



Community Health Worker Terezia Kaminda goes door-to-door in Rukwa, helping ensure no child is missed during the polio vaccination campaign, reaching families where they are critical to protecting.


for every child

Humanitarian
Situation
Report No. 1

Reporting Period
1st Update

Great Lakes Subregion

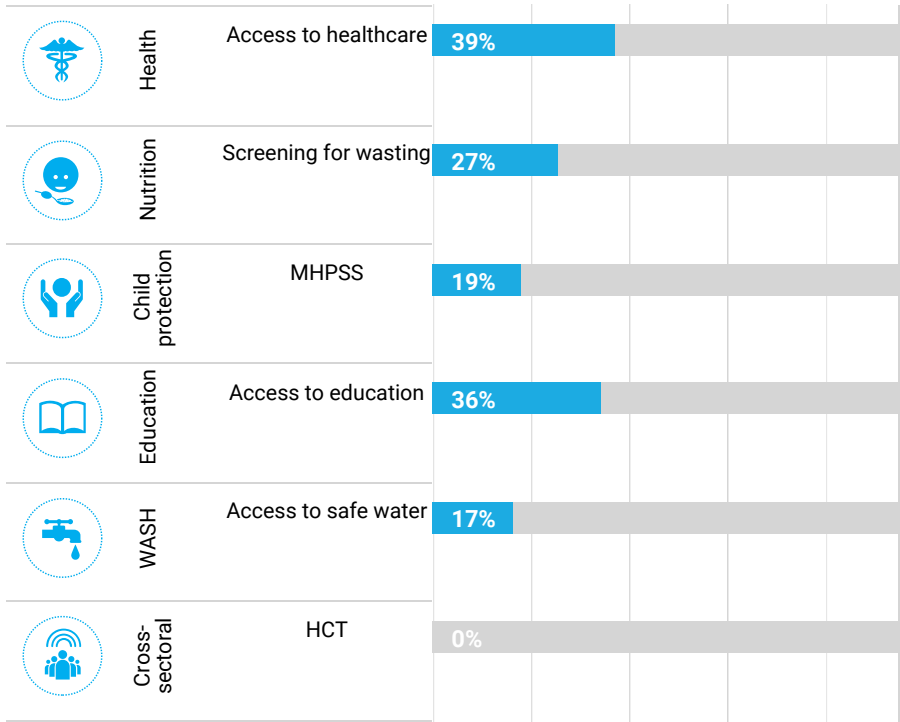
HIGHLIGHTS

- In the first quarter of 2026, Burundi, Rwanda, Tanzania, and Uganda faced overlapping humanitarian hazards including refugee influxes, climate shocks (floods, landslides, drought), food insecurity, and recurrent disease outbreaks such as cholera, measles, and Mpox.
- UNICEF interventions delivered life-saving health, nutrition, WASH, education, and protection support, reaching approximately 200,000 vulnerable people with 80% being children.
- The Humanitarian Action for Children (HAC) 2026 appeal faces a 56% funding gap, with only 19% in new contributions and the rest carried over from 2025, severely limiting the scale and sustainability of life-saving interventions.
- UNICEF continues to support system strengthening, shock-responsive social protection, community engagement, and inclusive programming are being reinforced to build resilience and accountability

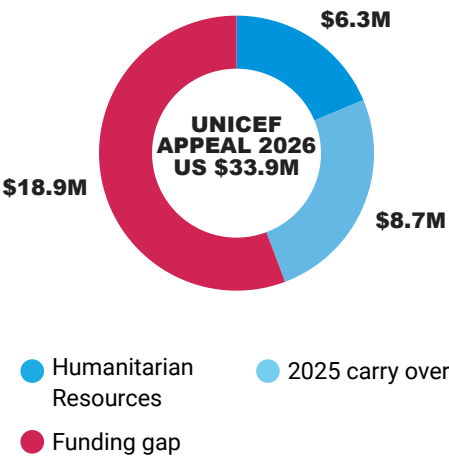
SITUATION IN NUMBERS



UNICEF RESPONSE AND FUNDING STATUS*



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

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

SUBREGIONAL OVERVIEW

SITUATION ANALYSIS AND HUMANITARIAN NEEDS

In 2026, the Great Lakes subregion continues to face acute humanitarian pressures, with conflict spillovers, displacement, and disease outbreaks straining fragile services and eroding community resilience. Uganda hosts nearly 2 million refugees, the largest caseload in Africa, including new arrivals from Sudan and South Sudan placing immense pressure on already overstretched Health, Nutrition, WASH, Education systems in overcrowded settlements. Burundi is experiencing predominantly climate-induced displacement, with recurrent floods and droughts disrupting livelihoods and schooling while refugee inflows and returns adds further pressure on basic services. Rwanda continues to host tens of thousands of refugees from the DRC, as recurrent measles cholera outbreaks stretch health and WASH services in border districts. Social services are under mounting pressure, particularly in areas hosting displaced populations. Tanzania has absorbed new arrivals from DRC and Burundi, adding to a refugee population of over 250,000. Outbreaks of Marburg virus disease and cholera underscore persistent gaps in preparedness, surveillance, and WASH systems, while climate shocks continue to disrupt schooling and livelihoods.

Across the four countries, more than 1.3 million children urgently require assistance across nutrition, health, WASH, education, and protection. Priority needs include treatment for severe wasting, safe water and sanitation, continuity of primary healthcare, safe learning environments, and protection from violence, exploitation and abuse. UNICEF is prioritizing system strengthening in areas hosting displaced persons, reinforcing outbreak preparedness and response and expanding cross-border coordination and anticipatory action. Investing in shock-responsive social protection systems remains critical to reducing vulnerabilities and safeguard children's rights and well-being in one of Africa's most fragile and displacement-affected regions.

BURUNDI

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first quarter of 2026, the humanitarian situation in Burundi deteriorated due to the combined effects of continued refugee influx from the Eastern DRC and increasing returns of Burundian refugees from Tanzania. These dynamics further strained already fragile basic social services and exacerbated food insecurity and malnutrition.

The Busuma refugee site remained the epicenter of this pressure, hosting around 66,600 refugees (59% children) in overcrowded conditions with challenging access to WASH, health, nutrition, education and protection services. Other refugees' sites including Musenyi, Cishemere and Makombe also faced significant pressure, particularly at the transit centres.

Burundian returnees from Tanzania increased sharply from around 20,600 in mid-February to over 62,000 by end-March, placing additional strain on transit facilities, host communities and service delivery systems. At the same time, around 89,000 people remain internally displaced due to floodings and other natural disasters.

The epidemiological situation remained relatively stable but fragile. Cholera transmission was contained; Mpox cases declined to a controlled phase, while measles cases were reported in Busuma.

Nutrition conditions remained critical, with persistent SAM and MAM cases linked to food insecurity and limited-service capacity.

Overall, 1.28 million people, including over 632,000 children, require humanitarian assistance in Burundi. Needs continue to exceed available resources amid increasing pressure on national systems.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

Between January and March 2026, 493 cholera cases were reported, higher than during the same period in 2025. In response, UNICEF supported the provision of rapid diagnostic tests, Ringer's lactate, and infection prevention and control supplies, enabling effective case management through cholera treatment centres and contributing to a case fatality rate of 0% in high-burden areas, despite ongoing transmission risks. The Mpox situation remained controlled, with 25 cases reported by the end of March. However, sustained surveillance, community engagement, infection prevention and control measures remain essential to prevent resurgence.

UNICEF ensured the continuity of essential health services in refugee-hosting areas through mobile clinic (in the Musenyi II refugee site), delivering over 44,100 consultations, including primary and maternal health care. Malaria diagnosis and treatment were also scaled up (17,571 tests conducted; 15,500 cases treated).

Preventive services were strengthened through the vaccination of newly arrived children and large-scale community outreach, with over 40,000 children vaccinated against measles, while routine immunization services were reinforced.

Targeted support to referral systems, including upgrades at Rema Hospital, significantly increased service capacity and access, with attendance rising by 80%, benefiting both refugees and host communities. Community-based response was further strengthened through the deployment of 150 community health workers in Busuma refugee site.

