Humanitarian action

Global Annual Results Report 2025

unicef
for every child

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Children show their joy as they lean out of the windows of the Escola Primaria de Sambene in Mecufi District, Cabo Delgado Province, Mozambique in April 2025. Cyclone Chido destroyed the school's roof and other facilities in December 2024. Without a roof, classes took place under the open sky, where children sat on broken tree trunks or the ground. UNICEF helped rebuild the school's roofs and supplied learning materials, including school bags, notebooks and pencils. The repairs have done more than restore buildings – they have brought students back to class.

Expression of thanks: © UNICEF/UNI914198/Pouget

Ayantu carries her little sister Mimi on her back in Ethiopia's Oromia Region in November 2025. Her family is enrolled in the UNICEF-supported Child Grant programme. Thanks to this, her parents have received cash assistance; health and nutritional training; and civil registration for their children, which gives them access to basic healthcare and education services.

Expression of thanks

The work of UNICEF is funded entirely through the voluntary support of millions of people around the world and our partners in government, civil society and the private sector. Voluntary contributions enable UNICEF to deliver on its mandate to protect children's rights, meet their basic needs and expand their opportunities to reach their full potential. UNICEF expresses its gratitude to all resource partners whose contributions supported the organization's humanitarian action in 2025, making possible the life-saving work and results described in this report. UNICEF expresses its sincere appreciation to all resource partners that contributed thematic funding for our humanitarian responses. Thanks to the flexibility of thematic funding, UNICEF has been able to deliver life-saving protection and assistance to children and families and provide timely and effective technical, operational and programming support to countries in all regions to enhance preparedness. UNICEF is especially grateful for contributions of global, regional and country humanitarian thematic funds, the most flexible resources for emergency response. This type of flexibility is more critical than ever given the significant changes in the global geopolitical and funding landscape, and with the continued devastating impact on children of so many crises not of their own making. We take this opportunity to thank all our partners for their commitment and trust in UNICEF.

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Introduction

A young girl in Arauca, Colombia in August 2025. Within a comprehensive strategy to prevent, mitigate and respond to violence against children and adolescents, in Arauca UNICEF actions have focused on strengthening institutional and community capacities, providing technical assistance to local governments and promoting protective and inclusive environments with active participation of children and adolescents.

This report on humanitarian results in 2025 cannot fully capture the full breadth of children's hardship during the year. Nor can it cover all the ways, and places, UNICEF and its partners worked to shield children from the worst effects of humanitarian crises.

What it does, instead, is provide a window into what can be done to save the lives and protect the well-being of children who lost family members, friends, homes and schools to conflict and violence, or who have been impacted by the climate crisis, or who have struggled with forced displacement, a lack of food and clean water, or who were sickened by injury or infectious disease. Many of the children UNICEF sought to assist in 2025 experienced all these things together in the space of a week, or a month, or a year.

This *Global Annual Results Report 2025: Humanitarian Action* shows how UNICEF and its many local, national and international partners supported positive outcomes for children and their families. Partners included national governments, local civil society organizations, women-led groups, adolescents and young people, organizations of persons with disabilities, national governments and local authorities, international non-governmental organizations and other United Nations entities. Strong partnerships with local and national entities are critical to UNICEF's commitment to a more localized humanitarian response.

This report also tells of how, despite all efforts, UNICEF fell short of its aspirations in many places. Parties to conflict disregarded international humanitarian law by preventing humanitarian access. Funding was not enough. Multiple new crises erupted. Needs were sometimes too great.

This *Global Annual Results Report 2025: Humanitarian action* fulfils the reporting requirement linked to global thematic funding. It reflects a streamlined reporting process that simplifies reporting so that UNICEF can apply more resources directly to the needs of children and families. All the results described in this report are made possible, either directly or indirectly, by this flexible funding (*see SPOTLIGHT: Global humanitarian thematic funding*). The main report provides critical context for the year and both global and country-level results for children. Annex 1 contains details on contributions to global humanitarian thematic funding and on how these funds were allocated in 2025. Annex 2 gives a global financial report related to UNICEF humanitarian action in 2025. And Annex 3, a data companion, provides top-level results numbers for key indicators, in alignment with the UNICEF Strategic Plan, 2022–2025.

What follows provides an account of the results of UNICEF humanitarian action in what was a challenging year. The focus is on children and families. The main results narrative is laid out chronologically to provide a sense of how the year unfolded. And yet this narrative is not always linear, because events affecting children and UNICEF's life-saving response did not, of course, unfold neatly – but instead overlapped, emergencies compounding one another, integrated responses equaling more than the sum of their parts, all taking place in more than 100 countries, in an effort to reach millions of children and the caregivers who love them.

Each of these children has a story. Of the millions of stories that could be told, here are a few.

SPOTLIGHT Global humanitarian thematic funding

Global humanitarian thematic funding is UNICEF's strategic emergency multi-year fund. Together with core resources, GHTF forms UNICEF's flexible funding base for humanitarian action. Pooling contributions from donors into one fund at the global level allows UNICEF to allocate funding whenever and wherever it is needed most – ensuring an equitable approach to children's needs and providing unique flexibility for UNICEF's humanitarian response.

A child walks along a dusty street in Al-Hojfah, a village in Taiz Governorate, Yemen, in December 2025, a newly built water tower rising quietly against the sky. UNICEF supported rehabilitation of an existing well, construction of the tower, installation of a reservoir, placing of several kilometers of piping and installation of solar panels for pumping to enable 12,000 people in the village to access safe water.

This flexibility is critical when responding to humanitarian crises. It reduces fragmentation, improves operational efficiency and allows UNICEF to make catalytic investments that kickstart responses, strengthen national systems and deliver lasting impact for children. Flexible resources channeled through GHTF allow UNICEF to be **fast** in responding to the needs of children in emergencies, be **fair** because we can meet the needs of children in hard-to-access and underfunded crises, and be **prepared** for future shocks, enabling a faster and more cost-effective response when a disaster strikes. For example, UNICEF allocated $1 million in GHTF to scale up the response in **Myanmar** within hours of the devastating earthquake in March and provided $200,000 in GHTF for hurricane preparedness activities in **Cuba** in July that subsequently enabled response to Hurricane Melissa 3 months later. For more information on GHTF see *Annex 1: Global Humanitarian Thematic Funding 2025* as well as numerous case studies from across the world throughout this report.

All the 2025 results presented in the *Global Annual Results Report 2025: Humanitarian action* were made possible by GHTF. In 2025, over three quarters of these resources went directly to countries responding to emergencies, with the remainder supporting global and regional technical expertise and systems (e.g., regional coordination of multi-country crises or global surge capacity) that enable field-level delivery.

In 2025, UNICEF allocated a total of $71.8 million in GHTF to 72 country offices, as well as to regional offices and headquarters offices, for emergency preparedness and response. Throughout the year, the fund made allocations in response to emerging or unmet needs using risk analysis drawn from the field and based on established criteria which include the coverage of needs of the most vulnerable children, critical funding gaps for response and/or preparedness activities and alignment with the Core Commitments for Children in Humanitarian Action.

UNICEF extends its gratitude to all partners that support GHTF, and in particular to the top 10 contributors of this type of funding of the UNICEF Strategic Plan, 2022–2025. The Kingdom of the Netherlands, Germany, Sweden, private sector fundraising by UNICEF country offices, United States Fund for UNICEF, United Kingdom Committee for UNICEF, Committee for UNICEF Switzerland and Liechtenstein, Dutch Committee for UNICEF, Swedish Committee for UNICEF and German Committee for UNICEF. We are honored to feature the voices of some of our resource partners in this report. By contributing high-quality funding like GHTF, partners show their firm trust in UNICEF's principled role in reaching every child, everywhere – ensuring a more equitable global response. The results achieved in 2025 would not have been possible without you.

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Strategic context

Young students smile for the camera as they attend class at their school, accessible only by river, in Pedernales, Delta Amacuro State, Bolivarian Republic of Venezuela in March 2025. Given increased risks of child labour, violence and other protection concerns when children are out of school, UNICEF education efforts in the country prioritized the most vulnerable territories, particularly Indigenous communities and remote rural areas, and expanded the implementation of evidence-based models aimed at improving access, retention and learning outcomes.

UNICEF has helped strengthen schools in the country through training more than 130,000 teachers and distributing books, teaching guides, sports kits and school supplies to contribute to improving the quality of education.

The year for children

Too many children's lives in 2025 were shaped by violence, lack of safe shelters and schools, malnutrition and famine, intensifying climate shocks and accelerating disruption of essential services.

Millions of children were directly impacted by violence, including conflict, and more than 1 in 5 children globally were living within 50 km of armed conflict in 2025.[1]

Ten million children[2] were severely wasted (the most lethal form of malnutrition), with children experiencing famine in both the Gaza Strip (State of Palestine)[3] and the Sudan[4] – two simultaneous famines.

They faced outbreaks of such diseases as cholera, measles, Ebola and mpox.

Their schools were damaged, destroyed or occupied.

Where their families tried to seek a safer life, they were instead turned away, walking across borders or drowning at sea.

And armed actors recruited, used, abducted, abused or maimed children, all in a world that failed to protect children from the horrors of war.

This was the reality for millions of children in 2025.

Grave violations against children remained high. In 2025, the United Nations verified 38,558 grave violations, affecting 24,174 children (15,493 boys, 7,990 girls, 691 sex unknown), the highest number of children affected by grave violations since the beginning of the mandate.[5] The number of children subject to multiple violations rose from 3,137 in 2024 to 3,176 in 2025. The total number of verified violations decreased in 2025 compared with 2024 (when the United Nations verified 41,370 violations).[6] In 2025, the killing of children increased by 34 per cent compared with 2024, and the maiming of children increased by 10 per cent.[7] The highest numbers of grave violations were verified in Israel and the Occupied Palestinian Territory (12,445); the Democratic Republic of the Congo (4,114); Nigeria (2,560); Myanmar (2,203); and Somalia (2,195).[8]

UNICEF – together with United Nations partners – continued monitoring and reporting in more than 20 countries on grave violations against children in armed conflict. Not only a reporting tool, the monitoring and reporting mechanism provides a verified evidence base that enables safe referrals and programmatic follow-up for affected children and communities, strengthens prevention and engagement with parties to armed conflict and allows for accountability through the Secretary-General's annual report on children and armed conflict. This analysis also helps identify patterns and risk factors to inform case management, mental health and psychosocial support, gender-based violence response and family tracing and reintegration. However, fewer resources globally, along with the drawdown of United Nations peace operations in some places, have diminished the capacity of the United Nations to monitor, report on and respond to grave violations.[9] Furthermore, denial of humanitarian access by parties to conflict has impacted the lives, protection and well-being of millions of children, especially in Haiti, Myanmar, the State of Palestine and the Sudan.[10]

Extreme weather events that were once rare are becoming a regular feature of childhood, undermining children's health, safety and well-being. Climate-related hazards are increasing in frequency and severity, with climate change, shifting disease patterns, biodiversity loss, economic pressures and social tensions intertwining to create compounded risks.

Children also faced extreme hardship from disasters triggered by natural hazards. A 7.7-magnitude earthquake in Myanmar in March flattened communities in the country's centre, affecting families who were already vulnerable because of conflict, displacement and economic instability. Earthquakes also impacted children and families in Nangarhar Province of eastern Afghanistan in August 2025. Hurricane Melissa made landfall in Jamaica as a Category 5 storm in October 2025 and caused severe damage to children's homes, schools, clinics and other infrastructure there – as well as in Cuba, Haiti and the Dominican Republic, impacting nearly 1 million children overall. In late November, more than 527,000 children were affected by Cyclone Ditwah in Sri Lanka. These were only some of the disasters that struck children in 2025.

Infectious disease outbreaks, protracted conflicts and the impact of climate change shaped a complex landscape of public health emergencies. The Democratic Republic of the Congo experienced its sixteenth outbreak of Ebola; Uganda declared an outbreak of Sudan virus disease; and outbreaks of Marburg virus disease affected Ethiopia and the United Republic of Tanzania. Measles cases surged globally.[11] Cholera remained a major concern: out of 33 affected countries, 10 were in acute crisis. Case fatality rates in some countries were much higher than the World Health Organization (WHO) 1 per cent threshold. And mpox continued to threaten children and communities in 2025, with nearly 50,000 mpox cases reported in 29 countries, including in Madagascar, which had previously been unaffected. In early 2025, 17 countries in Eastern and Southern Africa were grappling with multiple public health emergencies, the majority outbreaks of vaccine-preventable diseases including diphtheria, measles and polio.[12] For example, **Kenya** faced outbreaks of mpox, kala azar, cholera, measles, polio and chikungunya. In this region, years of stagnating or declining immunization rates in many countries have opened a pathway for the resurgence of these preventable diseases.

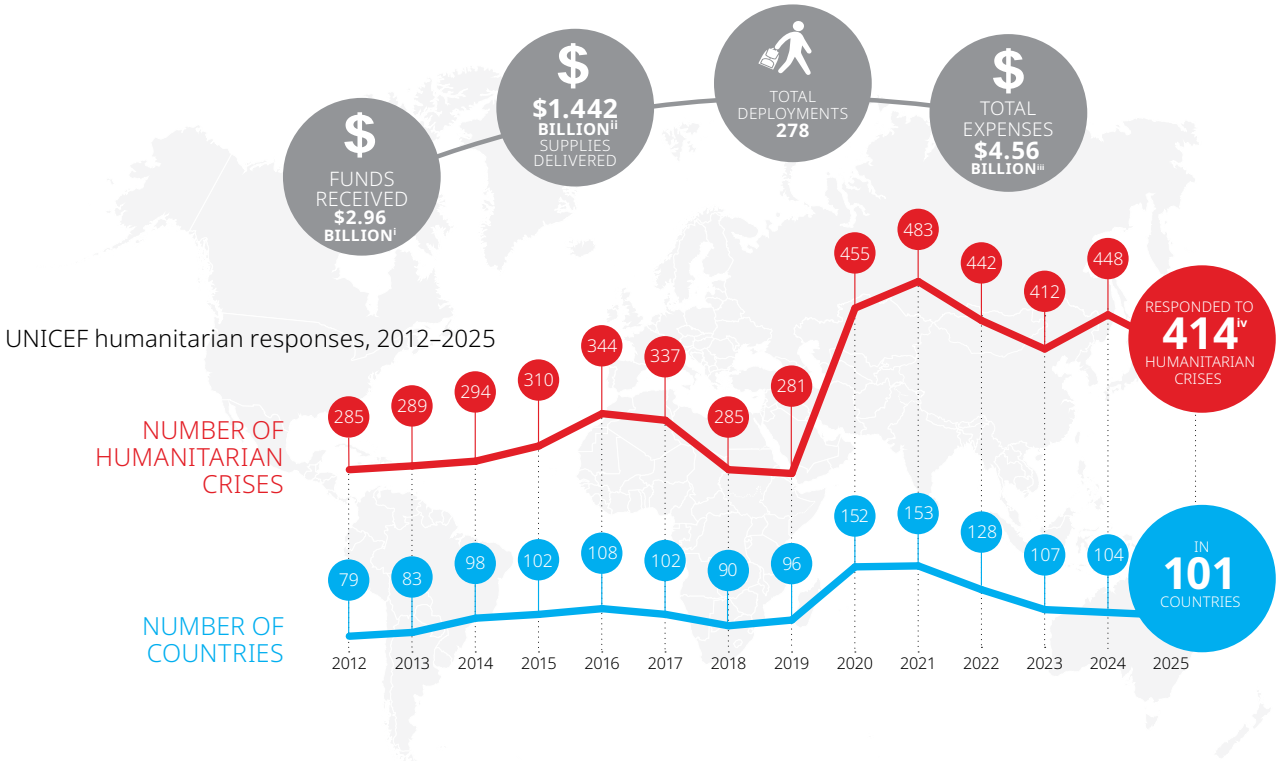
In many contexts, access to populations in need was denied or constrained by parties to conflict. As of July 2025, humanitarian actors faced extremely high access constraints in Myanmar, Nigeria, the State of Palestine, the Sudan, Ukraine and Yemen.[13] There was a total blockage of aid into the Gaza Strip, State of Palestine, from 2 March 2025 until 19 May 2025.[14] In the Sudan, expanding front lines, intensified obstruction by parties to the conflict and full siege conditions in locations such as El Fasher prevented aid convoys from reaching affected populations for extended periods. Attacks on civilians, health facilities and humanitarian operations increased, including strikes that damaged clinics and disrupted medical services during disease outbreaks. Globally, threats against humanitarian workers were high: in 2025, at least 326 aid workers were killed in the line of duty in 21 countries.[15]

Severe funding cuts in early 2025 also had a great impact on the lives of children living through emergencies: Overall, less humanitarian assistance was provided globally in 2025 – and to fewer people – than in 2024. For example, resources for humanitarian food, nutrition and emergency agriculture assistance only reached 2016 levels, despite a doubling of acute hunger since then.[16]

To be more effective with fewer resources, several broad reform processes were launched in March 2025: the Humanitarian Reset (among humanitarian actors) and the UN80 Initiative (in the broader United Nations system). These efforts, coupled with the significant funding cuts, shaped both the context for children experiencing emergencies, and the way and extent to which UNICEF was able to provide life-saving assistance to uphold children's rights.

FIGURE 1: UNICEF global response in 2025.

In 2025, 101 country offices responded to 414 humanitarian crises, reaching millions of children with life-saving, gender-sensitive and disability-inclusive interventions.



[i] *The figure is based on contributions received in 2025. Humanitarian funding includes other resources – emergency and other types of funding that support UNICEF humanitarian response.*

[ii] *This total includes all programme supplies going to Level 2 and Level 3 emergencies; all programme supplies for any new Level 2 or Level 3 emergencies, from the date they are declared; specific relevant orders for the countries in which only a region or part of the country is in an emergency; and specific supplies flagged as emergency supplies in countries facing Level 1 crises.*

[iii] *The figure represents expenses of humanitarian funding received in 2025 and carried over from the previous year.*

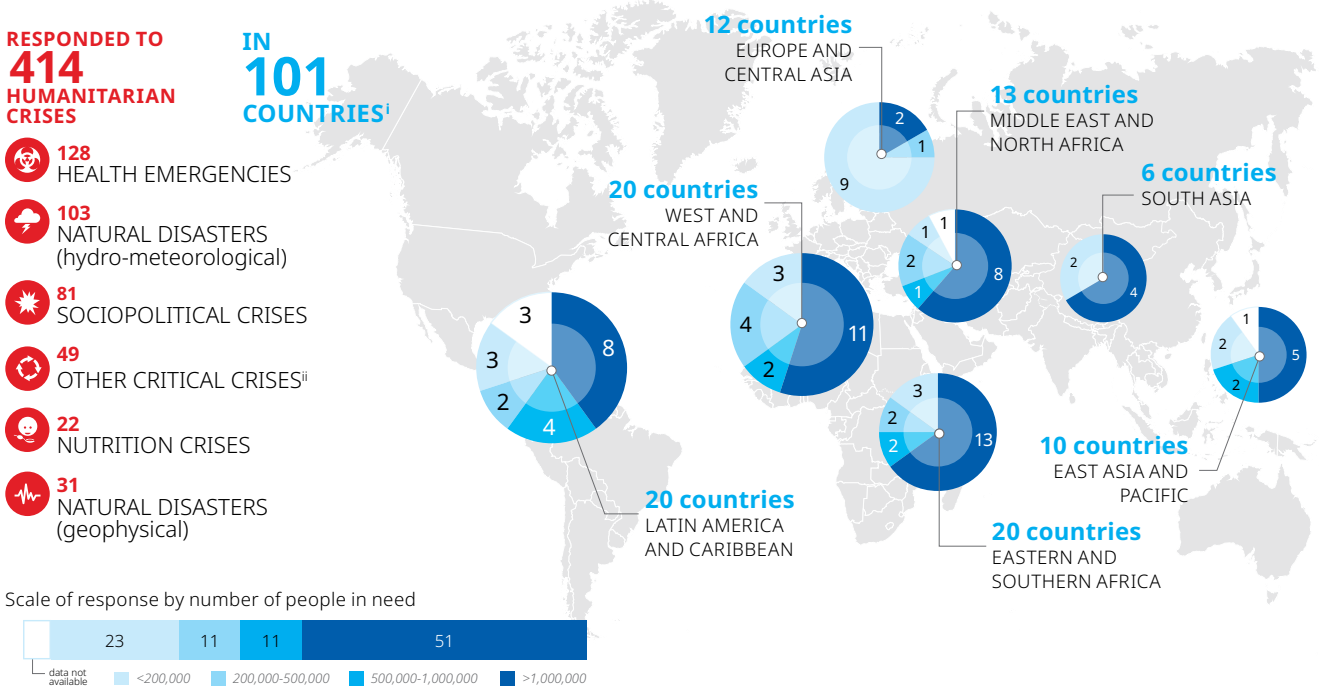
[iv] *This total includes 134 natural disasters, 81 sociopolitical crises, 128 health emergencies, 22 nutrition crises and 49 other critical crises.*

The UNICEF global response

UNICEF and its partners, guided by the Convention on the Rights of the Child and grounded in the UNICEF mandate, sought to save the lives of as many children as possible in 2025. Around midyear, as part of the Humanitarian Reset, UNICEF prioritized interventions in numerous countries to focus on the most life-saving interventions amid abrupt cuts in funding for humanitarian action. In coordination with other humanitarian agencies, these prioritization efforts determined who to prioritize for assistance in areas of greatest need and who could realistically be reached with this assistance based on the most urgent needs, resources, capacities and operating environment in each context.

Amid this rapidly changing environment, in 2025 101 country offices responded to 414 humanitarian crises, reaching millions of children with life-saving, gender-sensitive and disability-inclusive interventions (*see Figures 1–3*). A Level 3 corporate emergency response – the highest level of UNICEF humanitarian response – was active throughout 2025 for the State of Palestine and the Sudan, for part of the year in the Democratic Republic of the Congo, Haiti, Lebanon and the Syrian Arab Republic, and for exceptional use of UNICEF polio procedures and the mpox response in multiple countries. A Level 2 response was active throughout 2025 in Myanmar and for part of the year in Haiti, Lebanon, the Syrian Arab Republic and Uganda.[17]

FIGURE 2: Type and scale of humanitarian response in 2025.



This map is stylized and not to scale. It does not reflect a position by UNICEF on the legal status of any country or area or the delimitation of any frontiers.

The dotted line represents approximately the Line of Control agreed by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed by the Parties. The final boundary between the Republic of the Sudan and the Republic of South Sudan has not yet been determined.

[i] Out of the 101 countries where UNICEF responded in 2025, 96 countries reported the total number of people in need. The charts in this graphic reflect the breakdowns by region and scale of response for those 96 countries.

[ii] Including but not limited to the response for refugees and migrants.

FIGURE 3: Humanitarian results for children in 2025.

These are some of the key humanitarian results achieved by UNICEF and partners in 2024. In some contexts, achievements were constrained by limited resources, including across sectors; inadequate humanitarian access; insecurity; and challenging operating environments.

WATER, SANITATION AND HYGIENE

36.2 million

people with drinking water services

EDUCATION

9.1 million

children and adolescents accessed formal or non-formal education, including early learning

CHILD PROTECTION

8.8 million

children and families accessed community-based mental health and psychosocial support services

HEALTH

38.7 million

children were vaccinated against measles

NUTRITION

98.8 million

children under 5 years benefited from services for the early detection and treatment of wasting and other forms of malnutrition

GENDER-BASED VIOLENCE IN EMERGENCIES

10.9 million

women and children accessed gender-based violence risk mitigation, prevention or response interventions

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE

74.2 million

children and adults accessed safe and accessible channels to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who provide assistance to affected populations

HUMANITARIAN CASH TRANSFERS

0.9 million*

households were reached with UNICEF-supported humanitarian cash transfers

**911,636*

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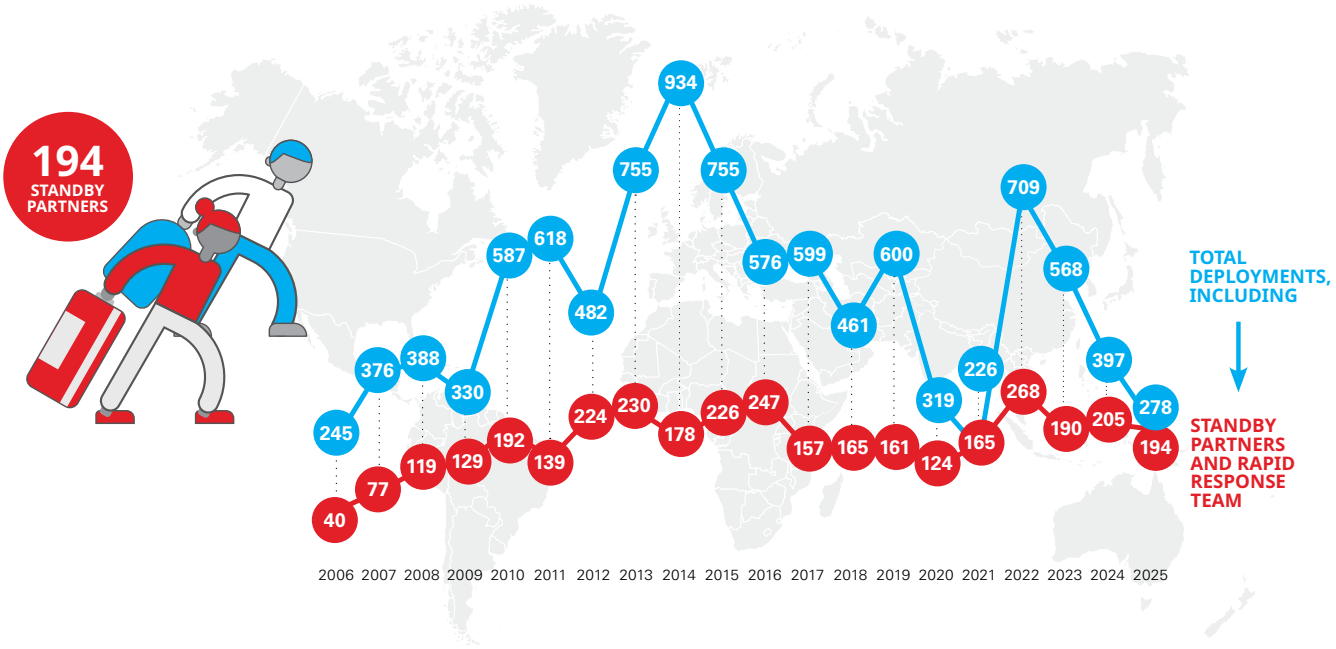
A woman carries home a box containing a dignity kit and a jerry can in November 2025, after a huge fire destroyed her family's house – and thousands of others – in Korail slum, Mohakhali, in central Dhaka, Bangladesh. UNICEF was on the ground providing shelter and case management, including family tracing, reunification and psychosocial support, through the Child Protection Community Hubs operated by the Ministry of Women and Children Affairs, in collaboration with social workers from the Department of Social Services. UNICEF also mobilized emergency health support, with medical teams providing consultations, first aid and essential medicines. Pregnant women needing urgent attention were safely referred to health facilities or taken to the Korail Aalo Clinic for observation.

FIGURE 4: Emergency deployments.



UNICEF staff

In 2025, UNICEF made 278 deployments from internal and external surge mechanisms (*see Figure 4*). Internal staff surge mechanisms provided support to 23 countries through 193 deployments: 16 Emergency Response Team members on 38 deployments, and another 138 staff members on 155 deployments. The standby partner mechanism accounted for a total of 25,217 days of support for the year. Seventy-two per cent of countries experiencing Level 1, 2 or 3 emergencies aligned with gender staffing guidance, reflecting UNICEF efforts to institutionalize gender expertise in emergency contexts and highlighting the need for sustained investment to achieve full coverage.

Local partners: Investing in partnerships and expanding support

The localization approach evolved during the year, in line with the Humanitarian Reset, to put greater emphasis on supporting local and national authorities. UNICEF advocated for expanding the definition of localization within the Inter-Agency Standing Committee (IASC) to encompass work with local authorities and systems, and with national Governments, the primary duty bearers for upholding children's rights and meeting their needs in humanitarian crises.

UNICEF transferred $781.8 million to partners to implement humanitarian programming in 2025. Of this, $342.2 million (43.8 per cent) went to local and national civil society organizations – far exceeding the Grand Bargain commitment of 25 per cent.[18] Another $197.9 million (25.3 per cent) was transferred to national Governments, including government entities at state, provincial, district and municipal levels. By both necessity and principle – and building on aspirations and intentions of the World Humanitarian Summit and the Grand Bargain – responsibility for humanitarian response must shift to reside more intentionally in the main duty bearers: Governments, and beyond them other local and national actors. This is a key tenet of the Humanitarian Reset and puts decision making closer to the people affected by humanitarian crises. Of the funding provided to local civil society organizations, $56 million (16.4 per cent) went to local women-led organizations and $492,106 (0.14 per cent) went to local organizations of persons with disabilities.[19]

In line with the Humanitarian Reset, strengthening the capacity of local actors was of increasing importance to UNICEF's humanitarian response in 2025. In **Colombia**, UNICEF handed over accountability and feedback mechanisms to local institutions, organizations and authorities (including Indigenous leaders) and built the capacity of public officials, Indigenous authorities, teachers, health personnel, essential service providers and other local committees and organizations. In **South Sudan**, UNICEF strengthened national and community systems by working with 88 non-governmental

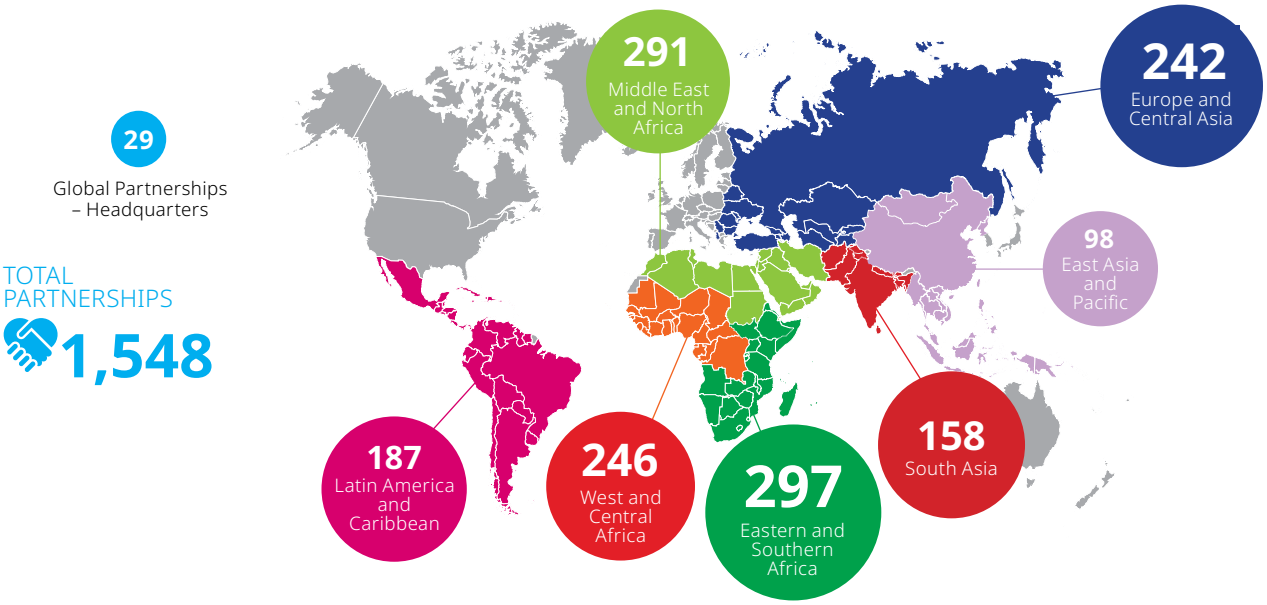
organizations, including 35 international and 53 national partners, alongside government counterparts at national and local levels.

