prioritization of service delivery platforms, and policy engagement with government and partners. In parallel, the team supported the development of a nutrition-sensitive social protection intervention and worked with the country team to leverage the education system for delivery of nutrition messages and services, extending the reach of nutrition interventions beyond the health sector.

In Yemen, through an in-country mission, the regional nutrition team supported the Country Office to undertake a prioritization exercise for the nutrition response, guiding strategic decisions to scale up multisystem wasting prevention interventions alongside life-saving treatment. Support focused on aligning geographic targeting and resource allocation with risk, burden, and feasibility in a highly constrained operating environment. Technical assistance was also provided for supply chain monitoring, pipeline forecasting, and addressing procurement and delivery challenges.

In Algeria, the regional nutrition team supported the Country Office to strengthen the Sahrawi refugee nutrition response by contributing to development of the Multi-Sectoral Nutrition Strategy (2025–2030), ensuring coherence with the CCCs and the regional strategic direction. Technical inputs on findings from the 2025 nutrition survey informed further analysis and refinement of the report, enabling the Country Office to sharpen programmatic priorities and design a more targeted, evidence-based response addressing maternal, child, and adolescent nutrition. These efforts enhanced multisectoral collaboration and positioned nutrition more prominently within the humanitarian and resilience agenda.

In Libya, the team supported the Country Office to better integrate nutrition into emergency preparedness and contingency planning, providing guidance on Nutrition in Emergencies and strengthening the nutrition component of the Emergency Preparedness Plan (EPP). In parallel, they provided technical inputs to the update of the national protocol for the prevention and management of wasting, aligning case finding, treatment, and preventive actions with

emerging evidence and global guidance.

The regional team also worked with high-risk countries, including Libya and the Syrian Arab Republic, to strengthen nutrition preparedness, ensuring Emergency Preparedness Plans captured the full spectrum of prevention, early detection, and treatment measures. The Regional Office also reviewed Humanitarian Needs Overviews (HNOs), Humanitarian Response Plans (HRPs), and Humanitarian Action for Children (HAC) appeals for priority countries, ensuring alignment with the CCCs and the MENA Nutrition Strategic Direction 2030.

MENARO maintained close collaboration with Headquarters and the Regional Supply team to monitor supply pipelines, particularly RUTF and micronutrient supplements, across all Level 3 contexts. Regular analysis helped mitigate stockouts and supported timely reallocation of supplies, ensuring uninterrupted treatment of severe wasting and sustained preventive nutrition services across the region.

In partnership with i-APS and Johns Hopkins University, the regional Nutrition team advanced the Real-Time Nutrition Data and Digital Platforms Initiative in SoP, Sudan, and the Syrian Arab Republic. Concept notes were finalized, national questionnaires developed, and country teams trained to initiate data collection in early 2026. Once operational, these platforms will provide timely, high-quality nutrition data to strengthen early warning systems and inform advocacy, coordination, and programme decision-making.

By the end of 2025, UNICEF-supported programmes in HAC countries across the MENA region reached more than 13 million children and women with preventive nutrition services and ensured treatment for hundreds of thousands of children suffering from wasting. MENARO's integrated, data-driven, and partnership-oriented approach strengthened regional capacities to anticipate risks, adapt programming, and sustain delivery of life-saving nutrition interventions across some of the world's most complex humanitarian settings.

EDUCATION

Regular remote and onsite support was provided to education teams in country offices to ensure they had the necessary expertise to address critical gaps related to access to and quality of education. In Syria, this included multiple field missions to strengthen partnerships with the Ministry of Education, support sector coordination through the Whole of Syria approach, guide the transition to national coordination structures, and provide capacity development support for programme implementation. In SoP, MENARO supported the Gaza response, supply planning, integrated education and ADAP response activities, and the planning and development of inclusive education and digital learning interventions. In Yemen, support focused on resource mobilisation and engagement with the Development Partners Group and the Local Education Group. In Sudan, MENARO provided technical support on digital learning, education in emergencies, and advocacy. In Libya, assistance centred on scaling up the Sudanese refugee response and supporting life skills programming and non-formal education. In Algeria, MENARO contributed to coordination and sector planning for the Tindouf refugee response. In Iran, support focused on strengthening emergency response and contingency planning.

In close coordination with the MENARO humanitarian team, strategic and technical support was provided to Syria, Sudan, SoP, and Iran to strengthen preparedness for maintaining continuity of learning during crises. This included enhanced contingency planning and emergency responses aligned with global education standards and UNICEF's Core Commitments for Children. These efforts were reflected in the revision of humanitarian appeals, situation reports, and other key documents.

To sustain learning, the regional education team provided technical support to country offices to scale up flexible learning pathways, particularly through digital modalities. This ensured that learning could reach children wherever they were. Specific efforts included deploying digital learning solutions for vulnerable and displaced children and adolescents, such as Sudanese learners in Egypt, children in Libya, and conflict-affected communities in Sudan, SoP, and Syria. These efforts were supported through offline deployment of the Learning Passport and related content development.

As part of regional capacity development efforts, the MENARO education team provided training and technical assistance to education teams, particularly on education in emergencies, INEE minimum standards, and inclusive education in emergencies.

At the regional level, the regional education team led several initiatives to ensure Syrian refugee children continued to access education regardless of their current or future place of residence, inside or outside Syria. This included developing and disseminating the first version of the Education and Learning Opportunities in Syria Information Package across host countries. The team also convened a sub-regional Education Ministerial meeting with representatives from the Ministries of Education of Syria, Egypt, Iraq, Jordan, Lebanon, and Türkiye. The meeting emphasised continuity of learning in both formal and non-formal settings, alongside support for reintegration and capacity development of education personnel.

UNICEF maintained coordination across six country offices and regional focal points from UN agencies, contributing to advocacy and resource mobilisation efforts. This included organising the first donor roundtable meeting and developing education-related concept notes, including those under the Prospects[61] durable solutions initiative.