Despite these efforts, the combined impact of epidemics and population displacement continues to expose structural vulnerabilities in the health system. Strengthening epidemic preparedness and response, as well as sustaining essential services in high-demand areas remain key priorities that need ongoing support.

Nutrition

During this reporting period, Nutrition interventions supported both host communities and refugees. Overall, 5057 vulnerable children (including 725 refugees) with severe acute malnutrition (SAM) were admitted in treatment centers and treated. Performance indicators remained within Sphere standards, with cure rate at 88%.

In refugee sites: community leaders were sensitized, 105 community health workers trained to conduct active mass screenings reaching more than 18,000 children in Busuma (620 MAM, 3.4%; 438 SAM, 2.5%) and 3,330 children in Musenyi (108 MAM, 3%; 31 SAM, 0.9%), with all identified cases referred for care.

To prevent MAM treatment interruptions among refugees in Busuma, the Ministry temporarily authorized RUTF under a simplified one-month protocol until WFP-procured supplies arrived; this authorized protocol was supported by an emergency allocation of 320 RUTF cartons. This exceptional use of RUTF for MAM was suspended mid-March once RUSF deliveries reached Busuma.

Meanwhile, UNICEF continued RUTF deliveries for SAM treatment; SAM/MAM services coordinated to ensure continuity of care. Vitamin A supplementation reached 18,000 children aged 6–59 months and deworming reached 8,000 children aged 12–59 months. In addition,

2,500 pregnant and lactating women were reached with IYCF messages, and their children were screened for acute malnutrition leading to the detection of 5 SAM cases and 12 MAM cases.

In host districts, around 105,000 children (6-59 months) were screened for acute malnutrition, with 478 cases (0.4%) of SAM identified; prevention activities included vitamin A supplementation for 100,000 children (6-59 months) and iron–folic acid supplementation for 19,000 pregnant women.

IPC / WASH

As of March 31st, UNICEF’s partnership coordination resulted in improved access to safe drinking water at the Busuma site reaching approximately 5.7 liters per person per day, benefiting 66,636 people including 59 per cent children (39,643) and 52 per cent women and girls. In early January, UNICEF responded to urgent water needs by deploying five water bladders (two 20,000 litre units, two 10,000 litre units, and one 5,000 litre unit).

To ensure a more sustainable water supply, and with support from the Central Emergency Response Fund (CERF), UNICEF is supporting the Agency for Water and Sanitation in Rural Areas (AHAMR) in the construction of a 50,000 liter reservoir, five tap stands, and an associated water distribution network, all of which are currently under construction. UNICEF has also funded the drilling, development, and protection of a borehole; water quality test results pending.

To address critical sanitation needs, UNICEF deployed 20 mobile emergency latrines. Sanitation facilities are being further expanded through the construction of 92 latrines and 46 durable showers, in addition to 200 emergency latrines. All temporary latrine pits have been completed and are fully operational.

These WASH interventions, combined with health sector responses and community engagement and prevention activities led by UNICEF’s Social and Behaviour Change (SBC) team, have contributed to the successful containment of the cholera outbreak at the Busuma site. As part of the wider cholera response, UNICEF also distributed soap to the Prince Regent Charles Cholera Treatment Centre and Kamenge Secondary Technical School, reaching 3,011 pupils. Additionally, UNICEF supported the drilling of a borehole in Mvugo, located in the Nyanza area.

Child Protection

In the course of this reporting period, UNICEF, in partnership with Save the Children, Social Action for Development, and Spring Communities, provided psychosocial support, child protection case management, and services aimed at preventing and responding to gender based violence (GBV).

Mental health services reached 20,024 people, including 18,580 children and 1,444 parents and caregivers in the refugee sites of Busuma and Musenyi as well as the transit centre of Cishemere. This included 3,754 children under five, 8,535 aged six to fourteen, and 6,291 adolescents aged fifteen to seventeen. An additional 46 children in Cishemere and 523 children in Busuma received support through individual child protection case management.

GBV and PSEA awareness sessions reached 18,897 children, parents, and caregivers, providing information on the prevention of exploitation and abuse, available support services, and reporting mechanisms, thereby strengthening community understanding of how to prevent and safely report concerns related to exploitation and abuse.

In February, UNICEF and UNFPA, in collaboration with other agencies and NGOs, conducted a GBV safety audit in Busuma refugee site. Key recommendations included setting up functional inter-agency referral pathways and scaling up safe spaces for

women and girls.

Education

Following the request by the Ministry of National Education, UNICEF rehabilitated 17 high performance tents in two schools affected by the 2024 floods. These schools were subsequently relocated to the Gatumba Zone, which currently hosts 1,305 children, including 657 girls.

In addition, 527 children from extremely poor households—294 of them girls from these two schools— received notebooks to help them participate in learning activities and improve school attendance.

To address the educational needs of Congolese (DRC) refugees in Busuma, UNICEF has developed a comprehensive response package focused on remedial education programmes targeting approximately 3,700 children. These remedial courses are scheduled to commence in the second quarter of 2026 and aim to prepare refugee children for effective integration into the Burundian national curriculum at the start of the 2026/2027 school year in September 2026.

Social Protection

In the first quarter of 2026, the Government of Burundi continued to strengthen its social protection response to the influx of refugees, with support from UNICEF in coordination and systems strengthening. Indeed, UNICEF is contributing to the implementation process of the Single Social Registry and continues to support the coordination of cash interventions through discussions held within the Cash Working Group.

Meanwhile, during Social Protection Week in March, initial discussions on shock-responsive social protection were launched to identify mechanisms for faster and more effective crisis responses, including at the public policy level. Furthermore, prior to the implementation of an economic resilience program for displaced persons at the Gateri site, a co-creation mission involving displaced women and host communities helped guide the development of the program document, ensuring that interventions are evidence-based and aligned with community priorities.

Social and Behaviour Change / RCCE

UNICEF, with the Public Health Emergency Operation Center, the Burundi Red Cross, and national partners, scaled up RCCE to support cholera, Mpox, and epidemic-prone disease responses in refugee sites and high-risk districts. At Busuma and Musenyi, community platforms (information kiosks, dialogues, home visits) promoted preventive behaviors, supported by 133 trained refugee community health workers.

Mass and proximity communication—radio, TV, social media, and loudspeaker outreach—ensured wide dissemination of life-saving messages, complemented by multilingual materials distributed in affected areas and points of entry. Community feedback systems were strengthened, with thousands of inputs collected via volunteers and hotlines; analysis is informing real-time adaptation of interventions, including for Congolese refugees. Capacity-building efforts enhanced national systems for feedback management and use, while UNICEF supported the launch of the national complaints management strategy, reinforcing accountability to affected populations.

Overall, RCCE interventions reached over 273,000 people, strengthening community engagement, surveillance, and adaptive response to public health emergencies.

Disability Inclusion

UNICEF’s partner Les Vaillantes, identified 157 women with

disabilities, in addition to the 550 children with disabilities identified previously in the Musenyi refugee site. Efforts focused on addressing urgent needs, including menstrual hygiene management, protection against gender-based violence, and preventing social isolation.

Final results from a safety and accessibility audit conducted in February in Busuma refugee site confirmed significant accessibility gaps across essential services—water, sanitation, food distribution points, shelters and community spaces—placing persons with disabilities, particularly women and girls, at increased risk.

Targeted support (wheelchairs, crutches, umbrellas and sunscreens) to 20 children with disabilities in Musenyi refugee site, including eight with albinism, improved access to services and autonomy. A short awareness-raising video is being finalized to highlight challenges and promote inclusive action.

In the second quarter of 2026, UNICEF will focus on the identification and support of children with disabilities in Busuma

Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF-Burundi developed a PSEA Action Plan 2026-2027 aligned with the current emergency context. UNICEF has continued its commitment to upholding its zero-tolerance policy on sexual exploitation and abuse within its staff. In this regard, focal points in all programmatic and operational sectors have been trained on the PSEA (Prevention against Sexual Exploitation and Abuse), and all sector programs have conducted discussions on programming that integrates the PSEA. In addition, new staff members received an induction session on the PSEA, and the evaluation of partners is ongoing to ensure their compliance with the PSEA policy.