In **Haiti**, community platforms, including health workers and local non-governmental organizations, assumed a greater operational role in delivering preventive nutrition interventions, enhancing local engagement and decentralizing service provision. In the commune of Croix-des-Bouquets in Port-au-Prince, UNICEF supported the Ministry of Public Health and Population to scale up community-based services through training of 84 multi-skilled community health workers, following the earlier deployment of 40 multi-skilled health workers in Cité Soleil. This expansion contributed to increased screening coverage, and, with UNICEF support, 496,546 children under 5 years of age were ultimately screened for wasting, 81 per cent of the annual target.

The forthcoming UNICEF localization strategy for 2026–2029 reflects the need to boost the capacities of local actors, including national Governments, to meet children's needs in emergencies. It reinforces national and local systems, including social protection and cash-based responses; strengthens preparedness and response capacity; and enables local procurement of supplies. UNICEF will continue to invest in the capacity of local civil society, whose role is critical for reaching marginalized and hard-to-reach communities and sustaining local solidarity networks.

FIGURE 5: Partnerships.

In 2025, UNICEF collaborated with 1,548 civil society partners, 1,125 of them local partners, and $781.8 million in cash was transferred to humanitarian partners in 2025. Of this, $342.2 million (43.8 per cent) went to local and national civil society organizations. Another $197.9 million (25.3 per cent) was transferred to national Governments, including government entities at state, provincial, district and municipal levels. Of the cash transferred to local civil society organizations, $56 million (16.4 per cent) went to local women-led organizations and $492,106 (0.14 per cent) went to local organizations of persons with disabilities.



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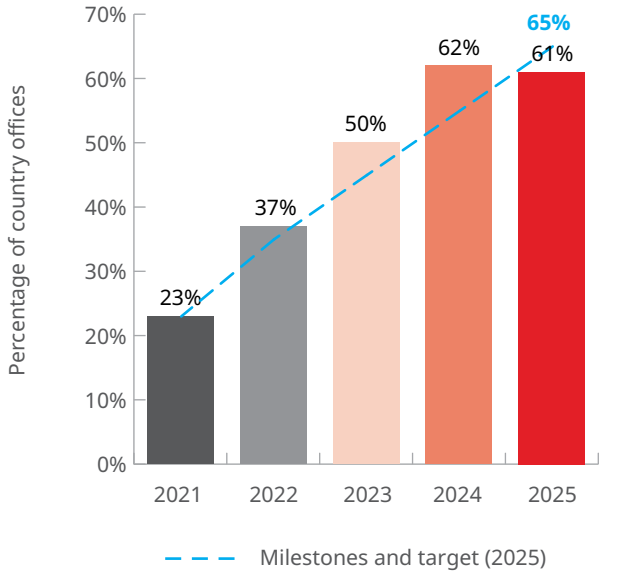
Accountability to affected populations

People-centred accountability mechanisms ensure a feedback loop between UNICEF, its partners and beneficiaries of humanitarian assistance, enabling community voices to inform programming. UNICARE, the UNICEF complaints and feedback management system, moved from pilot testing to operational readiness in several countries in 2025. Both **Bosnia and Herzegovina** and **Türkiye** launched nationally adapted versions of UNICARE. **Cameroon** and the **Central African Republic** are also part of the pilot. Teams completed comprehensive data protection and risk assessments, with information from the pilot leading to technical enhancements to the UNICARE platform.

FIGURE 6: Percentage of country offices that meet organizational benchmarks on accountability to affected populations.



Humanitarian system reform

UNICEF actively engaged with IASC partners to ensure that reform efforts, including the Humanitarian Reset and the UN80 Initiative New Humanitarian Compact, place children and the systems that protect them at the centre of humanitarian action. UNICEF and Save the Children co-led efforts to simplify and reform the cluster coordination approach. UNICEF also engaged in supporting efforts to strengthen the leadership role of resident coordinators, humanitarian coordinators and humanitarian country teams in crisis contexts; coordinating, together with the World Food Programme (WFP) and the United Nations Secretariat, the UN80 initiative on integrated supply chains; engaging in collective humanitarian diplomacy; promoting data coherence and interoperability as part of the Humanitarian Data Collaborative[20]; sharing common services in many places; and working with others to clarify roles and responsibilities among United Nations entities on nutrition.

Cluster coordination

UNICEF and Save the Children co-led the IASC Humanitarian Working Group and the cluster reform process under the Humanitarian Reset, contributing to recommendations from the Emergency Relief Coordinator to the IASC aimed at streamlining the cluster system. These included proposals to reduce the number of clusters from 11 to 8 through mergers, as well as the integration of the areas of responsibility into clusters; a review of the provider of last resort approach; exploration of more time-bound and transition-oriented cluster arrangements; enhancing complementarity between cluster coordination at the national level and subnational area-based coordination; and strengthening participation and leadership of local and national actors within coordination mechanisms, clusters and area-based coordination. This simplification is expected to reduce coordination costs. It supports cluster transition and enables more meaningful leadership and participation of local and national actors and alignment with national systems.

UNICEF continued leading the nutrition and WASH clusters and co-leading the education cluster with Save the Children. As leader of the child protection area of responsibility, UNICEF guided the transition of child protection into the protection cluster while maintaining the organization's role as provider of last resort for child protection. At the country level, UNICEF strengthened national coordination mechanisms and enhanced institutional and technical capacity of local actors and advocated nationally and globally for their increased access to pooled funds. In 2025, 58 per cent of UNICEF-led or co-led clusters and the child protection area of responsibility had established co-leadership and co-coordination arrangements with local and national actors at the national level.

Humanitarian advocacy, humanitarian access

In support of the Emergency Relief Coordinator and together with other United Nations entities, UNICEF was at the forefront of diplomatic efforts to promote respect for international humanitarian law and ensure access to the most vulnerable children in critical crises in 2025, most notably to facilitate immunization programmes in the **State of Palestine** and to facilitate access and uphold the protection of children impacted by the conflict in the **Sudan**. In the Sudan, after months of negotiations and persistence to gain access, in October 2025 UNICEF participated in a joint convoy along with WFP and UNHCR to deliver urgently needed supplies to families who had endured months of siege and dwindling food stocks the towns of Dilling and Kadugli in South Kordofan. This convoy followed UNICEF's successful delivery of essential supplies to Kadugli in August 2025, which reached more than 120,000 people with life-saving assistance. Together, these efforts signal the shared commitment of the United Nations, and the wider humanitarian community in the Sudan, to establish regular aid access to communities that have been largely cut off. Using humanitarian diplomacy, targeted advocacy and critical access initiatives, UNICEF also stayed and delivered life-saving assistance in other high-threat environments with significant access constraints, including **Ukraine**; the **Syrian Arab Republic**; **Nigeria**, as conflict worsened in the country's

northwest; and the **Democratic Republic of the Congo**, in light of escalating conflict and in the aftermath of expanding territorial control of the 23 March Movement armed group in the east. Additional in-person or remote access Emergency Team deployments included **Haiti**, **Eritrea**, **Mozambique**, **Myanmar** and the **Sudan**.

In January 2025, UNICEF established the Children in Conflict Humanitarian Diplomacy Squad to support sustained UNICEF senior leadership engagement with stakeholders, focusing on facilitating access, upholding the protection of children, civilians and civilian infrastructure and advocating for solutions to crises. Through the UN80 Initiative and under the leadership of the Emergency Relief Coordinator, UNICEF was part of a coordinated approach to principal-level diplomatic engagement in key crises along with the United Nations Office for the Coordination of Humanitarian Affairs, WFP, the International Organization for Migration and the Office of the United Nations High Commissioner for Refugees. UNICEF engaged bilaterally and multilaterally with United Nations Member States to shape discussions at major public and private forums. This included six contextual and thematic interventions at the Security Council; 14 sets of key messages shared with United Nations Member States ahead of Security Council sessions; and contributions to five presidential statements and resolutions advancing the rights of children affected by conflict.

Gender equality in humanitarian action

UNICEF made institutional progress in several key gender equality indicators in humanitarian contexts in 2025: more than half (52 per cent) of country offices responding to an emergency relied on a rapid gender analysis to inform their programming (compared with 48 per cent in 2024), and integration of gender equality into emergency preparedness took place in 53 per cent of country offices in 2025, up from 49 per cent in 2024. During the year, 83 country offices established partnerships with grassroots girls' and women's rights groups, core stakeholders in mitigating risks, building trust and delivering tailored health, education and protection services and supplies to girls and young women in some of the most access-constrained contexts (e.g., the **Democratic Republic of the Congo**, **Lebanon** and the **Sudan**). Of funding transferred to local humanitarian partners in 2025, $56 million, or 16.4 per cent, was transferred to local women-led organizations, down slightly from $72.4 million (19 per cent) in 2024.

In humanitarian situations, UNICEF reached 10.9 million girls, boys and women in 2025 with risk mitigation, prevention and response interventions to address gender-based violence, exceeding the target.

UNICEF's gender-responsive humanitarian results were strongest where girls' programming was integrated into sectoral programming, e.g., the use of supply packages as entry points, safe spaces as multisectoral platforms and gender competency embedded in front-line systems. In the **Sudan**, for example, 3,000 adolescent girls received Adolescent Girl Personal Care and Protection Packages[21] embedded within multisectoral learning spaces that connected these girls to health, nutrition and protection services. The packages were entry points to sustained programming. Between September and December 2025, 27,640 adolescent girls attended awareness-raising sessions promoting their protection, learning and well-being, delivered through these coordinated spaces. At the same time, girl-led radio programming reached more than 11,000 people in conflict-affected areas to expand community support for girls' safety and resilience. In the **State of Palestine**, more than 36,600 adolescent girls received the Adolescent Girl Personal Care and Protection Package in the Gaza Strip and the West Bank. Girls' direct inputs led to updates in the package and for the first time it integrated revised MHPSS content alongside menstrual health materials and referral pathways. Packages were delivered in close coordination with local women-led civil society organizations, with locally produced animation workshops on physical and mental health incorporated into temporary learning spaces and community platforms.

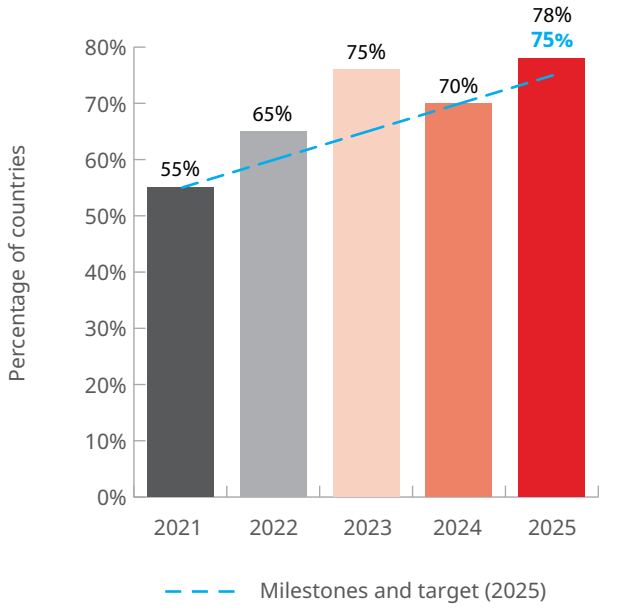
In many humanitarian contexts, the front-line workforce in health, social services and education is predominantly female – yet their safety and professional development are rarely treated as part of gender-responsive action. Experience from **Ukraine** shows the value of concurrent investment in front-line gender competency across multiple sectors. Here, a shared gender competency framework developed with women's rights organizations and line ministries was combined with tailored training for front-line personnel working in child protection, education and health and the integration of gender competency indicators into UNICEF-supported partnerships with more than 82 implementing partners.

Within the Humanitarian Reset, UNICEF is calling for gender equality to remain central in any system-wide restructuring – reaffirming its commitment to the IASC policy on Gender Equality and the Empowerment of Women and Girls in Humanitarian Action (2024–2028) and the role of Gender in Humanitarian Action working groups in major emergencies. UNICEF's new Gender Equality Action Plan 2026–2029, launched in late 2025, and the gender commitments outlined in the Core Commitments for Children in Humanitarian Action, steer UNICEF's efforts and serve as benchmarks for accountability.

Disability inclusion

In 2025, UNICEF reached 6.5 million children with disabilities in humanitarian contexts and dedicated 5.1 per cent of combined humanitarian and development expenses to disability inclusion, with a commitment under the Disability Inclusion Policy and Strategy to reach 10 per cent by 2030. Twenty-six of 34 UNICEF offices with a Humanitarian Action for Children appeal (76 per cent) along with 27 offices without appeals integrated the rights and needs of children and caregivers with disabilities into assessments, planning and response. UNICEF's disability-inclusive humanitarian results were strongest where inclusion was built into systems for identification, referral and service delivery rather than added on later. In **Lebanon**, for example, with UNICEF support the Government expanded its National Disability Allowance, enabling more than 30,000 persons with disabilities to access national benefits. A concurrent emergency expansion of the same platform reached approximately 48,200 households with persons with disabilities during the conflict response. In **Myanmar**, where UNICEF has supported registration of individuals in the Disability Management Information System, the response to the March 2025 earthquake showed the value of local partnerships for strong disability inclusion – and how preparedness for inclusion really pays off (*see Case Study 4, page 43*).

FIGURE 7: Percentage of countries providing disability-inclusive humanitarian programmes and services.



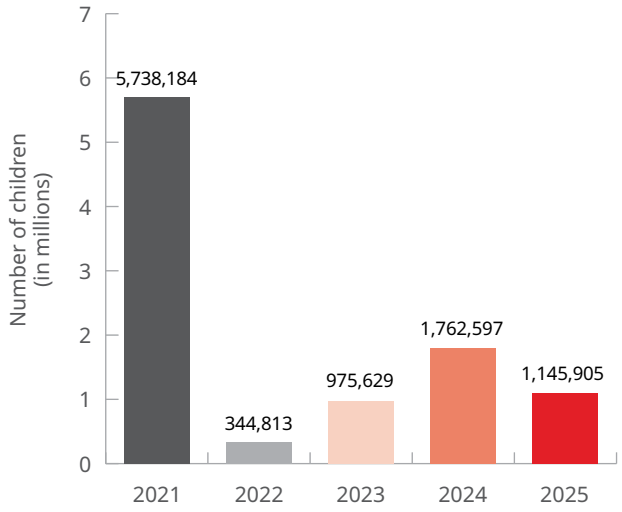
UNICEF continued to co-chair the Disability Reference Group, which now has more than 676 members, 23 per cent of them organizations of persons with disabilities and 22 per cent local and national actors. The body became formally associated with the IASC as a Community of Practice in 2025, which is important for sustaining inter-agency attention to inclusion during a period of major system change. Additionally, UNICEF, together with the Washington Group on Disability Statistics, developed a version of the Child Functioning Module for humanitarian contexts, which enables humanitarian actors to identify the service needs of children with disabilities by estimating the number of children with functional limitations and identifying potential barriers to their access to necessary services and resources. This will help move disability inclusion from ad hoc accommodation towards more evidence-based, system-oriented and equitable humanitarian action.

Efforts to advance disability inclusion in 2025 were, however, impacted by the disruption in the humanitarian funding landscape. By June 2025, 75 per cent of the members of the Disability Reference Group reported impacts of the disruption on disability inclusion work; 95 per cent reported impacts on efforts to remove access barriers; and more than half had already seen staffing cuts to disability inclusion functions.[22] As UNICEF and other partners adapt to major cuts in humanitarian financing and a tighter focus on life-saving action, there is a risk that the Humanitarian Reset could narrow the focus of humanitarian action to aggregate numbers reached, rather than who is being reached. Yet disability inclusion is part of ensuring equitable access to life-saving assistance for those in greatest need. There was also a gap between recognition of organizations of persons with disabilities as key actors and the financing available to support their sustained participation. Organizations are consulted but often not meaningfully included in decision-making with predictable resources. UNICEF should continue to promote more systematic participation of organizations of persons with disabilities in coordination structures and as recipients of pooled funding while supporting accessible consultation, disability-disaggregated data and accountability mechanisms that reflect the priorities of persons with disabilities.

Adolescent participation

Changing sociopolitical contexts, rising climate risks and institutional reforms are necessitating more innovative and adaptive programming to ensure young people are placed at the centre of humanitarian programming. In 2025, UNICEF supported more than 500,000 adolescents in 29 crisis-affected countries to shape solutions to challenges affecting their lives, with results reflecting a strategic alignment between global frameworks and country-level implementation.

FIGURE 8: Number of adolescents and young people who participate in or lead civic engagement initiatives through UNICEF-supported programmes.



One of the milestones of 2025 was the launch of the Arabic and French versions of the IASC Youth Guidelines, which broadened the ability of Governments, United Nations entities and civil society partners to systemically integrate youth participation into humanitarian programming. Complementing this normative expansion, PROSPECTS youth-related resources, tailored for young people in displacement contexts, translated global frameworks into practice in **Egypt**, **Ethiopia**, **Iraq**, **Jordan**, **Kenya**, **Lebanon**, the **Sudan** and **Uganda**. PROSPECTS investments supported skills-building, livelihoods training and participation platforms. In **Jordan**, programming meaningfully strengthened employability and fostered social cohesion between refugee and host-community adolescents. In **Egypt** and **Iraq**, expanded vocational and life-skills training created clearer pathways from learning to earning. This contributed to increased adolescent agency, livelihood readiness and resilience – particularly valuable in protracted humanitarian settings where opportunities for young people are often limited.

The Adolescent Kit for Expression and Innovation was used in 2025 in the **Islamic Republic of Iran**, **Lebanon**, the **State of Palestine**, the **Sudan** and the **Syrian Arab Republic** to support psychosocial well-being, strengthen coping mechanisms and promote social cohesion. The Kit ensured adolescents affected by conflict or displacement had structured avenues to build skills and contribute to their communities, and its continued relevance reflects the importance of adaptable global tools for large-scale programme delivery in complex and rapidly changing environments. UNICEF also worked to embed youth-responsive approaches within national structures, service systems and policy processes to enable sustainable scale-up of adolescent participation beyond project cycles. For example, in **Libya**, targeted capacity-building efforts for 35 youth representatives – including young people with disabilities – strengthened inclusive participation in climate and WASH governance. In **Ukraine**, standardized training for partners improved safe referral pathways and the quality of mental health and psychosocial support delivered through youth centres, helping to reach more than 31,000 adolescents and youth and contribute to their improved well-being and resilience.

"The EU has been a champion for children, advocating for their right to live, be protected, develop and have access to safe and quality education. Naturally, UNICEF is our main partner in this endeavour, and the EU is consistently among its main donors.

I would like to reiterate our support to UNICEF and our appreciation for the professionalism and commitment of its staff and partners in the field, who are working in extremely complex and often dangerous situations. In the current challenging context, with significant funding cuts and conflicts multiplying, marked by unprecedented violence against children, it is crucial that UNICEF can continue protecting children, girls and boys, and ensuring that their basic needs and rights are met in conflicts and emergencies.

We will continue our strong support to children in humanitarian settings, including the provision of education and child protection interventions. And we will build on the positive experience of programmatic partnerships with UNICEF, which allow for longer-term commitments, more predictability and greater flexibility."

Mr. Maciej Popowski
Director-General, Directorate-General for European Civil Protection and Humanitarian Aid Operations

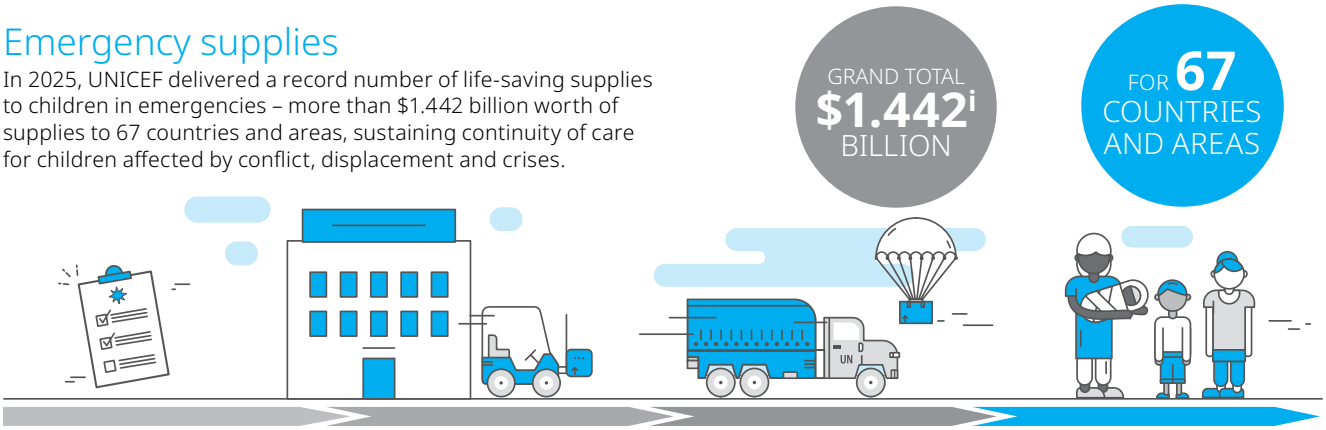
In **Brazil**, the National Protocol for the Protection of Children and Adolescents in Disaster Contexts (adopted with the support of UNICEF) institutionalized the systematic inclusion of adolescents in disaster risk reduction planning. In **Madagascar**, adolescents participating in national climate consultations under the Today & Tomorrow Initiative pilot contributed directly to updates in the country's Nationally Determined Contribution (its post-2020 climate actions). And in 14 **Pacific Island countries**, more than 1,300 young people co-developed preparedness strategies and a girl-centred emergency action brief, ensuring that climate and disaster risk policies better reflect adolescent priorities. In **Thailand**, consultations with 105 adolescents informed policy recommendations for strengthening the protection of migrant, undocumented and stateless children on the move. UNICEF also supported essential youth-led initiatives in **Burkina Faso** and the **Niger**, including peer-led peacebuilding initiatives to foster trust and cohesion. In **Pakistan**, collaboration with the Pakistan Boy Scouts Association expanded community-based disaster risk reduction by mobilizing youth as first responders and reinforcing local resilience.

Insecurity, access constraints and funding volatility limited the scale, continuity and equity of adolescent programming in 2025. Marginalized adolescents, including those with disabilities and those who are displaced, continued to face barriers to participation and support. In 2026, to tackle these challenges UNICEF will strengthen integrated systems and expand flexible delivery models to ensure continuity in hard-to-reach areas – and will also deepen efforts to institutionalize youth-responsive systems to ensure youth participation is sustained and scaled up.

FIGURE 9: Emergency supplies.

Emergency supplies

In 2025, UNICEF delivered a record number of life-saving supplies to children in emergencies – more than $1.442 billion worth of supplies to 67 countries and areas, sustaining continuity of care for children affected by conflict, displacement and crises.



Localization[ii]

In 2025, UNICEF continued to advance the development of alternative formulations to reduce costs, strengthen local production and improve sustainability through the Alternative Ingredients for Malnutrition project (Project AIM). Traditionally reliant on milk powder and peanuts – which account for about two thirds of production costs – production can be heavily affected by breaks in the supply chain, often requiring imports that increase costs and delays. Under the Project AIM partnership, the International Food Policy Research Institute, the University of Ghent, the Governments of Burkina Faso and Ethiopia, Jimma University and UNICEF are working together to develop and conduct clinical trials on new formulations using alternative, cost effective ingredients that are more locally available. Expanding ingredient options allows producers to source more affordable and locally available inputs, reducing costs while supporting more reliable and financially viable production across countries. Soybeans and chickpeas – high in protein and widely grown in Africa and South Asia – have emerged as promising alternatives with a potential to reduce carbon emissions by up to 70 per cent.

Top commodity groups

$670.26 MILLION	$190.92 MILLION	$139.32 MILLION	$94.77 MILLION	$93.56 MILLION
Vaccines	Nutrition	Water, sanitation and hygiene supplies	Medical supplies and equipment	Pharmaceuticals

[i] This total includes all programme supplies going to Level 2 and Level 3 emergencies; all programme supplies for any new Level 2 or Level 3 emergencies, from the date they were declared; specific relevant orders for the countries in which only a region or part of the country is in an emergency; and specific supplies flagged as emergency supplies in countries facing Level 1 crises.

[ii] This is one example of UNICEF's efforts to optimize end-to-end supply chains, bringing planning, implementation and decision-making closer to children by strengthening national and regional production and procurement. More information on the humanitarian supply response, as well as UNICEF's efforts to strengthen coordination and efficiency in humanitarian supply chains, is available in the UNICEF Supply Annual Report 2025.

Humanitarian supplies

In 2025, UNICEF delivered $1.44 billion in supplies to support humanitarian action in 67 countries and areas, with 45 per cent going to Level 3 and Level 2 emergency responses. In some cases, pre-financed, centrally managed stockpiles enabled speedy delivery of life-saving supplies (s*ee Supply Spotlight for details on how such stockpiles enabled rapid responses to earthquakes in Afghanistan and Myanmar*.) For comprehensive details on UNICEF's global supply operations in 2025 for both humanitarian and development contexts, see UNICEF Supply Annual Report 2025: Supply in focus – Results for children achieved in close collaboration with partners around the world.

SPOTLIGHT Leveraging supply partnerships to strengthen emergency preparedness and response: Earthquake response in Myanmar and Afghanistan

The European Commission and UNICEF collaborated to strengthen emergency preparedness and response capacity through a global supply preparedness partnership to enable faster, more efficient humanitarian assistance during emergencies. Through pre-financed, centrally-managed stockpiles, humanitarian organizations like UNICEF can deliver life-saving supplies with greater speed, flexibility and cost-efficiency – an increasingly critical capability amid global supply disruptions and funding constraints.

While many organizations maintain stockpiles, the speed and effectiveness of these mechanisms depend significantly on how they are financed. The European Commission–UNICEF collaboration leverages pre-positioned funding that can be activated immediately, enabling deployment of emergency supplies without delay.

From its launch in October 2023, the European Commission–UNICEF partnership supported more than 30 emergency shipments and delivered more than 1,300 metric tonnes of pre-positioned emergency supplies through the end of 2025. In 2025 alone, the stockpile of supplies supported by this partnership supported responses to major crises in Afghanistan, the Democratic Republic of the Congo, Lebanon, Myanmar, the State of Palestine, the Sudan and the Syrian Arab Republic, as well as responses to mpox outbreaks in multiple countries in Africa, with supplies delivered to UNICEF, the World Health Organization, the United Nations Population Fund and national authorities.

Notably, the stockpile mobilized critical supplies within hours of sudden-onset crises. This included 'first flights' deployed to support earthquake responses in Myanmar in March and Afghanistan in August – helping ensure rapid life-saving assistance for affected populations.

Myanmar

Millions of children and families were left without access to safe water, healthcare and shelter after an earthquake struck Myanmar on 28 March. Collaborating with the European Commission and other partners, UNICEF mobilized immediately, dispatching two flights carrying 150 metric tonnes of life-saving supplies from the global hub in Copenhagen, complemented by an additional four tonnes from the global hub in Dubai.

The shipments included (among other supplies) emergency health kits for up to 10,000 people for three months; supplies for the prevention and treatment of acute watery diarrhoea for more than 5,000 people; midwifery kits to support 5,000 safe births; early childhood development kits for 3,600 children under age 6 years; and recreation kits for more than 15,000 children. Additional supplies critical to restoring health services in the earliest days of the crisis included overalls, surgical gowns, masks, obstetric kits, thermometers, scales and syringe disposal boxes that could support hundreds of medical workers.

These shipments formed the backbone of the immediate humanitarian response, allowing UNICEF and its partners to restore access to essential services and reach children in the hardest-hit areas. Pre-financing, pre-positioning and having a centrally managed stockpile enabled rapid mobilization despite challenging logistics and access conditions.

Afghanistan

After an earthquake shook Kunar, Nangarhar and neighbouring provinces of eastern Afghanistan on 31 August, UNICEF dispatched 124 tonnes of life-saving supplies from Copenhagen and Dubai, transported on European Union humanitarian charter flights.

The shipments included 8,800 blankets; warm clothing kits for 3,200 children 3 months to 16 years of age; medicines and medical equipment for up to 450,000 people for three months and for 2,500 safe deliveries; 7,000 family hygiene kits; and water storage containers for 10,000 families. Early childhood development kits for children under 6 years of age and recreation kits for children 6–18 years of age provided safe areas for play and psychosocial activities for 840 children.

As in Myanmar, complex access conditions and operational hurdles were a defining feature of the response environment in Afghanistan, necessitating sustained coordination and the flexibility to deliver assistance where needs were most acute. Warehousing and logistics support from UNICEF enabled timely dispatch and onward movement of supplies, ensuring continuity of operations amid multiple concurrent emergencies in the country.

The first of two shipments carrying life-saving relief supplies, donated by the European Commission from its humanitarian stockpiles, arrives in Kabul, Afghanistan on 4 September 2025. The supplies are to support children and families affected by the 6.0-magnitude earthquake that struck eastern Afghanistan on 31 August. Included in the shipment are tents and other emergency shelter items, clothing, medical supplies and water and sanitation supplies.

Strengthening preparedness through pre-positioning

UNICEF Supply Division strengthens global emergency preparedness by pre-positioning life-saving supplies in strategic hubs such as Copenhagen and Dubai, complemented by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG–ECHO) stockpile managed in Copenhagen. Integrating donor-funded reserves like those of DG–ECHO into the UNICEF logistics system enhances efficiency, coordination and scalability of its response operations. This pre-positioning strategy improves predictability, readiness and operational reactivity. The approach minimizes delays linked to procurement and transportation and enables fast-tracking deployment of essential items within the critical first 24–72 hours of sudden-onset crises.

UNICEF has also strengthened its emergency logistics support functions through targeted supply chain preparedness activities and by enhancing coordination, shipment visibility and operational oversight in complex and high-risk environments. Implementation of practical tools, standardized guidance and capacity-building initiatives have led to more consistent emergency processes and improved readiness at all levels. Better end-to-end shipment visibility and coordination mechanisms have enabled faster, more informed decision-making and better tracking of critical supplies in transit. In parallel, stronger oversight ensures greater accountability and adaptability in rapidly evolving contexts. These measures reinforced UNICEF's ability to respond swiftly and effectively to sudden-onset emergencies in 2025, ensuring that life-saving assistance reached children and families when they needed it most.

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Looking ahead

Young students arrive at Amamiria Boys' School in Kassala State, Sudan in December 2025. This UNICEF-supported school is one of Kassala's oldest public schools, and it continues to provide learning despite major disruptions caused by the crisis. At the start of the conflict, the school served as an internally displaced persons' shelter. The school currently has more than 600 students, among them 50 displaced children, including those who fled conflict in Al Fasher.

The school has received learning and teaching materials, school grants and teacher packages to ensure continuity of learning.

In the context of constrained funding and a hyper-prioritized global humanitarian response, renewed and systematic engagement by development actors, including international financial institutions, is needed to sustain essential services, protect development gains and reduce humanitarian needs in fragile and conflict-affected settings. A far more ambitious commitment to localization, grounded in the primary responsibility of States as the first line of response, is also necessary. Despite the financial constraints, we must find space for humanitarian action to increasingly invest in strengthening national service delivery systems for both preparedness and response, leveraging domestic financing for humanitarian outcomes and supporting shock-responsive social protection.