Following Syria's political transition, MENARO led regional efforts to safeguard Syrian refugee children's access to education across host countries and within Syria, ensuring continuity of learning during displacement and return. Key initiatives included developing and disseminating an extensive information package for returning families, covering learning opportunities for enrolled and out-of-school children, children with disabilities, protection messaging, cash support, and opportunities for returning teachers and education personnel. A major milestone during the year was the development of five-year education returnee response plans through high-level dialogue with Ministries of Education, education stakeholders, UN agencies, and donors across six countries (Syria, Egypt, Iraq, Jordan, Lebanon, and Türkiye). These dialogues reinforced commitments to sustain refugee response support and integrate return strategies. Complementing these efforts, the MENARO education team advanced advocacy and resource mobilisation through donor engagements, including roundtable discussions and the development of multiple proposals and concept notes.

Additionally, the MENARO education team strengthened support to the Syria country office by guiding system reform and fostering strategic coordination through platforms such as the Syria Education Dialogue Forum. Technical assistance was provided to develop a partnership compact outlining education priorities for 2025–2029. The closure of the Whole of Syria mechanism and direct engagement with the Ministry of Education created new opportunities to align with national priorities. In November 2025, Syria's eligibility for Global Partnership for Education (GPE) funding marked a pivotal shift, enabling the transition from the Education Dialogue Forum to a Local Education Group (LEG). Following extensive consultations and the development of Terms of Reference, the LEG was successfully launched under Ministry of Education leadership in early December, opening pathways to expanded GPE resources and broader education system strengthening.

Disability Inclusion

In 2025, MENARO strengthened disability-inclusive humanitarian action across the region through coordinated capacity development combining regional learning, sector-specific technical guidance, and targeted country support. In line with the MENA Regional Action Plan for the implementation of UNICEF's Disability Inclusion Policy and Strategy (DIPAS), MENARO facilitated regional and country-level webinars and online clinics covering inclusive emergency preparedness, disability data collection, assistive technology, and sectoral inclusion across Health and Nutrition, Child Protection, Social Protection, Education, and Supply. Between July and October, over 500 UNICEF staff and partners participated, reporting improved understanding, practical entry points for inclusion, and increased confidence to integrate disability considerations into humanitarian planning and delivery.

Country-specific technical support prioritized Yemen, Sudan, and Lebanon, including cross-sectoral consultations, technical reviews of programme documents, proposals, guidance notes, and sector strategies to ensure disability inclusion across emergency response, preparedness, and recovery. In Lebanon, this resulted in systematic integration of disability considerations across Social Policy, Nutrition, Child Protection, and Cash Assistance programming. In Sudan and Yemen, MENARO supported staff and partners including UN agencies, international NGOs, and organizations of persons with disabilities (OPDs) through capacity-building, induction, technical inputs, and workplan reviews aligned with inclusive humanitarian standards.

Support was also provided to Iran to mainstream the needs of children with disabilities in emergency responses, including Child Protection interventions and inclusive Child-Friendly Spaces. In Syria, MENARO strengthened mainstreaming of disability inclusion in recovery-phase data collection and needs assessments, partnership engagement, and resource mobilization. Work with headquarters and Lebanon ensured access to prosthetics and rehabilitation services for war-affected children with disabilities.

WASH

In 2025, the MENARO WASH team provided remote and in-country technical, programmatic, and coordination support to country offices and WASH clusters or sectors in Iraq, Syria, Sudan, SoP, Yemen, Jordan, Libya, Lebanon, and Iran. This support strengthened country office WASH capacities and facilitated the scale-up of emergency WASH responses. To further enhance in-country capacity, the team deployed surge support to Syria (based in Gaziantep, Türkiye) and Gaza to support emergency WASH scale-up.

In close collaboration with the Health and Social Behaviour Change teams, the regional WASH team provided technical assistance to Lebanon, SoP, Sudan, Syria, and Yemen in response to cholera and AWD outbreaks. This cross-sectoral collaboration strengthened WASH contributions to mitigating the impacts of public health emergencies. Country offices were supported to develop integrated preparedness plans, with a focus on infection prevention and control, including minimum WASH packages for health care facilities.

The regional WASH team also prioritised capacity strengthening and awareness-raising on emergency preparedness and response planning, ensuring country offices maintained up-to-date and robust WASH preparedness and response plans, including systems for monitoring minimum actions. In coordination with the humanitarian team, MENARO supported improvements in reporting through reviews of contingency plans, situation reports, HAC documents, and other humanitarian reporting. This proactive approach enhanced readiness to respond effectively to WASH-related emergencies.

Additional technical support to Iran, Iraq, and Gaza focused on pre-positioning contingency WASH supplies in accessible locations and ensuring effective distribution and monitoring mechanisms.

The regional WASH team supported the Humanitarian WASH Master's Degree Programme hosted by the German Jordanian University. The third cohort of the programme graduated six students in June 2025. MENARO's technical support ensured the academic rigour of programme delivery and curriculum alignment with regional and global WASH priorities. Efforts also focused on promoting long-term financial sustainability through increased enrolment of fee-paying students and strengthening integration into the humanitarian WASH sector, including the development of strategic partnerships with humanitarian, academic, and professional institutions.

CHILD PROTECTION

In 2025, the MENARO Child Protection Programme supported preparedness, response, and advocacy efforts across seven Children and Armed Conflict (CAAC) contexts: Iraq, Lebanon, Libya, Palestine, Sudan, Syria, Yemen, and the Iran emergency response plan linked to conflict escalation. Support included remote technical, programmatic, and coordination assistance, as well as multiple in-country missions.

The MENARO Child Protection Programme also supported several regional initiatives, including the sub-regional Education Ministerial meeting involving the Ministries of Education of Syria, Egypt, Iraq, Jordan, Lebanon, and Türkiye, as well as the Syria Refugee Preparedness and Response planning processes.

Gender-Based Violence

UNICEF provided strategic support to the Sudan Country Office to develop a proposal for scaling up Gender-Based Violence in Emergencies (GBViE) programming. The proposal is structured around three pillars:

1. Expanding access to survivor-centred GBV services by strengthening institutional and human resource capacities to deliver timely, life-saving support to women, girls, boys, men, and other at-risk groups.