During the reporting period, UNICEF and its implementing partners conducted campaigns on PSEA and how to report it and posted communication and education materials on PSEA at UNICEF intervention sites. To date, 64,461 people (22,018 men, 31,817 women, 5,947 girls, and 4,679 boys) have been reached with messages on safe and accessible channels to report sexual exploitation and abuse, representing 24% of the annual HAC target (273,270).

Furthermore, UNICEF organized capacity-building sessions on the PSEA for 20 staff members from the Ministry of Justice (Directorate of Child Protection) and 100 staff members from the Ministry of National Education, with the objective of fostering government engagement. In addition, in March 2026, UNICEF, in collaboration with the Inter-Agency PSEA Coordination Group, trained 40 hotline operators (30 women, 10 men) to strengthen safe, accessible, and confidential Sexual exploitation and abuse reporting mechanisms. The workshop focused on community complaint systems, data protection, and risk mitigation. UNICEF also conducted PSEA training for 20 staff members of the local NGO IJCD (Youth Initiatives for Climate and Development) to reinforce institutional capacity.



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Mass screening of children and pregnant and lactating women in the Busuma refugee site in Burundi, in February 2026, coupled with vitamin A supplementation and deworming with Albendazole.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF maintained a central leadership role in humanitarian coordination, working closely with the Government to respond to a complex crisis driven by displacement, returns and public health risks. UNICEF led the WASH and Education sectors, co-led Nutrition, led the Child Protection sub-sector, and contributed to Health coordination, supporting joint planning, partner coordination and advocacy.

During the first quarter of 2026, UNICEF further strengthened coordination and partnerships through strategic and fruitful engagements with key partners, including FCDO and the National Committee of Canada, in support of the humanitarian situation in Burundi. In addition, a Letter of Understanding (LoU) was signed with UNHCR to enhance data sharing and joint analysis, contributing to the achievement of common objectives for children.

Efforts were made to strengthen linkages between refugee response and return preparedness, including support to the national return response plan launched in March, while regional coordination within the Great Lakes framework was reinforced.

Despite continued delivery of multisectoral life-saving interventions and support to national systems, the response remains constrained by a funding gap of around 70%, limiting the ability to meet growing needs.

COMMUNICATION, EXTERNAL MEDIA AND CASE STUDIES

From January to the end of March 2026, UNICEF Burundi's Communication, Advocacy and Partnerships (CAP) Section produced a wide range of strategic content across social media, videos, and articles, highlighting key results and impact of UNICEF's response for Congolese refugees in Burundi. This body of work documented concrete progress in critical areas such as water, sanitation and hygiene, health and nutrition services, vaccination campaigns, child protection, and disability inclusion across refugee sites including Musenyi and Busuma.

Through field-based storytelling and partner visibility pieces, the content captured both system-level improvements, such as strengthened health services, expanded WASH infrastructure, and support to Rema Hospital, as well as community-level impact,

including child-friendly spaces, psychosocial support for adolescents and survivors of violence, and initiatives enabling refugees themselves to take an active role in protecting their health.

It also highlighted joint efforts with key partners such as ECHO, WHO, UNHCR, and FONAREV, reinforcing a coordinated humanitarian response.

Overall, this communication output not only showcased tangible results, such as improved access to water, new sanitation facilities, vaccination outreach, and inclusive services, but also amplified the voices and lived experiences of refugee children and families. It contributed to stronger advocacy, increased visibility of UNICEF's work, and enhanced accountability for results in support of vulnerable populations.

HUMAN INTEREST STORY

[Musenyi was buzzing with renewed hope. In an atmosphere of jubilation and conviviality, a large crowd gathered to attend an event for the community: the official handover ceremony for the Musenyi II Health Centre. The joy was palpable in the eyes of those present, and the applause reflected their enthusiasm for a place where access to healthcare is no longer a privilege but an effective right.](#)

- [effective right.](#)

RWANDA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

In epidemiological week 2 of 2026, Rwanda reported three confirmed cases of mpox. The source of infection for these cases has not been established. Since then, no additional cases have been reported, with weekly case counts remaining at zero. While mpox transmission appears to have been contained, cholera re-emerged after a period of inactivity in the Western Province. Following the absence of reported cases in the last four weeks of 2025 and the first two weeks of 2026, 10 cases were recorded in epidemiological week 3. This was followed by five cases each in weeks 4, 5, and 6, and one case in week 7, with no subsequent cases reported. While chronic malnutrition (stunting) remains at 27%, the country continues to maintain very low levels of acute malnutrition, well below emergency thresholds ~ one percent GAM. At the same time, community-based early screening systems are functioning effectively at scale, with approximately 1.5 million children under five screened monthly. This is enabling early identification and timely management of cases, contributing to a continued decline in severe acute malnutrition (SAM) admissions. Between January and March 2026, inpatient SAM cases decreased from 404 to 276 per month, and outpatient cases from 1,412 to 1,220 per month. Overall, the data confirm a stable and well-managed acute malnutrition situation, with strong prevention, early detection, and treatment systems in place. The priority remains to accelerate progress on stunting reduction, while sustaining gains in acute malnutrition control.

Health outbreaks: Cholera and mpox¹

During the first quarter of 2026, Rwanda continued to face an active mpox outbreak, although the overall number of cases declined significantly. A total of 3 confirmed mpox cases, all occurring in epidemiological week 2 2026 (ending 18 January) were reported among 207 suspected cases notified and tested. Since the beginning of the outbreak in July 2024, the country has recorded 131 confirmed

mpox cases. In 2025, a cholera outbreak was detected in Rusizi and Nyamasheke districts, two of the five districts bordering Lake Kivu, with 26 cases reported between week 3 2026 (ending 25 January) and week 7 2026 (ending 22 February).

Rwandan Returnees and refugees

Between 1 January and 31 March 2026, 1,246 individuals returned to Rwanda, of whom 1,158 were Rwandans returning from the Democratic Republic of Congo. The majority of these returnees (826) were accommodated at Nyarushishi Transit Centre, while the remainder were hosted at Kijote Transit Centre. As of 31 March 2026, Rwanda hosts a total of 138,628 displaced persons, comprising 116,592 refugees and 15,534 registered asylum seekers, representing a 1.97 per cent increase compared to the previous year. (UNCHR Returnees statistics monthly update).

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

During the first quarter of 2026, UNICEF's programme response in Rwanda focused on strengthening national and community systems for early detection, preparedness and protection rather than large scale emergency response. Investments in surveillance, RCCE and IPC/WASH contributed to the rapid containment of public health risks and improved readiness for future outbreaks, while capacity building in MHPSS, child protection and PSEA reinforced inclusive, multi sectoral preparedness at national and district levels. Sustained community engagement and safeguarding efforts helped build trust, accountability and risk awareness, positioning government and partners to respond more effectively to health, climate and protection shocks amid continuing population movements and structural vulnerabilities.

Community-based surveillance

Outbreak prevention (mpox, MVD, Cholera)

Under outbreak prevention, Rwanda has strengthened its surveillance architecture through the introduction of the new event based surveillance system Impuruza. UNICEF, together with government technical and financial partners, supported nationwide training of all Community Health Workers on this system, which is now actively reinforcing early detection and reporting. To further enhance indicator based surveillance at primary health care level, UNICEF procured tablets for health facilities and continues to finance district quarterly surveillance review meetings. In addition, through the CSO Rinda Ubuzima and in close collaboration with the Rwanda Biomedical Centre, UNICEF is supporting RCCE activities in 17 high risk districts, complementing last year's coverage of the remaining districts and contributing to the achievement of the 7 1 7 strategy and reinforce the one-health approach.