UNICEF remains committed to the centrality of protection in its humanitarian action, especially given the erosion of humanitarian norms aimed at protecting children and other civilians. In its Humanitarian Action for Children appeals, UNICEF will continue to ensure child protection and education interventions in emergencies remain an integral part of life-saving assistance and a cornerstone of hope for children's futures. Without them, children impacted by emergencies will carry the physical and psychological weight of violence, harm, fear and deprivation far into the future.

The new UNICEF Centres of Excellence will consolidate new ways of working to enhance the quality of humanitarian programming supporting children and families in emergencies. They will ensure rapid, coherent and effective programmatic technical assistance in an environment of constrained funding.

Flexible funding is crucial to rapid, equitable and multisectoral humanitarian action at scale. It is essential that UNICEF's partners leverage all tools available to maintain a healthy balance among different funding mechanisms, including country-based pooled funding, core funding to mandated humanitarian entities and bilateral contributions. Flexible funding, including global humanitarian thematic funding, ensures that UNICEF can continue to keep the entirety of children's needs at the centre of the humanitarian response.

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Young students smile and laugh in January 2025 at the Marie Auxiliatrice school in Delmas 45, Haiti, in the greater Port-au-Prince metropolitan area. High levels of violence have gravely impacted children's rights to safety, health and education.

UNICEF Results for children: 2025 in review

A girl washes her hands at Tamasgo Primary School in Torodo, Zorgho Commune, Plateau Central Region, Burkina Faso in March 2025. In the face of socioeconomic and climate shocks, as part of the Sahel Resilience Partnership, UNICEF, World Food Programme and Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) have improved water availability for agricultural production, nutritional quality of school meals and community food and nutrition security.

The year 2025 opened with many hopes: for a peace dividend for the children of the Syrian Arab Republic,[23] an astonishing 75 per cent of whom had been born into war[24]; for the ceasefire declared in mid-January in the State of Palestine to bring a lasting end to the violence inflicted on children there; for the recruitment and use of children by Haiti's armed gangs to cease; for children in the Sudan, and Myanmar, and in so many other places to be safe and healthy.

Tragically, this path to less violence and greater well-being for children was not to be realized in 2025, affected by forces that could not have been foretold as the year opened. UNICEF, to fulfil its mandate to protect the rights of all children, worked with partners to provide life-saving assistance for millions of children. At the same time, many others remained unreached due to access constraints; violations of international humanitarian law by parties to conflict; the volatile geopolitical environment; and the abrupt cuts to official development assistance that would reverberate throughout villages, towns, cities and countries, and through the corridors of aid agencies such as UNICEF, which spent the year working to save lives while undergoing significant organizational transformation to fit this new, uncertain era.

Mme Dembélé Bintou Diarra, mother of three, sits with her children Fatoumata, 2, and Mohamed, 6, while they eat some of the enriched porridge, in Att Bougou, Ségou, Mali in June 2025. Mme Diarra participates in a women's club that is part of the NEFAMA (Nouvelles Économies pour les Familles et les Aînés) programme to encourage healthy and preventive nutrition practices in an area experiencing malnutrition, insecurity and humanitarian crises.

© UNICEF/UNI726118/El Baba

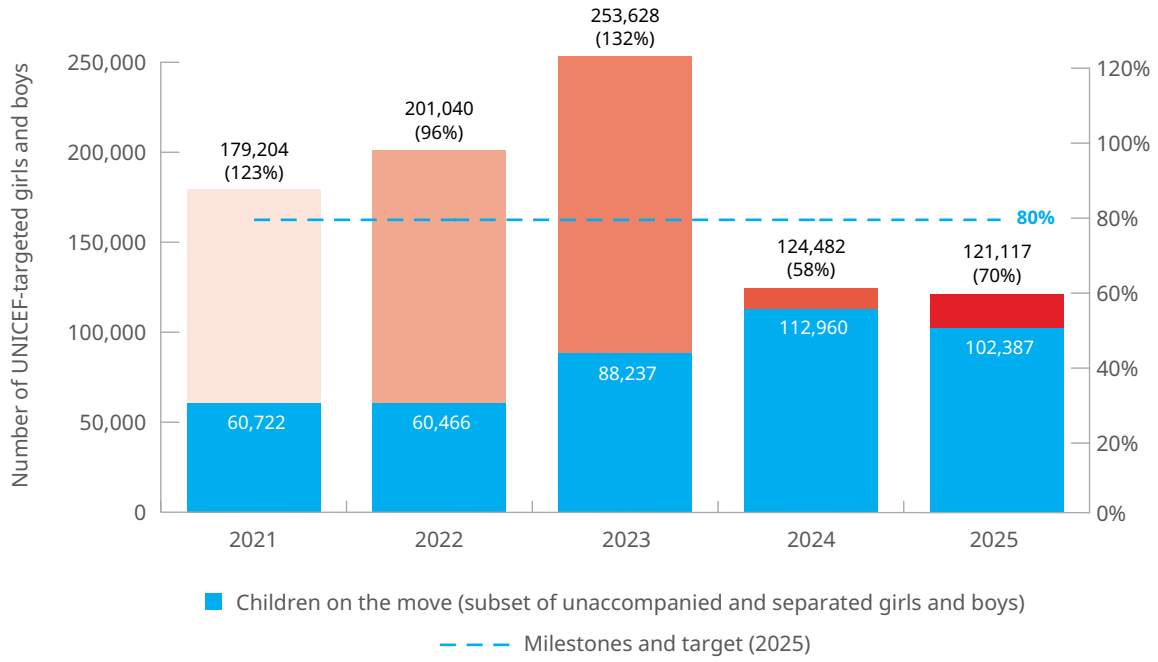
January

Children sit in the ruins of a destroyed building in Al Nuseirat, in central Gaza Strip, State of Palestine, in January 2025, as their families wait for the green light to begin their journey home to Gaza City and the northern areas after 15 months of displacement.

At the turning of the year, a small boat with migrants took on water off the coast of Lampedusa, an Italian island off the coast of Sicily, leaving more than 20 people missing, including women and children. Among seven survivors of the tragedy was an 8-year-old Syrian boy whose mother was among those unaccounted for.[25]

All told, between January and December 2025, mixed migration flows along the Mediterranean and Balkan routes brought 179,753 refugees and migrants to the Europe and Central Asia region, placing pressure on existing reception systems and social services. Among the arrivals were significant numbers of children, including unaccompanied and separated children. These children required specialized protection and care.[26] For the young boy in Lampedusa, UNICEF teams active on the ground notified the relevant authorities, who activated social services for the child and appointed a legal guardian. UNICEF engaged a lawyer specializing in family reunification and with extensive experience with the local judicial system, and ultimately facilitated the boy's reunification with his father in Germany.

FIGURE 10: Percentage of UNICEF-targeted unaccompanied and separated girls and boys in humanitarian contexts who were provided with alternative care and/or reunified.



Indeed, 'children on the move' – refugees, internally displaced persons, returnees and migrants, along with members of the communities that host them – make up a large part of UNICEF's story in 2025. During the year, UNICEF reached more than 7.8 million children on the move in 67 countries hosting refugees or internally displaced people, including in refugee camps, crowded urban settlements and host community areas, and at borders where children and families move in large numbers and face protection risks (*see Case Study 1*). Critical life-saving interventions included child protection, specialized child protection services (including mental health and psychosocial support) and education, health, social protection and WASH (including climate mobility) services. In partnership with the Global Refugee Youth Network, UNICEF supported refugee youth-led organizations in implementing community-driven initiatives across multiple countries. These included climate action in **Zimbabwe**, disability inclusion in **Malawi**, mentorship and skills development in **Kenya**, social cohesion and gender equality initiatives in **Ecuador** and **Jordan** and livelihoods and mental health support in **Uganda**. In each context, refugee youth assumed roles as decision-makers and implementers, strengthening locally grounded, sustainable responses.

The results of UNICEF action to assist children on the move are integrated throughout this report.

Syrian Arab Republic

The new year renewed hopes for the benefits of peace in the Syrian Arab Republic.[27] Nearly 2 million internally displaced persons (51 per cent children[28]) and 1.3 million refugees (57 per cent children[29]) returned to their areas

of origin or other locations within the country in 2025. The flows of returnees – along with economic hardships, drought-like situations and localized escalations of conflict – strained the country's fragile essential services. They limited people's access to livelihoods. Explosive ordnance threatened children, with 892 incidents recorded in the country between December 2024 and December 2025, killing 171 children and injuring 436. Beyond this danger, lack of access to water led to inadequate sanitation and to the proliferation of waterborne diseases, affecting millions of people.

UNICEF and its partners reached 7.1 million people, including 4 million children,[30] with life-saving interventions including access to primary healthcare and immunizations, WASH, child protection and education. There was an intense focus on reintegration support for returnees, including for reunification of conflict-affected children (*see Case Study 2*). Community-based and conflict-sensitive approaches helped support reintegration and social cohesion in areas experiencing significant return movements and pressure on essential services. The social protection response helped mitigate the combined effects of worsening food insecurity, economic contraction, environmental shocks and declining humanitarian funding on the most vulnerable children and their caregivers. Through its integrated social protection programme, UNICEF reached 22,782 families to benefit 86,708 highly vulnerable individuals (out of 150,000 targeted) in 11 governorates, including 50,499 children (24,565 girls). The Integrated Social Protection Programme for Children with Disabilities supported 6,367 children (2,630 girls) from host, displaced and returnee communities.

Access to healthcare was provided to a robust 75 per cent of UNICEF's initial target because mobile and fixed clinics operated in areas with high concentrations of returnees. Yet movements of people also made it difficult to provide humanitarian assistance. For example, reaching children under 1 year of age with three doses of combined diphtheria-tetanus-pertussis (DTP3)-containing vaccine fell short of expectations, primarily due to population movement and displacements in several areas, particularly the coastal region and As-Sweida. Wildfires also disrupted access to services. Increased flows of returnees to areas contaminated by explosive ordnance caused UNICEF to revise its target for explosive ordnance risk education and survivor support upward. Along with its partners, UNICEF ultimately reached nearly 850,000 people (707,199 children), or 95 per cent of the target, with prevention messaging and survivor assistance in this heavily contaminated environment. UNICEF continued to call for the international community to mobilize resources to strengthen the country's transition, ease sanctions and facilitate measures to strengthen recovery and reconstruction efforts.

State of Palestine

In the State of Palestine, a ceasefire in January 2025 brought hope that children and their families would at last be free from the bombardment, displacement and severe deprivation that had brought death and distress since the escalation of the conflict in October 2023. While the January ceasefire opened the way for greater levels of humanitarian assistance to reach children and families in the Gaza Strip, it was not to last. The ceasefire broke down in March, resulting in a reported 1,309 children killed and another 3,738 injured between the breakdown of the ceasefire and late May. Throughout the year, children and families in the Gaza Strip struggled to survive without enough food, medicine or shelter. Basic services were scarce and there were no fully functioning hospitals left in the Gaza Strip. By May, vaccines were running out. Malnutrition, already widespread and deadly, worsened: famine was confirmed in one part of the Gaza Strip, which is the Gaza Governorate (Gaza City area), from 1 July 2025 to 30 September 2025.[31] In the West Bank, including East Jerusalem, the situation of children deteriorated sharply in 2025. Security operations, escalation of settler violence, including through forced displacement and exposure of children to violence and detention, harmed children's psychological well-being. In the Gaza Strip, in October another fragile ceasefire ushered in cautious hope for children and families. Following this ceasefire, aid delivery noticeably increased and no area remained classified as famine. The availability of goods in the markets improved.

Amid the cycles of ceasefires and renewed conflict, UNICEF sought to assist 1.9 million people, including 842,500 children, in the State of Palestine.[32] Largely due to an increase from 32 to 61 in the number of UNICEF-supported healthcare facilities in the Gaza Strip, 840,246 children and women accessed primary healthcare (114 per cent of the target). And, despite widespread destruction of nutrition facilities, UNICEF helped partners re-establish services, increasing the number of sites in Gaza City from 7 to 57 and supporting a total of 197 active sites throughout the Gaza Strip. Mobile nutrition teams doubled from 10 to 20, expanding their reach to vulnerable children and women. These operations were important to addressing the acute malnutrition experienced by children in the State of Palestine, including the period of famine in the Gaza Strip, and were indeed life-saving: 351,429 children were screened for wasting (112 per cent of the target); 16,353 children aged 6–59 months were admitted for treatment of severe wasting (124 per cent of the target); and 69,845 were admitted for treatment of moderate wasting (137 per cent of the target).

In addition, 423,537 children and caregivers accessed community-based mental health and psychosocial support (121 per cent of the target) and 838,628 children and

caregivers received explosive ordnance risk education (156 per cent of the target). A total of 309,379 children accessed formal or non-formal education, including early learning (103 per cent of the target), and 231,351 children received individual learning materials (77 per cent of the target). Each month, up to 1.5 million people accessed a sufficient quantity and quality of water for drinking and domestic needs; and critical WASH supplies benefited 1.2 million people. UNICEF also delivered the largest disability-focused cash transfer in the region, supporting 26,500 persons with disabilities and distributing 106,500 disability kits/adult diapers and more than 700 accessible latrine add-ons. And, during periods of ceasefire and cautious hope, UNICEF supported child-centred consultation processes such as *The Gaza We Want*,[33] in which 11,000 children shared their visions and aspirations for Gaza's future through drawings, storytelling and other creative expression. This life-saving work was not without significant challenges: persistent violence, barriers to humanitarian access and restrictions on certain types of items required for restoring essential services. The water supply remained precarious: UNICEF and partners struggled to meet the Sphere minimum standards for potable water per person per day due to frequent damage to the key pipeline supplying water to northern Gaza Strip and due to power supply cuts to the Southern Gaza Desalination Plant, whose production plummeted from 18,000 cubic metres per day before the escalation of conflict to 1,000–2,000 cubic metres per day. Funding shortfalls – even for this appeal, which at 78 per cent funding was relatively well funded compared with many others – hampered the scale and sustainability of some life-saving work. In particular, the nutrition response faced a funding gap of 63 per cent, limiting the ability of partners to expand treatment and prevention services despite rapidly increasing malnutrition risks among children and pregnant and breastfeeding women, and despite the confirmation of famine between 1 July and 30 September. Similar resource constraints affected other sectors, where extensive infrastructure damage, restrictions on humanitarian access and shortages of fuel and essential supplies further complicated implementation of life-saving programmes.

"The world is facing ever growing humanitarian challenges, with a staggering 213 million children affected by crises worldwide in 2025. In the face of such widespread suffering, the unwavering commitment of our partners, like UNICEF, has been a source of profound hope.

Germany deeply values the speed and flexibility with which UNICEF delivers aid through its Global Humanitarian Thematic Funding (GHTF). This support is a lifeline for children and families in countries like the Sudan and the State of Palestine, offering a glimmer of security amidst chaos.

The impact of UNICEF's efforts in the State of Palestine is poignant: Here UNICEF ensured safe access to water for 1.7 million people in the Gaza Strip during the year – including 650,000 children – a fundamental necessity for survival. In addition, UNICEF provided multipurpose cash assistance for the most vulnerable, restoring dignity and empowering families to meet their most basic needs.

I would like to extend my deep gratitude to UNICEF and its dedicated team – your tireless efforts to help children in need, even in the face of huge challenges, is deeply appreciated.

Germany is proud to have contributed €6.5 million to GHTF in 2025, reaffirming our commitment as one of the fund's largest donors. We will continue to stand with UNICEF, advocating for its vital mission and urging other donors to join us in supporting children and families around the globe."

Dr. Julia Monar
Director-General for Crisis Prevention, Stabilisation, Peacebuilding and Humanitarian Assistance
German Federal Foreign Office

Lebanon

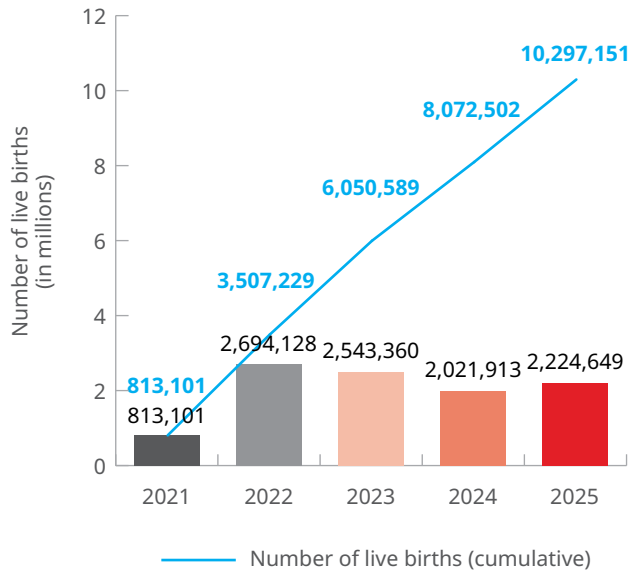
Economic decline, institutional strain and population movements contributed to Lebanon's complex, prolonged crisis in 2025. More than 1 million Syrian refugees remained in the country, with an estimated 120,000 new arrivals in 2025[34] fleeing insecurity in the Syrian Arab Republic. Lebanon also continued to host approximately 203,000 Palestinian refugees, including around 180,000 from Lebanon and 23,000 from the Syrian Arab Republic. Many lived in overcrowded camps and gatherings in difficult conditions. They faced restricted access to employment and high levels of poverty and food insecurity. An estimated 93 per cent of Palestinian refugees were living below the poverty line, with nearly 30 per cent experiencing acute food insecurity. And, out of an estimated 1.51 million school-aged children in Lebanon, nearly 420,000 remained out of school in 2025, the majority non-Lebanese. Barriers to accessing education included poverty, limited capacity within the public education system and broader socioeconomic pressures on households. Internal displacement of Lebanese continued in 2025 following the 2023–2024 escalation of conflict. Some families were unable to return home due to ongoing insecurity or lack of basic services. Those who did return often faced damaged homes and disrupted access to water, health and other essential services. Despite a ceasefire in November 2024, insecurity persisted in 2025, with 1,308 people, including children, reported killed or injured since the ceasefire was announced. Climate pressures added another layer of vulnerability as Lebanon experienced its worst drought on record in 2025. An estimated 1.85 million people in the country were living in areas highly vulnerable to drought, while more than 44 per cent of the population relied on costly and often unsafe water trucking.

UNICEF focused on meeting the needs of affected people throughout their displacement – in collective shelters and in host communities, on their return home and in border areas. Among the many facets of its life-saving response in Lebanon, UNICEF supported 912 public schools by covering attendance fees, school fund contributions and salaries of special contract teachers. This enabled 154,398 children (102,802 Lebanese and 51,596 non-Lebanese, and 48 per cent of the target) to access formal kindergarten–grade 12 education. While most schools resumed in-person learning during the year, 37 schools in high-risk areas continued remote education. To address the education needs of students who would otherwise have been without learning options, the UNICEF-supported Madristi digital platform enabled blended learning by providing more than 7,200 lessons for 62,865 users. Forty-six schools were equipped as hybrid learning centres to ensure continuity during emergencies. To advance inclusive education, UNICEF supported 117 public schools with 224 trained paraprofessionals, reaching 6,249 children with disabilities. Of these, 510 received assistive devices and 1,622 accessed therapy services. In response to increased population movements, UNICEF also provided integrated services to 5,797 children in 188 shelters in Baalbek-Hermel, in the Beqaa Valley in northeastern Lebanon. This also included the distribution of learning and recreational materials to 3,264 children.

Through 700 water station repair interventions and rehabilitation of 16 wastewater treatment plants, UNICEF brought water treatment levels in line with national standards and improved access to safe wastewater services for more than 1 million people.

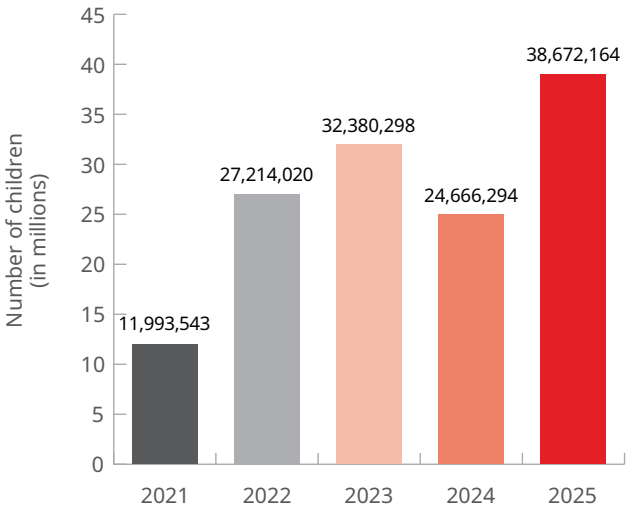
Saving lives through emergency health interventions and by preparing for and responding to public health emergencies

FIGURE 11: Number of live births delivered in health facilities through UNICEF-supported programmes.



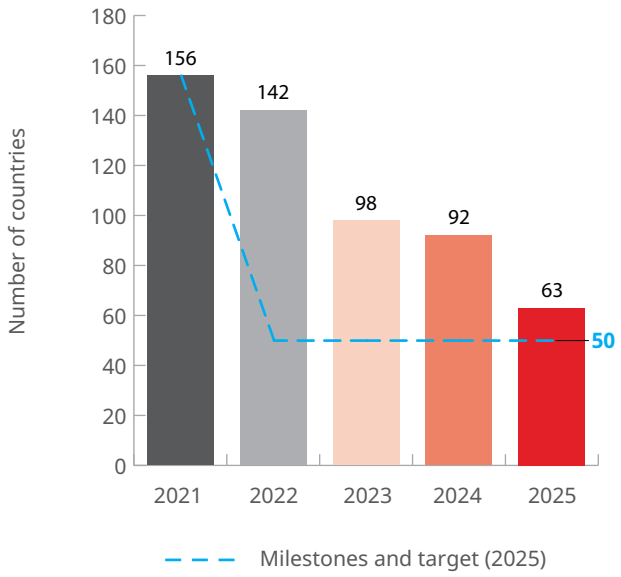
During 2025, UNICEF deployed staff to support emergency health responses in **Lebanon**, the **State of Palestine** and the **Syrian Arab Republic** and to **Haiti**, **Myanmar**, **South Sudan** and the **Sudan**. This helped remove operational barriers to life-saving services, including in cross-border and conflict settings. Altogether, UNICEF support helped deliver adapted and resilient primary healthcare during health emergencies in 63 countries in fragile and humanitarian contexts. Country offices delivered more than 16 million primary healthcare consultations for children and vaccinated 38.7 million children against measles, 99 per cent in high disease burden countries.

FIGURE 12: Number of children vaccinated against measles through UNICEF-supported programmes.



UNICEF worked closely with national Governments, WHO and other partners to provide technical, operational and programmatic support to respond to disease outbreaks in 63 countries. These included **Angola**, the **Democratic Republic of the Congo**, **South Sudan** and the **Sudan** for acute crises due to cholera outbreaks; **Uganda** for the Sudan virus disease outbreak; and **Ethiopia** and the **United Republic of Tanzania** for outbreaks of Marburg virus disease.

FIGURE 13: Number of countries in which UNICEF supported a timely response to outbreaks or other public health emergencies.



Globally in 2025, UNICEF spent more than $120 million to support country programming around public health emergencies. It finalized an internal Respiratory Pathogen Pandemic Preparedness Guide and launched a related global task team to guide the organization's readiness for pandemic influenza. The UNICEF Level 3 polio emergency procedures were in place for the polio response in multiple countries for the entirety of 2025, and Level 3 emergency procedures were in place for the response to mpox in multiple countries through 19 February 2025. In **Burkina Faso**, in early 2025, after an isolated poliovirus case was detected in a 3-year-old child in Diapaga health district, UNICEF supported two rounds of novel oral polio vaccine type 2 campaigns in 26 high-risk districts. More than 4.2 million doses were administered, including in hard-to-reach areas, with reported coverage exceeding 100 per cent. This shows the intense response necessary to contain outbreaks of polio and other infectious diseases.

UNICEF finalized and began implementing its Operational Response Framework for Public Health Emergencies during the year. This Framework guides multisectoral responses and integrates risk communication, community engagement and mental health into humanitarian health operations. In the **Democratic Republic of the Congo**, risk communication and community engagement activities helped the country reach more than 40 million people (20.6 million women and 19.4 million men) with messages on healthy and protective practices and prevention measures during Ebola, mpox, cholera, anthrax, polio and measles outbreaks. And, in partnership with the country's Ministry of Social Affairs, the National Mental Health Commission and civil society organizations, UNICEF expanded mental health and psychosocial support services in humanitarian settings. Rapid activation of such services during acute shocks, including during the Ebola outbreak in Kasai, enabled more than 757,000 children, adolescents and caregivers (41 per cent girls, 12 per cent women) to access valuable mental health support to help them cope.

In **Yemen,** where a sharp rise in acute watery diarrhoea/cholera resulted in more than 72,000 suspected cases and 201 deaths between January and September 2025, UNICEF was able to use global humanitarian thematic funding to rapidly mount a public health in emergencies response in areas where earmarked funding was either unavailable or significantly delayed (*see Case Study 3*). Meanwhile, **South Sudan** experienced the worst cholera outbreak since its independence in 2011. Between 28 September 2024 and 31 December 2025, 97,257 cholera cases and 1,600 deaths were reported in 9 of the country's 10 states and in all three administrative areas. In response, UNICEF supported integrated health, WASH and risk communication and community engagement interventions in high-risk areas. UNICEF supported training of 354 health workers in cholera case management and provided cholera response supplies to 88 health facilities. This strengthened case management capacity within cholera treatment centres and cholera treatment units and at outpatient rehydration points. UNICEF also delivered to affected states essential infection prevention and control and health emergency supplies valued at $236,420, including acute watery diarrhoea community kits (designed for rapid response to mild and moderate cases as close to the affected population as possible), personal protective equipment, oral rehydration salts and zinc and commodities for the cholera treatment centres and units. To further reduce cholera transmission, oral cholera vaccine campaigns occurred in high-risk areas, with 10.18 million doses allocated in 48 counties. Vaccination campaigns reached 8,688,484 people (85.3 per cent coverage), while mop-up campaigns in nine counties vaccinated an additional 233,970 people (98.1 per cent coverage). Although population movement, insecurity and logistical constraints delayed vaccination in some locations, these combined interventions contributed to improved outbreak control, as reflected in improved outcomes and reduced transmission: the case fatality rate (CFR) declined from 1.6 per cent to 0.5 per cent (real-time CFR), and the number of counties reporting cholera cases decreased from 55 to 7.

Globally, UNICEF strengthened multilateral coordination – for example, deepening collaboration with WHO to promote equitable access to and fair allocation of medical countermeasures, particularly for crisis-affected populations – and worked to ensure that countries affected by humanitarian and protracted crises are not left behind in global pandemic preparedness efforts. UNICEF coordinated with key implementing entities including WHO, FAO and the World Bank to channel resources towards the most vulnerable settings.

Social and behaviour change

Sustained work around social and behaviour change was crucial to responses to public health emergencies and to many other areas of the UNICEF humanitarian response. By integrating social and behaviour change into the earliest stages of humanitarian responses, UNICEF sought to ensure that humanitarian aid was not only delivered but also culturally accepted and utilized. This reflected the commitment to accountability to affected populations and to building long-term community resilience in increasingly volatile environments.

In close partnership with the Africa Centres for Disease Control and Prevention, UNICEF helped drive a coordinated, people-centred response to the multi-country mpox outbreak in 2025 by leading the risk communication and community engagement pillar within the Incident Management Support Team. UNICEF strengthened the capacity of more than 1,100 community health workers in priority countries including the **Democratic Republic of the Congo**, **Malawi** and **Nigeria** and oriented 28 African Union Member States on the Community Engagement in Humanitarian Action (CHAT) Toolkit to foster community trust. By leveraging Ebola-related best practices, UNICEF implemented context-specific messaging and protocols in **Kenya**, **Burundi**, and **Uganda** that enhanced early detection and community acceptance of vaccines. The Global Collective Service provided technical assistance to 13 countries to align national surge capacities, while the development of 10 standardized global frameworks enabled harmonized planning and real-time infodemic management. To ensure adaptive programming, UNICEF utilized findings from three rounds of Community Rapid Assessments to systematically refine behavioural strategies and messaging based on evolving community concerns and barriers.

In 2025, social and behaviour change in humanitarian settings became increasingly important given the proliferation of digital misinformation and intensifying climate-induced displacement, necessitating shifts towards community-led, localized strategies and moving beyond message dissemination to addressing structural and social barriers to service uptake. For example, during the cholera outbreak in **Mozambique**, the UNICEF social and behaviour change programme shifted towards a localized, "bottom-up" model. Instead of generic messaging, UNICEF invested in solar-powered radio equipment to ensure consistent communication reached hard-to-reach districts. By involving traditional leaders and local health committees, through this strategy UNICEF influenced 145,000 people (92 per cent of target) to adopt water treatment practices. A key factor in the success of this effort was community-led communication (via the solar-powered radios) that addressed specific local myths regarding the cholera vaccine – demonstrating how this type of outreach and communication work can strengthen national health systems from the ground up.

Globally, UNICEF reached more than 61 million people through evidence-based engagement during the year, focusing on high-risk public health threats including mpox and cholera and on the psychosocial impacts of conflict. An example of the latter occurred in **Nigeria**, where social and behaviour change interventions provided psychosocial support and life-saving information to more than 24,000 children and caregivers (105 per cent of target) following fatal attacks in Benue State. This was achieved through structured play and learning activities that allowed children to process trauma while learning essential health and protection behaviours.

CASE STUDY 1: Support for crucial services in government-led reception centres for migrants and refugees in **Serbia** strengthens family and community resilience.

Since 2015, UNICEF has supported refugees and migrants in Serbia, which is both a transit and temporary host country. Although overall arrivals have declined since 2024, the context remains volatile, with fluctuating movements of people, short stays and ongoing protection risks. Growing numbers of children, youth and adults who arrive have severe mental health challenges linked to prolonged displacement and cumulative trauma. Overcrowded reception centres, high stress levels and limited privacy place significant strain on families, particularly women who are caring for multiple children, including adolescents. In such environments, feelings of helplessness, dependency and loss of control are common among adults and young people.

With $73,000 in global humanitarian thematic funding in 2025, UNICEF and its partner, the Psychosocial Intervention Network, provided crucial services within Serbian government-led reception and asylum centres. The project included individual counselling, group support and psychoeducational workshops for children, youth and parents. Peer-to-peer mentoring sessions enabled young people to disseminate mental health knowledge within their communities through small-scale initiatives – which also shifted them from passive recipients of aid to active contributors within their communities (*see the adolescent participation and development section on page 14 for more on how UNICEF aims to do this globally*). Through structured psychoeducational workshops and via mentoring, young people developed communication skills, emotional literacy and leadership skills. Older adolescents supported younger children. This strengthened informal protection networks inside the centres by promoting solidarity, shared responsibility, mutual care and positive role modelling. In parallel, workshops and activities around gender-based violence awareness and response provided safe spaces for women (including mothers) and girls, reducing their isolation and strengthening resilience.

© UNICEF/Serbia/2025/PIN

Women participate in a safe, informal gathering as part of the UNICEF-supported workshops on gender-based violence awareness and response in Serbia in 2025.