2. Integrating GBV risk mitigation across sectors to ensure safe and dignified access to services.

3. Advancing GBV prevention through community-based interventions addressing harmful practices, including child marriage and female genital mutilation (FGM).

UNICEF also participated in a high-level consultative meeting with UN entities and civil society organisations in Sudan focused on accountability and fact-finding efforts. A presentation on child-specific dimensions of sexual and gender-based violence highlighted urgent cases and provided actionable recommendations to ensure child-focused considerations were integrated into accountability, advocacy, and programming.

In parallel, UNICEF reviewed the Syria Violence Against Children report and provided guidance on GBV entry points to strengthen prevention and response within the Syrian context.

Protection from Sexual Exploitation and Abuse

A funded proposal was developed to support community-led initiatives (CLIs) on PSEA in Lebanon, Yemen, and Sudan. Rollout has commenced in all three country offices. The CLIs project aims to strengthen protection from sexual exploitation and abuse through locally driven initiatives involving community-based organisations, community leaders, and volunteers. Grounded in a survivor-centred approach, the project seeks to establish sustainable, localised systems that empower communities and build resilience to prevent and respond to SEA, with a particular focus on protecting vulnerable populations through inclusive, community-driven solutions.

Standard operating procedures (SOPs) were developed for the

reporting, recording, and referral of sexual exploitation and abuse incidents in the Libya Country Office. These SOPs ensure standardised procedures among PSEA actors, enhance accountability and compliance, protect and empower survivors, promote data protection, and enable safe and confidential reporting mechanisms for affected populations and aid workers.

Mental Health and Psychosocial Support

In 2025, UNICEF MENARO provided extensive technical support for MHPSS in emergencies.

1. Capacity-building and programming in Gaza:

- Established a network of 19 organisations and delivered trainings (February) and coaching sessions (March–June) on specialised interventions to treat traumatic stress in children aged 8–18 years, with refresher trainings and training-of-trainers conducted in November 2025. Treatment protocols were updated to include support for bereavement and complex grief.
- Provided technical support for the development and pilot testing of an eight-session MHPSS parenting programme for families hosting unaccompanied and separated children.
- Delivered the Play and Heal play-based MHPSS programme for children aged 6–12 years to child protection partners, establishing foundations for integration through learning centres.
- Finalised the Foundational Helping Skills in Emergencies resource with WHO and headquarters, along with a complementary Supervisor's Resource to support localisation of capacity-building and coaching.

2. Evidence generation and learning:

- Finalised research on the impact of crises on play and mental health using data from Lebanon, Syria, Libya, Iran, and Jordan.
- Supported the development and validation of MHPSS assessment tools for children, adolescents, and caregivers in Syria for regional use.
- Developed programme resources and initiated field testing in Lebanon for the Play & Heal Toolkit, informed by multi-country research, to integrate play-based MHPSS in operationally challenging emergencies.
- Rolled out Tammani Annak ("Talk to Me") MHPSS services for emergency workers in the West Bank and Lebanon, including the initiation of adolescent and young people consultations to inform an adolescent-focused adaptation planned for 2026.

Strengthening Social Work in Emergencies

In Yemen, UNICEF and the Ministry of Social Affairs co-developed a phased plan to professionalise the social service workforce through a three-tiered training programme. A rapid training needs assessment involving 243 respondents informed curriculum design, and draft modules were developed for basic, intermediate, and advanced levels.

In Sudan, three strategies were introduced to strengthen the social service workforce across the humanitarian–development nexus:

- Civil Society Strategy: Validated with over 40 stakeholders, outlining actions to strengthen CSO roles, training, and funding stability.
- CBCPN Analysis: A national review of community-based child protection networks (CBCPN) identified structural gaps and highlighted the need for formal recognition and support.
- Joint National Workshop: Held in May 2025 to validate findings and align stakeholders around a coordinated response.

SOCIAL POLICY

In 2025, the MENARO Social Policy team provided technical assistance to country offices across the region, focusing on preparedness, contingency planning, and humanitarian response. At the regional level, MENARO facilitated multiple knowledge exchange sessions, including on effective monitoring of humanitarian cash transfer programmes and cash preparedness. UNICEF continued to co-lead the Issue-Based Coalition on linking humanitarian cash assistance to national social protection systems alongside WFP, providing a key platform for inter-agency coordination.

In partnership with ILO, WFP, ECHO, the World Bank, and FCDO, UNICEF organised a two-day regional event on strengthening linkages between humanitarian responses and national systems. The regional Social Policy team also led an inter-agency regional task force on data deduplication for Syrian returnees with UNHCR and WFP, achieving consensus on a harmonised targeting and data management approach to improve coverage and resource efficiency.

At the country level, the regional support was wide-ranging. In SoP, the team supported the continuation of cash transfers in Gaza when market conditions allowed and conducted ongoing market assessments. A cash pilot was also designed and initiated in the West Bank, leveraging UNICEF's cash delivery platform in coordination with UN partners.

In Sudan, the regional Social Policy team supported the expansion of the Mother and Child Cash Transfer Plus (MCCT+) programme to additional states, increasing inclusion of internally displaced persons. In response to liquidity challenges, MENARO worked with headquarters and the country office to transition towards digital payment options to ensure continuity. In Syria, cash programming was reviewed and realigned with the evolving context, including efforts to streamline partnerships with other UN agencies and the World Bank.

In Yemen, the team contributed to the design, targeting, and registration of a new cash transfer programme for families with children under five, coordinating with authorities in both North and South Yemen, the World Bank, and partners. In Libya, the team supported the design and implementation of the country's first humanitarian cash transfer pilot, reaching 440 households displaced by floods in Derna, Benghazi, and Albayda.

In Iran, the team supported the development of a cash preparedness checklist and worked with DFAM to secure approval for contracting a financial service provider to enable rapid cash deployment if required. In Iraq, they supported the design and implementation of a cash transfer pilot in the Kurdistan Region, further advancing cash-based responses.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

In 2025, ADAP continued to support emergency and protracted crises in Sudan, Syria, Lebanon, Libya, and Iran by strengthening staff capacity and providing targeted technical assistance.