Risk Communication and Community Engagement (RCCE)

UNICEF, in collaboration with the Rwanda Biomedical Centre and partners, strengthened RCCE systems and evidence-based communication across 17 districts under the Twese Hamwe One Health programme. A formative baseline assessment informed the design of targeted interventions, identifying gaps in community awareness of zoonotic diseases, transmission pathways and trust in health messaging. Findings guided the development and technical validation of the Turinde Ubuzima Dusangiywe (Let Us Protect Our Shared Health) IEC campaign, structured around a standardised message framework to promote preventive behaviours. Community pre-testing in three districts confirmed cultural appropriateness and informed improvements in messaging clarity, visual design and sequencing. In parallel, UNICEF supported the establishment of a National RCCE Surge Team, training 45 multi-sectoral participants in

social listening, infodemic management and rapid response coordination to strengthen preparedness and surge capacity during public health emergencies. These efforts enhanced RCCE system's readiness and positioned the programme for scaled implementation.

Mental Health and Psychosocial Support (MHPSS)

During the reporting period, UNICEF supported Rwanda Biomedical Centre to review and disseminate the National guidelines on MHPSS in public health emergencies. A team of 15 MHPSS national facilitators held a working session which resulted in an expanded plan to strengthen MHPSS preparedness.

Child Protection

Between January and March 2026, Rwanda advanced inclusive disaster preparedness and response through coordinated national and district level actions. Following a stakeholder consultation (UNICEF, MINEMA, NCDA and Plan International Rwanda), a National Training of Trainers (ToT) certifying 15 master trainers (9 men, 6 women) to cascade child protection and emergency preparedness knowledge. This was followed by district roll out trainings engaging 169 participants across four districts: Huye in the Southern Province (49 participants – 29 men, 20 women), Karongi in the Western Province (41 participants – 23 men, 18 women), Rwamagana in the Eastern Province (39 participants – 20 men, 19 women), and Musanze in the Northern Province (40 participants – 32 men, 8 women).

Prior to those sessions, an orientation session introduced six participants from key partners (UNICEF, MINEMA, NCDA and Plan International) to the Facilitator's Guide, with clear recommendations to translate materials into Kinyarwanda by June 2026 to ensure accessibility for frontline workers nationwide.

The districts' roll out training sessions, supported by UNICEF and Plan International Rwanda, delivered ten comprehensive sessions covering disaster management principles, inclusive needs assessments, contingency planning, communication, psychosocial support, safeguarding, and coordination. Participants (members of District Disaster Management Committees – DDM, Directors of social protection & Development Units, Professionals at the Districts' levels in Charge of Child Protection, Women Representatives, Representative of PWD and Youth Representatives) reported stronger technical knowledge, clearer roles and responsibilities, and greater commitment to multi sectoral collaboration.

Recommendations emphasized scaling training to sector committees, budgeting for contingency stocks, and establishing regular technical review meetings to sustain coordination.

IPC/WASH

Floods, landslides and mpox response

As part of the ongoing response to floods, landslides and mpox, over 7,000 people, seven healthcare facilities and 14 schools gained access to basic water supply through rehabilitation of water supply systems damaged in 2023, with strong focus on climate proofing. In addition, 16 healthcare facilities benefited from improvement in WASH services. The capacity of 183 healthcare staff was enhanced through training on infection prevention control. UNICEF, in its capacity as the co-chair of the WASH Emergency cluster, also supported development of the WASH sector floods and landslides preparedness response plan-2026.

Prevention of Sexual Exploitation and Abuse (PSEA)

Through the Knowledge, Attitudes and Practices (KAP) digital surveys on risky behaviors, community members expressed the need for more trusted and accessible reporting channels for SEA, face to face reporting being the most preferred option. This led to more engagement with frontline workers (doctors, nurses,

community health workers, social workers, etc) to raise awareness and accountability on PSEA. UNICEF continued its efforts to uphold zero-tolerance policy on sexual exploitation and abuse within partners. Building on the 3-days training for PSEA focal points and managers of 34 partner organizations conducted in December 2025, Information, Education and Communication (IEC) materials with tailored messages were distributed and displayed in UNICEF-supported intervention sites. To strengthen the safety of children with disabilities, a training session on PSEA was held with the 12 members of leadership of the National Paralympic Committee which operates across the country including the emergency prone districts. Roll out of inclusive disaster preparedness and response guidelines, which includes a session on PSEA reached 183 interveners in the cluster of vulnerable groups.

Community-based volunteers trained last year, continued the community outreach districts through RCCE using various channels including print materials, community dialogues and religious and public gatherings.

UNICEF continued the efforts to support the Government on the development of national safeguarding frameworks. With the organization's new direction of wither safeguarding agenda, the Government of Rwanda is well positioned to safely prepare and respond to emergencies. Conversation and awareness creation continued within UNICEF staff with a session held in all-staff meeting.



Teacher overlooking smiling learners washing hands at WASH station at ECD GS Murambi, Rwanda.

HUMAN INTEREST STORY

[Pereline is a Community Health Worker \(CHW\), part of the backbone of Rwanda's health system. She moves from household to household, sharing information that may](#)

- [never make headlines but could prevent them.](#)

TANZANIA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Tanzania continues to face overlapping crises which include a protracted refugee situation in northwestern Tanzania involving Burundian and Congolese refugees who remain entirely dependent on humanitarian assistance, recurrent disease outbreaks (cholera, Marburg, mpox, measles, and polio), and localized flooding in

several parts of the country due to the ongoing rainy season.

Public Health Emergencies:

Following the detection of five cases of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Ilemela District, Mwanza Region, UNICEF supported the Ministry of Health to implement a polio vaccination campaign across seven regions: Mwanza, Singida, Geita, Simiyu, Mara, Tabora, and Shinyanga. The campaign, conducted from 24–27 March 2026 with mop-up activities from 28–30 March, targeted 6.7 million children under 10 years of age. A total of 8m children (118 per cent of the target population) under ten years were vaccinated and all councils are above the 95% target coverage.

During the reporting period, 17 confirmed measles cases were reported across six regions: Arusha (6), Morogoro (2), Kagera (4), Dar es Salaam (1), Mbeya (3), and Songwe (1). Of these, 10 cases were among children under five years, while the remaining cases were individuals above 5 years of age. Nationwide, 145 suspected measles cases (fever and rash illnesses) were recorded; 122 (84 per cent) were tested, with 17 (14 per cent) confirmed as measles, 18 (15 per cent) as rubella, and 7 (6 per cent) positive for both measles and rubella. UNICEF is working closely with Regional Health Management Committees in affected regions to strengthen routine immunization services.

Between January and March 2026, the Ministry of Health reported Mpox cases in 17 regions on the mainland, with 55 suspected and 33 confirmed cases. This brings the cumulative total from March 2025 to 993 suspected and 239 confirmed cases. In Zanzibar, 39 cumulative suspected cases and 12 confirmed cases were reported across 11 districts, contributing to an overall total of 165 suspected and 55 confirmed cases since March 2025. Child food poverty and malnutrition are significant issues in Zanzibar. 58 per cent of children aged 6 to 23 months are experiencing moderate and severe child food poverty, with 20 per cent of children in Pemba experiencing chronic malnutrition influenced by various factors, including poor hygiene and sanitation practices which contribute to infections and illnesses. The high rates of open defecation (18.1 per cent), low access to basic sanitation and hygiene services, high prevalence of acute diarrhoea cases reported by the Ministry of Health between 2023 to June 2025, child food poverty and malnutrition in Zanzibar further reinforces the urgent need for the integrated WASH and Nutrition response.

As of the end of December 2025, a cumulative total of 16,612 cholera cases had been recorded in Tanzania mainland, affecting 24 of the 26 regions, since 1 January 2024. Between 1 January and 31 March 2026, an additional 54 cholera cases were reported across four regions of the country. By the end of March 2026, the cumulative total number of cholera cases had reached 16,616, with 202 deaths reported, corresponding to a case fatality rate (CFR) of 1.2%. During this period, 22 regions successfully passed 20 consecutive days without reporting any new cholera cases, indicating significant progress in outbreak control. However, active cholera case search and surveillance activities were still ongoing in Tanga and Rukwa regions, where the risk of transmission persisted, exacerbated by the onsite of rain season.