Engaging multiple family members simultaneously also created a positive cycle within families: youth developed responsibility and autonomy while women had greater support, reducing overall household tension and enhancing protection outcomes. Workshop evaluations forms suggested that, over the long term, this model strengthens resilience.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- Delivery of comprehensive mental health and psychosocial support to 528 people, including 242 children (196 of them unaccompanied or separated children), through 152 structured workshops, strengthening their emotional resilience, enhancing their adaptive coping mechanisms and building supportive peer connections within refugee and migrant communities.
- Provision of targeted activities around gender-based violence awareness and response, including individual counselling, group sessions, psychoeducation and empowerment-focused support, to 31 women and girls. Safe spaces for women provided a place to process experiences, strengthen personal capacities and expand their support networks.
- 54 peer-to-peer activities enabled refugee and migrant children and youth to take on active roles as peer mentors, promoting mental health awareness and providing mutual support

Added value of global humanitarian thematic funding as a critical resource for response in 2025

"The Republic of Korea highly appreciates UNICEF's mission to protect and support children. In line with our policy priorities for empowering future and young generations, we fully recognize the importance of ensuring that every child is given the opportunity to learn, grow and realize their full potential through access to quality education, adequate nutrition and safe water, sanitation and hygiene services.

In particular, in 2025, partnering with UNICEF, we launched "Resilience for Children+" as part of our Humanitarian Assistance Initiatives. Through this project, we contributed to protecting the lives, health and well-being of children in six countries, including the Syrian Arab Republic, Myanmar and the Sudan.

Through these efforts, we have consistently strived to promote and protect the rights and well-being of children, especially those who are most vulnerable and disadvantaged. We look forward to further strengthening our partnership with UNICEF."

Lee Kyooho
Director-General, Development Cooperation Bureau, Ministry of Foreign Affairs, Republic of Korea

CASE STUDY 2: Amid large-scale returns of internally displaced persons and refugees, conflict-affected children in the **Syrian Arab Republic** receive the reintegration support they need, thanks to global humanitarian thematic funding.

In 2025, large-scale returns of internally displaced persons and Syrian refugees and the release and movement of children from camps and detention settings created urgent reintegration needs throughout the Syrian Arab Republic. Many of these children had experienced prolonged separation, stigma, exposure to violence and disruption of schooling and health services, heightening their risk of recruitment, exploitation and social exclusion. Reintegration required more than return. It demanded structured case management, family tracing and reunification, psychosocial support and sustained follow-up in communities.

Ruba, 8, and Sama, 6, participate in a drawing activity provided by a UNICEF-supported child protection team at a shelter in Sayyeda Zeinab, Rural Damascus, Syrian Arab Republic in September 2025. "Today I drew my house in As-Sweida, my school there, and a road," says Sama. "I'll use the road to go back one day."

UNICEF, in partnership with national authorities and local civil society organizations, supported coordinated reintegration pathways to ensure that conflict-affected children could safely reunite with their families and regain access to essential services. Thanks to nearly $200,000 in global humanitarian thematic funding, UNICEF enabled the safe return and reunification of 510 unaccompanied and separated children. Flexible GHTF also expanded access to protection interventions including specialized case management, structured mental health and psychosocial support, explosive ordnance risk education and parenting support to 18,000 children (including 9,250 girls). Through coordinated interventions linking child protection, access to justice services and health and community-based services, children released from detention or returning from high-risk settings received family tracing, individualized care plans and sustained follow-up. Thematic resources also strengthened UNICEF's rapid-response capacity to provide reintegration support in complex and volatile environments, so that children affected by armed conflict could be protected from further harm and supported to rebuild family connections and access the services they need.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 18,000 children (including 9,250 girls) reached with integrated, community-based approaches in all 14 governorates, including specialized case management, mental health and psychosocial support, reintegration assistance, parenting programmes and explosive ordnance risk education.
- The safe return and reunification of 510 unaccompanied and separated children.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

CASE STUDY 3: WASH assistance, made possible by global humanitarian thematic funding, helps children and families in **Yemen** stay healthy amid flooding and an outbreak of acute watery diarrhoea/cholera.

In 2025, Yemen experienced recurrent flooding affecting more than 354,400 people in 19 governorates, as well as a sharp rise in acute watery diarrhoea/cholera – driven by collapsing water systems, flood-related contamination and overstretched health facilities – that resulted in more than 72,000 suspected cases and 201 deaths between January and September 2025. Floodwaters contaminated drinking water sources, damaged sanitation networks and caused sewage to overflow in overcrowded settlements of internally displaced persons, significantly increasing the risk of waterborne disease outbreaks. In addition, in the governorate of Taiz, widespread fuel shortages threatened the collapse of major urban water systems, putting thousands of people at immediate risk of losing access to safe water. Local authorities lacked the technical and financial capacity to repair damaged systems or sustain service continuity under these conditions.

With support from UNICEF, floodwater was pumped out of a schoolyard in Aden, Yemen in September 2025, to help ensure the continuation of education and protect students from potential risks.

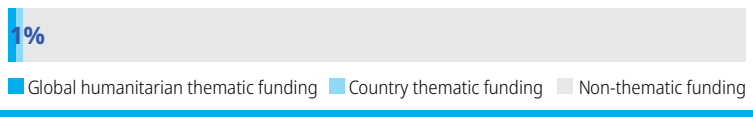
An allocation of $1.2 million in global humanitarian thematic funding enabled UNICEF to rapidly respond in areas where earmarked funding was either unavailable or significantly delayed. Thanks to global humanitarian thematic funding, UNICEF implemented a fast and targeted WASH response in Aden, Dhamar, Hajjah, Marib and Taiz, reaching 184,000 people (44,302 men, 43,583 women, 49,247 boys and 46,868 girls). In Taiz, the funding went to emergency fuel, preventing the shutdown of major wells and pumping stations and sustaining water access for tens of thousands of people. In settlements of displaced persons in the governorates of Hajjah and Marib, where flooding had destroyed sanitation facilities and contaminated boreholes, UNICEF delivered an integrated WASH–health–nutrition response encompassing water chlorination, hygiene kits, emergency latrine repairs and behaviour change messaging aimed at reducing cholera morbidity in malnourished children. In the cities of Aden and Dhamar, interventions focused on restoring and stabilizing damaged sanitation networks, desludging overflowing systems and rehabilitating flood-affected water infrastructure. UNICEF rolled out hygiene-promotion activities in all targeted governorates with a focus on cholera prevention, complementing broader public health efforts in high-risk communities. The flexible funding enabled the achievement of significant results (repair of systems, restoration of water supply, desludging, distribution of supplies) that directly contributed to reducing people's exposure to waterborne disease, improving hygiene conditions and strengthening public health environments in highly vulnerable communities.

Resources also covered field supervision, partner mobilization and specialized technical support – all essential for maintaining implementation quality across dispersed and hard-to-reach locations. Throughout the response, UNICEF worked closely with local water corporations, national non-governmental organizations and WASH cluster partners to ensure coordinated, efficient and high-quality delivery in all targeted governorates.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 184,000 people (44,302 men, 43,583 women, 49,247 boys and 46,868 girls) reached with critical WASH services.

Added value of global humanitarian thematic funding as a critical resource for response in 2025



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February

Children play in the water in front of a reservoir installed by UNICEF at the Kanyaruchinya displacement site near Goma, North Kivu Province, Democratic Republic of the Congo in February 2025. This reservoir installation was part of a Goma water network extension project to ensure a continuous supply of safe water to the Bushagara, Bushara and Kanyaruchinya displacement sites, and for the local population.

By February it became clear that the funding for life-saving humanitarian action was at risk, as key resource partners made decisions to cut – or even immediately halt – funding to critical areas of humanitarian action. Many UNICEF programmes – and therefore children's lives – were impacted either by funding suspensions or, beginning in March, by the need to undertake "hyper-prioritization" of humanitarian interventions as part of the Humanitarian Reset. The rest of the year would be significantly shaped by dramatic funding and geopolitical shifts – and intensification of reforms – that would have a deep impact on the lives of children living through emergencies and on the humanitarian organizations that sought to assist them.

Colombia

The funding cuts and major shifts in the geopolitical environment that began in February caused UNICEF to focus its work in **Colombia** largely on preventing and responding to serious protection violations. In 2025, about one third of all humanitarian spending in Colombia was for protection interventions. Key among these was an intervention in areas of Cauca and Chocó departments targeting children severely affected by conflict, displacement, confinement and risks of recruitment; and another that enabled a large-scale response to a severe displacement emergency in Catatumbo region. UNICEF also deliberately integrated protection principles into all sectoral interventions. For example, education interventions were leveraged as vehicles for both learning and protection, with mine risk education and mental health support brought into the classroom setting. A total of 43,688 children received explosive ordnance/landmines prevention and/or survivor assistance during the year, 32.3 per cent of the target. More broadly, UNICEF intentionally worked to strengthen local systems and support existing capacities. This included extensive capacity-building of public officials, Indigenous authorities, teachers, health personnel, essential service providers, front-line workers, parents and caregivers, community and religious leaders, local facilitators, WASH committees and networks of children and adolescents. It encompassed greater community leadership and local coordination. This reduced reliance on external surge capacity and was expected to ensure more durable, nationally led humanitarian outcomes.

Democratic Republic of the Congo

In February, the capture of key cities in eastern **Democratic Republic of the Congo**, including Goma and Bukavu, triggered the dismantling of existing displacement sites and large-scale population movements (including new waves of displacement). UNICEF declared a Level 3 corporate emergency response as the acute humanitarian needs of children worsened. Children were increasingly exposed to sexual violence, abduction and recruitment. Children made up 35 to 45 per cent of the nearly 10,000 cases of rape and sexual violence reported to protection actors in January and February 2025.[35] By the end of 2025, around 10 million people, including internally displaced persons and returnees, were on the move in four eastern provinces, with constant new displacements. The collapse of key health system functions, along with large population movements, caused infectious diseases to proliferate throughout the country, including outbreaks of measles, mpox and cholera. In North Kivu, South Kivu

"Children are hardest hit by the increase of war and conflict as well as famine and climate-related disasters. They lose their sense of safety first, are forced to leave their homes, risk going hungry and miss out on their education. Young girls are especially affected, also due to the risk of being subjected to sexual violence. Authoritarian regimes and non-state armed groups are increasingly impeding humanitarian access. The humanitarian system must become more effective in responding to the growing humanitarian needs in the midst of a global reduction in funding. To help the growing number of children affected by crises, the international community must prioritize efforts to reduce humanitarian needs, expand the donor base, ensure humanitarian access, become more localized in the response and strengthen the effectiveness of humanitarian assistance. Sweden is proud to be a key contributor to UNICEF's humanitarian work, enabling UNICEF to respond swiftly and efficiently in delivering aid to children, including in the most urgent and underfunded crises."

H.E. Mr. Benjamin Dousa
Minister for International Development and Foreign Trade, Sweden

and Ituri provinces, persistent insecurity closed nearly 3,000 schools, leaving 1.3 million children out of school, including around 600,000 girls.

Millions of children required protection, life-saving health interventions, clean water for disease prevention and education opportunities, but insecurity and shifting front lines severely hindered humanitarian access and the ability of UNICEF and partners to meet children's needs. Critical airports in Goma and Bukavu were closed, so staff and supplies had to be rerouted. Road infrastructure was limited. Additionally, the banking system in areas controlled by one of the armed groups was shut down. Announced funding suspensions added difficulty and an unexpected uncertainty to an already challenging aid delivery environment.

The UNICEF Rapid Response Mechanism (UniRR) – which provides non-food items along with critical health and nutrition services – was the primary vehicle for assisting violence-affected children and families in the eastern provinces and among the first sources of assistance to people after the captures of Goma and Bukavu. Through 46 separate rapid response interventions, UNICEF provided life-saving assistance to more than 1 million crisis-affected people (92 per cent of the goal) in 2025, including 183,050 women and 664,098 children (318,767 girls and 345,331 boys) in the four target provinces of North Kivu, South Kivu, Ituri and Tanganyika. Flexible funding, including allocations of global humanitarian thematic funding, enabled UNICEF to maintain critical UniRR services despite operational and funding challenges.

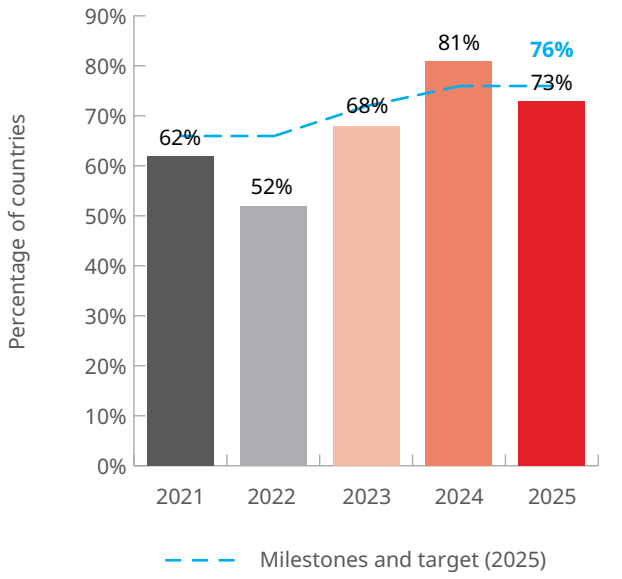
To address needs linked to the proliferation of sexual violence, including gender-based violence, UNICEF scaled up survivor-centred services through health facilities and community structures, with 22,992 survivors (around 3.4 per cent boys) accessing conflict-related sexual violence response services supported by UNICEF. UNICEF established safe and confidential support services in high-risk areas of South Kivu, including direct cash transfers for 672 survivors. Altogether, systematic integration of gender-based violence risk mitigation into child protection, education, WASH and nutrition programmes benefited 1 million women and children, 66 per cent of the target. With family separation a major consequence of displacement, UNICEF carried out case management (identification, interim care, family tracing, reunification) for 16,021 unaccompanied and separated children (47 per cent girls), including those in hard-to-reach and insecure areas. Rapid deployment of more than 300 para-social and social workers, including members of displaced communities, enabled uninterrupted service delivery during escalations of violence, notably the captures of Goma and Bukavu.

As was the case elsewhere in 2025, funding cuts brought operational uncertainty and even closure to many of UNICEF's partners in the Democratic Republic of the Congo. This weakened last-mile delivery. Reduced resources for cluster coordination hampered planning and prioritization of front-line services, further limiting response capacity. Beyond their operational impacts, the funding cuts eroded community trust, undermining humanitarian access and acceptance in critical areas.

Child protection

Extreme harms to children – and their need for protective environments and child protection services – were not unique to the Democratic Republic of the Congo but an inescapable fact for millions of children during the year.

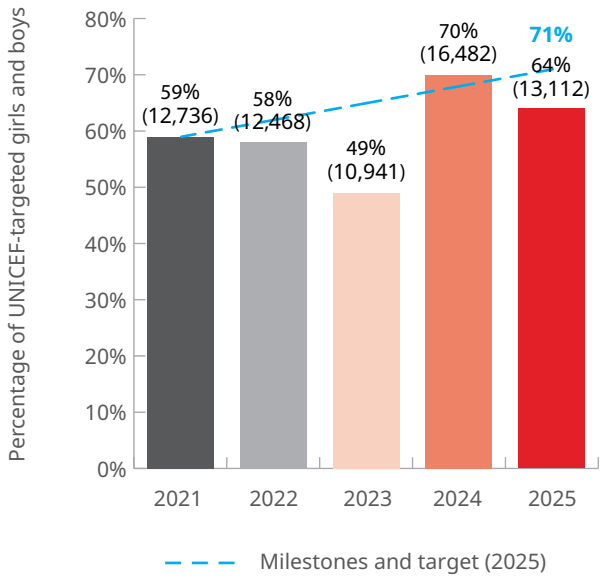
FIGURE 14: Percentage of countries experiencing conflict having a system in place to document, analyse and use data about grave child rights violations/other serious rights violations for prevention and response.



Fewer resources globally, along with the drawdown of some United Nations peace operations, has diminished the capacity of the United Nations to monitor, report and respond to grave violations.[36] The polarization of the Security Council has also had a direct impact on the advancement of this critical work, specifically hampering the ability of the Security Council Working Group on Children and Armed Conflict to issue timely, actionable conclusions. And sustained funding cuts for child protection have had a compound effect on monitoring of grave violations in countries because they have reducing front-line staff providing response programmes in conflict zones – particularly impacting local and national actors. For its part, UNICEF continued to implement the children

and armed conflict agenda, monitoring and reporting grave violations against children, although with severe financial and political challenges both within countries and globally. In the **Central African Republic**, for example, lack of child protection funding caused staff reductions, which narrowed geographic coverage, while the number of implementing partners declined from eight to three, limiting reach and targets. This loss of trained personnel weakened monitoring and reporting capacities. And the closure of partner programmes and offices meant child protection officers were absent at the subprefecture level.

FIGURE 15: Percentage of UNICEF-targeted girls and boys who have exited an armed force or group and who have been provided with protection or reintegration support.



Globally, in 2025 UNICEF supported protection and reunification of 13,112 children who had exited armed forces and groups. This result was 3 per cent lower than in 2024, due to insecurity, funding shortfalls that curtailed reintegration activities in **Mozambique** and **Myanmar** and other places and because of the complete suspension of some activities, as occurred in the **Central African Republic**. Nevertheless, UNICEF continued to engage with national authorities and other partners on the adoption of protective frameworks for the identification, release and reintegration of children formerly associated with armed forces and armed groups. This includes the continuing dialogue on the development of handover protocols in **Mozambique** and the adoption in **Libya** of guidelines for the handover of children associated with armed forces and groups to child protection actors and for the prevention of child recruitment. In **Nigeria**, UNICEF and its partners prioritized protecting children leaving armed groups in Adamawa, Borno and Yobe states in the northeast, ensuring their safe release, transferring them to civilian care and supporting their long-term reintegration. This focus resulted in 4,154 children (2,084 girls and 2,070 boys) leaving armed groups and 60 children being released from Nigerian military custody and handed over to civilian authorities, in line with the Handover Protocol. These results exceeded the target of 4,000 children. All released children received temporary care, case management, mental health and psychosocial services and assistance with reintegration. Preventing re-recruitment and reducing stigma were key goals, so with UNICEF support 1,055 adolescents completed technical and vocational training tailored to their individual reintegration plans.

In **Haiti**, the PREJEUNES programme was launched in July 2025 to provide a national framework to prevent recruitment of children by armed groups and to provide for children's safe release, care and reintegration. UNICEF recruited and trained 50 social workers with the Institute of Social Welfare and Research and built capacity within the Brigade de Protection des Mineurs (part of the national police of Haiti) to improve case management, referral systems and operational readiness. A significant milestone was the operationalization of the Pwojè Espwa Centre in Les Cayes, in Sud Department, which was transferred to the Institute of Social Welfare and Research and will be rehabilitated by UNICEF. One of Haiti's two transit and orientation centres, the facility provides safe accommodation, psychosocial care, non-formal education, health services and reintegration preparation for children formerly associated with armed groups. UNICEF established 15 child protection committees within local communities, supported 10 women's groups and reinforced coordination mechanisms throughout the country to enhance early identification and safe referral of children at risk. Awareness raising activities reaching 28,523 people sought to reduce stigma and increase community acceptance of children returning from armed groups. While UNICEF provided care and support for reintegration to 194 children exiting armed groups and forces in Haiti during the year, this was under 50 per cent of the target – a lower reach attributed to a combination of lack of funding (including a funding suspension from one donor in January 2025) and to severe access constraints due to insecurity.

Globally, UNICEF reached more than 10 million women and children in 2025 with services to prevent, mitigate the risks of or respond to gender-based violence response. While substantial, this was just half the number of people reached with these interventions in 2024 – a direct result of the significant funding cuts in 2025. UNICEF continued to invest in equipping front-line service providers to provide high-quality care for child survivors of sexual violence. Since the release of the revised Caring for Child Survivors (CCS) package in 2024, UNICEF and partners have reached more than 5,000 service providers in more than 20 countries – with hundreds of individuals also trained to train others. The CCS resources are

now available in 11 languages and as an e-learning course. Promising avenues for expanding the reach and effectiveness of gender-based violence prevention and response were piloted in **Ethiopia** and **Nigeria**, where gender-based violence services were integrated into nutrition programming. This pilot model, carried out in partnership with International Medical Corps, has shown great potential for efficiently addressing the intertwined challenges of gender-based violence and malnutrition. In the pilot, the integrated approach increased access and uptake of both nutrition and gender-based violence programmes, including through reducing stigma and broadening the perceived purpose of service points. Women and caregivers valued being able to connect with both types of services more easily. Staff also reported improved confidence in performing their day-to-day responsibilities.

UNCEF remained a leader globally in humanitarian child protection case management in 2025, despite the funding and operational challenges of the year. Working closely with partners, UNICEF reached 688,317 children in 71 countries with case management (78 per cent of the target), more than 57 per cent of them children on the move. UNICEF supported 121,117 unaccompanied and separated children with alternative care, family tracing and reunification (70 per cent of the target); 59 per cent of these children were reunified at the end of the year. Nearly two thirds of the unaccompanied and separated children UNICEF worked with were over 10 years of age, with persistent vulnerabilities among older boys. In the **Sudan**, 20,000 unaccompanied and separated children benefited from family tracing, reunification and alternative care services, surpassing the target by more than 40 per cent. The increase was partly due to rising numbers of unaccompanied and separated children following the intensification of conflict in Kordofan and North Darfur provinces, and partly due to improvements in the inter-agency response, especially the revitalization of the UNICEF-led case management task force and the reactivation of the digital child protection information system in the country (CPIMS+/PRIMERO), which has now been adopted by most child protection actors there. These combined efforts enhanced data quality, strengthened follow-up and improved coordination – ultimately leading to more effective assistance for children. Globally in 2025, CPIMS+ was operational in 42 humanitarian and development contexts and supported the management of 1.77 million cases.

Explosive weapons are the leading cause of child deaths and injuries in conflict settings. Globally,[37] the share of child casualties attributed to explosive weapons rose from 49.1 per cent in 2020, to 68.3 per cent in 2023, and to 69.2 per cent in 2024. UNICEF reached more than 4.8 million children in 20 countries (more than 4.6 million children in humanitarian settings) with life-saving explosive ordnance risk education and supported more than 5,900 child survivors in 14 countries with victim assistance. UNICEF also advocated for endorsement and full implementation of the EWIPA Political Declaration[38] while pushing for policy discussions in multiple forums on the impact of explosive weapons on children. In November 2025, UNICEF issued fact sheets covering 26 conflict settings (based on United Nations-verified data) to raise awareness of this threat to children.

In the face of global funding cuts, the Alliance for Child Protection in Humanitarian Action, which UNICEF co-leads, accelerated its inter-agency advocacy efforts to ensure child protection remained central to humanitarian policy and funding decisions.

March

On 31 March 2025, a man rides a motorcycle with children and a woman on board past a collapsed building in Sagaing, Myanmar. A 7.7-magnitude earthquake struck central Myanmar on 28 March.

On 10 March, the Emergency Relief Coordinator launched the Humanitarian Reset, which went on to significantly impact the ambition and shape of humanitarian efforts during the year and beyond. One day later, the United Nations Secretary General followed suit with the UN80 Initiative, which encompassed the entire United Nations system. (*See Strategic Context for details.*)

Myanmar

On 28 March, a 7.7-magnitude earthquake in **Myanmar** flattened communities in the country's centre. The earthquake destroyed homes, schools, hospitals, electricity and roads and drove acute humanitarian needs among 2 million people who were already exposed to conflict, displacement and economic instability. UNICEF and its partners provided relief under severe access constraints, insecurity and infrastructure damage. UNICEF and its partners provided life-saving assistance to more than 160,000 earthquake-affected people, 65 per cent of them women and children. This was possible because UNICEF's existing partner networks were able to pivot rapidly during the sudden-onset emergency. (*See Supply Spotlight, page 17, for details on the supply response to the earthquake*).

The 2 million people impacted by the earthquake were among the 21.9 million people, including 6.9 million children, who required humanitarian support in Myanmar in 2025, including more than 3.6 million displaced people (one third of them children). In Rakhine State, intensified conflict coupled with movement restrictions cut off an estimated 500,000 displaced people – including 235,862 stateless persons – from basic services. In most of Rakhine State, children had already been out of school for three consecutive years. In fact, conditions there have prompted more than 143,000 Rohingya to flee Myanmar since late 2024 to join the 1 million refugees already in camps in Cox's Bazar, **Bangladesh** (*see page 71 for information on the UNICEF response in Bangladesh*).

Overcoming the fighting, insecurity and access restrictions that impeded humanitarian operations, UNICEF was able to support continuation of essential services by working through local partnerships and using integrated programming approaches. Mobile teams, outreach and partner-supported facilities sustained primary healthcare services accessed by more than 550,000 women and children. These results nonetheless fell short of the target of 700,000 due to persistent access limitations and service disruptions. Measles vaccination reached nearly 547,000 children aged 6–59 months (out of a target of 800,000). The difficulty in maintaining continuity of care for displaced and conflict-affected populations is illustrated by results for pregnant women receiving antenatal care: while 134,577 pregnant women received at least one antenatal care visit in 2025, only 9,698 received four or more visits. To overcome numerous barriers to providing emergency health support, UNICEF relied on local partnerships and adaptive measures, including securing approval for local procurement of select medical supplies.

Ultimately, UNICEF and its partners reached 4 million people in Myanmar with humanitarian assistance in 2025, including 3.2 million children. Nearly 2.5 million children received vitamin A supplementation, exceeding the target of 2.1 million; more than 1.2 million people were reached with safe water, exceeding the target of 759,000; and more than 850,000 children accessed learning, 92 per cent of the target. More than 23,000 people with disabilities, including children, received specialized services (*see Case Study 4*). But not every target was fully or even largely met. For example, increased construction costs and logistics restrictions meant that UNICEF was able to achieve only 41 per cent of its sanitation target. Provision of safely managed and gender-segregated facilities continued where possible, but behaviour change interventions were hindered by people's fear of public gatherings and reached only 46 per cent of intended coverage. Overall, results in Myanmar remained below revised (post-earthquake) targets in several sectors due to persistent funding shortfalls, access constraints and operational disruptions. With only 25 per cent of required humanitarian funding for Myanmar received in 2025, UNICEF prioritized life-saving interventions, and some services were limited in scale and continuity. UNICEF also reduced preventive, recovery and system-strengthening activities. Even so, coverage of life-saving interventions remained uneven across geographic areas.

Preparedness and anticipatory action

UNICEF integrated anticipatory action even more robustly into humanitarian preparedness and response in 2025. The UNICEF response to Tropical Cyclone Jude, which impacted **Mozambique** in March 2025, was made better because a UNICEF-supported anticipatory action framework was in place that enabled pre-agreed actions (early mobilization of WASH supplies, child protection services and temporary learning supplies) in anticipation of the storm. This improved the timeliness and reach of interventions, which reached 130,500 people in 4,850 households. In the first quarter of the year, two tropical cyclones, Jude and Tropical Cyclone Dikeledi (January 2025), affected more than 1.3 million people in the country and caused significant damage to essential infrastructure, including health facilities and more than 3,000 classrooms, interrupting education for more than 365,000 students and 5,200 teachers and worsening the country's ongoing cholera outbreak. These significant weather events occurred alongside prolonged drought conditions linked to El Niño, which contributed to deteriorating food security and increased nutrition risks for children and women. Yet these climate-linked disasters were only a part of the humanitarian story in Mozambique: the violence of

the ongoing insurgency in Cabo Delgado Province and in parts of Nampula Province continued to displace people and disrupt their access to basic services. More than 609,000 internally displaced persons, more than half of them children, required assistance, alongside more than 701,000 returnees. Global humanitarian thematic funding enabled UNICEF to more efficiently target and deliver life-saving health and nutrition services to some of the most vulnerable conflict- and climate-affected populations in Mozambique (*see Case Study 5*).

The anticipatory action in Mozambique was one of 14 country- and risk-specific frameworks activated in 2024–2025 that enabled life-saving anticipatory actions in nutrition, WASH, health, education, child protection and humanitarian cash ahead of forecasted shocks. Evidence from activated anticipatory action frameworks and preparedness simulations indicates earlier reach, improved timeliness and more efficient use of humanitarian resources.[39] UNICEF will roll out a new anticipatory action strategy for 2026–2029.

In **South Sudan**, UNICEF pre-positioned critical supplies in high-risk areas across Jonglei, Upper Nile and Unity States and in parts of Greater Equatoria State, prioritizing locations projected to face worsening malnutrition and heightened risk of cholera. Integrated Food Security Phase Classification (IPC) projections and early warning data shaped UNICEF's advance scale-up of nutrition responses in areas with 'emergency' (IPC Phase 4) level food insecurity across Unity, Jonglei and Upper Nile States. The same was done in locations hosting populations in catastrophic (IPC Phase 5) conditions – Pibor, Luakpiny/Nasir, Ulang and Malakal – to mitigate the severity of emerging shocks and enable timely support to reach the most food-insecure populations. In **Burkina Faso**, using global humanitarian thematic funding, UNICEF delivered an integrated humanitarian response to internally displaced persons and vulnerable host populations in hard-to-reach areas of Morolaba, Dori, Dédougou, Diabo, Dori, Di, Kaya, Pibaore, Yalgo and Pensa – a response enabled by the strategic pre-positioning of supplies (WASH kits and non-food items) and use of localized supply chains (*see Case Study 6*). In total, 6,707 households (55 271 people, including 29,158 children) received essential household non-food items. At distribution points, children accessed nutrition screening, education interventions (including identification of at-risk students) and mental health and psychosocial support. Global humanitarian thematic funding covered supplies, logistics, community-based service delivery, and technical supervision, ensuring coordinated implementation across sectors in hard-to-reach areas. The preparedness strategy this flexible funding supported was crucial in delivering timely services in places that were hard to reach. To maintain service delivery despite logistical and security challenges in **Haiti**, nutrition supplies were systematically pre-positioned in regional warehouses and integrated supply depots, with a 'last mile distribution' mechanism established to facilitate timely delivery to peripheral health facilities. In anticipation of Hurricane Melissa, 6,537 cartons of ready-to-use therapeutic food were pre-positioned in 255 health institutions in the Grand Sud. This enabled a swift and effective post-hurricane response: 10,846 children under age 5 were screened in affected areas, 302 children identified with severe wasting and 687 with moderate wasting – all of whom received appropriate care.

Globally, UNICEF used its quarterly horizon scan process to identify critical preparedness needs, resulting in an allocation of $3.5 million in global humanitarian thematic funding in 2025 to nine country offices and one regional office for risk mitigation around armed conflict, drought, flooding, cyclones and public health emergencies. In addition, UNICEF allocated $800,000 in global humanitarian thematic funding to strengthen preparedness in five country offices by pilot testing the new Emergency Preparedness Platform 3.0, which will improve measurement of preparedness and data-driven risk analysis. Global humanitarian thematic funding was also critical to preparedness in the Pacific, where pre-positioning of supplies and the early response this afforded helped save children's lives and enhance their well-being in the first quarter of 2025, following an earthquake in Vanuatu in late December 2024 (*see Case Study 7*).

CASE STUDY 4: Leveraging the disability data registry to deliver inclusive cash and services after the earthquake in **Myanmar**.

The 7.7-magnitude earthquake that struck central Myanmar on 28 March 2025 exposed the heightened risks faced by children with disabilities and their caregivers. Rather than creating parallel emergency mechanisms to meet urgent needs due to the earthquake, UNICEF and partners built their response on pre-existing disability-inclusive social protection mechanisms. Through the Disability Management Information System and established partnerships with organizations of persons with disabilities, UNICEF rapidly identified children and adults with disabilities within the existing data registry, assessed their needs and tailored outreach and support.