Following the 2024 joint regional training with members of the Compact for Young People in Humanitarian Action on the IASC Guidelines on Working With and For Young People in Humanitarian and Protracted Crises, the ADAP team supported the scale-up of youth-led responses in Lebanon and Syria. Lessons learned and achievements were documented through a Lebanon case study, highlighting young people's meaningful contributions in times of crisis. The Arabic version of the IASC guidelines was launched by UNICEF and UNFPA on International Youth Day to support similar efforts across the region.

ADAP advanced regional initiatives and partnerships focused on youth and learning-to-earn programmes in displacement contexts. The team led the coordination of the multi-sectoral PROSPECTS partnership, aimed at building resilience, inclusion, and self-reliance of young people on the move, and provided technical support to country offices implementing it (Lebanon, Jordan, Iraq, and Egypt). Regional knowledge exchange sessions were facilitated on non-formal and remedial teaching for adolescents, jointly with the education team, and on transitions from green skills to green jobs in displacement contexts.

In Lebanon, technical support focused on developing monitoring and evaluation tools for the Adolescent Toolkit for Innovation and Self-Expression (AdoKit), deployed during the 2024 emergency. These tools track results achieved by adolescents and capture lessons learned from their perspectives. This process strengthens Lebanon's M&E framework while informing the regional and global rollout of AdoKit through shared insights and promising practices.

In Iran, AdoKit was translated into Farsi and contextualized for adolescent well-being and empowerment centres across seven provinces. The resource package is also being used to support ongoing emergency response, with a focus on adolescent mental health and resilience. ADAP facilitated connections between a participant of the Global Young Humanitarian Handbook training and the UNICEF Iran Country Office, creating synergies between youth-led civil society organisations and emergency programming.

In Sudan, ADAP provided technical assistance for developing a cross-sectoral adolescent framework, emphasizing meaningful adolescent participation across programme areas. Key resources, including AdoKit, the IASC Youth Guidelines, and ADAP operational guidance, were integrated into the Sudan context. Support was also provided for the PROSPECTS partnership implementation and its MEL session in the last quarter of 2025.

In Libya, technical support focused on drafting Terms of Reference for youth engagement in response to the cross-border Sudan crisis and internal migration and social cohesion challenges. This work lays the foundation for a Libya-specific pilot on working with and for adolescents in crisis settings, aiming for eventual national scale-up.

In Syria, adolescents are actively engaged as agents of the humanitarian response and are considered key to future recovery. The Regional Office provided strategic support to ensure programmes respond to emerging challenges and evolving adolescent needs. ADAP also led the development of the regional inter-agency PROSPECTS Opportunity Fund project, supporting Syrian returnees through preparedness initiatives in Lebanon, Jordan, Iraq, and Egypt, and service provision inside Syria for reintegration and empowerment. The regional project, with a total budget of $33.3 million ($8.6 million for UNICEF), was approved by the Dutch government in November 2025 and will be implemented by UNICEF, ILO, and UNHCR in 2026–2027.

In SoP, AdoKit has been integrated into the emergency response supply component, coordinated with the Gender team. A context-specific version of the kit, comprising 24 sessions, has been developed to deliver socio-emotional learning for adolescents in Gaza through schools and temporary learning centres supported by UNICEF.

SOCIAL AND BEHAVIOUR CHANGE

UNICEF MENARO leveraged SBC to deliver adaptive, community-centred programming grounded in behavioural science and real-time community evidence. SBC approaches contributed to improved outcomes in health, immunization, cholera response, and child protection. Country offices in Gaza, Sudan, Syria, Yemen, and Iran applied behavioural insights to address service uptake bottlenecks, counter misinformation, and respond to psychosocial needs. Social listening was expanded, particularly in Gaza and Sudan, to track fear, fatigue, and frustration as key drivers of community behaviour.

MENARO embedded behavioural science into preparedness, AAP, and community engagement frameworks. SBC informed scenario planning in Libya, reintegration in Syria and Iran, and cholera prevention in Sudan and Yemen. Over 100 staff and partners strengthened their SBC competencies through a regional course delivered with the American University of Beirut. MENARO also used SBC to strengthen feedback loops and co-create messages with youth, civil society organisations, and religious leaders.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

MENARO contributed to global discussions on cluster coordination within the Humanitarian Reset, providing support to country offices as needed and sharing regional inputs with headquarters.

Humanitarian Preparedness & Learning and Development

To strengthen collaboration and enhance regional preparedness, the Humanitarian Team convened a Humanitarian Network Meeting in Amman, bringing together over 35 staff from countries and field offices across the region. The week-long event offered a platform for participants to share experiences, discuss emerging risks, and align on regional humanitarian priorities. As a community of practice, the gathering reinforced coordination and knowledge exchange across sectors, improving the capacity to address evolving regional challenges.

The Humanitarian Team also conducted a tailored three-day training and simulation exercise for the Iran Country Office in Tehran. The objective was to strengthen staff capacity for timely and predictable humanitarian response, with a focus on preparedness, risk analysis, AAP, and localization. The simulation tested existing preparedness systems and generated actionable recommendations to enhance response readiness. It also fostered team cohesion and cross-functional collaboration, reinforcing the importance of sustained preparedness efforts. While initial response times and coordination mechanisms required improvement, performance steadily advanced throughout the exercise. Overall, the Iran Country Office participated actively and demonstrated a solid foundation for future emergency response.

The Libya Country Office successfully held an emergency preparedness simulation to test its preparedness and response plans and capacities, with support from the Humanitarian Team. This simulation provided an opportunity to build on lessons learned from the crisis in May 2025.

The Humanitarian Team provided additional online training sessions on Emergency Preparedness and Response to Iraq, Iran, and Libya country offices. Furthermore, several capacity-building initiatives to enhance local partner and government capacities began in the later part of 2025, for example in support of Syria, Iraq, and Libya.

In line with the Global Strategic Collaboration Framework signed between UNHCR and UNICEF, the MENARO Humanitarian team has continued to support countries to strengthen and formalize UNHCR–UNICEF collaboration. Since September 2023, six Letters of Understanding (LoUs) have been signed at the Country Office level in Tunisia, Iran, Libya, Morocco, Yemen, and Syria, enhancing operational efficiency and coordination. Ongoing support is being provided to formalize similar collaboration arrangements in several other countries. In Lebanon and Sudan, collaboration continues under LoUs signed previously.