Refugees:

Tanzania continues to implement the tripartite agreement between the Governments of Burundi and Tanzania to accelerate the voluntary repatriation of Burundian refugees. As of mid-March 2026, a total of 56,897 individuals (34,288 from Nduta camp and 22,609 from Nyarugusu camp) have returned to Burundi. The size of voluntary repatriation convoys has been increased to 2,500 individuals per convoy, allowing up to 5,000 individuals to return weekly, compared to 3,000 per week agreed in the November 2025

Joint Communiqué. Since 2017, a total of 223,353 Burundian refugees have voluntarily repatriated.

As of 28 February 2026, Tanzania hosted 189,993 refugees and asylum seekers, including 101,917 Burundians, 87,367 Congolese, and 709 individuals of other nationalities. Children under 18 account for 57 per cent of the refugee population, including 1,194 children with specific protection concerns. Refugees in camps face limited access to essential services, including health, nutrition, WASH, protection, and education, and remain fully dependent on humanitarian assistance. Supplementary feeding programmes continue to support moderately acutely malnourished children, pregnant and lactating women, and children under two years of age, while general food distributions remain at 60 per cent of required rations.

Natural hazards:

During the March–May 2026 (Masika) rainy season, nearly 20,000 people were temporarily displaced and 17 lives including four children were lost due to flooding across 12 regions: Dodoma, Morogoro, Tabora, Tanga, Rukwa, Songwe, Manyara, Ruvuma, Iringa, Shinyanga, Singida, and Simiyu. The Prime Minister's Office (Disaster Management Department), in collaboration with local government authorities, is providing food and non-food items pre-positioned with UNICEF support to deliver lifesaving aid to affected communities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Water Sanitation and Hygiene (WASH)

Public Health Emergencies:

In partnership with the Tanganyika Christian Refugee Service, UNICEF supported by the Government of Japan, implemented comprehensive Infection Prevention and Control (IPC) interventions to strengthen public health emergency preparedness in host communities around refugee camps in Kigoma. A total of 49,662 people (25,676 women and 23,986 men) across 16 hotspot regions and Zanzibar received WASH supplies including water purification tablets, AWD kits, storage buckets, sanitizers, squatting plates, and soap to improve hygiene practices over three months. In Kibondo and Kasulu District Councils, targeted distributions provided 2,000 twenty-litre buckets, 179 squatting plates, 1,489 SaWa Bags (solar-powered water purification devices using SODIS), and 10 drums of HTH chlorine (45 kg each), enabling safe drinking water access for over 14,000 people.

Capacity-building efforts included training 30 Environmental Health Officers (EHOs) in Rukwa on Case Area Targeted Interventions (CATI), 60 EHOs in Mbeya and Kigoma on WASH standard operating procedures, and 48 Community Health Workers (CHWs) in Rukwa and Kigoma on hygiene promotion, water monitoring, and supply distribution. These CHWs reached 15,914 people (8,164 women and 7,750 men), increasing household water treatment and safe storage from 51% to 75%. In refugee-hosting communities, 30 additional CHWs supported sanitation improvements through outreach, benefiting 57,215 people (29,351 women and 27,864 men), including 31,468 children (15,325 boys and 16,143 girls). By March 2026, 627 handwashing stations were installed and 50 traditional latrines upgraded in Nyamidaho, Mwali, and Nyarugusu villages in Kasulu District

Refugees:

UNICEF improved hygiene and safe water access in Nyarugusu and Nduta refugee camps through large-scale WASH interventions. In Nyarugusu Camp, 99,772 refugees (49,879 women and 49,893 men,

including 26,599 girls and 25,781 boys) received supplies such as 8,000 plastic buckets, 2,920 sanitary pads, and 6,000 bars of laundry soap. In partnership with the Tanganyika Christian Refugee Services, UNICEF constructed eight emergency latrine blocks (64 drop holes total) at the departure centre in Nduta camp, serving about 4,000 people weekly, alongside twice-weekly disinfection of open defecation areas, drainage improvements, and provision of six 45 kg HTH chlorine drums to supply safe water to 35,091 refugees. Hygiene promotion was strengthened through 126 trained refugee hygiene promoters who reached 133,986 people (67,529 women and 66,457 men, including 38,073 girls and 39,549 boys) via household visits and community discussions. In the education sector, four latrine blocks (24 stances) benefited 9,088 students (4,661 girls and 4,427 boys), while 120 School WASH Club members and 32 committee members were trained on hygiene promotion, facility management, and sustainability, enhancing behavior change and long-term maintenance of WASH systems.

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

Public Health Emergencies:

UNICEF, through its Risk Communication and Community Engagement (RCCE) programming, played a central role in the nOPV2 polio vaccination campaign across seven regions—Mwanza, Geita, Mara, Singida, Simiyu, Shinyanga, and Tabora—targeting 6.7 million children. Training and orientation of media practitioners, Afya Call Centre staff, and over 15,000 community mobilizers and supervisors were conducted. High-level advocacy efforts included a national campaign launch in Mwanza, regional launches in all seven regions, and district-level events across 50 councils, helping to strengthen political commitment and coordination. More than 22,000 posters, 220,000 brochures, and 12 banners, were produced and disseminated alongside a multimedia campaign that reached over 10 million people through radio and television platforms.

At the community level, more than 15,000 mobilizers conducted outreach in households, schools, places of worship, and public spaces to boost vaccine uptake and address concerns, complementing facility-based vaccination efforts. Beyond polio, UNICEF supported socio-anthropological studies on cholera across seven mainland regions and two regions in Zanzibar, as well as a Marburg-focused study in Biharamulo District, Kagera Region. These studies aim to generate insights into community behaviors and drivers of disease transmission and are expected to be completed in early Q2, providing timely evidence to strengthen cholera response and improve preparedness for potential Marburg outbreaks. .

Refugee response:

UNICEF, in partnership with the Jesuit Refugee Service (Radio Kwizera), strengthened community-level capacity by training 20 Community Information Team (CIT) members on Responsive Parenting and Family Care (RPFC) and multisectoral Social and Behaviour Change (SBC). As a result, participants enhanced their knowledge and skills in promoting positive parenting practices, family care, and key hygiene behaviors essential for disease prevention, while also improving their understanding of integrated behavior change approaches across health, nutrition, WASH, child protection, and adolescent sexual and reproductive health.

The trained CIT members are now equipped to deliver integrated, community-based messaging and are expected to reach approximately 24,000–28,000 refugees over the next three months. Each CIT member is projected to engage 400–500 refugees per month, contributing to improved awareness and adoption of recommended practices in parenting, hygiene, nutrition, child protection, and adolescent sexual and reproductive health.

Child Protection

Refugee response:

Between January and March 2026, children made up 65% of the 57,000 Burundian refugees repatriated. At the same time, 518 children remain under active case management through CPIMS+, including 223 in Nduta and 295 in Nyarugusu, with uncertainty over whether all cases will be resolved before the planned closure of Nduta Camp at the end of April 2026. UNICEF, through World Vision Tanzania and in collaboration with UNHCR, continues to support case follow-up and transition arrangements. To ensure safe and dignified repatriation, 447 children were supported through Best Interest Procedures, including 310 Best Interest Assessments, 19 Best Interest Determinations, and 15 non-family reunification cases, while 91 vulnerable children (54 girls and 37 boys), including unaccompanied and separated children, received case management support. Additionally, 40 vulnerable children repatriating from Nduta received essential non-food items, with plans underway to support 269 more in Nyarugusu.

Coordination efforts were reinforced through the Kigoma Joint Programme Technical Committee meeting held from 24–27 March 2026 in Kasulu, which reviewed progress, identified bottlenecks, and strengthened collaboration among partners. Key priorities included accelerating implementation, improving reporting and documentation, and enhancing communication with beneficiaries, particularly in preparation for programme phase-out and camp closure

Education

Refugee response:

During the reporting period, 31,319 Congolese refugee children (50% girls) continued to access education in Nyarugusu Camp, including 4,260 (48% girls) in pre-primary, 9,641 (51% girls) in primary, and 7,221 (50% girls) in secondary education. In contrast, education for Burundian refugee children has been heavily disrupted due to accelerated repatriation, with all 13 schools in Nduta Camp and 8 in Nyarugusu closed, affecting 27,504 children (49% girls).