Within four days of the earthquake, despite major communication outages, UNICEF mobilized the existing call centre infrastructure (which typically supported a variety of programmes) to conduct a targeted needs assessment by calling 430 households in the five affected regions. Families reported damaged homes, lack of essentials, disrupted livelihoods, loss of assistive devices and major barriers in accessing health, education and protection services. Nearly 80 per cent of respondents identified cash assistance as their most urgent priority.

Aung Kaung Myat, 7, practices walking with the help of an assistive walker he received through UNICEF's disability programme, as his mother, Daw Moe La, watches proudly outside their home in Taung Pyo village, Taunggyi Township, Shan State, Myanmar in July 2025.

Altogether, through earthquake and other humanitarian response in the country, in 2025, UNICEF reached 141,320 people in 62,398 households with humanitarian cash assistance through complementary modalities, including the Child Disability Benefits scheme. Disability-inclusive programming recorded significant gains: the number of people registered in the DMIS increased following the earthquake, bringing the total to 75,858 people registered as of May; and 23,025 people with disabilities received assistive devices and specialized services, including emergency assistive technology kits facilitated through ATscale. Additionally, 2,471 community and front-line workers were trained to deliver inclusive, accountable and gender-responsive services.

Myanmar's earthquake response shows that disability-inclusive social protection registries and call centres are not only development investments, but critical emergency response infrastructure. Because disability data systems, trained teams and partnerships with organizations of persons with disabilities were already in place, UNICEF and its partners were able to deliver a fast, targeted and dignified response. The response in Myanmar also highlighted the need to invest in a diversified supply of assistive technology and repair capacity and in outreach to injured survivors and previously unregistered persons with disabilities.

"I'm proud of the partnership with UNICEF that gives children access to learning and protection in some of the world's toughest places. Knowing how many children are without a chance to learn makes it obvious, we have a responsibility to act. Together with UNICEF we are doing exactly that."

Kerstin Engström
Chairperson, Akelius Foundation

CASE STUDY 5: Flexible global humanitarian thematic funding supports upgrades to data collection and reporting, helping district health teams in **Mozambique** improve health services for children in hard-to-reach areas.

The public health risks ensuing from severe storms in Mozambique in the first quarter of 2025 compounded other humanitarian needs in the central and northern parts of the country. And in September, cholera re-emerged in the country, particularly affecting Nampula and Tete provinces. The storms and the cholera outbreak disrupted routine health service delivery, especially services for children in hard-to-reach areas.

In response, UNICEF supported 1,364 integrated mobile brigades in cyclone-affected districts in Nampula Province to maintain access to life-saving services. However, manual paper-based data collection within the mobile brigades created delays and inconsistencies, limiting the timely availability of information for decision-making during the emergency response. To address this, using global humanitarian thematic funding provided by UNICEF, the health sector acquired tablets to digitize data collection and reporting within the integrated mobile brigades. Real-time data reporting allowed district health teams to track coverage and gaps in supplies daily. Data completeness increased from 65 per cent under the paper-based system to above 95 per cent with the digital tablets. Reporting timeliness improved from up to 2 weeks to same-day submission. The tablets enabled automatic geotagging of brigade locations; improved planning; and reduced data loss, transcription errors and report duplication. Overall, the introduction of tablets supported evidence-based decision-making for the redistribution of supplies and vaccination teams; reduced administrative workload, allowing health staff to focus more on service delivery; and strengthened long-term digital health capacity beyond the emergency response. The integrated mobile brigades reached 134,851 children with essential health services, including immunization, nutrition screening, vitamin A supplementation, deworming and health education.

A child is weighed during a checkup by a member of an integrated mobile brigade in Nampula Province, Mozambique in December 2025. Mobile health brigades are improving access to essential health services and impacting community well-being in hard-to-reach areas.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 134,851 children reached with essential health services.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

CASE STUDY 6: Strategic pre-positioning of supplies, enabled by global humanitarian thematic funding, helps meet the needs of displaced persons and other vulnerable people in hard-to-reach areas of **Burkina Faso**.

In 2025, internally displaced persons and vulnerable host community households in Burkina Faso continued to be exposed to heightened risks related to poor living conditions, limited access to WASH services, malnutrition, disrupted education and psychosocial distress, particularly among children and women. Sudden population movements and hard-to-reach localities hampered timely humanitarian assistance.

Thanks to the flexibility of global humanitarian thematic funding, UNICEF was able to allocate $700,000 to pre-position critical items and use localized supply chains, making essential supplies immediately available to people in need despite the access constraints and the sudden population movements. The pre-positioning strategy significantly reduced response time.

This helped ensured continuity of essential services and a coordinated, child-centred multisectoral response. For example, these funds supported the procurement, pre-positioning and distribution of essential household items and WASH kits. And these kit distributions were systematically combined with screening of children for acute malnutrition, enabling early detection and referral for treatment. WASH support contributed to improving children's health by reducing infection-related risks associated with malnutrition. This integrated outreach also enabled the identification and referral of children with additional vulnerabilities living in the same household, including those in need of psychosocial support or protection services. At the same time, out-of-school children were identified and supported for enrolment in formal or non-formal education programmes. What's more, by linking interventions around the child at the household level, the response addressed multiple deprivations in a holistic manner, while reducing response time and maximizing impact – showing how flexible thematic funding adds value by enabling coordinated, child-centred assistance in access-constrained settings.

People participate in a distribution of non-food items to crisis-affected households in Pibaoré, Kuilsé Region, Burkina Faso.

Preparedness interventions have operational and strategic value – and global humanitarian thematic funding is a way to fund those interventions, which can have such a positive impact on the lives of children impacted by emergencies. The inter-agency multisectoral rapid response in Burkina Faso was carried out by UNICEF, World Food Programme and the Office of the United Nations High Commissioner for Refugees with local implementing partners Association Tié, Association pour la Promotion et l'Intégration de la Jeunesse du Centre Nord and the Burkinabé Red Cross.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- Through strategic pre-positioning and use of local supply chains, 6,707 households (55,271 people, including 29,158 children) received essential household non food items in the departments of Dédougou, Di, Diabo, Dori, Kaya, Morolaba, Pensa, Pibaore and Yalgo.
- 447 children aged 6–59 months were screened for acute malnutrition, with identified cases referred to appropriate care. Education interventions led to the identification and documentation of 190 children aged 4–17 years who required school reintegration, including children with disabilities. And 1,914 children received mental health and psychosocial support, including 20 children referred for individual case management.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

CASE STUDY 7: Global humanitarian thematic funding sets the stage for an early and effective response – and a path to recovery and resilience – after the December 2024 earthquake in **Vanuatu**.

On 17 December 2024, a 7.3-magnitude earthquake struck the island of Efate in Vanuatu, disrupting essential services for an estimated 80,000 people, including around 40,000 children. Damage to water systems, schools and health facilities sharply increased risks to children.

Global humanitarian thematic funding provided flexible early resources to stabilize essential services in the critical first weeks after the earthquake. WASH Cluster coordination was activated immediately, and water trucking began within 24 hours, restoring water supply to affected communities as well as Vila Central Hospital. In the village of Mele, rehabilitation of the community water system, undertaken in partnership with the Department of Water Resources and using local labour, restored safe water access for more than 8,000 residents. UNICEF and partners distributed hygiene supplies and disseminated behaviour change messaging in affected communities. As co-lead of the education cluster, UNICEF supported a resumption of learning for more than 4,400 children at the start of 2025 through temporary learning spaces; and provided 3,388 boys and girls with learning materials and with integrated mental health and psychosocial support. The government-led child protection response to the earthquake, supported by UNICEF and carried out in child-friendly spaces in Port Vila, reached 2,126 people (390 girls, 444 boys, 567 women, 392 men, 333 with unrecorded age or sex) with services including psychological first aid, counselling and family tracing. Child protection services delivered 2,199 mental health and case management interventions, trained 216 front-line

workers and reached more than 35,000 people with prevention and referral messaging around mental health and psychosocial support. UNICEF reinforced health and nutrition services and provided first aid kits within six hours of the earthquake. Renovations to temporary vaccine storage facilities ensured cold chain continuity. Integrated outreach delivered 779 vaccine doses, screened 2,617 children for malnutrition and established outpatient treatment for wasting in three facilities. Community feedback mechanisms (U-Report polls and mass media messaging) reached more than 100,000 people – informing adjustments to the response and strengthening accountability.

Global humanitarian thematic funding accounted for around 15 per cent of the financial resources used for UNICEF's earthquake response in Vanuatu. Its flexibility made it catalytic funding for UNICEF, enabling early action, surge deployments and operational continuity. It also made it possible to address critical gaps not covered by other earmarked donor funds. By supporting early response alongside replenishment and pre-positioning of supplies across the Pacific, the flexible funding protected children in the immediate aftermath of the earthquake while strengthening community systems and regional preparedness for future shocks.

A student fills his bottle from a water tank installed by UNICEF at earthquake-affected Suango School, Shefa Province, Vanuatu in October 2025.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 8,000 people reached with safe water access.
- 4,400 children supported to resume learning.
- 3,388 girls and boys reached with learning materials and integrated mental health and psychological support.
- 779 vaccine doses delivered.
- 2,617 children screened for malnutrition.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

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April

Hawa holds her son Waleed at a temporary shelter in Tawila, North Darfur, Sudan in April 2025. Waleed had been under treatment for severe wasting in the hospital in Zamzam Camp for the displaced, about 60 km away, when that hospital was hit by artillery. Many people were killed. Hawa was able to flee – again – walking three days to Tawila with Waleed and her two other children. Originally from Al Fasher, Hawa and her children have been displaced multiple times.

By April, specific programmes within countries were feeling the impact of the rapid cuts in funding – and in some cases, the promise of reforms. In just one example, in April the UNICEF-led Rapid Response Mechanism (RRM) in the **Central African Republic**, which had been one of the most efficient and effective ways of assisting shock-affected people in the country, was forced by funding cuts to close after 11 years of operation. In this country, where around 2.4 million people (1.1 million children) – 35 per cent of the population – required humanitarian assistance during the year, funding cuts to humanitarian aid also forced the closure of 61 operational bases (of 33 national non-governmental organizations, 25 international NGOs and three United Nations agencies) and significantly reduced people's access to essential services.

Central African Republic

Yet critical partnerships stepped in to ease the transition, with a strong focus on localization. Flexible funding provided by the Swedish International Development Agency enabled an operational bridge and therefore rapid development of a replacement to the RRM in conjunction with the United Nations Office for the Coordination of Humanitarian Affairs and other partners. The 'institutional' prong of this replacement consisted of intensified capacity building work with government structures to support effective government leadership of humanitarian action at national and decentralized levels (*see Case Study 8*) – a critical step in making humanitarian response more local and supporting governments as primary duty bearers in providing relief, a major goal and opportunity of the Humanitarian Reset. (*See Case Study 9 for information on the final phase of such a transition to government ownership in Brazil.*) The new approach in the Central African Republic, called 'So Fini', aimed to provide mobile, multisectoral assistance in the face of emergency shocks (e.g., climate disasters, sudden flare-ups of violence, population movements), working with national partners. From September–December 2025, via national partner Caritas, So Fini carried out six emergency responses, providing health consultations, malaria treatment, postnatal care, protection case management and treatment for malnutrition to thousands of people. In 2026, UNICEF will continue to explore how So Fini can increase the coverage and duration of interventions to cover more needs, while working more closely with government systems at the subnational level and intensifying capacity-building.

CASE STUDY 8: Global humanitarian thematic funding strengthens the foundation for government-led humanitarian action in the **Central African Republic**.

The Ministry of Humanitarian Action and National Reconciliation of the Central African Republic was established in 2019 with no operational budget or technical staff, and no presence outside Bangui, the capital. In 2025, for the first time, the Ministry appointed seven regional directors and 20 prefectural chiefs as its representatives for humanitarian action. They were all former civil servants with no humanitarian training or equipment. UNICEF saw a necessity – and an opportunity, aligned with the Humanitarian Reset occurring globally – to strengthen national leadership and support the Ministry in assuming its national mandate in preparedness, response and coordination, both centrally and at decentralized levels.

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Global humanitarian thematic funding funds motorcycles and other essential tools to help the Ministry of Humanitarian Action and National Reconciliation establish decentralized offices to support government-led humanitarian response in the Central African Republic.

UNICEF allocated $400,000 in global humanitarian thematic funding to enable 60 participants – including central leadership from the Ministry, the 27 newly appointed field representatives and people from key technical ministries, United Nations entities and coordination bodies – to take part in a week-long national workshop, facilitated by a decentralization expert with support from UNICEF's Office of Emergency Programmes and the West and Central Africa Regional Office. Global humanitarian thematic funding also supported the essential tools required to establish decentralized offices, including laptops, printers,

connectivity devices and motorcycles. This investment laid the groundwork for future data-collection systems and reinforced the foundational operational capacities of the Ministry of Humanitarian Action and National Reconciliation by strengthening national ownership and improving communication between central and decentralized levels.

The Ministry was able to develop its first three-year decentralization action plan. It can now collect, transmit and use humanitarian data from the field – an important step towards nationally led coordination in the country. Most importantly, the Ministry can now establish a presence for the first time in areas long affected by shocks – a strategic shift towards localization and government leadership that global humanitarian thematic funding made possible.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 60 participants trained on humanitarian principles, shock preparedness, coordination mechanisms, data management and with an understanding of their practical roles and responsibilities in the field. By the end, the participants had produced a three-year decentralization action plan, a clear roadmap for progressively strengthening government engagement in humanitarian action.
- 27 newly appointed regional and prefectural representatives of the Ministry of Humanitarian Action equipped with IT equipment, internet connectivity and motorcycles.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

CASE STUDY 9: In **Brazil**, global humanitarian thematic funding supports the final phase of transition of humanitarian health, nutrition and WASH services for migrant and Indigenous children to government ownership.

Since 2018, UNICEF has been a strategic partner of Operação Acolhida (Operation Welcome), a government-led taskforce responding to the significant flows of refugees and migrants from the Bolivarian Republic of Venezuela to Brazil. Using a multisectoral approach, UNICEF has ensured timely access to essential protection, health, nutrition, WASH and education services for children and families on the move. Since 2018, interventions have reached a total of more than 240,000 people, including more than 161,000 children and adolescents.

In 2025, $200,000 in global humanitarian thematic funding facilitated the completion of a gradual transition of WASH, health and nutrition services provided by UNICEF and the Adventist Development and Relief Agency under Operação Acolhida to the state water and sanitation utility, the health municipal secretariat and the Humanitarian Logistic Task Force led by the Ministry of Defense. This ensured full government ownership. The transition was undertaken in close coordination with federal and state authorities. For example, in Pacaraima, along the Venezuelan border in the state of Roraima, UNICEF supported the implementation of the Municipal WASH Technical Committee, a formal coordination and decision-making platform that has strengthened municipal governance and accountability in the sector. What's more, the municipal water quality laboratory, established with UNICEF's technical and (initially) material support, became fully operational in 2025 under

government management, ensuring sustained water quality monitoring. WASH activities previously implemented by UNICEF-supported monitors in shelters for migrants and refugees (including in dedicated culturally adapted shelters for Indigenous migrants and refugees) were progressively transferred to public partners, including shelter management teams and sanitation facilities at reception posts, reinforcing national ownership while maintaining service standards.

UNICEF and partners conduct nutritional screenings and provide guidance to families on the signs and symptoms of malnutrition at the Brazil-Venezuela border in Pacaraima, Roraima, Brazil in August 2025.

In health and nutrition, in Pacaraima and Boa Vista, UNICEF consolidated a multi-year investment in strengthening government capacities, service delivery flows and coordinated case management. Local government health and nutrition teams assumed full responsibility for direct service provision, reflecting institutional capacity that had been strengthened over several years. In 2025, the implementation of the KoBo Toolbox data collection and analysis software at Casa da Vacina (Immunization House) in Pacaraima digitized nutritional screening. This allowed systematic tracking, improved identification and timely referral of malnourished children. UNICEF also supported the establishment of the Child Nutrition Working Group, bringing together municipal authorities and humanitarian partners to redesign and formalize referral flows for Indigenous and non-Indigenous migrant children with wasting and severe wasting, and to clarify roles and responsibilities and strengthen coordinated case management.

While fully transitioning WASH, health and nutrition activities to public services, UNICEF maintained its child protection and education in emergencies activities within Operação Acolhida.

The work in Roraima shows how UNICEF and its partners overcame a structural challenge to meet a critical goal: transitioning from a largely humanitarian, parallel service delivery model to a sustainable, government-led system capable of ensuring continuous access to quality health, nutrition and WASH services for migrant and refugee children. Flexible thematic funding was an essential component of the final phase of the years-long, gradual process of institutionalizing capacities and strengthening local governance, with the aim of sustaining results within public systems over the long term. The flexibility of global humanitarian thematic funding allowed UNICEF to invest in system-strengthening measures – including digitization, redesign of service delivery flows, coordination mechanisms and continuous capacity building – that are often difficult to finance.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- Transition of humanitarian health, nutrition and WASH services for migrant and Indigenous children to government ownership.
- Provision of safe water and sanitation services to more than 9,500 migrants and refugees, as well as uninterrupted access to primary healthcare for more than 6,618 migrant children and women, through the integration of essential services into government-led national and local systems.
- Strengthened capacities of local staff by training more than 500 community health agents, civil society organizations and community leaders on emergency WASH and migrant inclusion.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

Sudan

By April 2025, the second anniversary of war in the **Sudan**, the number of children in need of humanitarian assistance in the country had nearly doubled compared with 2023.[40] The number of grave violations against children had surged by 1,000 per cent.[41]

In 2025, violence intensified, particularly in Darfur and Kordofan States, resulting in civilian casualties, repeated displacement and the near-collapse of essential services. Children were killed in hospitals and at markets; and children as young as 1 year of age were the victims of rape by armed men.[42] Around 825,000 children were trapped amid conflict in the area of El Fasher, a city under siege since April 2024. Famine was identified in parts of Darfur and Kordofan. By late 2025, more than 9.3 million people, including 5.6 million children, remained displaced nationwide, placing overwhelming pressure on protection and education systems and on basic social services. The conflict has also had a significant regional impact, with 4,474,128 people crossing from the Sudan into neighbouring countries between the start of the conflict in April 2023 and December 2025, and a reported 529,661 individuals returning to the country between January 2024 and December 2025, the majority from Egypt.[43]

Significant results in education in the Sudan made this area a crowning achievement of the year, globally, as UNICEF and partners were able to support reopening of 8,000 schools, and therefore education amid crisis for 3.2 million children (*see page 71 for details*). UNICEF also sustained life-saving health, nutrition and WASH services at scale during the year. Scaled-up, integrated nutrition interventions expanded service coverage and improved access to preventive and treatment services. In 2025, UNICEF delivered nutrition services through 2,540 health facilities and with 148 mobile teams, substantially more than the 1,925 health facilities and 83 mobile teams UNICEF supported in 2024. More than 612,000 children with severe wasting were admitted for treatment (out of a targeted 573,190), 30 per cent more than in 2024. Nearly half of these children admitted to treatment were in the highest-risk localities. To strengthen household resilience in the face of disruptions to basic services, community-based nutrition support expanded significantly. Nearly 1.85 million caregivers received infant and young child feeding counselling – just under the target of 2.1 million and double the reach of the previous year – while 390 new mother support groups (bringing the total to 4,334 such groups) and 227 breastfeeding corners created safe spaces for counselling, feeding support and education in displacement settings and high-risk communities. UNICEF supported the training of 2,000 front-line workers and community volunteers in malnutrition treatment, infant feeding in emergencies and micronutrient programming; and emergency nutrition officers and third-party monitors conducted thousands of field visits to verify service quality and coverage in high-risk areas. All these efforts were instrumental in saving children's lives in famine-affected areas.

In addition to the education and nutrition responses, UNICEF supported a holistic range of other life-saving interventions in 2025: access to safe drinking water for nearly 15 million people (exceeding the planned reach); and emergency and outbreak response services for 6.5 million people in hard-to-reach and conflict-affected areas through 1,400 health facilities and mobile teams, maintaining essential care where systems had largely collapsed. Applying considerable resources and expertise, including in health and in social and behaviour change, UNICEF supported the "Big Catch-Up" emergency immunization campaign targeting 6 million children, particularly in Darfur, to combat surging levels of vaccine-preventable diseases including measles, diphtheria and tetanus. Given conflict-driven immunity gaps, this campaign aimed to reach children who had missed vaccinations (routine coverage had fallen to 48 per cent in 2024). Through the Big Catch-Up and other vaccination efforts, routine coverage increased to 83 per cent in 2025. Cross-border vaccine deployment became operational in 2025 and significantly improved the availability of vaccines in Darfur. The fact that many health-related targets were exceeded reflects the scale-up of emergency primary healthcare services through fixed facilities and mobile health and nutrition teams, expanded service delivery in outbreak- and displacement-affected areas and sustained support for health facilities despite access constraints and health system disruption. Emergency sanitation efforts, however, reached just 58 per cent of the target due to movement restrictions, limited funding and the high cost of emergency latrine construction. Nonetheless, by the end of the year, UNICEF had constructed 4,480 new latrines and rehabilitated 2,054 existing facilities.

Humanitarian cash transfers and social protection

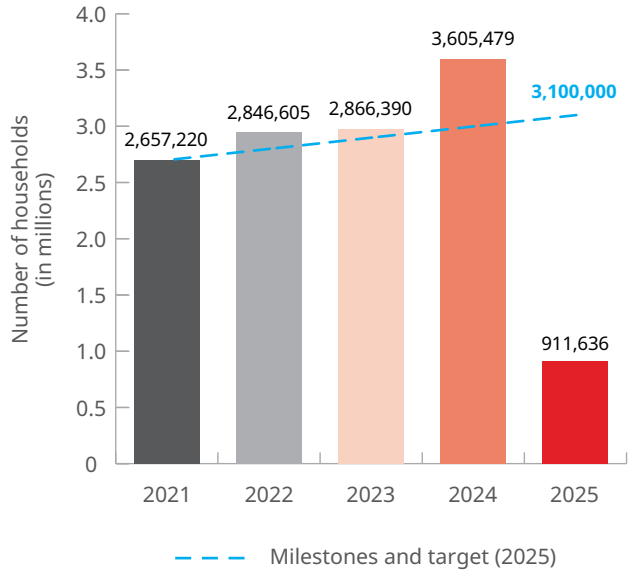
April 2025 brought a significant milestone for UNICEF cash programming, with UNICEF's Humanitarian Cash Operation and Programme Ecosystem (HOPE) achieving certification as a Digital Public Good. This recognition consolidated HOPE's role as a durable platform that enables the reuse of a shared, scalable solution, reduces costs and supports faster, more transparent and risk-informed cash delivery in complex and high-risk operating environments. In other words: it enhances the return on investment for the social protection and humanitarian community and improves people's lives. New programmes in **Mozambique**, **Senegal** and **Sierra Leone** adopted HOPE in 2025, bringing the total number of countries using the system to 25. Improvements to the system in 2025 included biometric face recognition to reduce duplication and fraud and upgrades to the payment management module to increase efficiency, reliability and control.

"The UK is privileged to support the vital role UNICEF plays in providing life-saving assistance and protection to children who are suffering in humanitarian crises, through no fault of their own.

Our support is multi-year and flexible, helping UNICEF respond and reach vulnerable children in some of the world's worst crises. We were the second-largest humanitarian partner in 2025, helping UNICEF deliver life-saving assistance to 2.5 million children in Ukraine and provide access to safe drinking water to nearly 15 million people in the Sudan. UNICEF is also a crucial partner in delivery of the UK's international priorities, including on global health security, education, humanitarian preparedness and response."

The Rt Hon Baroness Chapman of Darlington
Minister of State (International Development and Africa)
Foreign, Commonwealth & Development Office, United Kingdom

FIGURE 16: Number of households reached with UNICEF-supported humanitarian cash transfers.



Yet, compared with 2024, the number of households reached with humanitarian cash assistance declined, reflecting funding constraints and changes in prioritization in several country operations, which limited the scale of humanitarian cash coverage in 2025. Countries including **Lebanon** and the **State of Palestine** experienced notable reductions in the number of households reached, contributing to the overall decline in humanitarian cash coverage in contexts where needs remained high. Ultimately UNICEF delivered $559 million in cash-based assistance in 2025: $322 million in humanitarian cash assistance reaching 0.9 million households and supporting children and families to meet essential needs in crisis settings; and $237 million in cash incentive payments to front-line workers

In **Ukraine**, 217,000 people (98,000 children) in 66,554 households received UNICEF-supported direct cash assistance, out of a target of 60,000 households, through three programmes: multipurpose cash assistance (for households on the front line and other strike-affected regions), winter cash assistance (for households 0-50 km from the front line) and cash assistance for households directly affected by explosive weapons (with a household member killed or injured and at least one surviving child). In **Lebanon**, UNICEF delivered humanitarian cash assistance to 278,518 people (out of 309,000 targeted) amid a prolonged economic crisis, population movements and localized insecurity. In parallel, UNICEF supported the strengthening of Lebanon's national social protection system through the expansion of the National Disability Allowance (NDA), improvements in system functionality and support to government leadership. In September 2025, the Ministry of Social Affairs began directly delivering cash transfers to persons with disabilities enrolled in the NDA, enabled by UNICEF's technical assistance, including the deployment of an adapted cash management information system. Eligibility under the NDA was expanded from the 15–30 age cohort to include all children and older persons aged 65 and above. Government resources accounted for 62 per cent of NDA financing for Lebanese beneficiaries. With UNICEF's technical support in system strengthening, MIS enhancement and operational oversight, the Government disbursed $10 million from national resources to more than 30,000 Lebanese persons with disabilities, supporting predictable income assistance for vulnerable households. The NDA also demonstrated its capacity as

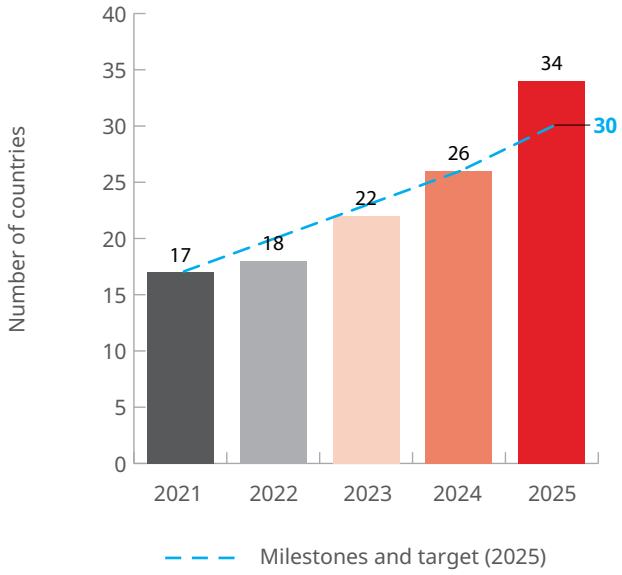
a shock-responsive social protection platform: during conflict-related escalations between November 2024 and February 2025, emergency vertical and horizontal expansions enabled the delivery of emergency cash support through existing national systems. As a result, 48,200 Lebanese and non-Lebanese individuals with disabilities were reached with emergency cash assistance.

UNICEF's social protection engagement in fragile settings extended well beyond direct cash delivery to building national policy frameworks in conflict-affected states, supporting disability-inclusive service packages and engaging in upstream poverty analytics that lay the groundwork for systems that outlast acute crises. The number of countries with social protection systems, including cash transfer capacities, that were able to effectively and rapidly respond to humanitarian crises rose to 34 in 2025, up from 26 in 2024.

In **Yemen**, for example, UNICEF led development of a national Social Protection Strategic Framework built around 12 strategic pillars. This was paired with multidimensional poverty analysis and governorate-level poverty profiles. In one of the world's most protracted crises, this represents a deliberate bet on upstream architecture – recognizing that durable protection for children requires functional state systems, not just parallel delivery. And in **Afghanistan**, UNICEF integrated social and behaviour change components into the Mother and Child Cash Transfer Programme to address barriers to nutrition, hygiene and health-seeking – an explicit acknowledgment that cash alone doesn't shift caregiving practices. UNICEF also co-developed the Multi-Partner Social Protection Engagement Framework with the World Bank, Asian Development Bank and WFP and initiated an impact evaluation to build the evidence base for future design.

Globally, UNICEF continued to co-lead the Social Protection Inter-Agency Cooperation Board (SPIAC-B) Working Group on Linking Humanitarian (Cash) Assistance and Social Protection, convening regular meetings bringing together humanitarian and social protection stakeholders from across the donor, United Nations and international NGO community. Building on the Tipsheets published in late 2024 to help country-level actors apply the Common Principles for linking humanitarian assistance and social protection, the Working Group has made that resource available in French, with a Spanish version forthcoming – to ensure that operational guidance reaches practitioners in the contexts where it is needed most, moving the work from global norm-setting towards tangible country-level application.

FIGURE 17: Number of countries with social protection systems, including cash transfer capacities, that are able to effectively and rapidly respond to humanitarian crises.



May

Lima Azizi leads her grade 3 students in a group exercise in the schoolyard of Hazrat Abubekr-e-Sediq high school, on the outskirts of Jalalabad, Afghanistan in May 2025. Lima says her teacher training course, supported by UNICEF, has helped improve her teaching methodologies and improved school attendance for girls. UNICEF has trained teachers and teacher educators in several provinces in Afghanistan. Training modules include improved teaching methodologies, preparing lesson plans, inclusive learning, classroom management and improving foundational literacy and numeracy.

UNICEF specifically targets female educators, as an increased presence of women as primary teachers helps improve school attendance for girls because parents often feel it is more culturally appropriate for their daughters to learn from a woman.

Afghanistan

May 2025 brought a sharp uptick in the proportion of families among people forced to return from the **Islamic Republic of Iran** to **Afghanistan**. Higher percentages of women and children were crossing the border, with families accounting for 44 per cent of all returnees in May, compared with 26 per cent in April (when the returning population predominantly comprised single men) and 11 per cent in January 2025. Throughout the year, for returnees, especially women and children, UNICEF provided primary health services at borders, transit centres and referral sites. Supplies included vaccines, cold chain equipment, essential medicines and acute watery diarhhoea and clean delivery kits. In May alone, 3,405 returnees, including 1,096 men and 1,102 women, accessed health services. And 6,128 children were vaccinated and received health services with UNICEF support.

These thousands of individuals were only some of the 2.9 million[44] returnees to Afghanistan throughout the year. The ongoing large-scale returns from the Islamic Republic of Iran and from **Pakistan** strained already weak basic services in Afghanistan. At the same time, restrictive policies in Afghanistan continued to undermine rights and hinder social and economic recovery, particularly for women and girls. Bans on girls' secondary education (2.2 million girls were excluded from secondary education) and workforce participation, coupled with restrictive daily-life rules, escalated protection risks for women and girls and threatened their long-term resilience. Frequent natural disasters and climate-induced emergencies (including an earthquake in August and persistent drought in 12 provinces), combined with a fragile economy, compounded humanitarian needs throughout the year.

The UNICEF appeal for Afghanistan was 69 per cent funded in 2025, enabling results on a significant scale and sustained operations across all 34 provinces. However, funding shortfalls in certain sectors – particularly WASH and nutrition – contributed to coverage gaps relative to assessed needs. The response was unable to fully keep pace with rising malnutrition caseloads and the growing demand for WASH and health services in areas affected by drought, disease outbreaks and large-scale population movements. Nonetheless, UNICEF provided humanitarian assistance to nearly 21 million people (including more than 11 million children) in Afghanistan in 2025. Nearly 21 million people accessed UNICEF-supported health facilities, exceeding the target for the year, while 442,000 out-of-school children (65 per cent of them girls) accessed education opportunities through 14,000 community-based education classes, again exceeding the target. Implemented in partnership with local non-governmental organizations, these classes were designed for marginalized out-of-school children – particularly girls – excluded from formal schooling due to insecurity, distance, poverty or cultural barriers.