Support for More Robust RO and CO Risk Analysis:

Strengthening the capacity of MENARO and country offices to

anticipate and analyze contextual hazards is critical for targeted preparedness and timely emergency response. The Regional Office developed quality risk analyses to inform the global Quarterly Horizon Scanning, identifying Yemen and Libya as priority contexts for preparedness measures; later in the year, Iraq and Egypt were also identified. Iraq initiated several preparedness measures to strengthen emergency preparedness capacity, including prepositioning, rearranging its emergency response model, and developing a capacity-building plan for local governments and partners.

Syria Returnee Preparedness and Response

MENARO continued to support UNICEF in Syria and neighboring countries to strengthen strategic and quality programming for Syrian refugees. This included preparedness to facilitate voluntary, safe, and dignified returns following the change of government in Syria on 8 December 2024. MENARO actively contributed to regional inter-agency coordination through the Regional Refugee and Resilience Plan (3RP) working groups and task forces, focusing on scaling up preparedness and response efforts to facilitate voluntary, safe, and dignified returns to Syria.

As of year-end, UNHCR estimates that over 1.35 million (1,354,245) Syrian refugees have returned to Syria since the government change, alongside 1.9 million internally displaced persons returning to their places of origin. This comes against a planned estimate of 1.5 million returns in the Regional Interagency Preparedness Plan for Refugee Returns (IAPPR), to which the UNICEF Regional Office strongly contributed, ensuring leadership in the sectors of education, WASH, and child protection. The plan further projected the return of 2 million IDPs to their areas of origin.

In addition, the UNICEF Humanitarian Team ensured continuous coordination among refugee-hosting countries (Lebanon, Türkiye, Jordan, Egypt, and Iraq) and UNICEF Syria to facilitate return preparedness and continuity of services and integrated responses, promoting protection and resilience for returning children and families. This included facilitating a UNICEF Syria office visit to Syrian refugee camps in Jordan and multiple regular cross-border consultations involving program sections.

Sub-Region and Middle East Contingency Planning

MENARO provided continued support to country offices in SoP, Lebanon, Egypt, Syria, Yemen, Iraq, and Iran and Jordan to update their contingency and preparedness plans using sub-regional risk analysis. These plans are designed to ensure UNICEF country offices are prepared for worst-case scenarios, safeguard the rights and well-being of children, and maintain operational continuity in high-risk environments. The updated plans facilitate more effective resource allocation and enable rapid, needs-based responses for vulnerable populations, including Palestinian communities. For instance, the contingency plans developed by the Syria, Lebanon, and Iraq country offices have already informed emergency responses amid the dynamic and rapidly evolving context in Syria since December 2024 and in Lebanon.

The 2025 escalation between Iran and Israel prompted a rapid revision of regional contingency planning and established preparedness coordination in the sub-region, with countries across the Middle East and neighboring regions undertaking preparedness measures in anticipation of potential further deterioration. In response to the conflict eruption starting in June 2025, UNICEF's Regional Office deployed surge support and allocated flexible and earmarked funding to strengthen emergency coordination and deliver child protection, education, and MHPSS interventions. The UNICEF emergency response by the Country Office lasted from June to December 2025. An after-action review was conducted by the Iran Country Office in December 2025, capturing key aspects of the response to improve emergency operations.

A radiation and chemical risk working group was established to boost preparedness in the sub-region by coordinating and providing guidance to potentially affected countries. The crisis is further compounded by Iran's continued deportations of Afghan nationals, with over 949,000 returns between January and June, placing additional strain on vulnerable populations. Despite operational constraints, the Regional Office continues to provide strategic and technical support to the Iran Country Office to respond to overlapping emergencies.

North Africa Contingency Planning:

Over the past two decades, the number of migrants, asylum seekers, refugees, and children on the move in North Africa has steadily increased. This trend is expected to continue due to economic hardship, political instability, conflict, climate-related disasters, and food insecurity. In response, MENARO is working to strengthen bilateral cross-border coordination between Tunisia and Libya. Joint actions on preparedness and capacity building are planned for 2026. Materials for a Libya–Tunisia joint simulation exercise to enhance preparedness and cross-border collaboration in the event of a major crisis are under finalization, with the simulation planned for June 2026. Joint capacity-building among different countries will be implemented in 2026, with preparatory work already underway in Libya and Tunisia.

In Tunisia, an in-person session on the CCCs, emergency preparedness, and the EPP was delivered to the Tunisia Country Office staff. Dedicated bilateral sessions on risk analysis, scenario planning, response planning, and key preparedness actions were held with various program and operations sections, followed by a field visit to a Children on the Move response center. Moreover, the Humanitarian Team collaborated with the Planning section to prepare a training session on Risk-Informed Programming for TCO, facilitating the inclusion of preparedness in the new Country Programme Document (CPD) under development. The Humanitarian Team focal point attended the Morocco Strategic Moment of Reflection to reinforce the mainstreaming of preparedness, supporting discussions on water scarcity, climate change, and population movement to inform EPP development. The Humanitarian Team supported the Algeria Country Office in developing UNICEF's contribution to the SRRP 2026–2027, based on lessons learned from the previous plan, while contributing to the Tindouf office reorganization and the shift in UNICEF humanitarian strategy in-country, aiming to strengthen preparedness.

With the support of the Humanitarian Team, the Djibouti Country Office released a Flash Update to illustrate the deteriorating humanitarian situation in the country due to dire food security and nutrition conditions, an AWD outbreak, water scarcity, and population movements. Moreover, the MENA and Eastern and Southern Africa Regional Humanitarian Teams worked together with the Djibouti Country Office to facilitate the transition between the two regional offices and improve coordination within the country and sub-region, including for preparedness.