To support continuity of learning, UNICEF and partners facilitated the issuance of school report cards to help returning children reintegrate into Burundi's education system, alongside community sensitization campaigns encouraging school enrolment. Despite these efforts, many children remain out of school during the transition, increasing risks such as child labour and protection concerns, prompting continued advocacy by UNICEF, UNHCR, and partners for timely return and education access

Health

Public Health Emergencies

Following the detection of circulating vaccine-derived poliovirus type 2 (cVDPV2) in Mwanza in 2025, UNICEF supported the first round of a polio vaccination campaign conducted from 24–27 March 2026 across seven regions, targeting 6.7 million children under 10. UNICEF contributed to planning, printing data collection tools, and procuring and distributing vaccines and related supplies. In collaboration with the Ministry of Health, 2,250 Vaccine Accountability Monitors were trained across supply chain levels, helping achieve vaccination of 8 million children (118% of the target) with less than 5% vaccine wastage. Preparations are ongoing for the second round scheduled for 7–10 May 2026, with accelerated efforts in vaccine supply and logistics.

At the same time, UNICEF continues to respond to other public health concerns, including mpox, which is becoming endemic with sporadic regional cases. The organization is monitoring the situation to ensure continuity of essential health services and is working with the Ministry of Health to investigate rising measles infections,

including cases among fully vaccinated children.

Refugees: A total of refugee 9,655 children and women—representing 16% of the target population—accessed primary health care services at UNICEF-supported facilities. Immunization coverage included 918 children (5%) vaccinated against measles, 4,245 children (15%) vaccinated against polio, and 2,569 children (13%) receiving the Penta vaccine. In addition, 1,538 live births (154% of the expected target) occurred at health facilities in UNICEF-supported areas, and six pregnant women living with HIV (0.06%) received antiretroviral therapy to reduce the risk of mother-to-child transmission.

Nutrition

Refugee response: Cumulatively, 1,320 children aged 0–59 months were screened for wasting, of whom 191 refugee children (82 boys and 109 girls) were identified with severe wasting and received treatment across refugee camps and host communities. Programme outcomes remained strong, meeting SPHERE standards, with a mortality rate of 2%, a defaulter rate of 0%, and a cure rate of 98%. In addition, 8,104 children aged 6–59 months received routine vitamin A supplementation at Reproductive and Child Health clinics during the first quarter of 2026. A total of 1,987 pregnant women and mothers of children under five benefitted from infant and young child feeding (IYCF) counselling provided by trained community nutrition volunteers and health teams.

Social protection and Humanitarian Cash Transfers

Public health emergencies: UNICEF, in collaboration with the Prime Minister's Office – Disaster Risk Management, strengthened national capacity on Humanitarian Cash Transfers (HCT) through a three-day training held in Morogoro from 10–12 March 2026. A total of 36 participants from government institutions across Mainland Tanzania and Zanzibar, as well as partners including WFP and the Tanzania Red Cross Society, enhanced their knowledge and practical skills on key HCT concepts. The training also facilitated the exchange of lessons learned and best practices from Tanzania and global contexts, contributing to improved preparedness and more effective design and implementation of cash-based humanitarian responses.



At Bwiru Health Centre in Mwanza, Tanzania, health worker Coletta Kadoshi vaccinates seven-month-old Hawa Petro, daughter of Danais Juma, during a polio immunization campaign.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF regularly participates in the bi-monthly Interpillar and monthly coordination mechanisms on public health emergencies led

by WHO which include UN agencies, development partners and I/NGOs. Quarterly WFP-led UN Emergency Coordination Group meetings discuss ongoing emergencies. In both mainland Tanzania and Zanzibar, UNICEF and the MOH Health Promotion Sections (HPS) are co-leading the RCCE pillar in collaboration with WHO. UNICEF is represented by Health, RCCE, WASH and MHPSS in the Incident Management and the National Task Force meetings for Public Health emergencies co-led by MOH and WHO. The ongoing cholera outbreak is at the central level coordinated through the national Public Health Emergency Operations Center (PHEOC) led by the MOH. The government, with the support of partners, continues to provide multi-sectoral response across pillars (WASH, Surveillance, Case management, Laboratory, risk communication and community engagement, Logistics and coordination). The refugee response is coordinated at the central level by the Ministry of Home Affairs-Refugees Service Department and UNHCR, who oversee daily management of the response, focusing on planning and policy implications. At the regional level, the Kigoma Regional Government and the MOHA-Regional Refugee Liaison Office are coordinating the response. Similarly, an inter-agency coordination forum operates in the field with monthly meetings as well as sector meetings taking place regularly. UNICEF is a regular member in the different refugee coordination meetings at all levels.

HUMAN INTEREST STORY

[When Domitina, 23, was finally reunited with her children, it was an emotional homecoming. After spending 21 days in isolation at a designated hotel in Biharamulo District in Kagera Region, she returned to her village Katelela.](#)

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UGANDA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Uganda continues to face multiple humanitarian challenges, including refugee influxes, public health emergencies, natural disasters and nutrition crises.

Refugees

Uganda remains Africa's largest refugee-hosting country and the third largest globally, with nearly two million refugees as of March 2026. Since the beginning of the year, over 27,000 new arrivals have been registered, mainly from South Sudan, the Democratic Republic of Congo, and Sudan bringing the overall refugee population to 1,999,5761. Refugees are settled across districts such as Isingiro, Terego, Lamwo2, and others, placing significant strain on national systems and host communities3. Vulnerable groups include children (12 per cent) and women (17 per cent) at risk4, while mental health concerns are rising, with 34 reported suicide incidents associated with displacement related stress and reduced access to social services due to funding constraints. The humanitarian situation is further complicated by high malnutrition levels, with a Global Acute Malnutrition rate of 7.8 per cent among children under five5 in refugee hosting districts. The situation is exacerbated by a measles outbreak affecting both host and refugee populations in districts like Adjumani, Kiryandongo, and Kikuube6. These challenges highlight the urgent need for sustained support to address food insecurity, health crises, and psychosocial distress among Uganda's refugee and host communities.

Public Health Emergencies

Uganda is facing overlapping public health emergencies, including

Mpox, measles, anthrax, and tropical ulcer disease, which continue to strain an already underfunded healthcare system. Mpox, though downgraded by WHO and Africa Centre for Disease Control (CDC) to routine monitoring from an active public health emergency, remains a risk, with 8,498 confirmed cases and 52 deaths since July 2024. By mid-February 2026⁷, mpox had spread to 83 per cent of districts, with 138 new cases and one death reported between January and mid-February. Alarming, 52 per cent of mpox cases involved people co-infected with HIV, highlighting the need to integrate HIV programmes into outbreak responses. Measles outbreaks are widespread, with at least one case reported in 94 per cent of districts and 72 districts confirming outbreaks by March 2026. All nine districts in Karamoja are actively affected⁸, and between January and March, 1,089 cases and 12 deaths were recorded. Most measles cases were among unvaccinated children, with 64 per cent having never received a dose of the Measles Rubella (MR) vaccine. In response, the Ministry of Health (MoH) declared measles a public health emergency, activating the national incident management system and task force. The persistence of measles across much of the country underscores systemic immunization gaps, making stronger routine vaccination essential to prevent future outbreaks.