Compared with 2024, when 628,307 children under 5 years of age were admitted for treatment of severe wasting, admissions in 2025 dropped slightly to 611,897 (74 per cent of the UNICEF target) despite continued high levels of need. This reflected operational and supply constraints, including prolonged shortages of ready-to-use therapeutic food during the third quarter of 2025 that disrupted service delivery and reduced admissions in the final quarter.

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June

A girl writes on a blackboard in a temporary learning space in Fada N'Gourma, East Region, Burkina Faso in June 2025. In times of insecurity and crisis, UNICEF works with governments and partners to establish temporary learning spaces to ensure displaced children can resume learning. Trained facilitators staff the temporary learning spaces, using the National Education en Situation d'Urgence curricula, which aligns with national standards. Temporary learning spaces ensure continuity of learning in emergencies, help students maintain educational routines during crises and reduce dropout risk.

In June 2025, UNICEF Executive Director Catherine Russell went on a mission to Burkina Faso to bring attention to the situation of children in the **central Sahel region** of West and Central Africa. Millions of children in this region were experiencing the disastrous effects of conflict, extreme drought and flooding, sudden population displacements and school closures. One woman, Mariam, told the Executive Director that, after armed men came to their village and killed her husband in front of the family, she grabbed her seven children and fled.[45]

Doing what she had to do to save her children and herself, Mariam and her children were now displaced in the town of Fada N'Gourma, in eastern Burkina Faso.

Central Sahel

In **Burkina Faso**, the scale of children's needs was immense in 2025. Nearly 3.3 million children, including Mariam's children, required humanitarian assistance due to armed violence, attacks on essential infrastructure, climate emergencies and large movements of people. Conditions made it difficult to assist those who required services. During the year, armed groups intensified the use of ambushes, improvised explosive devices, checkpoints and the use of drones, undermining safe movement along humanitarian corridors. For civilians and aid workers, access to affected populations remained unpredictable and often perilous.

Nonetheless, UNICEF worked across multiple programmatic sectors to meet children's needs. For example, thanks to global humanitarian thematic funding and other humanitarian resources, UNICEF was able to continue supporting the Government of Burkina Faso to ensure learning continuity for more than 588,369 children (out of 3 million children out of school, and significantly more than the UNICEF target of 450,000). This included radio-based instruction for 445,347 children (57 per cent girls) through broadcast lessons and community listening clubs to help them maintain a structured learning routine, particularly in inaccessible areas. Other education modalities included accelerated learning centres to help children whose schooling had been disrupted to gain foundational skills and transition back into formal schooling; humanitarian-adapted Quranic schools using a modernized curriculum; summer break 'catch-up' classes; and other pathways and programmes. UNICEF supported the government effort to train teachers and provided temporary learning spaces in some locations.

Around 6.4 million people, 54 per cent of them children, required assistance in **Mali** in 2025 due to the volatile security context, climate shocks and evolving political dynamics – and an unprecedented fuel crisis that peaked in October 2025 and severely disrupted services and supply chains.

At the same time, prioritization of interventions under the Humanitarian Reset narrowed the geographic scope of inter-agency humanitarian action in Mali, including UNICEF's emergency interventions. UNICEF focused on life-saving services and support to hard-to-reach locations. Reviews by technical sector experts and implementing partners indicated that the reprioritization of interventions UNICEF carried out in Mali had enabled more effective and holistic responses. In several violence-impacted regions, for example, reprioritization of UNICEF work better connected healthcare and WASH services to address wasting and severe wasting. UNICEF admitted 189,693 children (102,228 girls) aged 6–59 months for treatment of severe wasting during the year, against a target of 222,864. Still, despite a higher target in 2025 compared with 2024, along with higher funding levels, this was around 17,500 fewer children admitted to treatment in 2025 compared with 2024 due to the timing of funding (there were early-year funding gaps, and then disbursements were delayed) and supply chain disruptions (which stretched to six or seven months compared with under four months in 2024) that were exacerbated by the fuel crisis.

UNICEF did maintain continuity of some essential and system-level interventions beyond the prioritized areas in places where it was the provider of last resort and where any interruption would have had significant consequences for children. Overall, UNICEF results for children and families came close to initial targets in access to primary healthcare services (2.1 million accessing these services out of 2.2 million targeted); and in support for children formerly associated with armed forces and groups (UNICEF supported 428 children, including 20 girls, out of a targeted 450). Mitigation measures helped limit service disruptions due to the fuel shortage, with UNICEF executing a contingency plan to ensure programme continuity, sustained operations and staff welfare. However, the fuel crisis exposed structural dependencies on fuel for logistics and service delivery and the need for more resilient supply chains, contingency stocks and alternative energy solutions.

In the **Niger**, following the launch of the Humanitarian Reset in March 2025, UNICEF narrowed its operational footprint to high-severity, access-feasible areas, primarily in crisis-affected parts of Tillabéri, Tahoua, Diffa, Maradi, Dosso and Agadez regions. Expansion into emerging hotspots and lower-severity areas was curtailed, and surge capacity for new shocks was significantly reduced. The overall humanitarian caseload was reduced by more than 700,000 people (400,000 children), a 22 per cent reduction. The priority was maintaining a core life-saving package, and nutrition programming was preserved as the backbone of UNICEF's response. UNICEF used global humanitarian thematic funding to fill gaps to continue life-saving treatment for severe wasting after humanitarian partners reduced their presence in the country (*see Case Study 10*). Prioritization of nutrition and a boost from flexible funding helped UNICEF exceed its target for life-saving treatment of severe wasting, reaching 453,903 children out of the intended 441,281.

UNICEF also worked to maintain essential health and outbreak response in the Niger, meeting or exceeding its targets for vaccination against measles (supplemental dose) and for vaccination against diphtheria; emergency WASH (where UNICEF achieved roughly half of its intended reach); education in emergencies (more than 140,000 children received learning materials); and critical child protection services (results were significantly short of targets). However, several planned outcomes were not achieved. Humanitarian cash transfers and shock-responsive social protection were scaled back, preventive and resilience-building components of the response were reduced and geographic expansion was limited. Coverage gaps remained in shelter, protection beyond critical cases and integrated multisectoral programming. And, while community-based nutrition interventions reached significant numbers, the 'triple threat' of insecurity, climate shocks and funding cuts limited the depth of long-term behavioural follow-up around critical nutrition practices. Despite reaching 85 per cent of the target for community engagement, the lack of sustained financing for mobile health teams meant that behavioural changes observed in mothers regarding infant feeding were difficult to maintain once the mobile units moved on. This underscores the link between social and behaviour change success and the consistent presence of physical services, and between this consistent presence and sustained funding.

CASE STUDY 10: Uninterrupted life-saving nutrition services continue in the **Niger** amid severe flooding, seasonal malaria and rising displacement, thanks to global humanitarian thematic funding.

In 2025, the Niger faced overlapping shocks that deepened a nutrition crisis in the regions of Tillabéri, Zinder and Maradi. Beyond persistent insecurity and reduced purchasing power, the country recorded 11.1 per cent global acute malnutrition nationally (exceeding 17 per cent in Diffa Region) and 2.8 per cent severe wasting. The anaemia rate among children is 67.5 per cent. Severe floods affected more than 585,000 people in 2025, destroying crops, livestock, homes and health infrastructure and worsening food insecurity for 1.85 million people in crisis. Limited humanitarian access, rising displacement, poor dietary diversity and high disease burden further strained fragile health systems.

At a health centre, a child attends a nutritional follow-up visit and is screened for malnutrition using a mid-upper arm circumference tape.

Global humanitarian thematic funding provided essential support to sustain life-saving nutrition services during a tumultuous year. The flexibility offered by this funding type allowed UNICEF to rapidly deploy financial and operational resources essential for maintaining uninterrupted nutrition services in crisis-affected areas. Immediate actions made possible by GHTF included training health workers on the revised community-based management of acute malnutrition protocol; on-the-job coaching; and strengthening supply chains to prevent stockouts of life-saving commodities including ready-to-use therapeutic food. The funds also supported improvements to nutrition information systems, data-quality workshops and emergency community-level screening, combined with infant and young child feeding support and hygiene promotion. These interventions were implemented in Takieta (Zinder Region), Bankilaré (Tillabéri Region) and at the Regional Health Directorates of Zinder and Maradi, ensuring timely, coordinated and effective service delivery.

Global humanitarian thematic funding filled a major gap created when humanitarian partners significantly reduced their presence in the Niger, and was particularly important for ensuring continuity of life-saving treatment for severe wasting. UNICEF ultimately admitted 453,903 children for treatment of severe wasting out of a targeted 441,281. The combined approach – encompassing capacity building, data quality, commodity support and community awareness raising – strengthened both supply and demand for nutrition services. Investments in data cleaning improved the accuracy, accountability and planning of regional nutrition interventions. Support in insecure and flood-affected districts enhanced system resilience in areas with limited access to services.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 62,961 children screened, including 1,838 children with severe wasting identified during seasonal malaria peaks and localized flooding.
- 20,313 parents and caregivers reached through 14,786 awareness sessions on infant and young child feeding, disease prevention and hygiene.
- 887 cartons of ready-to-use therapeutic food delivered for treating 7,825 severely malnourished children in 18 health facilities.
- 22 health workers trained on the revised 2025 community-based management of acute malnutrition protocol in Takieta district.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

July

Arsha, 8 months, who is malnourished, eats ready-to-use therapeutic food as she is held by her mother, Sadia at the Horseed Health Centre in Bardhere, Somalia in July 2025. UNICEF has worked with the Jubbaland Ministry of Health and local partner Himilo Relief and Development Association (HIRDA) to improve local healthcare services and access to essential health interventions, especially for mothers with children under age 5.

"Under the concept of Human Security, Japan stands steadfastly with UNICEF, whose mission embodies this idea by protecting individuals from fear and want and empowering them to live with dignity. At a time when global humanitarian needs for children remain at historically unprecedented levels, international cooperation is required more than ever to overcome the compound crises, including severe humanitarian emergencies. We must therefore redouble our efforts to transcend differences in values and conflicts of interests to help build a peaceful, stable and prosperous international community.

Amid increasingly frequent, protracted and complex emergencies, Japan advances effective collaboration among diverse actors, channeling support through partners such as UNICEF. In 2025, Japan increased its contribution to UNICEF's other resources – emergency by $7 million, a 9 per cent increase over 2024, to help meet urgent needs across evolving crises. In the State of Palestine, for example, Japan has delivered emergency assistance to vulnerable children and their families in both the Gaza Strip and the West Bank, while launching a project to improve access to health and nutrition services for fragile and conflict-affected children and women. These efforts enabled the restoration of a measure of normalcy amid conflict and gave children and women a ray of hope.

Leveraging its robust global network and deep expertise, UNICEF's field operations do more than save lives. By bridging the gap between immediate emergency relief and long-term development assistance, its work in the field stabilizes communities and lays the groundwork for a sustainable international order.

Japan will continue to stand shoulder to shoulder with UNICEF, pay tribute to its dedicated staff and local partners and invite various actors – including the private sector – to bring together strength under common objectives. With collective resolve, we can save lives, uphold rights and build a more hopeful future for every child."

H.E. Mr. Ryo Nakamura, Assistant Minister / Director-General for Global Issues, Ministry of Foreign Affairs of Japan

The 2025 Global Report on Food Crises, which was issued in July 2025, identified 26 countries and territories with nutrition crises – home to an estimated 38 million children aged 6–59 months suffering from acute malnutrition. More than 10 million of these children had severe wasting. Subsequent updates to the report noted that 1.4 million people were experiencing catastrophic levels of food insecurity,[46] primarily in six countries: the **Sudan** and the Gaza Strip in the **State of Palestine**, followed by **South Sudan**, **Yemen**, **Haiti** and **Mali**. Some areas were classified as in Integrated Food Security Phase Classification (IPC) acute malnutrition Phase 5 (extremely critical).[47]

And yet, this is something the mothers already knew.

In the **Gaza Strip**, by late July 2025, Naima was searching for food every day. Her son Yazan, 2, could barely sit up on a torn piece of foam. His family had gone two months without humanitarian food assistance. His home was empty of food and medicine. Naima put it this way: "I scream: People of the world, find us a solution!"

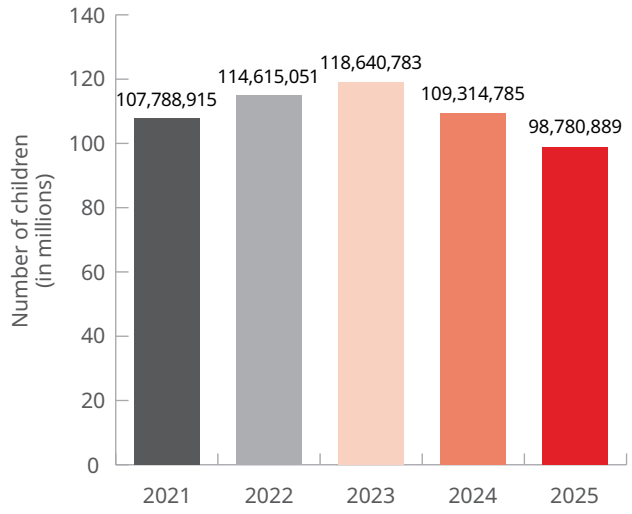
The signs of hunger and malnutrition had grown steadily throughout the year in places too numerous to count, until by July conditions tipped over into an unprecedented two simultaneous famines, one in the Gaza Strip (confirmed from 1 July 2025 to 30 September 2025) and another in the Sudan (in two areas as of September 2025, and expected to endure into January 2026).[48] There was also risk of famine in South Sudan.[49]

Nutrition

UNICEF answered the call. The organization reiterated that nutrition support – both treatment for children already malnourished and prevention of malnutrition through education, counselling and supplementation – was a core life-saving intervention, publishing (in collaboration with the partners of the Infant Feeding in Emergencies Core Group) a note on the importance of Infant and Young Child Feeding in Emergencies (IYCF-E).

In the seven countries most affected by nutrition crises, more than 30 per cent of areas analysed for the 2025 Global Report on Food Crises were classified as being in IPC acute malnutrition Phase 4 (critical). **Afghanistan** and **Nigeria** had 10–30 per cent of analysed areas classified in Phase 4, and the **Democratic Republic of the Congo** and **Haiti** had 1–10 per cent of analysed areas in Phase 4. Around 11 million pregnant and breastfeeding women in 21 of the countries were identified as acutely malnourished. Alarmingly, UNICEF analysis projects a further deterioration of conditions for children in 2026, with deepening crises in some countries and an increase in the number of countries facing nutrition crises, resulting in growing needs for life-saving humanitarian assistance.

FIGURE 18: Number of children under 5 years of age who benefit from services for the early detection and treatment of severe wasting and other forms of malnutrition.



During 2025, 98.8 million children under age 5 living in humanitarian contexts benefited from UNICEF-supported services for the early detection and treatment of wasting, with 6.6 million admitted for treatment of severe wasting. In addition, 150.6 million children aged 6–59 months received vitamin A supplementation; 13.7 million children under age 5 received multiple micronutrient supplementation; and 78.7 million caregivers received infant and young child feeding counselling in 33 countries facing humanitarian situations.[50] Despite these significant results, many children remained unreached due to funding constraints and other factors. For example, while 6.6 million children were admitted for treatment of severe wasting, this was down from 7.1 million in 2024, despite an increase in the number of countries in crisis.

In line with the Core Commitments for Children in Humanitarian Action, and UNICEF's Global Nutrition Strategy, UNICEF continued to advocate for integration of preventive interventions into the humanitarian nutrition response, while ensuring that all children with wasting have access to life-saving treatment, including in the hardest-to-reach areas.

Nutrition approaches were adapted to local contexts. In **Afghanistan**, for example, UNICEF used gender-responsive approaches to ensure equitable access to nutrition services amid ongoing restrictions affecting women's mobility and participation in the workforce. The sustained presence of female health workers, nutrition counsellors and community volunteers enabled mothers and other (mostly female) caregivers to safely access screening, treatment and feeding counselling services. Community outreach platforms engaged mothers, fathers and community leaders to promote appropriate feeding practices and address harmful norms affecting care-seeking behaviour. Integrating nutrition services with maternal health, early childhood development and psychosocial support platforms further strengthened the protection-sensitive nature of the response in Afghanistan. In **Madagascar**, following destruction caused by Tropical Cyclones Honde and Jude in the first quarter of the year, population displacement and infrastructure damage threatened the continuity of life-saving nutrition services. UNICEF coordinated closely with national and local authorities and partners to integrate nutrition services into mobile health clinics deployed in Ampanihy district (Atsimo Andrefana Region) to sustain screening and treatment for child wasting. Through these mobile services, 15,912 children were screened for wasting. Among those screened, 1,909 children were identified with moderate wasting and 1,071 children with severe wasting, all of whom were immediately enrolled in treatment.

UNCEF also strengthened national systems and ownership of life-saving nutrition responses. In the **Niger**, implementation of a SMART-SENS Survey and an IPC acute malnutrition analysis reinforced national nutrition surveillance capacity by providing timely, high-quality data essential for targeting response. In collaboration with national authorities and partners, the national wasting treatment protocol was revised to fully align with the latest (2023) WHO guidelines on child wasting, thus modernizing treatment approaches and ensuring evidence-based practice. In 2026, training of health workers will ensure effective implementation of this protocol and nationwide harmonization of practices.

In **Somalia**, UNICEF exceeded its intended reach for admission of children aged 6–59 months for treatment of severe wasting through programme adaptation. UNICEF and its implementing partners together operated 600 outpatient therapeutic programme sites in 70 of 74 accessible districts and achieved a 97.6 per cent cure rate, keeping the mortality rate under 1 per cent. An abrupt funding cut by the programme's major donor

closed 115 nutrition sites, however, reducing service coverage and suspending mobile team service delivery. To adapt, UNICEF integrated nutrition services into health services, in particular into the Damal Caafimaad project, a government initiative encompassing 49 operational health facilities, funded by the World Bank. Other factors in the nutrition results for children in Somalia despite reduced funding included financial support from nutrition cluster partners and revision of the treatment protocol from one carton of ready-to-use therapeutic food per child to 0.8 cartons per child. To save as many lives as possible, treatment protocols (i.e., reduced dosage for ready-to-use therapeutic food) were also adapted in **Chad**, **Ethiopia** and **South Sudan**.

Between January and April 2025, in addition to Somalia, five other countries (**Afghanistan**, the **Democratic Republic of the Congo**, **Haiti**, **Nigeria** and **Yemen**) reported reductions in their numbers of functional treatment centres for child wasting, due to funding cuts. Ultimately, thanks to the reinstatement of most humanitarian grants from one major donor and the availability of essential supplies, 95 per cent of treatment centres (outpatient and inpatient combined) remained functional in 18 priority countries. To maintain the pipeline of essential nutrition supplies, especially ready-to-use therapeutic foods and therapeutic milks, UNICEF intensified global pipeline monitoring; regularly shared information with partners and donors; and worked on logistics solutions to prevent stockouts. In 2026, UNICEF will continue to strengthen pipeline monitoring, communication and supply chain systems, including last-mile delivery tracking.

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August

Dasha, 10, stands close to her mother Iryna as they prepare to leave their home village during a humanitarian evacuation in August 2025. The family is among hundreds forced to flee daily as fighting intensifies near the Donetsk–Dnipropetrovsk border, Ukraine. “But who will feed my pets?” Dasha asks her mother before leaving. She carefully packed her school bag with pajamas, a towel and her colouring supplies. Her grandmother stays behind to care for the family’s rabbits and kittens. UNICEF and partners support displaced children like Dasha with emergency cash assistance, psychosocial support and access to healthcare and education, ensuring that even in crisis, children’s needs can be met and their rights protected.

In the early hours of 28 August, a wave of deadly attacks hit Kyiv, **Ukraine**, reportedly killing four children, including a toddler. At least 10 children were reportedly injured. The children were at home in their beds, trying to sleep. Clothes, toys and shoes were strewn across the pavement in their neighbourhood.[51]

Ukraine

Such deadly attacks were not uncommon in Ukraine in 2025, as a fourth year of conflict in the country continued to impact children's physical and psychological safety. Child casualties (deaths and injuries) due to the war were in fact up 11 per cent in 2025 compared with 2024. Increasing attacks on energy infrastructure in the second half of 2025 caused scheduled blackouts that cut off water and heating, closed schools, limited the hours of health facilities and forced children to spend nights in cold, dark shelters during air raids. Working with the Government and other partners, UNICEF reached 7 million people with humanitarian assistance during the year, including 2.5 million children: 4.3 million people were reached with safe water, meeting the target; 425,000 people accessed health services, out of 565,000 targeted; 547,000 people accessed mental health and psychosocial support (out of 828,475 targeted); 311,000 children participated in formal or non-formal education (out of a targeted 517,530); and 217,000 people (98,000 children) were provided with cash assistance, exceeding the target.

In 2025, more than 5.3 million Ukrainian refugees resided in Belarus, Bulgaria, Czechia, the Republic of Moldova, Poland, Romania and Slovakia, with children and adolescents disproportionately affected by persistent protection, education and mental health risks.[52] Theirs was a situation of protracted displacement marked by gradual consolidation of assistance, shifting policy environments in host countries and mounting pressure on national systems and household coping capacities. UNICEF worked closely with governments and partners to promote system strengthening and integration of refugee children into national services, ensuring a transition from emergency support to longer-term, sustainable approaches. During the year, UNICEF and its partners sustained multisectoral support. More than 172,000 children and caregivers accessed mental health and psychosocial support (74 per cent of the target), and more than 335,000 children accessed formal and non-formal education (96 per cent of the target), reflecting sustained demand for services at scale. More than 400,000 people also had access to safe and accessible channels to report sexual exploitation and abuse, reinforcing accountability and safeguarding throughout the response. The UNICEF response concluded in Slovakia in June 2025 and in Czechia in December 2025.

Haiti

At the end of August, the UNICEF Executive Director, in her role as Principal Advocate on the Humanitarian Situation in Haiti, informed the Security Council that conditions in **Haiti** had deteriorated significantly since her last briefing to them on Haiti, in October 2024. The country was experiencing a profound child rights emergency where fundamental guarantees of safety, dignity and development were – and are – increasingly out of reach for Haiti's youngest and most vulnerable people. Ninety per cent of the capital, Port-au-Prince, remained under armed group control during the year,[53] with the humanitarian crisis spreading beyond Port-au-Prince to other parts of the country. Around 1.45 million Haitians (12 per cent of the total population), including 754,000 children, were displaced by the end of the year.[54] There was a notable increase in the number of people displaced internally due to armed group attacks, particularly in Artibonite and Centre departments. In the Port-au-Prince area, many displaced persons sheltered in schools, further compounding the impacts of the extreme crisis on children, with prolonged school closures depriving thousands of children of access to learning and the protective environment of school. (*See Case Study 11 for details on how global humanitarian thematic helped UNICEF and the Government rehabilitate other, unused schools to welcome students*).

Alarmingly, verified incidents of recruitment and use of children by armed groups leapt 200 per cent in 2025 compared with the previous year, with killing and maiming of children up 54 per cent.[55] Adding threats and disruption were natural disasters: flooding severely affected Nord-Est department in May, and Hurricane Melissa devastated parts of several southern departments in October and November (*see page 77 for information on the Hurricane Melissa response in Haiti and elsewhere*).

UNICEF programme implementation in Haiti was repeatedly disrupted by severe operational and security challenges, including incidents that triggered heightened duty of care measures and temporary suspension of field movements. Armed group control over major access corridors and unpredictable violence constrained humanitarian access, forcing teams to adapt delivery modalities to maintain continuity of services. When physical access was restricted, activities shifted to mobile response teams, remote technical coaching of community volunteers, extended water trucking routes from safer areas and delivery through trusted community focal points. Partnership agreements incorporated geographic pivot clauses enabling rapid redirection of activities within 72 hours, while localized delivery capacity – through WASH committees, protection networks and trained community volunteers – sustained minimum service levels during access interruptions. Concurrently, supply chain disruptions caused by blockages, shortages and port delays slowed the deployment of essential WASH, protection and education supplies despite mitigation measures such as multi-location pre-positioning, diversified procurement and Logistics Cluster support. These compounding pressures demanded constant recalibration of implementation modalities to balance operational continuity with staff safety and the imperative to uphold humanitarian principles in an increasingly volatile environment.

A look at just one area – health – shows the kinds of adaptations and connections with local partners that were necessary to achieve results for children. In metropolitan Port-au-Prince, where only 41 per cent of health facilities with beds remained functional, high concentrations of internally displaced persons placed sustained pressure on primary health care, maternal and newborn services and outbreak preparedness systems. Through flexible deployment models such as mobile outreach aligned with displacement flows, targeted procurement and strengthened coordination with departmental authorities, UNICEF supported access to primary healthcare, with 626,991 women and children accessing care in UNICEF-supported facilities out of a targeted 652,400. This was made possible through the restoration of fixed-site consultations, structured outreach sessions, systematic distribution of essential medicines and strengthened referral pathways between community health workers and healthcare facilities. Mobile teams were strategically deployed to displacement-dense communes, and user fees were removed in high-burden catchments to reduce financial barriers. Close collaboration with the Ministry of Public Health and Population, departmental health directorates and a network of national and local partners made implementation possible: Médecins du Monde Argentina delivered integrated mobile health services across metropolitan Port-au-Prince and border zones in the Nord-Est; GHESKIO (a Haitian group operating medical treatment and research centres in Port-au-Prince and a network of clinics around the Port-au-Prince metropolitan area) supported mobile and fixed service delivery in the metropolitan area; Centre Hospitalier Fontaine operated in Cité-Soleil; Centre Foyer Saint Camille covered Croix-des-Bouquets; Hôpital Albert Schweitzer Haiti ensured outreach in Artibonite; and Caritas Hinche served communities in Centre department.

"Our partnership with UNICEF is far more than a collaboration. It is an expression of genuine responsibility.

Those who have the strength and reach to make a difference also carry the responsibility to live up to that in an active and meaningful way. This is exactly what United Internet AG stands for with full conviction, and why UNICEF is the right partner for us.

As UNICEF's largest partner in Germany and one of its most significant partnerships worldwide, we are very aware of what comes with that strength: the responsibility to connect reach with real impact by using our capabilities where they are needed most, for children, because they are our future.

UNICEF represents a form of strength that matters deeply to us: credibility, experience and an extraordinary ability to be there for children even under the most difficult circumstances. It is precisely this reliability for children around the world that makes UNICEF the right partner for us.

When strong organizations like UNICEF and United Internet AG come together, a unique kind of impact is created. Each side brings what it does best: global experience and access on the one hand, and immense reach and technological expertise on the other. That combination is what makes the difference. The fact that 100 per cent of our donations go directly to UNICEF is part of our responsibility and a cornerstone of the trust our donors place in us.

For us, it was therefore clear that UNICEF was the right partner. It is about making help as effective as possible and creating lasting change. That is exactly where we see the strength of this partnership.

In a world in which children are increasingly the first and hardest hit by crises, we want, together with UNICEF, to make responsibility visible through reliable action and genuine long-term impact.

That is leadership, and that is real impact."

Tessa Page
Chairwoman of the Board and co-founder of the United Internet for UNICEF Foundation

CASE STUDY 11: Amid high levels of violence in **Haiti**, rapid assessment, funded by global humanitarian thematic funding, opens the way for repair and upgrades to schools to get children in Port-au-Prince back to learning.

Armed gang violence in Haiti, particularly in the Port-au-Prince metropolitan area, has triggered massive internal displacement. Many displaced people have sought refuge in public schools. This has resulted in the prolonged closure of these facilities and has deprived more than 8,500 children in the Port-au-Prince area of access to education.

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Schoolgirls wash their hands at an integrated handwashing station in a sanitation block at Lycée Jean Marie Vincent in the Tabarré neighbourhood of Port-au-Prince, Haiti in February 2025. The school is 1 of 10 rehabilitated with UNICEF's support to accommodate students whose own schools had turned into shelters for people displaced by the city's high levels of violence. Improving access to safe water and sanitation helped reduce psychological stress among displaced students. And by having a safe, functional and dignified place to learn, students could regain a sense of normalcy and hope for the future.

In response, the Government, through the Ministry of National Education and Professional Training, identified several public institutions for urgent renovation so they could receive displaced students and enable their continued learning. Global humanitarian thematic funding facilitated the rapid assessment of 44 schools considered by the Ministry to be potential host sites. The rapid assessment identified priority rehabilitation needs for educational infrastructure and WASH services to ensure safe, functional and dignified learning environments for students.

Ten schools were selected for comprehensive rehabilitation including classroom repair; construction or rehabilitation of sanitation blocks; installation of handwashing stations; septic tank desludging; and supply of essential school furniture (e.g., benches, tables and chairs). UNICEF also supported distribution of cleaning materials and waste bins and implementation of hygiene promotion and awareness-raising activities. Ensuring that displaced students can return to safe, healthy and supportive learning environments is a way to uphold these children's right to education. Investing in the rehabilitation of school infrastructure, and in particular improving access to safe water and sanitation, also significantly contributed to reducing psychological stress among displaced students. By having a safe, functional and dignified place to learn, students could regain a sense of normalcy and hope for the future.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- Safer and more conducive learning environments for 6,664 students, including 3,125 girls, in 10 schools. These 10 schools, comprising 157 classrooms, were fully rehabilitated and equipped with new learning benches to support quality teaching and learning.
- Training of 3,200 community members, including 1,512 women, on child protection, WASH infrastructure management and the promotion of healthy hygiene practices.
- Rehabilitation of eight gender-segregated latrine blocks and construction of two additional sanitation facilities with a total of 143 toilet cabins, effectively eliminating open defecation on school grounds. The 143 toilets were equipped with cleaning supplies and fitted with integrated handwashing stations and urinals and reliable water supply systems.
- Provision of essential learning and WASH equipment, including 3,792 tables and benches, 17 metal desks, 35 teacher tables and 88 sanitation kits, along with cleaning materials for the schools. To promote hygiene and safety for all students, UNICEF installed 40 handwashing stations throughout school premises, 70 outdoor trash cans, 85 toilet trash cans and 93 classroom trash cans.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

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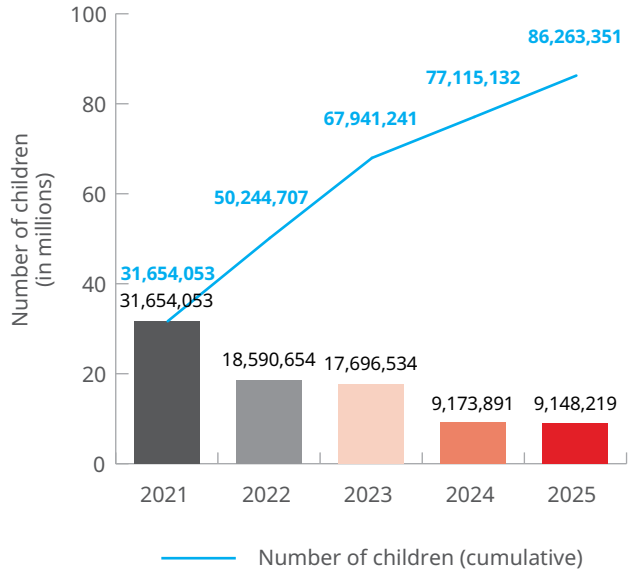
September

Nyawar, 30, collects water lilies to feed her children amid flooded fields near Bentiu displacement camp, South Sudan in September 2025. After losing her home and livestock to floods, she and her family fled multiple times to avoid the rising waters, eventually arriving at the displacement camp with barely anything. Her youngest son, Wictour, was dangerously malnourished and began to improve in a UNICEF-supported nutrition programme in the camp. Nyawar now grows maize in dry patches in the camp, which is surrounded by standing water. When the maize runs out, she collects water lilies, one of the few food sources still accessible. Thousands of families are caught up in this climate-driven, disastrous loop.