Humanitarian Access Framework In The MENA Region

In 2025, MENARO accelerated UNICEF's humanitarian access work across the region, progressing from strategy development to sustained operational delivery. MENARO assisted COs to strengthen analysis of the access environments, and to plan and harmonize efforts to navigate constraints and reach populations in need. Humanitarian Access and Engagement Strategies were developed ensuring proper consideration of programmatic needs and field operation capacities. To date, seven COs—Sudan, Syria, Libya, Yemen, Lebanon, SoP, and Iran—have country-specific UNICEF

Humanitarian Access or Engagement Strategies in place, providing a stronger foundation for engagement, risk management, and access-related decision-making. A central focus throughout 2025 was field-level access work. MENARO collaborated with several COs to ensure field-level access plans would articulate clear objectives, define concrete actions, and establish accountability for follow-through.

MENARO also prioritized capacity strengthening of Humanitarian Access. Targeted training sessions in Sudan and Syria enhanced technical skills in access negotiations, principled engagement, and managing complex humanitarian dilemmas. These efforts were reinforced through additional Access-focused sessions for CFOEs and CFOs during the 2026 MENA network meeting, helping to embed a shared understanding of the regional access framework and strengthen ownership of access operationalization across field structures.

In parallel, MENARO complemented country-level support with sustained regional inter-agency engagement to advance collective approaches and to communicate emerging risks, trends, and opportunities back to COs. Where needed, MENARO also represented COs in country-level fora to ensure UNICEF positions and strategic priorities for children were properly reflected.

To strengthen the quality of access planning, MENARO provided critical analytical support throughout the year, including context and conflict analysis and profiling of armed non-state actors. This enabled COs to take more nuanced, risk-informed decisions and calibrate engagement approaches that protect humanitarian principles while enabling safe and timely programme delivery.

UNICEF remains committed to principled, coordinated humanitarian access across MENA, with regional office support reinforcing UNICEF's ability to reach vulnerable children and communities with timely assistance while sustaining safe and unimpeded access for humanitarian action.

Accountability To Affected Populations

The first half of 2025 marks the final year of MENARO's AAP Strategy (2023–2025). Amid an increasingly complex emergency landscape in the region, UNICEF and its partners have made notable progress in transitioning from foundational complaint and feedback mechanisms to more integrated, adaptive, and impactful AAP approaches across country offices. There has been a clear shift in how country offices approach AAP, moving beyond standalone mechanisms toward ensuring that feedback is actively used to adapt programming and inform decision-making.

SoP, Sudan, Lebanon, and Syria have continued to strengthen and expand their mechanisms, with growing emphasis on how feedback informs programming and enhances responsiveness to affected populations. To meet demand and build trust with communities, SoP launched a UNICEF-specific hotline, which has already enabled broader and more timely reach. Feedback analysis is now systematically shared across programme sections to inform future interventions. In Jordan and Yemen, AAP has become further institutionalised, supported by well-established mechanisms and clear steps toward stronger country office uptake. A key milestone has been the operationalisation of the Yemen Service Centre, which now supports the helplines in both countries. This has enabled the integration of feedback collection into a shared database, improving coordination and achieving significant cost efficiencies.

On collective AAP efforts, UNICEF continues to lead the in-country AAP Working Group in Sudan, which now includes around 30 UN agencies, international NGOs, and local partners. In SoP, UNICEF's system is being integrated into the inter-agency mechanism led by UN Women, with plans to expand the hotline in response to the growing volume of calls. In Lebanon, Syria, and Algeria, UNICEF is playing a pivotal role within inter-agency working groups to develop harmonised feedback mechanisms and shared ways of working to ensure timely information and feedback pathways for affected populations.

The Kits that Fit initiative has continued to expand inSoP, Lebanon, and Egypt. In Egypt, community feedback directly led to improvements in the quality and relevance of items in WASH and adolescent kits. In SoP, new methods are being piloted to capture kit-related feedback beyond the existing QR code system to promote more inclusive participation. In Lebanon, the successful rollout of Kits that Fit generated detailed feedback on winter kits, including specific issues related to clothing sizes, demonstrating the granular level at which feedback is being received.

Community feedback is also playing a central role in shaping future planning and programming. In Morocco, Egypt, Algeria, Tunisia, and Sudan, consultations with youth and adolescents are directly informing the development of new Country Programme Documents. In Iran, UNICEF has supported local and national partners through targeted AAP trainings, including mapping entry points for AAP in coordination with key government counterparts.

UNICEF is further embedding community consultations and feedback mechanisms into programme proposals. In Sudan, for example, a dedicated dashboard has been developed to allow donors to visualise feedback data in real time, tailored to their specific priorities and areas of interest.

Iran has seen a concerted shift in its AAP approach, with a clear strategy to ensure that affected populations' needs are systematically captured and addressed by local and national partners. During the recent increase in adolescent deportations of Afghan children, a safe space was established at the border with information materials and a phone to allow children to contact their families and local and national partners for support.

Djibouti has developed and sustained a strong collaboration with the Ministry of Health on feedback and information provision related to the HPV campaign.

Localisation

As part of its efforts to advance localisation, MENARO initiated a baseline study to better understand how country offices in the region are progressing against UNICEF's 13 strategic areas of localisation. This is the first comprehensive mapping exercise of its kind in the MENA region and provides a foundational evidence base for more targeted support going forward.

The study, now validated by country offices, offers a clear picture of existing strengths, gaps, and opportunities. Findings show that country teams are actively applying localisation principles, often in creative and contextually relevant ways, but there is limited awareness of UNICEF's formal localisation commitments. As a result, implementation is taking place in a largely ad hoc and intuitive manner.

The baseline has already begun to generate early results. In Morocco, findings from the study are informing the design of the ongoing Country Programme Document, aligning it more closely with localisation priorities. In Iran, the country office has used UNICEF's commitments to engage local and national actors, demonstrating how their knowledge and leadership contribute to a more nuanced understanding of the context and more responsive programming.