Nutrition situation in Karamoja

The 2025 national Integrated Food Security Phase Classification (IPC) analysis classified Karamoja as food-insecure, with eight of its nine districts in IPC Phase three (Crisis). Around 442,474 people, nearly 30 per cent of the subregion's population, face severe food insecurity. Among them, an estimated 128,104 children suffer from Global Acute Malnutrition (GAM), including 28,282 with Severe Acute Malnutrition (SAM). Acute malnutrition rates in Karamoja are the highest nationally, with GAM at 13.5 per cent. Key drivers of this crisis include limited access to safe water, inadequate WASH services, insufficient dietary intake among children, inadequate dietary diversity and recurrent disease outbreaks. Child food poverty exceeds 90 per cent, underscoring the lack of access to diversified and nutritious diets. These systemic challenges highlight the urgent need for strengthened nutrition, health, food security and behaviour change interventions to protect vulnerable populations in Karamoja.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

During the first quarter of 2026, UNICEF partnered with the Government of Uganda (GoU) to respond to multiple public health emergencies, with a strong focus on maternal and child health programmes addressing mpox and measles outbreaks. In the Karamoja sub-region, where measles coincides with high levels of malnutrition, UNICEF mobilized the Ministry of Health, Uganda National Expanded Programme on Immunization (UNEPI), regional partners, and district authorities to conduct a systemic analysis of the outbreak. This assessment revealed significant gaps in the health sector, including weak data management, poor partner coordination, limited community mobilization, inadequate immunization microplanning, inefficient resource use, low human resource capacity, and fragile community health systems. To support outbreak-affected districts, particularly in Karamoja, UNICEF supported government to reactivate regional health and nutrition coordination meetings. It engaged with the Moroto Regional Emergency Operation Centre (REOC) and convened regional task force meetings that brought together district technical teams, local leaders, and partners. UNICEF also provided technical support to district task forces coordinating the measles response. Given the continuing measles immunity gaps nationwide, the MoH, funded through GAVI and in partnership with immunization partners

including WHO and UNICEF will conduct a nationwide measles-rubella campaign in October 2026. UNICEF is supporting preparations at both national and sub-national levels, providing technical, logistical, and financial assistance. At the national level, UNICEF continues to participate in strategic coordination forums, including the National Task Force and the National Condition Committee, to strengthen the overall response to the measles outbreak.

During the reporting period, programme results were limited due to funding constraints, with available resources directed toward procuring essential health supplies for preparedness and response. Nonetheless, UNICEF contributed significantly through non financial efforts, focusing on strengthening health systems, leveraging partnerships, and advocating for children's needs as mentioned above. These actions ensured continued sector support and laid the foundation for future delivery programme once additional resources are secured.

Nutrition

During the first quarter of 2026, UNICEF, in collaboration with the MoH and partners, supported emergency nutrition responses across nine districts in the Karamoja subregion and 13 refugee hosting districts. Humanitarian needs in these areas remain high due to recurrent food insecurity, displacement, and disease outbreaks. Between January and March, 84,936 children under five were screened for acute malnutrition, achieving 39 per cent of the annual target. Of those screened, 20,811 children were identified with severe acute malnutrition (SAM) and referred for treatment, representing 44 per cent of the annual target. During the reporting period, 11,876 children were treated in Karamoja where increased caseloads continue to be driven by food insecurity, reduced dietary diversity, and increased disease burden among vulnerable populations and 8,935 children treated in refugee-hosting districts, implementation in early 2026 built on programme platforms established in 2025, including integration of emergency nutrition services into routine health care, community based delivery through Village Health Teams, and integrated outreach services. These approaches sustained service continuity, including emergencies, and enabled early progress against annual targets. In refugee hosting districts, most achievements were ensured through investments in continuity of screening, treatment, and counselling despite reduced partner support. Looking ahead, additional scale-up is expected in Karamoja following the planned commencement of the US OCHA-funded emergency nutrition response in April 2026, which will support intensified mass MUAC screening and integrated outreach delivery to improve early identification and treatment of children with wasting.

Child Protection

During the first quarter of 2026, UNICEF engaged in national level protection systems strengthening in collaboration with the Office of the United Nations High Commissioner for Refugees (UNHCR), the Ministry of Gender, Labour and Social Development, the Ministry of Local Government (MGLSD), the Ministry of Public Service (MPS), Kampala Capital City Authority (KCCA), and other partners. These engagements focused on integrating protection services into the refugee response, particularly on child protection, gender based violence, and mental health and psychosocial support, considering dwindling resources and the need to align humanitarian and national systems. UNICEF has played a catalytic role in strengthening multi-sectoral collaboration between the MGLSD and key stakeholders, including the Office of the Prime Minister (OPM), UNHCR, and refugee-hosting districts and municipalities, to advance the systematic inclusion of refugee considerations within national and sub-national systems. This engagement has supported a shift from parallel, humanitarian-driven responses towards more integrated and

sustainable service delivery. A key area of UNICEF's engagement has been the review of the national referral pathways for gender-based violence and child protection, ensuring their integration within the national case management system. This forms part of a broader systems-strengthening approach aimed at transitioning from fragmented service delivery to coherent, government-led frameworks capable of addressing the complex and interlinked needs of vulnerable populations.

In parallel, UNICEF has strategically convened and supported partners to advance the social service workforce agenda as a critical pillar of system performance. This has included investments in capacity development, as well as support to the certification and accreditation of para-social workers, contributing to the professionalization and standardization of the workforce.

Gender Based Violence (GBV) & Protection from Sexual Exploitation and Abuse (PSEA)

At the national level, UNICEF supported the United Nations Inter Agency Committee in reviewing the government engagement strategy on the prevention of sexual exploitation and abuse. This strategy will provide systematic guidance for working with government counterparts to address cases of sexual exploitation and abuse committed by government employees. UNICEF also strengthened local capacity by training district and sub county technical staff, political leaders, teachers, and health workers in Nakapiripirit and Kaabong districts in the Karamoja region, reaching 286 men and 167 women. This has improved early identification, reporting, referral, and survivor support for victims of gender based violence and sexual exploitation and abuse. In addition, UNICEF provided survivor centered assistance to 147 girls affected by gender based violence and sexual abuse across seven districts in Karamoja. Support included provision of basic needs, medical care, education assistance, and reintegration into communities, ensuring that survivors received saving and holistic care.

Education

In the first quarter of 2026, UNICEF and partners reached 9,000 children and adolescents with access to formal and non-formal education in a context marked by continued refugee influxes, public health risks, and constrained education sector financing. This level of reach reflects sustained demand across the education continuum, from early childhood to primary and secondary education as well as adolescent skills development, and the importance of adaptable delivery approaches to maintain access to education. A key trend is the growing move towards flexible and non-formal education delivery modalities, particularly in refugee-hosting and hard-to-reach areas where system capacity is overstretched. Community-based early learning, accelerated education, and skills development programmes continue to play a critical role in reaching out-of-school children and youth and in supporting transition pathways. There is a shift towards more integrated service delivery, with schools and learning spaces increasingly used as platforms to deliver health, protection, and psychosocial support, strengthening child wellbeing and resilience. However, persistent gaps in teacher salary financing in refugee hosting districts are increasingly affecting both access to and quality of learning. Delays and uncertainty in salary support have contributed to reduced teacher availability, overcrowded classrooms, and disruptions to learning, undermining gains across early learning, foundational education, and adolescent programming. Overall, efforts by UNICEF and education partners are shifting towards strengthening Uganda's education system, but without sustained investment in teacher salaries, both access and learning outcomes are at risk.

WASH

UNICEF played a critical role in responding to public health

emergencies and refugee influxes. An estimated 4,000 people were provided with safe water for drinking and domestic needs in Rhino camp Refugee settlement in Terego district through rehabilitation of two water systems and 13,500 refugees in Rhino camp zone 8 in Terego district accessed appropriate sanitation services through construction of emergency latrines and a total of 80,000 people received critical WASH supplies, pipeline extension, handwashing facilities and supplies in 40 health care facilities in Wakiso, Masaka, Lyantonde, Luwero and Kyotera districts.

Social Protection

While UNICEF has not intervened in the response to new arrivals in refugee hosting districts in the first quarter, cash assistance has been provided to 4,833 adolescents (4,495 girls and 338 boys) in and out of school in eight refugee hosting districts¹⁰ since January 2026. This assistance enabled the 2025 case load of refugees and vulnerable adolescents, particularly girls, to re-enter and remain in formal education, access adolescent-responsive social services, and strengthen life and employability skills. The support provided strengthened linkages across social protection, education, child protection, and health systems to address multidimensional vulnerabilities, including poverty, gender inequality, disability, and psychosocial distress. This integrated approach improved coordination and access to services for adolescents facing compounded risks in displacement contexts.