September 2025 marked four years since girls in Afghanistan were barred from attending school beyond Grade 6. Afghanistan's girls were losing more than lessons; they were being deprived of social contact, personal growth and the chance to shape their futures and fulfill their potential. Millions of girls in the country were confined to their homes, with UNICEF documenting increasing mental health issues, child marriage and high birth rates – all avoidable.[56] (*See page 56 for information on the UNICEF response in Afghanistan.*)

Education

FIGURE 19: Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes.



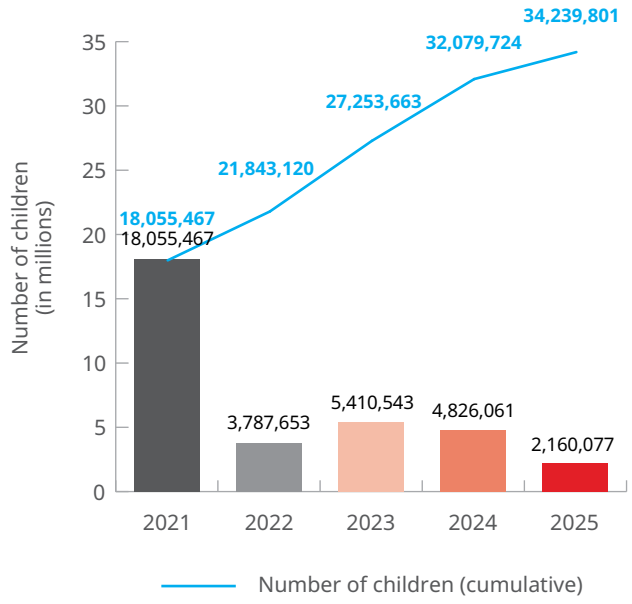
For millions of children elsewhere, education was denied not by law or decree but by lack of access to learning opportunities due to crisis. In 2025, this would be compounded by loss of funding for education in emergencies programmes, with the greatest impact on children themselves. UNICEF spoke out in early September 2025, as the new school year began for millions of children worldwide, on the likely impact in 2026 of the dire funding cuts to education in emergencies programmes.[57] The hyper-prioritization of life-saving interventions in 2025 under the Humanitarian Reset had already further marginalized the education sector, which has long struggled to compete with programme areas more readily perceived as life-saving. Yet in humanitarian crises education is still every child's right. And it is often children's lifeline, a protective environment in and of itself and a way to connect children to other essential and life-saving services including health, protection and nutrition. Education is also life-sustaining: it is a down payment on children's futures and lays the foundation for recovery, resilience and long-term well-being.

In 2025, UNICEF spent $849 million – 54 per cent of its $1.56 billion in education expenditures – in humanitarian settings, helping 9.1 million children access education, while 2.1 million received critical learning materials. There were significant results in such countries as the **Sudan**, where 2025 marked a genuine turning point. The work of UNICEF and its partners enabled 3.2 million children and adolescents there (out of the 2.4 million targeted), more than half of them girls, to access formal and non-formal education. More than 13,005 schools were operational by year-end, up from 5,500 in 2024. UNICEF-supported school grants empowered parent-teacher associations and school management committees to rehabilitate classrooms, improve safety and address urgent infrastructure needs, directly benefiting more than 8,000 schools – 60 per cent of all open schools – and 3 million students. A critical part of this was incentive payments to nearly 40,000 teachers. In addition, more than 455,000 children enrolled in 1,430 safe learning spaces that combined structured education with psychosocial support. Digital platforms further extended the reach of education interventions, with the establishment of 393 e-learning centres, with the Learning Passport reaching 59,000 children facing prolonged school closures. A standout achievement, and a contribution to system-strengthening, was UNICEF's support for the country's national examinations. Made possible by humanitarian

> **"At Primark, our people-first values are at the heart of everything we do, and our partnership with UNICEF is no exception. Since 2018, we have proudly supported UNICEF's work in education and emergency response, standing with communities when they need it most, and making sure children and families aren't left behind in times of crisis. For us, this partnership is a true example of our values and what we stand for – caring for those who need it most, staying dynamic to respond at speed, and working together to use our collective scale for good."**
>
> Rosie Valentine
> Global Director of Internal Communications, Inclusion & Engagement, Primark

thematic funding, this support enabled 274,000 students, including 4,823 Sudanese refugee students in **Chad**, to sit their exams and preserve pathways to higher education. UNICEF also used global humanitarian thematic funding to sustain learning opportunities for Sudanese children who had taken refuge in **Egypt**, along with other migrant children and host community children there (*see Case Study 12*). The significant results in education in the Sudan in 2025 show what can be achieved with adaptability and nearly full funding (the emergency education response was 95 per cent funded in 2025) – and with flexible funding.

FIGURE 20: Number of children provided with individual learning materials through UNICEF supported programmes.



In the Gaza Strip, in the **State of Palestine**, the ceasefire in October provided a critical window for deepening the education response. With 95.5 per cent of the 815 schools in the Gaza Strip damaged or destroyed, UNICEF supported 309,379 children (out of 300,000 targeted) to access formal or non-formal education through 109 learning centres; and 245,592 children (out of 150,000 targeted) received gender-responsive recreational activities supporting their safety and mental health. To support inclusion, 6,174 students were screened for disabilities and referred for targeted support. In the **West Bank**, 57,695 children including 33,677 girls accessed learning through remedial education and community-based programmes. The education in emergencies response in the State of Palestine was fully funded. Elsewhere, flexible funding provided the boost to maintain education after sudden-onset shocks, as in the aftermath of extensive flooding in **Pakistan** during the year (*see Case Study 13*).

These hopeful education results show what is possible with funding and an opening to support national and local actors to provide emergency services for children. Yet, in 2025, this was far from the norm. Education responses across all Humanitarian Action for Children appeals for 2025 had an average funding gap of 75 per cent, with Haiti at 88 per cent. As a direct result, quality education for children in emergencies, in most places, remained precarious, disrupted or non-existent, as funding cuts projected at $745 million fell hardest in 2025 on countries least able to absorb them.

Bangladesh

Bangladesh was one of those countries, with global funding cuts threatening education services for Rohingya refugees living in camps in Cox's Bazar District. After funding challenges delayed the start of the school year for many refugee children, UNICEF reprogrammed some funding and secured additional support via humanitarian thematic funding to keep 713 learning facilities open. This enabled 25,900 children to keep learning, including 7,800 girls in secondary school who would otherwise have lost their only structured learning opportunity. Interventions to increase access to learning among refugee children reached 254,329 children (out of the 241,330 targeted) during the year. This was a critical part of UNICEF's response in the country, where millions of people, including nearly 1.2 million Rohingya refugees, required humanitarian assistance in 2025 because of natural disasters, public health emergencies and civil unrest. Refugees experienced limited access to essential services, including education, protection, healthcare, food, water and shelter. UNICEF also provided critical health and nutrition, outbreak response, child protection, social and behaviour change and WASH services to refugees and host communities in response to natural disasters – in particular flooding – and to disease outbreaks. (*See Case Study 15, page 82-83, for information on how UNICEF has used global humanitarian thematic funding in Bangladesh for rapid WASH response that also promotes climate-resilient recovery.*)

Embedding education in emergencies within national education systems was a strategic priority for UNICEF in 2025. Crises create policy openings: in **Mozambique**, a crisis response unlocked national certification of Alternative Learning Programmes; in **Ethiopia**, emergency programming catalysed more than $25 million in domestic financing. And digital platforms were a lifeline in some places, including in the **Sudan** (above) and in **Nigeria**, where the Nigerian Learning Passport was part of UNICEF-supported government efforts to provide learning opportunities to children in Adamawa, Borno and Yobe

"For TP, what was really important was first to find an organization with shared priority areas, and UNICEF was definitely one of them, as we strongly align on education and emergencies. We also wanted to engage with a globally recognized organization, so that all our employees could relate to the programme and feel involved – and UNICEF is known everywhere in the world. What makes UNICEF's work so efficient and impactful is its strong connection on the ground, which we witnessed first-hand during our field visit to the Philippines. Our partnership with UNICEF is very important to us. It is truly fulfilling to give back to local communities, to support children's rights and well-being, and to contribute to a more sustainable future. When you invest in children, you can never be wrong – they carry the energy and hope for the future. Through our partnership, we hope to help them achieve their dreams."

Clémentine Gauthier Medina
CSR Director, TP Group

States. Globally, UNICEF launched additional guidance and frameworks in 2025 to integrate digital learning into humanitarian settings. Drawing on the Learning Innovation Hub in Helsinki and broader organization-wide digital learning efforts, UNICEF continued to refine its approach, to ensure that children experiencing humanitarian emergencies benefit from appropriate digital tools for learning. And UNICEF will never stop proclaiming the reality that education for children in emergencies is a life-saver.

South Sudan

Around 9.3 million people in **South Sudan** (70 per cent of the population) required humanitarian assistance in 2025, a reflection of the country's entrenched fragility. Renk (in Upper Nile State) and other border areas were overwhelmed by tens of thousands of refugees and returnees. In Upper Nile, Unity and Jonglei states, intensifying fighting displaced families, disrupted economic activity and heightened protection risks, especially for women and girls. Flooding destroyed crops and increased food insecurity in Greater Upper Nile State. Yet insecurity, logistics constraints and gaps in required funding hampered humanitarian assistance to people in need.

Despite these obstacles, UNICEF was able to reach 3.85 million people with life-saving assistance in the country using both humanitarian and development programming to save lives and reinforce resilience. Enhanced preparedness measures brought relief despite funding shortfalls, and work with national and community-level systems extended the reach of interventions while also strengthening local capacities for response.

South Sudan faced a severe public health emergency throughout 2025: there were six infectious disease outbreaks reported nationwide, including the worst cholera outbreak since the country's independence along with circulating vaccine-derived poliovirus type 2 (cVDPV2) as nationwide outbreaks. In addition, mpox, anthrax, hepatitis E and measles affected multiple counties. The situation underscored persistent gaps in surveillance, service delivery and response capacity, particularly in hard-to-reach and conflict-affected areas (*see page 42 for more on the UNICEF response to the cholera outbreak in South Sudan*). UNICEF supported 904,655 children and women (out of a target of 2 million) to access primary healthcare services through supported facilities nationwide. Services addressed the major causes of morbidity and mortality, including malaria, diarrhoeal diseases, pneumonia and other communicable conditions prevalent in humanitarian settings. WASH support was a significant part of the cholera response. Yet funding cuts led to the loss of dedicated WASH coordinator positions at the subnational level – even amid the cholera outbreak. To adapt to this, UNICEF worked with partners and government counterparts to identify agencies to temporarily support coordination roles alongside government focal points. This enabled coordination continuity and supported a gradual transition towards stronger government leadership at the state level. Coordination mechanisms remained active in priority locations including Bentiu, Upper Nile and Jonglei, with continued support in key entry points such as Renk and Malakal, where both returnees and refugees continued to arrive. Ultimately, UNICEF provided 461,847 people access to safe water for drinking and domestic needs, out of a targeted 700,000 people. UNICEF exceeded its target for supplying critical WASH supplies and for providing children in learning facilities and safe spaces access to wash services and hygiene support, reaching 780,000 people out of the 223,000 initially

targeted. Nutrition interventions focused on supporting the Government to transition from a fully NGO-led model to more sustainable, government-led systems. And humanitarian cash interventions delivered $3.29 million to 13,058 vulnerable households, out of a targeted 12,000 households, through several programmes. Cash delivery was integrated with nutrition counselling, immunization and support for gender-based violence survivors, generating a strong multiplier effect. And, despite closure of 186 nutrition sites in the country due to funding gaps, global humanitarian thematic funding allowed UNICEF to sustain cash distributions and integrated services. This helped protect the most vulnerable households during a year of acute climate and economic stress.

CASE STUDY 12: Global humanitarian thematic funding helps sustain education services for refugee and migrant children in 34 learning spaces and 30 community kindergartens in **Egypt**.

For the more than 1.5 million Sudanese (40 per cent of them children) who have entered Egypt since the outbreak of conflict in the Sudan in 2023, access to education remains a significant challenge. Overcrowded classrooms, financial constraints, language barriers and limited legal documentation restrict enrolment and retention in formal schools. As a result, many families rely on community-based or informal learning alternatives.

In 2025, UNICEF allocated approximately $390,000 in global humanitarian thematic funding to support its humanitarian response in Egypt, including $75,000 for education interventions that benefited Sudanese and other refugee and migrant children as well as host-community children, including 907 Sudanese and Egyptian children aged 4–6 years and 4,653 Sudanese children aged 6–12 years. Girls made up 52 per cent of children reached. Through pooled funding, including global humanitarian thematic funding, UNICEF sustained support to 34 learning spaces and 30 community kindergartens in Greater Cairo, Alexandria and Aswan.

By establishing and strengthening community learning spaces, kindergartens and digital learning initiatives, UNICEF ensured continued access to education for children unable to enrol in formal schools. Community-based kindergartens promoted cognitive and socioemotional development for younger children. Learning spaces delivered structured catch-up education (including foundational literacy and numeracy), life skills training and recreational activities to support academic progress and psychosocial well-being. These community-based platforms bridged gaps in access to formal education, particularly for children unable to enrol due to documentation, financial or capacity constraints.

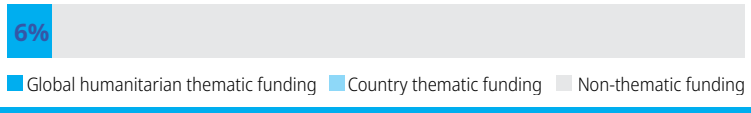
A student raises her hand in class in Egypt. With UNICEF support, the Comprehensive Inclusion Programme expanded to 840 public schools across 11 governorates, reaching 420,000 students, including 40,000 children with disabilities and 20,000 non-Egyptian learners, helping advance more equitable learning opportunities for children in marginalized situations. In addition, by establishing and strengthening community learning spaces, kindergartens and digital learning initiatives, UNICEF ensured continued access to education for children unable to enrol in formal schools.

In response to increasing demand, UNICEF plans to scale up operations in 2026 to more than 70 learning spaces to accommodate growing numbers of refugee, migrant and host-community children who require education support.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 907 Sudanese and Egyptian children aged 4–6 and 4,653 Sudanese children aged 6–12 reached with community-based education services. Fifty-two per cent were girls.

Added value of global humanitarian thematic funding as a critical resource for response in 2025



CASE STUDY 13: After severe flooding heavily damaged schools, flexible funding enabled children in Punjab Province, **Pakistan**, to move swiftly from studying under open skies to safe and dignified schooling.

Monsoon floods caused extensive damage in Punjab Province, Pakistan in 2025, particularly in flood-prone districts of Jhang, Multan, Muzaffargarh and Rajanpur, where high waters damaged more than 1,700 schools and disrupted the schooling of thousands of children.

Students and teachers enjoy their safe temporary learning space – a high-performance tent – at Government Girls Primary School Kalkurai No-01, in Jhang District, Punjab Province, Pakistan. Monsoon floods damaged more than 1,700 schools in the province, including this one.

The flexibility and rapid availability of global humanitarian thematic funding helped UNICEF meet the emergency education needs of 21,000 children (13,080 girls and 7,920 boys). A total of $154,415 in global humanitarian thematic funding enabled rapid engagement of partners; procurement and delivery of essential education supplies; installation of temporary learning centres; and teacher training on psychosocial support, inclusive education and emergency preparedness. It sustained UNICEF's leadership of the education sector by supporting coordination, technical guidance, partner capacity-building, monitoring and adequate emergency staffing to ensure a timely, integrated and child-centred response. The funding contributed to rapid assessments of 300 schools and minor repairs in 52 schools to further minimize disruptions to learning.

In Jhang district, Government Girls Primary School Kalkurai No-01 was declared unsafe after severe flood damage – forcing girls to study outdoors in unsafe conditions and increasing their risk of school dropout. UNICEF, through its partner, Sanj Preet Organization, established a temporary learning centre using high-

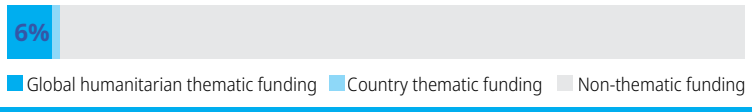
performance tents. UNICEF also provided school-in-a-box kits, early childhood development materials and menstrual hygiene management, hygiene and recreational kits to restore safe and supportive learning conditions. The experience of Government Girls Primary School Kalkurai No-01 illustrates how timely and flexible humanitarian funding can safeguard children's right to education during crises. From a place where girls were studying under the open sky, the school has transitioned to a safe and dignified learning environment. This has restored stability and hope for students and their families. Continued community engagement and rehabilitation efforts are supporting the school's gradual return to full functioning.

The high-performance tents deployed in this response provided durable, climate-resilient learning spaces suitable for both winter and summer conditions. Given Pakistan's ongoing fiscal constraints and limited resources for rapid school reconstruction, these structures offer a practical medium-term solution because they enable schools to continue functioning safely while longer-term rehabilitation is pursued. Through use of the tents, and by providing education supplies and teacher support, UNICEF helped reduce learning loss and protect vulnerable children from dropout and protection risks. The approach also promotes sustainability: public schools remain operational as formal learning spaces. Furthermore, the high-performance tents used in this response were reused from previous emergency interventions in the country and can, in the future, be relocated to provide temporary learning centres in other places.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- The immediate installation of 62 temporary learning centres, distribution of education and hygiene supplies, restoration of safe learning environments and repair of schools, ensuring continuity of education for 21,000 children (13,080 girls and 7,920 boys).
- Rapid assessments of 300 schools and minor repairs in 52 schools to further minimize disruptions to learning.

Added value of global humanitarian thematic funding as a critical resource for response in 2025



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October

A woman and two children stand amid destruction in the community of Guamá, Santiago de Cuba, in November 2025. Hurricane Melissa destroyed housing, food supplies and school infrastructure – and had a deep psychosocial impact on those in its path.

Hurricane Melissa made landfall in **Jamaica** as a Category 5 storm in October 2025. It caused severe damage to children's homes, schools and other infrastructure that supports their well-being in that country and in **Cuba**, **Haiti** and the **Dominican Republic**. The hurricane impacted nearly 1 million children in the region. Melissa was only one of many severe climatic events shaping children's lives in 2025, from Tropical Cyclones Dikeledi (January) and Jude (March) impacting **Mozambique** and other countries, severe monsoon season flooding in **Pakistan**, Tropical Storm Erin impacting **Cabo Verde** in August and Cyclone Ditwah in **Sri Lanka** in November. In eastern and southern Africa, climate shocks, including storms, cyclones, droughts and heatwaves, disrupted schooling in at least nine countries. And in East Asia and the Pacific, the most disaster-prone region of the world, successive typhoons, floods and storms disrupted essential services, damaged infrastructure and increased risks for children and vulnerable communities. **Viet Nam** experienced 15 severe storms between July and December, affecting more than 1.5 million children. In **the Philippines**, Tropical Cyclone Tino and Super Typhoon Uwan together affected more than 13 million people, while typhoons in the **Lao People's Democratic Republic** affected more than 300,000 people. Flooding affected 6.4 million people in **Indonesia** and **Thailand**. Other flooding events impacted many more countries.

In short: climate shocks continued to force children from their homes, threaten their lives and protection and disrupt their schooling and the other services they relied on. In addition to supporting direct life-saving care and services in the wake of these disasters, UNICEF and its partners worked to strengthen disaster preparedness and shock-responsive systems to mitigate the impact of emergencies on children and ensure timely, child-centred responses.

Hurricane Melissa

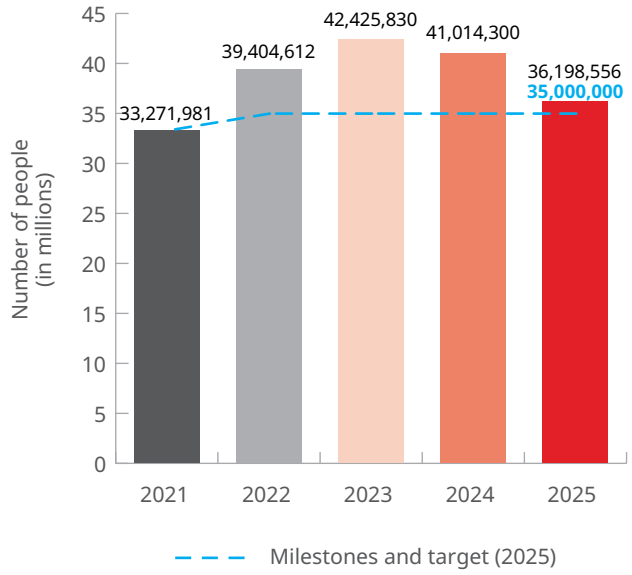
Interventions prior to and in the immediate aftermath of Hurricane Melissa focused on saving lives. In **Jamaica**, UNICEF supported the rapid reopening of schools following the hurricane, with temporary learning spaces and learning materials reaching more than 55,500 students and 79 teachers. WASH interventions enabled approximately 54,000 people to access safe drinking water and provided hygiene supplies to 26,000 individuals, alongside support to 70 schools for safe reopening. Health and nutrition responses reached an estimated 100,000 people through medical supplies and mobile services. Nutrition interventions supported 15,000 children and 3,600 pregnant women, while capacity-building strengthened national response systems. Risk communication campaigns reached 450,000 people through radio messaging and community engagement. And safeguarding systems were reinforced through training, partner support and community awareness materials on prevention of sexual exploitation and abuse, ensuring safer programming during the response.

In **Cuba**, in response to Hurricane Melissa and other storms, UNICEF and partners prioritized restoration of water supply and hygiene services to address damaged infrastructure, loss of household storage capacity and deteriorating sanitation conditions. Safe drinking water was provided to 346,075 people, including through the installation of solar-powered pumping systems. A total of 33,600 people in Guantánamo and Artemisa received 5,600 family hygiene kits, while 10,900 people benefited from water storage units to improve household resilience. UNICEF also supported the Ministry of Public Health to address urgent health and nutrition needs in affected areas. Nutrition interventions reached 8,000 pregnant and lactating women, while 25,000 children received micronutrient powders. In addition, 109,800 people in Granma and Holguín gained access to essential medical care through the distribution of medical kits, acute watery diarrhoea kits and oral rehydration salts. Distribution of family mosquito nets reduced exposure to vector-borne diseases. In coordination with the Ministry of Education, UNICEF supported the rapid resumption of learning by delivering educational materials and supplies to 30,000 children and adolescents. In **Haiti**, flexible funding enabled pre-positioning of more than 6,500 cartons of ready-to-use therapeutic food ahead of Hurricane Melissa. Among the major achievements of the year, through an anticipatory cash intervention UNICEF transferred approximately $700,000 to more than 7,000 households identified through the Ministry of Social Affairs and Labour social registry. The operation demonstrated UNICEF's rapid response capacity: within four days, funds were transferred directly to the mobile accounts of all targeted beneficiaries. It also illustrated the potential of shock-responsive social protection mechanisms to mitigate the impact of climate-related disasters on vulnerable households. Also in advance of the storm, UNICEF used pre-existing community networks to promote hygiene and safety measures, reaching thousands of households with preventive information. Following the storm, UNICEF supported a comprehensive evaluation of school conditions to identify rehabilitation needs and inform recovery strategies. And local 'hygiene clubs' in schools, previously established through social and behaviour change initiatives, became centres for community mobilization in the wake of the storm. One result of this was 3,000 households building safe latrines and adopting beneficial handwashing practices through local engagement programmes supported by UNICEF and partners.

By the end of the year, countries impacted by Hurricane Melissa were transitioning from relief response to early recovery amid persistent infrastructure damage, service disruptions and public health risks. By early 2026, UNICEF support had enabled 782,000 people in affected countries to gain access to safe water; 405,000 people to access primary healthcare, including medical supplies; and 83,000 children to receive education services and supplies. Still, gaps in water supply, health, education and protection services continued to affect children and vulnerable families in those areas that had been most heavily impacted.

WASH

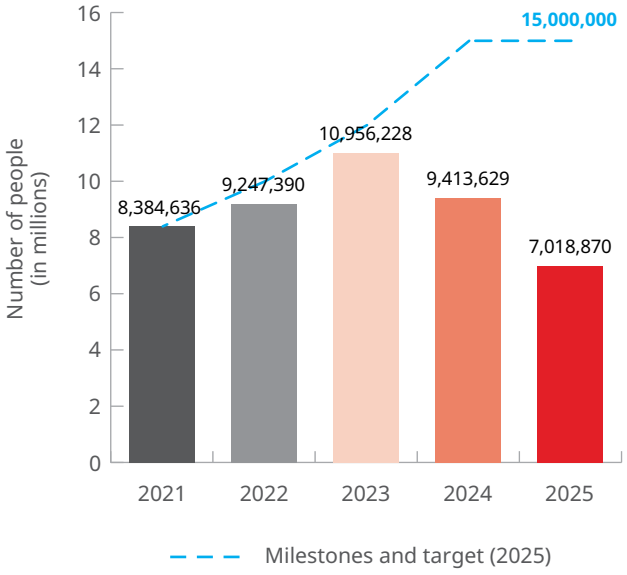
FIGURE 21: Number of people in humanitarian contexts reached with appropriate drinking water services, through UNICEF-supported programmes.



In 2025, WASH responses were crucial – and life-saving – in both acute emergency contexts and in transition settings. UNICEF continued to lead the Global WASH Cluster. During the year, UNICEF provided safe drinking water for nearly 36.2 million people (103 per cent of the target) in humanitarian contexts in 75 countries; emergency sanitation services for more than 7 million people (46.6 per cent of the target) in 62 countries; and critical hygiene services for 7.8 million people in 61 countries. Funding cuts impacted full achievement of sanitation targets. Water supply continued to be accorded top priority by governments, which UNICEF was obliged to honor. Beyond this, given the increasing number of urban emergencies and the complexity of restoring water treatment facilities, cluster partners requested that UNICEF focus on these complex issues and let partners address sanitation needs. This includes, for example, the WASH response in the **Sudan**, where UNICEF expanded support to major urban water utilities in Khartoum, Wad Madani, Atbara, Kassala and Ag Geneina and extended support to displacement sites, ultimately enabling 14.7 million people to access safe water for drinking and domestic needs during the year. Cluster partners took on the lion's share of the sanitation response, ultimately reaching 4.1 million people with appropriate sanitation services out of the 2.5 million cluster target. Globally, meeting the menstrual needs of girls and women was a top priority of the UNICEF WASH response throughout the year, with 3.2 million girls and women provided with menstrual hygiene services in humanitarian contexts (15 per cent more compared with 2024). In the Gaza Strip, **State of Palestine**, UNICEF continued to be the primary WASH responder alongside the Coastal Municipalities Water Utility, the Palestine Water Authority and other WASH cluster partners (*see page 25 for more on UNICEF's response in the State of Palestine*).

UNICEF continued to observe cost efficiencies without compromising humanitarian principles. As in previous years, most beneficiaries were reached with interim solutions in response to needs (e.g., water trucking and temporary shared sanitation facilities in shelters and camps). In 2025, 31 per cent of beneficiaries of water interventions and 24 per cent of beneficiaries of sanitation efforts were provided access to services through durable solutions, e.g., repair of existing facilities and solarization. This helped ensure cost efficiencies and, importantly, paved the way for post-crises phases.

FIGURE 22: Number of people in humanitarian contexts reached with appropriate sanitation services, through UNICEF-supported programmes.



While UNICEF mounted significant WASH responses in every region, the largest humanitarian WASH reach in 2025 was in the Middle East and North Africa, as the organization continued large response programmes in **Lebanon**, the **State of Palestine**, the **Sudan** and the **Syrian Arab Republic**. This was followed by the response in the Eastern and Southern Africa region. The WASH response was critical to the response to public health

"At Eleva Capital, our partnership with UNICEF is rooted in a shared conviction that children must remain at the centre of humanitarian response, especially in times of crisis. Across the world, conflict, climate-related shocks and displacement are placing unparalleled strain on communities, with children disproportionately affected.

What continues to stand out to me about UNICEF is its ability to operate effectively across the full arc of an emergency – prepared in advance, responsive in the moment, and committed for the long term. Whether delivering essential nutrition, healthcare, clean water or education, UNICEF combines global scale with strong local presence, enabling it to reach children quickly and with impact.

Through our partnership, I have also come to appreciate the critical importance of flexible funding. In emergency contexts, needs are fluid and often unpredictable. The ability to allocate resources rapidly and adapt in real time ensures that support reaches the most vulnerable children when it is needed most. This kind of agility is fundamental to an effective humanitarian response.

We are proud to support UNICEF's work in emergencies and to contribute to an approach that prioritizes both immediate life-saving interventions and longer-term resilience. This partnership reflects our commitment to backing organizations that deliver tangible results under the most challenging conditions.

At a time when global humanitarian needs continue to rise, sustained commitment and trust in experienced partners like UNICEF has never been more important."

Eric Bendahan
Founder, ELEVA Capital

emergencies, including responses to cholera outbreaks in multiple countries and to the Ebola virus disease outbreaks in the **Democratic Republic of the Congo** and **Uganda**.

Persistent insecurity – for example, in the **Democratic Republic of the Congo**, **Myanmar**, the **State of Palestine** and the **Sudan** – hampered UNICEF's access to people in need of emergency WASH services. Strategies for overcoming this included contracting with local partners and expertise. To address supply challenges, whenever possible UNICEF prioritized local procurement and production of supplies.

Climate change is adversely affecting water availability in many countries. In **Afghanistan**, UNICEF expanded climate-resilient and solar-powered water systems, introduced revised community-based climate-resilient water supply planning tools and invested in groundwater recharge and monitoring in areas facing declining water tables. This addressed a major obstacles including the declining reliability of water systems in areas affected by drought; groundwater depletion; and weak system functionality due to limited local capacity and resources for operation and maintenance. In Derezab Kebele, in Benishangul-Gumuz Region, **Ethiopia**, global humanitarian thematic funding enabled UNICEF to solarize two boreholes and restore a fully operational water supply system serving more than 6,500 people – an investment in a sustainable solar solution rather than reliance on temporary repairs to the diesel system (*see Case Study 14*). Flexible funding also allowed a focus on recovery in addition to relief in response to flooding in **Bangladesh** (*see Case Study 15*). And in **Haiti**, UNICEF

and its partners advanced the National Strategy for the Conservation and Treatment of Water at Home, or the C-TED strategy, a water chlorination programme for water treatment and conservation at home. Through this approach, capacity-building activities for community members on household water treatment and safe water storage practices help ensure long-term use and strengthen community resilience. In rural areas of Centre and Léogâne departments, the C-TED strategy also supported the development of proximity markets for chlorination products authorized by the Ministry of Public Health and Population, ensuring sustainable, community-level access to safe drinking water.