This exercise has highlighted key lessons and clarified the path forward. Focused capacity development and tailored strategic guidance will be essential to help country offices systematically integrate UNICEF's localisation commitments into planning and

programming across the region.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

ALGERIA

- Improving Learning Outcomes
- Improving Learning Outcomes
- World Measles Day
- World Measles Day
- Vaccination Campaign
- Vaccination Campaign
- World Refugee Day
- Press Release on World Children's Day
- Human Interest Story – Photography workshop with Giacomo Pirozzi
- World Children's Day – Launch of exhibition "Through Their Eyes"
- Staff Engagement - Video Behind the Scenes
- Stories on International Day of the Girl
- ACO Staff – World Humanitarian Day 2025
- Improving Learning Outcomes
- Improving Learning Outcomes
- World Measles Day
- World Measles Day
- Vaccination Campaign
- Vaccination Campaign
- World Refugee Day
- World Refugee Day

DJIBOUTI

- UNICEF supports the authorities to reinforce access to health and safe WASH services
- World Water Day
- Access to Safe Water and Sanitation
- School Inaugurations
- Sagalou: Acting together against epidemics
- Climbing Mountains to Reach Every Child: Delivering Protection in Adgueno
- Malnutrition: Reaching Children in the Last Mile
- Beyond Polio: Reaching the Unreached in Djibouti's Remote Wadis

EGYPT

- Learning against all odds

IRAQ

- Ronyas' Second Home: A Sanctuary of Learning, Growth, and Dreams
- A Journey of Strength and Resilience: Begard's Story
- Lava's Solar Mission: Empowering Youth for a Greener Future

ISLAMIC REPUBLIC OF IRAN

- UNICEF Supports Primary Healthcare in Iran
- UNICEF supports effective and safe vaccines for more than 500,000 people in Sistan and Baluchestan
- Lifesaving Support for Malnourished Children in Zabul
- 1000 Iranian and refugee children and their families benefited from remedial and parenting classes
- UNICEF and IRCS Support Children's Education in Emergencies
- UNICEF and Ministry of Sport and Youth Launch TORANJ Programme to Empower Adolescents and Youth in Iran
- Enhancing Earthquake Preparedness for Children with Disabilities in Iran
- Protecting children with disabilities through education for earthquake preparedness
- How to talk to children about war
- Protecting teenagers in stressful times
- Signs of distress in children
- How war affects children's mental health
- Podcast release announcement

- Parents stories during war: Ebrahimi family
- UNICEF response to the war with the IRCS
- Question card: Should I talk to my child about war now that the war is over?
- Duty and Love: A Family's Journey Through War
- Parenting through conflict: A family's story from Tehran
- UNICEF Webpage as a repository for conflict-related RCCE messages:

JORDAN

- Improving Access to Safe Water, Preserving Dignity for Palestinian Refugees in Jordan
- Protecting children with disabilities through education for earthquake preparedness

LEBANON

- Stories about children and families being supported by UNICEF in Lebanon
- UNICEF Lebanon Facebook
- UNICEF Lebanon Instagram
- UNICEF Lebanon X
- UNICEF Lebanon YouTube
- UNICEF Lebanon LinkedIn

LIBYA

- Amira's Journey: A Story of Resilience and Renewal
- Hana's Journey of Hope: With the Right Support, a Mother Finds Strength and a New Beginning

MOROCCO

- Himaya WaTamkine Project
- Himaya WaTamkine Project

SYRIAN ARAB REPUBLIC

- Stories about children and families being supported by UNICEF in Syria

TUNISIA

- Stories about children and families being supported by UNICEF in Tunisia

HAC APPEALS AND SITREPS

- Middle East and North Africa Region Appeals
  https://www.unicef.org/appeals/mena
- Middle East and North Africa Region Situation Reports
  https://www.unicef.org/appeals/mena/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: JULY 2026

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 (%)
Funding Status	153,042,827	43,828,485	1,106,627	79,491,384	28,616,331	19%
Total	**153,042,827**	**43,828,485**	**1,106,627**	**79,491,384**	**28,616,331**	**19%**

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

Who to contact for further information:

Edouard Beigbeder
Regional Director, Middle East and North Africa
T +962 792 388 899
ebeigbeder@unicef.org

Ségolène Adam
Regional Emergency Adviser
T +962 790 861 435
seadam@unicef.org

Ammar Ammar
Regional Chief of Advocacy and Communications
T +962 791 837 388
aammar@unicef.org

ENDNOTES

1. The figures for people in need are calculated based on the sum of sector needs in the 2024 Humanitarian Response Plans, included those in the 2024 Syrian Refugees and Other Vulnerable Populations Humanitarian Action for Children appeal and those in other Regional Refugee Response Plans' chapters for countries in the region. These figures reflect the needs in the entire region and are provisional and subject to change upon finalization of the inter-agency planning documents. This appeal for 2025 covers the needs in Algeria, Djibouti, the Islamic Republic of Iran, Iraq and Libya. Furthermore, as hostilities and humanitarian consequences in the State of Palestine unfold, requiring a coordinated preparedness and response approach for broader regional impacts, the people in need and funding amounts required to assist them will be continually revised.

2. MENA HAC 2025

3. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Gaza_Strip_Acute_Food_Insecurity_Malnutrition_July_Sept2025_Special_Snapshot.pdf

4. https://www.ipcinfo.org/fileadmin/user_upload/ipcinfo/docs/IPC_Alert_Sudan_Feb2026.pdf

5. Office of the United Nations High Commissioner for Refugees (UNHCR), Egypt: Factsheet – September 2025, UNHCR, available at www.unhcr.org/media/egypt-factsheet-september-2025.

6. https://reliefweb.int/report/libya/core-libya-sudanese-refugees-and-asylum-seekers-august-2025.