Localization

Following a successful pilot programme conducted in Gulu in November 2025, in 2026, UNICEF, together with 10 UN agencies and nine international NGOs (INGOs), conducted two additional institutional capacity strengthening initiatives to enhance the institutional capacity of local and national civil society organizations (CSOs) in Uganda.

The programme engaged 77 representatives from 56 NGOs and community based organizations in Arua and Kampala, focusing on governance, financial management, resource mobilization, PSEA, gender equality, disability inclusion, humanitarian principles, accountability to affected persons, safeguarding, and UN Partner Portal registration. Participating CSOs completed self assessments to identify gaps, informing a coordinated capacity strengthening plan with UN and INGO partners. The initiatives culminated in CSO marketplaces that showcased organizational expertise, facilitated networking, advanced localization commitments, and strengthened donor engagement.

Overall, the innovative initiative ensures efficiency through cost sharing for both operational and technical inputs, which has reinforced the collaboration between UN agencies, INGOs and CSOs, and increased the visibility of CSOs' contributions to supporting the most vulnerable populations in Uganda.



Village Health Teams regularly visit communities, teaching families to recognize the early signs of malnutrition. The knowledge spreads through mothers teaching fellow mothers in the neighborhoods.

HUMAN INTEREST STORY

In Uganda's refugee-hosting communities, many families are living under the strain of displacement, illness, food insecurity and overstretched services. For children under five, these pressures can be devastating. Severe acute malnutrition can leave a child dangerously thin, weak and highly vulnerable to disease. Without urgent treatment, it can quickly become fatal.

- can quickly become fatal.

HAC APPEALS AND SITREPS

- Eastern and Southern Africa Region Appeals
<https://www.unicef.org/appeals/esa>
- All Humanitarian Action for Children Appeals
<https://www.unicef.org/appeals>
- All Situation Reports
<https://www.unicef.org/appeals/situation-reports>

NEXT SITREP: 30 AUGUST 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	203,156	79,668	▲ 39%
Nutrition					
Children 6-59 months screened for wasting	Total	-	397,674	107,586	▲ 27%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	110,304	20,774	▲ 19%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	107,218	20,690	▲ 19%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	304,400	67,656	▲ 22%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	122,199	44,449	▲ 36%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	202,165	34,901	▲ 17%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	122,485	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	5,334	-	0%

Burundi

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	112,125	70,013	▲ 62%
Nutrition					
Children 6-59 months screened for wasting	Total	-	134,900	21,330	▲ 16%
Child protection, GBVIE and PSEA					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	79,218	20,024	▲ 25%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	79,218	18,897	▲ 24%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	273,270	64,461	▲ 24%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	20,139	4,130	▲ 21%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	55,800	15,000	▲ 27%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	60,000	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	4,112	-	0%

Rwanda

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	9,156	-	0%
Nutrition					
Children 6-59 months screened for wasting	Total	-	2,774	-	0%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	5,000	184	▲ 4%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	1,000	-	0%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	20,000	195	▲ 1%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	6,000	-	0%
Water, sanitation and hygiene					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	25,000	7,416	▲ 30%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	540	-	0%

Tanzania

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	60,000	9,655	▲ 16%
Nutrition					
Children 6-59 months screened for wasting	Total	-	40,000	1,320	▲ 3%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	6,000	566	▲ 9%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	7,000	1,646	▲ 24%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	10,000	3,000	▲ 30%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	75,000	31,319	▲ 42%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	15,000	8,485	▲ 57%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	60,000	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	92	-	0%

Uganda

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	21,875	-	0%
Nutrition					
Children 6-59 months screened for wasting	Total	-	220,000	84,936	▲ 39%
Child protection, GBVIE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	20,086	-	0%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	20,000	147	▲ 1%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1,130	-	0%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	21,060	9,000	▲ 43%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	106,365	4,000	▲ 4%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	1,945	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	1,130	-	0%

*Progress in the reporting period 1st Update

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	3,022,614	650,032	1,227,519	1,145,063	38%
Nutrition	10,070,575	1,824,480	3,493,438	4,752,657	47%
Child protection, GBViE and PSEA	3,381,418	297,770	1,115,636	1,968,012	58%
Education	2,992,955	-	197,140	2,795,815	93%
Water, sanitation and hygiene	9,986,273	2,935,421	2,041,047	5,009,805	50%
Social protection	2,502,723	-	11,721	2,491,002	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,961,100	632,784	585,228	743,088	38%
Total	33,917,658	6,340,487	8,671,729	18,905,442	56%

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.

Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Burundi

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	815,767	70,000	478,729	267,038	33%
Nutrition	1,680,017	60,000	223,552	1,396,465	83%
Child protection, GBViE and PSEA	1,364,781	222,020	246,407	896,354	66%
Education	722,317	-	-	722,317	100%
Water, sanitation and hygiene	1,785,194	842,939	212,399	729,856	41%
Social protection	1,718,946	-	2,908	1,716,038	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	588,626	47,301	231,380	309,945	53%

Total	8,675,648	1,242,260	1,395,375	6,038,013	70%
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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.

Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Rwanda

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health and HIV/AIDS	250,000	533,232	285,585	-	0%
Nutrition	17,600	-	-	17,600	100%
Child protection, GBViE and PSEA	200,000	3,000	38,144	158,856	79%
Education	200,000	-	-	200,000	100%
Water, sanitation and hygiene	1,000,000	988,232	389,667	-	0%
Social protection	80,000	-	-	80,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	145,000	150,944	323,174	-	0%
Total	1,892,600	1,675,408	1,036,570	-819,378	-43%

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.

Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Tanzania

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	400,000	-	211,594	188,406	47%
Nutrition	350,000	660,480	172	-	0%
Child protection, GBViE and PSEA	500,000	72,750	-	427,250	85%
Education	850,000	-	54,588	795,412	94%
Water, sanitation and hygiene	1,500,000	1,104,250	183,613	212,137	14%
Social protection	200,000	-	-	200,000	100%

Cross-sectoral (HCT, C4D, RCCE and AAP)	900,000	84,540	2,227	813,233	90%
Total	4,700,000	1,922,020	452,194	2,325,786	49%

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.

Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Uganda

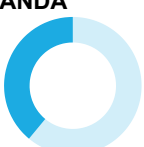
		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US\$)	Funding gap (%)
Health (including public health emergencies)	1,556,847	46,800	251,611	1,258,436	81%
Nutrition	8,022,958	1,104,000	3,269,714	3,649,244	45%
Child protection, GBViE and PSEA	1,316,637	-	831,085	485,552	37%
Education	1,220,638	-	136,998	1,083,640	89%
Water, sanitation and hygiene	5,701,079	-	1,255,368	4,445,711	78%
Social protection	563,777	-	8,813	554,964	98%
Cross-sectoral (HCT, C4D, RCCE and AAP)	327,474	349,999	28,447	-	0%
Total	18,709,410	1,500,799	5,782,036	11,426,575	61%

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.

Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

ANNEX C — FUNDING GAP BY OFFICE AND SECTOR

% GAP (APPEAL SECTOR)				
% GAP (TOTAL)	HEALTH	NUTRITION	CHILD PROTECTION, GBVIE, AND PSEA	WATER, SANITATION AND HYGIENE
BURUNDI  70% gap \$6M	 33% gap \$815.8K	 83% gap \$1.7M	 66% gap \$1.4M	 41% gap \$1.8M
RWANDA  -43% gap \$-819.4K	-	 100% gap \$17.6K	 79% gap \$200K	 -38% gap \$1M
TANZANIA  49% gap \$2.3M	 47% gap \$400K	 -89% gap \$350K	 85% gap \$500K	 14% gap \$1.5M
UGANDA  61% gap \$11.4M	 81% gap \$1.6M	 45% gap \$8M	 37% gap \$1.3M	 78% gap \$5.7M

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ENDNOTES

1. Rwanda Biomedical Centre, Epidemiological Weekly Bulletin RBC: Health surveillance & emergency preparedness & response