7. Yemen Humanitarian Needs and Response plan. January 2025. https://reliefweb.int/report/yemen/yemen-humanitarian-needs-and-response-plan-yhnrp-2025-funding-status-31-july-2025-enar

8. United Nations, Iran in crisis: UN stays and delivers, 1 July 2025.

9. Sahrawi Refugee Response Plan - https://algeria.un.org/fr/306201-plan-de-r%C3%A9ponse-pour-les-r%C3%A9fugi%C3%A9s-sahraouis-2026%E2%80%932027

10. Ibid

11. Ibid

12. Ibid

13. Ibid

14. Ibid

15. IOM – Displacement Tracking Matrix (DTM) – April 2025

16. Ibid

17. IPC Djibouti Acute Food Insecurity – Acute malnutrition May to December 2025 report

18. https://www.unicef.org/djibouti/en/stories/malnutrition-reaching-children-last-mile

19. Egypt received more than 8K injured Palestinians at hospitals - https://www.egypttoday.com/Article/1/139463/Egypt-received-more-than-8K-injured-Palestinians-at-hospitals

20. Ibid

21. IOM, Displacement Tracking Matrix (DTM), December 2025.

22. NES Technical Working Group on Returns (IOM)

23. IOM tracking tool climate-induced displacement – central and southern Iraq.

24. IOM (2025), Displacement Tacking Matrix (DTM) Tracking Tool, Climate-induced displacement – Central and Southern Iraq: 2025112774624_Climate_ET_Nov_2025_v2.pdf

25. Iran's currency has been seeing historic lows in the last few weeks of 2025, which led to the start of protests in Tehran's bazaar in late December (link: https://www.reuters.com/world/middle-east/irans-currency-sinks-new-record-low-2025-12-08/)

26. Inflation rate in October 2025 passed 48.6%, with food price index seeing a 57.90 in comparison with the same month in 2024 (link: https://tradingeconomics.com/iran/inflation-cpi)

27. UNHCR: https://data.unhcr.org/en/country/irn

28. https://reliefweb.int/report/iran-islamic-republic/israeli-iranian-conflict-and-humanitarian-considerations-june-20-2025

29. https://www.acaps.org/fileadmin/Data_Product/Main_media/20250908_ACAPS_Afghanistan_-_Forced_displacement_from_Iran.pdf

30. https://displacedinternational.org/statement-of-grave-concern-afghan-refugees-in-iran-face-growing-danger-amid-escalating-regional-conflict/

31. Based on a multisectoral needs assessment undertaken by UNICEF and local partners in December 2025 (unpublished)

32. Ex-Gazan refugees refers to Palestinians who fled from Gaza to Jordan in the aftermath of the June 1967 hostilities. Due to their non-citizen status, several legal restrictions limit their rights and contribute to their vulnerable living conditions.

33. According to data shared by UNRWA in September 2024.

34. According to data shared by UNRWA in September 2024.

35. https://www.3rpsyriacrisis.org/wp-content/uploads/2025/12/3RP_RSO_2026_ADVANCED_VERSION_.pdf

36. ÅA T, Zhang H. Progress, challenges, diversity: insights into the socio-economic conditions of Palestinian refugees in Jordan. Fafo, 2013, https://www.unrwa.org/sites/default/files/insights_into_the_socio-economic_conditions_of_palestinian_refugees_in_jordan.pdf, page 247.

37. The Garden camp, located in the Irbid governorate, hosts approximately 500 people of which 476 are registered refugees and asylum-seekers. The camp was established in 2012 to receive refugees from Syria, including PRS.

38. https://www.un.org/unispal/document/syria-lebanon-and-jordan-emergency-appeal-2025-progress-report-19nov25/

39. According to UNRWA reports

40. IPC January 2025, IPC_Lebanon_Acute_Food_Insecurity_Oct2024_Mar2025_Report.pdf

41. UNRWA, Socio-Economic Survey of Palestinian Refugees in Lebanon, 2023 lebanon_socioeconomic_survey_2023_final.pdf

42. https://www.unicef.org/lebanon/reports/the-unseen-crisis

43. Libya Humanitarian Profile -2025 – OCHA

44. Libya Humanitarian Overview 2023 – OCHA

45. IOM Displacement Tracking Matrix (DTM) Migrants Reports, round 59

46. CORE Libya Sudanese Refugees and Asylum-Seekers - August 2025- UNHCR

47. International Organization for Migration (IOM). (2025). IOM Morocco Annual Report – Key Results 2024. https://morocco.iom.int/sites/g/files/tmzbdl936/files/documents/2025-07/en_bilan_oim_20250708.pdf

48. UNICEF. Middle East and North Africa Region: Humanitarian Situation Report No. 2, January–December 2024 . https://www.unicef.org/media/171786/file/MENAR-Humanitarian-Situation-Report-No.2,-January-December-2024.pdf

49. Mixed Migration Centre. (2025, April). Quarterly Mixed Migration Update: North Africa, Q1 2025 (p. 5). https://mixedmigration.org/wp-content/uploads/2025/04/QMMU-2025-Q1-North-Africa.pdf

50. International Organization for Migration (IOM). (2025). Migrants travelling to Europe by land and by sea. DTM Europe_Flow Monitoring Surveys Regional Report_2024_0.pdf

51. Worldwide levels of forced displacement hit new high: https://news.un.org/en/story/2024/06/1150981

52. https://www.unicef.org/morocco/media/2076/file/Module%204%20les%20enfants%20migrants.pdf. UNICEF Maroc. (2019, November). Module 4: Les enfants migrants

53. According to UNRWA reports

54. Syria, Lebanon, and Jordan Emergency Appeal 2024 Progress Report: https://www.unrwa.org/resources/reports/syria-lebanon-and-jordan-emergency-appeal-2024-progress-report

55. Syria, Lebanon and Jordan Emergency Appeal 2025: https://www.unrwa.org/sites/default/files/content/resources/unrwa_2025_syria_lebanon_and_jordan_emergency_appeal_f.pdf

56. UNRWA In Syria: Factsheet: https://www.unrwa.org/sites/default/files/content/resources/unrwa_in_syria_factsheet_2025.pdf

57. Education Sector Estimates

58. DPD tablets are a chemical reagent used to test chlorine levels in water. It allows rapid determination of free chlorine for water quality monitoring, helping ensure safe drinking water.

59. Provision of water and sanitation services in Garden Camp will continue throughout the grant period. Beneficiaries are counted only once.

60. This figure was an estimate at the time of reporting in 2024. Due to the active movement of Garden Camp residents, the population has changed in the past few months. The latest available data is as of September 2025, at 517 residents (70 per cent Palestinians, 51 per cent females). Data on persons with disabilities is not currently available.

61. More information on Prospects can be found here: https://www.unicef.org/partnerships/prospects