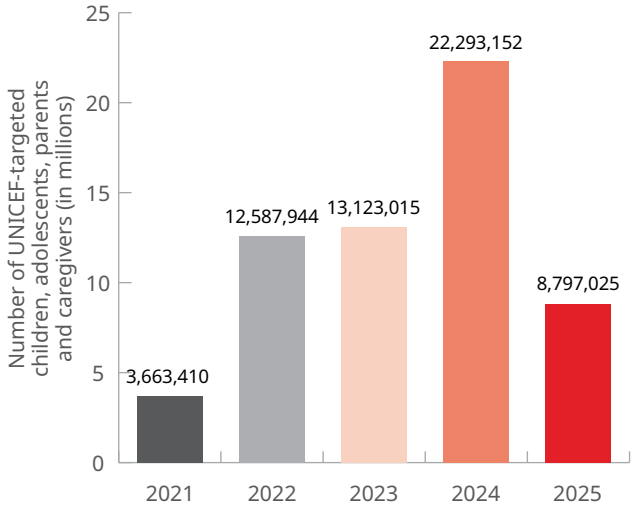
Mental health and psychosocial support

In October, UNICEF assumed the co-chair role of the Inter-Agency Standing Committee MHPSS Reference Group, positioning the organization to further strengthen coordination across the global humanitarian architecture at a moment of acute system-wide pressure.

UNICEF's mental health and psychosocial support (MHPSS) efforts in humanitarian contexts focused on embedding services within national systems and cross-sectoral platforms; expanding community-based and mobile delivery to reach displaced populations; strengthening child–caregiver environments; and investing in workforce capacity and front-line well-being. Support for children with acute needs prioritized access to layered care through strengthened referral pathways and appropriate task-sharing with non-specialist providers. In highly constrained settings, approaches were carefully sequenced to match system capacity, prioritizing continuity of care, supervision and supply reliability before expanding specialized services. In all contexts, interventions were grounded in existing systems, ensuring support remained safe, feasible, and responsive to the realities shaping access to care.

During the year, using these approaches, UNICEF and partners reached an estimated 25.7 million children, adolescents and caregivers with multisectoral MHPSS in humanitarian contexts in 59 countries. This support was integrated across health, child protection, education and community platforms.

FIGURE 23: Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services.



Where integration of MHPSS services and policies was closely linked to national systems and government partnerships, UNICEF was better positioned to promote scale and sustainability. This was the case in the **Democratic Republic of the Congo** and in the **Sudan**, where MHPSS training was integrated into university curricula to build long-term workforce capacity within the world's most severe displacement crisis. In **Iraq**, UNICEF and the Ministry of Planning finalized the country's first national MHPSS training manual, standardizing capacity-building for front-line workers as part of the national minimum package for child protection, embedding MHPSS in national systems beyond short-term emergency windows.

Education and health systems can extend the reach of MHPSS through platforms children and families already access, essentially functioning as protective environments delivering MHPSS at scale. This was the case in the Gaza Strip, **State of Palestine**, where 245,592 children received group recreational activities supporting their safety

and mental health. The AdoKit socioemotional learning programme was delivered to adolescents through temporary learning centres, as was Play and Heal, a corresponding play-based MHPSS programme for children aged 6–12 years. In **Myanmar**, MHPSS integration extended to perinatal healthcare, with capacity-building for 413 health workers to support of 2,927 pregnant women, reflecting meaningful progress towards system-embedded service delivery.

In the **Democratic Republic of the Congo**, more than 25,000 children accessed psychosocial support linked to radio-based education catch-up programmes during the mpox outbreak, demonstrating that education platforms can extend MHPSS reach even when physical access is severely constrained. Such remote or digital delivery extended MHPSS to populations that physical services could not reach. In **Myanmar**, 954,222 people were reached through digital platforms following the earthquake. In **Ukraine**, online consultations reached 20,413 children and 15,025 caregivers; the national toll-free hotline received 48,440 calls; and the 'Path of Parenting' digital programme reached 591,000 users with content on protective caregiving. In **Yemen**, tele-counselling services enabled parents and adolescents to access emotional support where security and cultural barriers made in-person services inaccessible. In the Middle East and North Africa and Europe and Central Asia regions, the Laaha.org virtual safe space reached more than 39,500 users, providing women and girls with a confidential platform where stigma or access constraints would otherwise have prevented engagement.

Community-based delivery reached children and families through child-protection mechanisms, local structures, safe spaces and trained community actors embedded in the contexts where displaced and crisis-affected populations live. In the **Sudan**, UNICEF and partners reached 3.3 million children and caregivers, half of them women and girls, through child-friendly spaces and safe spaces that provided structured support, protection and a degree of normalcy. This helped restore safety, emotional stability and resilience amid prolonged and severe stressors. In **Bangladesh**, 229,200 children, adolescents and caregivers accessed community-based MHPSS anchored in local child protection systems. Following flash floods in Hatiya, 17,000 children, adolescents and caregivers received MHPSS services. An additional 36,000 children were reached through the government-run 1098 Helpline in emergency and climate-affected areas, demonstrating how national platforms can rapidly extend emergency MHPSS reach.

To support front-line training and the well-being of front-line workers, in collaboration with WHO UNICEF finalized the Foundational Helping Skills in Emergencies resource, which provides a crucial supervisory framework to localize capacity-building. Efforts to build front-line capacity and provide support extended to numerous emergency contexts, including **Ethiopia**; the Gaza Strip, **State of Palestine**; the **Niger**; the **Syrian Arab Republic**; and the **Bolivarian Republic of Venezuela**.

CASE STUDY 14: The flexibility of global humanitarian thematic funding is critical in restoring sustainable access to safe water for more than 6,500 people, including an estimated 3,500 children, in Derezab Kebele, Benishangul-Gumuz Region, **Ethiopia**.

Insecurity, fuel shortages and rising fuel costs contributed to the collapse of a diesel-powered water system serving Derezab Kebele, in Benishangul-Gumuz Region, Ethiopia. Two boreholes had remained non-functional for more than two years, leaving more than 6,500 people dependent on unsafe river water. Schools and health facilities experienced severe water shortages. The disruption in safe water supply increased the risk of waterborne disease. It also heightened concerns about protection, because women and girls needed to travel long distances to collect water.

The flexibility of global humanitarian thematic funding enabled investment in a sustainable solar solution rather than reliance on temporary repairs to the diesel system, under the assumption that renewable energy would provide a more reliable and cost-effective power source in a fuel-constrained setting and that trained community management structures could sustain day-to-day operations and basic maintenance. With $246,785 in global humanitarian thematic funding, and in coordination with local authorities, community water committees and regional WASH partners, UNICEF solarized the two boreholes and restored a fully operational water supply system, which now provides more than 6,500 people (1,170 men, 1,235 women, 2,015 boys and 2,080 girls) with reliable daily access to safe water for drinking, cooking and sanitation at the household level. The transformation of the system strengthened community resilience by eliminating dependence on diesel

fuel, reducing operational costs and supporting uninterrupted service despite fuel market disruptions and insecurity. Without global humanitarian thematic funds, the prolonged water system failure – and related health and vulnerability risks – would likely have persisted.

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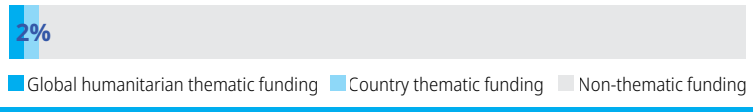
A child enjoys clean water in the Dasenech woreda in South Omo zone, South Ethiopia Region, Ethiopia in June 2025. Similar to the work in the Benishangul-Gumuz Region, a UNICEF water treatment and hygiene project here expanded the number of water points – and also supported community volunteers to work with their communities to treat water and promote healthy handwashing and other practices. In the Mermerti camp for internally displaced persons, Selamawit Abebe, a health extension worker, has witnessed the shift firsthand. "Before, open defecation was common, and people lived in crowded conditions without proper sanitation," she explains. "Now, every household has access to toilets and handwashing stations. Children are healthier. Diarrhoea cases have dropped dramatically."

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- 6,500 people (1,170 men, 1,235 women, 2,015 boys and 2,080 girls) accessing reliable, safe water for drinking, cooking and sanitation.

Added value of global humanitarian thematic funding as a critical resource for response in 2025



CASE STUDY 15: After severe flooding in **Bangladesh**, global humanitarian thematic funding helps break the cycle of relief without recovery by enabling investment in both rapid response and climate-resilient recovery.

Recurrent climate shocks repeatedly undermine basic services and child well-being in Bangladesh. Climate disasters have destroyed conventional WASH systems and have forced communities into cycles of emergency relief without sustainable recovery. For example, in August 2024, catastrophic flooding severely affected districts of Feni and Noakhali, disrupting water and sanitation services for millions of people (including more

than 2 million children) and heightening risks of acute watery diarrhoea/cholera, gender-based violence and school interruption. The flooding damaged an estimated 170,000 water points and 321,000 latrines in these districts.

Menstrual health and hygiene facilitators from the Rohingya community pose proudly after completing a UNICEF-led training that equipped them with the knowledge and skills to help women and girls manage menstruation safely and with dignity.

Conventional humanitarian responses often restore pre-crisis vulnerabilities, leaving communities exposed to repeated emergencies. After the August 2024 flooding, UNICEF mobilized $185,000 in GHTF as early catalytic funding to enable immediate emergency response while laying the foundation for climate-resilient recovery. The funds supported emergency WASH supplies (water purification tablets, jerrycans, hygiene kits), deployment of mobile water treatment plants and pilots of such innovative solutions as floating latrines. GHTF also supported longer-term investments in climate-resilient infrastructure, including elevated tubewells, reinforced latrines and solar-powered water filtration systems – recovery and resilience interventions that were implemented until June 2025.

One goal was to break the cycle of relief without recovery by embedding climate adaptation and system strengthening into humanitarian WASH responses, ensuring emergency investments contributed to long-term resilience and child well-being. By combining elevated, solar-powered, reinforced WASH infrastructure with capacity strengthening and government ownership, UNICEF aimed to reduce disease outbreaks, protect children and increase resilience to future shocks. As WASH Cluster lead agency, UNICEF leveraged its long-standing partnerships with the Department of Public Health Engineering and local non-governmental organizations to implement a response explicitly designed around the humanitarian–development nexus to meet immediate needs while embedding climate resilience, inclusion and system strengthening into recovery efforts.

Global humanitarian thematic funding also contributed to strengthening coordination and systems through rapid assessments based on the Kobo Toolbox data collection and management platform; technical support for climate change adaptation, disaster risk reduction and emergency preparedness and response; and training for 827 stakeholders including Department of Public Health Engineering staff, youth and women volunteers. A voucher-based sanitation repair pilot supported market-based recovery. Implementation of this systems-strengthening work involved the Department of Public Health Engineering, local government authorities, non-governmental organizations, community WASH committees and volunteers.

Humanitarian thematic funding, including global humanitarian thematic funding, contributed to the following results in 2025

- The construction or rehabilitation of more than 400 climate-resilient tubewells; 350 elevated, disability-inclusive and flood-resilient latrines; and 22 solar-powered water supply systems serving clusters of households.
- More than 32,000 children were reached through school-based hygiene promotion.
- Strengthened local capacity through the training of 827 local stakeholders on WASH maintenance, disaster risk reduction and climate adaptation, reinforcing government-linked service delivery and sustainability of emergency WASH response.

Added value of global humanitarian thematic funding as a critical resource for response in 2025

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November

A young man and a child wade through a flooded road after heavy rainfall – caused by Cyclone Ditwah – in Wellampitiya, on the outskirts of Colombo, Sri Lanka on 29 November 2025.

In her remarks[58] to the COP 30[59] Leaders Summit in early November, UNICEF Executive Director Catherine Russell highlighted the impact on children of the extreme climate-related events unfolding in almost every corner of the globe, including their greater vulnerability to the ill effects of pollution and heat waves. Four out of five children face at least one extreme climate hazard each year, even as fiscal pressures and rising debt limited the ability of Governments to respond.

Sri Lanka

Cyclone Ditwah made landfall in **Sri Lanka** on 28 November. The resulting damage to homes and infrastructure – and disruption to essential services – caused widespread displacement. The disaster increased the risk of disease outbreaks, malnutrition, unsafe living conditions and severe emotional distress among children. More than 1.2 million people, including more than 527,000 children, required humanitarian assistance. Preparedness investments enabled UNICEF to mobilize assistance within 12 hours of the cyclone's landfall. Field Emergency Coordinators were deployed to the most affected districts to reinforce local coordination and ensure the timely delivery of assistance. As co-lead of the WASH, nutrition, education and protection sectors, following the cyclone UNICEF supported coordinated assessments contributing to data collection, analysis and development of response priorities.

The cyclone disrupted health services in 22 of the country's 25 districts. UNICEF procured and distributed essential supplies to maintain continuity of maternal, newborn and child health and nutrition services, including immunization. It also provided 1 million water purification tablets and large quantities of cleaning and disinfection supplies to support safe conditions in health facilities and households. UNICEF will support 98 field maternal and child health clinics in 22 affected districts in early 2026 to ensure continuity of services for pregnant women and children.

In coordination with the Ministry of Health, UNICEF identified high-risk areas and delivered targeted assistance, including food baskets, vouchers or cash transfers, and supported replacement of damaged nutrition equipment. UNICEF ensured the uninterrupted supply of fortified foods and therapeutic nutrition products for treating wasting and distributed 1,500 cartons of ready-to-use therapeutic food in 20 affected districts. By the end of 2025, 1,271 children with severe or moderate wasting had received treatment.

With protection risks high in the aftermath of such a significant disaster, UNICEF and partners reached more than 34,000 people with child protection services, including around 3,000 children who received direct support. UNICEF and its partners reunified 32 children with their families. Forty-five child-friendly spaces provided a safe environment, access to protection services and structured psychosocial support for 22,500 children and 8,400 caregivers. An additional 3,500 individuals received community-based mental health and psychosocial support services. UNICEF strengthened front-line response capacity by training 221 government staff in psychological first aid and basic and core psychosocial support skills. In addition, 321 government and civil society personnel were trained on protection from sexual exploitation and abuse, and around 20,000 community members were reached through awareness activities on how to protect children and vulnerable people from exploitation and abuse. By the end of 2025, UNICEF had also reached more than 69,000 students in 25 districts with individual learning kits and school hygiene and cleaning supplies, supporting the safe reopening of schools and minimizing further learning disruption. UNICEF also supported the Ministry of Education and provincial education departments in assessing urgent education needs and in providing technical assistance to develop the Education Sector Response Plan to ensure a coordinated, evidence-based response to cyclone-related education needs across the education sector.

> **"It means a lot to be a small Danish family business, which together with our great customers, can make such a strong contribution to UNICEF's work for children."**
>
> Caroline Larsen
> Owner & CEO, Knitting for Olive

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December

Clémence*, 21, a mother of two, plays with her six-month-old baby outside her home in a village near the city of Kananga, Kasai-Oriental Province, Democratic Republic of the Congo in December 2025. Clémence arrived in this village at age 16 and attended a nearby school. “A teacher asked to marry me,” she says. “I told him that the relationship between a teacher and a student was not appropriate, but he insisted. Over time, I became attached. I became pregnant with my first child at 17. I stayed with him, gave birth, and managed to sit my exams and pass. Later, at 20, I became pregnant again, even though life with him was very difficult. It was hard to find enough food or even clothes.”

When the NGO Amour Plus, a UNICEF partner, carried out awareness-raising activities in her village, Clémence began to understand the consequences of child marriage and early pregnancy. She now hopes to gain skills that will allow her to build a more stable future for her children. “I want to learn a profession and take care of them,” she says. “I want my children to have a good life and to study.”

**Name changed.*

If 2025 was marked by violence, progress, upheaval and hope, the month of December encapsulated the entire year.

As noted in a December 2025 statement,[60] escalating violence provoked new displacement of more than 100,000 people – two thirds of them children – in northern **Mozambique**. This latest episode underscored the interactions between conflict and the climate crisis in a place as vulnerable as Mozambique, where 77 per cent of children live in poverty, an estimated 920,000 children were affected by cyclones in 2025 alone and almost 400,000 children had their learning disrupted due to damage to or loss of classrooms.

On December 5, at least 10 children were reportedly killed[61] in an attack on a kindergarten in South Kordofan, in the **Sudan**. The killing and maiming of children and attacks on schools and hospitals are grave violations of children's rights. UNICEF continued to work with partners to deliver life-saving support in the country. But the scale of needs outweighed the resources available to meet them.

The cholera outbreak in the **Democratic Republic of the Congo** was declared the country's worst in a quarter century, even as violence flared up once again in the country's east. In Kinshasa, in early December, 16 of 62 children died within days of cholera tearing through their orphanage – only some of the more than 71,100 total cases since the start of the year, including 2,071 deaths. Children accounted for at least 14,818 cases and 340 deaths. Cholera is wholly preventable. UNICEF continued to support the government's response and worked to both prevent and respond to the outbreak, including by supporting rapid response to implement the case area targeted intervention approach to contain outbreaks.

Yet there were also signs of hope.

Following the ceasefire and improved humanitarian and commercial access, famine was reversed in the Gaza Strip, **State of Palestine**.[62] Conditions remained difficult, however, with malnutrition widespread and devastation nearly everywhere.

In **Brazil**, a years-long, gradual process culminated in the transition from a largely humanitarian, parallel service delivery model to a sustainable, government-led system capable of ensuring continuous access to quality health, nutrition and WASH services for migrant and refugee children from the Bolivarian Republic of Venezuela. (*See Case Study 9, page 51*)

By the end of December, all four UNICEF Centres of Excellence – a reconfigured way to provide efficient technical programmatic support closer to the children and families we serve – were ready to open for business. This was a major outcome of UNICEF's internal reorganization during a year of significant change. UNICEF had adapted to less funding, to reduced staff, to greater demand for life-saving humanitarian assistance amid burgeoning crises with its eyes – always – on how to save children's lives and uphold their rights.

And UNICEF did provide such life-saving services to millions of children and their families in 2025, despite the challenges. These are the 'results' described in this report. But these 'results' are really the lives and hopes of individual children, and those who care for them.

To close out this review of the year, here is the story of one child, Mustafa:

Mustafa, 13, was separated from his family in 2023 while fleeing violence at home in Blue Nile State, the **Sudan**. UNICEF-supported child protection case management services and community-based protection networks identified him as unaccompanied in September 2024, when he arrived alone in Gedaref State. That month Mustafa was placed with temporary alternate family care in the Abu Naja camp for internally displaced persons. Social workers provided regular psychosocial support and counselling to help him cope with the trauma of his separation and displacement. Mustafa also received food, clothing, hygiene items and other non-food supplies. To restore a sense of routine and to support his development, Mustafa was enrolled in an accelerated learning programme that allowed him to resume his education.

Meanwhile, UNICEF's implementing partner coordinated with community leaders, local authorities and child protection networks in both Gedaref and Blue Nile States to conduct family tracing and verification.

They eventually traced Mustafa's father, and after a best interest assessment, Mustafa and his father were reunified on 8 December 2025. The family continues to receive support from UNICEF.

The story of Mustafa is one of the expertise and dedication – and time – it takes to make a life-saving, and life-altering, difference in the life of a child who has lived through unimaginable crisis. It's about partners and communities and families working together to weave a net of care, to save even a single life.

Because, behind every 'result' described in this report, there is a Mustafa, or a Mariam, or a Yazan, or an eight-year-old child adrift at sea.

They all matter.

Endnotes

1. Estimates from Peace Research Institute Oslo, published in Save the Children, *Stop the War on Children: Security for Whom? Militaries funded, childhoods forgotten*, 2025.
2. Global Network Against Food Crises (GNAC) and Food Security Information Network (FSIN), 2025 Global Report on Food Crises: Joint analysis for better decisions, July 2025. September update, Rome, 2025. Data in the September 2025 update are as of 22 August 2025.
3. Integrated Food Security Phase Classification (IPC), Gaza Strip: Famine confirmed in Gaza Governorate, projected to expand (Special Snapshot) – 1 July–30 September, IPC Global Initiative–Special Snapshot, IPC, 22 August 2025 and IPC, Gaza Strip: IPC acute food insecurity analysis – October 2025–April 2026, IPC Global Initiative–Special Brief–Gaza Strip, IPC, 19 December 2025.
4. IPC, Sudan: IPC Acute Food Insecurity – September 2025–May 2026, IPC Global Initiative–Special Brief–Sudan, IPC, 3 November 2025.
5. United Nations, Children and armed conflict, Report of the Secretary-General, A/80/723 S/2026/357, United Nations, New York, 16 June 2026, unedited version of report.
6. United Nations, Children and armed conflict, Report of the Secretary-General, A/79/878 S/2025/247, United Nations, New York, 17 June 2025.
7. United Nations, Children and armed conflict, Report of the Secretary-General, A/80/723 S/2026/357, United Nations, New York, 16 June 2026, unedited version of report.
8. United Nations, Children and armed conflict, Report of the Secretary-General, A/80/723 S/2026/357, United Nations, New York, 16 June 2026, unedited version of report.
9. Paraphrased from United Nations, Children and armed conflict, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, 23 December 2025.
10. United Nations, Children and armed conflict, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, A/HRC/61/37, United Nations, New York, 23 December 2025.
11. World Health Organization (WHO), "Measles deaths down 88% since 2000, but cases surge", WHO, 28 November 2025.
12. UNICEF, "Multiple disease outbreaks heighten public health emergencies for children across Eastern and Southern Africa: 17 out of 21 countries in the region are experiencing one or more disease outbreaks", press release, Nairobi, 19 February 2025.
13. ACAPS, *Humanitarian Access Overview: Spotlight on bureaucratic and administrative impediments*, ACAPS, Geneva, July 2025.
14. United Nations Office for the Coordination of Humanitarian Affairs (OCHA), "UN Relief Chief welcomes renewed aid deliveries to Gaza but stresses it's only a 'drop in the ocean' of what is needed", statement, OCHA, 19 May 2025.
15. UN News, "Over 1,000 humanitarians have been killed in three years, Security Council hears", news article, United Nations, 8 April 2026, available at https://news.un.org/en/story/2026/04/1167267.
16. OCHA, *Global Humanitarian Overview 2026*, OCHA, 8 December 2025.
17. Details of UNICEF Level 3 and Level 2 activations and deactivations are available at https://knowledge.unicef.org/emergencies/level-3-and-level-2-emergencies.
18. The Grand Bargain is a platform for aid agencies and donors intended to improve efficiency and effectiveness of humanitarian action.
19. Women-led organizations and organizations of persons with disabilities are based on self-reports and as such are not verified by UNICEF.
20. The Humanitarian Data Collaborative is a five-agency collaboration between OCHA, International Organization for Migration (IOM), Office of the United Nations High Commissioner for Refugees (UNHCR), World Food Programme (WFP) and UNICEF that was established under the UN80 Initiative Workstream 2 (Humanitarian Cluster) to build common data infrastructure that serves not only the five agencies but the entire humanitarian community, including international non-governmental organizations and civil society and government partners.
21. The Adolescent Girl Personal Care and Protection Package is a combination of a) procured supplies and b) participatory approaches to engage adolescent girls and young women to define what is needed and how best to deliver support in an emergency.

22. Disability Reference Group, Impact of Funding Cuts on Persons with Disabilities, June 2025, available at https://disabilityreferencegroup.org/wp-content/uploads/2025/07/Impact-of-funding-cuts-on-persons-with-disabilities-July-2025.pdf.

23. UNICEF, 'Where war lingers long after the fighting stops: Children in a landscape of death and danger', remarks, UNICEF, Damascus, 14 January 2025.

24. UNICEF, "As Syria's children step out of the shadows of war, securing their future is more critical than ever – UNICEF", press release, New York/Damascus, 25 March 2025.

25. UNICEF, "Over twenty people, including women and children, missing in the latest shipwreck off the coast of Lampedusa", UNICEF, statement, Geneva/Lampedusa, 1 January 2025. Additional information on this case is from UNICEF's Europe and Central Asia Regional Office.

26. Data sources for refugee and migrant figures include UNHCR, IOM, Ministry of the Interior (Italy), Ministry of Security (Bosnia and Herzegovina), Bulgarian State Agency for Refugees and Ministry of Interior, Serbian Commissariat for Refugees and Migration.

27. UNICEF, 'Where war lingers long after the fighting stops: Children in a landscape of death and danger', remarks, UNICEF, Damascus, 14 January 2025.

28. IOM, Displacement Tracking Matrix, population mobility and baseline assessment, 1-31 December 2025.

29. UNHCR, Regional Flash Update #58: Syria situation, UNHCR, 19 December 2025, available at www.unhcr.org/sites/default/files/2025-12/Syria%20situation%20Crisis%20Regional%20Flash%20Update%20%2358.pdf.

30. The numbers of people and children reached in the Syrian Arab Republic reported here reflect adjustments made after an end-of-year review and data verification in the country office.

31. Integrated Food Security Phase Classification (IPC), Gaza Strip: Famine confirmed in Gaza Governorate, projected to expand (Special Snapshot) – 1 July–30 September, IPC Global Initiative–Special Snapshot, IPC, 22 August 2025.

32. Results provided here encompass the Gaza Strip and the West Bank, including East Jerusalem, unless otherwise specified.

33. See *The Gaza We Want: Children's voices on life, recovery and the future of the Gaza Strip*, UNICEF State of Palestine, February 2026, available at www.unicef.org/sop/reports/gaza-we-want.

34. UNHCR, Durable Solutions Working Group, October 2025.

35. UNICEF, "A child reported raped every half an hour in eastern DRC, as violence rages amid a growing funding crisis", remarks by UNICEF spokesperson James Elder, Goma, Democratic Republic of the Congo, 11 April 2025.

36. Paraphrased from United Nations, Children and armed conflict, Report of the Special Representative of the Secretary-General for Children and Armed Conflict, 23 December 2025.

37. These data span 26 conflict situations, covering the majority of countries where children are affected by conflict.

38. Political Declaration on Strengthening the Protection of Civilians from the Humanitarian Consequences Arising from the Use of Explosive Weapons in Populated Areas.

39. Food and Agriculture Organization of the United Nations (FAO), OCHA and WFP, *Saving Lives, Time and Money*: *Evidence from anticipatory action*, FAO, OCHA and WFP, Rome, May 2025.

40. UNICEF, "Number of children in need of humanitarian assistance in Sudan doubles as conflict enters third year amid 'perfect storm' of threats to children", press release, Port Sudan/Amman/New York, 15 April 2025.

41. Ibid.

42. UNICEF, "Children as young as one reported among survivors of rape during Sudan's violent conflict", press release, New York, 4 March 2025.

43. IOM, *Displacement Tracking Matrix, Cross-border Monitoring Report Sudan (2)*, IOM, 15 February 2026.

44. UNHCR, One Year Recap: 2025 Afghan returns, UNHCR, 23 February 2026, available at https://reliefweb.int/report/afghanistan/2025-afghan-returns-one-year-recap.

45. Mariam's story is recounted in UNICEF, "UNICEF Executive Director visits the Sahel as insecurity and displacement continue to affect children", press release, Ouagadougou, Burkina Faso, 21 June 2025.

46. IPC food insecurity phase 5. From Global Network Against Food Crises (GNAC) and Food Security Information Network (FSIN), 2025 Global Report on Food Crises: September update, Rome, 2025. Data in the September 2025 update are as of 22 August 2025.

47. GNAC and FSIN, 2025 Global Report on Food Crises: September update, Rome, 2025. Data in the September 2025 update are as of 22 August 2025.

48. IPC, Gaza Strip: Famine confirmed in Gaza Governorate, projected to expand (Special Snapshot) – 1 July–30 September, IPC Global Initiative–Special Snapshot, IPC, 22 August 2025; IPC, Gaza Strip: IPC acute food insecurity analysis – October 2025–April 2026, IPC Global Initiative–Special Brief–Gaza Strip, IPC, 19 December 2025; and IPC, Sudan: IPC Acute Food Insecurity – September 2025–May 2026, IPC Global Initiative–Special Brief–Sudan, IPC, 3 November 2025.

49. IPC, South Sudan: IPC Acute Food Insecurity and Malnutrition Analysis – September 2025–July 2026, IPC, 4 November 2025, corrected 28 November 2025.

50. Nutridash 2025.

51. UNICEF, "Four children reportedly killed in wave of deadly attacks on Kyiv, Ukraine", statement, Geneva/Kyiv, 28 August 2025.

52. UNHCR, *Ukraine Emergency: Operational Data Portal – Situations (Ukraine), UNHCR, Geneva, 2025*, available at https://data.unhcr.org/en/situations/ukraine, accessed 26 January 2026.

53. Security Council, Report of the United Nations Office on Drugs and Crime pursuant to paragraph 9 of Security Council resolution 2692 (2023), S/2025/420, 27 June 2025, available at https://docs.un.org/en/S/2025/420. The figure on armed group control of Port-au-Prince is cited from Sky News report "90% of Port-au-Prince controlled by gangs as thousands forced into heaving displacement camps", 20 May 2025, available at https://news.sky.com/story/90-of-portau-prince-controlled-bygangs-as-thousands-forced-into-heaving-displacement-camps-13368885.

54. IOM, Displacement Tracking Matrix, Displacement situation in Haiti: Round 12 (December 2025), IOM, Haiti, 24 February 2026.

55. UNICEF, "UNICEF Executive Director Catherine Russell remarks at the Security Council Open Debate on Haiti remarks (checked against delivery), 28 August 2025.

56. UNICEF, "Statement by UNICEF Executive Director Catherine Russell on the denial of education to adolescent girls in Afghanistan for 4 years", statement, New York, 17 September 2025.

57. UNICEF, "Global funding cuts could force 6 million more children out of school in the coming year – UNICEF", press release, New York, 3 September 2025.

58. UNICEF "UNICEF Executive Director Catherine Russell remarks at the COP30 Leaders Summit – General Plenary of Leaders: Checked against delivery", remarks, Belem, Brazil, 7 November 2025.

59. Thirtieth annual Conference of the Parties to the United Nations Framework Convention on Climate Change.

60. UNICEF, "Surge in violence pushes children to the breaking point in northern Mozambique", press release, New York/Maputo, 5 December 2025.

61. UNICEF, "More than 10 children reportedly killed in attack on kindergarten in South Kordofan, Sudan", press release, Amman/Port Sudan/New York, 5 December 2025.

62. IPC, Gaza Strip: IPC acute food insecurity analysis – October 2025–April 2026, IPC Global Initiative–Special Brief–Gaza Strip, IPC, 19 December 2025.

Annex 1: Global humanitarian thematic funding 2025

Pupils in Sarki Sani Model Primary School in Argungu, Kebbi, Nigeria raise their cards to show they have been vaccinated, in November 2025. UNICEF supported the roll-out of the country's largest integrated vaccine campaign ever, to protect children aged 0–14 years against measles and rubella and children aged 0–59 months against polio.

ABOUT GLOBAL HUMANITARIAN THEMATIC FUNDING

To fulfil its mission of reaching every child, UNICEF relies on voluntary contributions to achieve its impact for children. After core resources for results (regular resources), global humanitarian thematic funding (GHTF) is the most flexible form of funding for UNICEF's humanitarian action. Designed to save lives and alleviate suffering before, during and after emergencies, GHTF is a highly effective way to contribute to maximum positive impact for all children, contributing to equity in the allocation of resources. Adequate and predictable levels of quality funding enable UNICEF to do three critical things: be **fast**, because we can release funds in a timely manner and respond quickly to the needs of children; be **fair**, because we can meet the needs of children in hard-to-reach areas and in underfunded emergencies, whether a crisis is in the spotlight or not; and be **prepared**, because we can invest in preparedness that enables early action for an initial life-saving response.

WHY INVEST IN GLOBAL HUMANITARIAN THEMATIC FUNDING?

The flexibility of GHTF is central to its effectiveness. Partners can be assured that their funds are deployed quickly to reach children when their needs are most urgent. Global humanitarian thematic funding is one of the most effective mechanisms to save children's lives, protect children's rights and secure a better, healthier and safer future for children and their communities, because it allows UNICEF and its partners to:

Prepare for future shocks through risk analysis and high-impact actions, enabling a fast and more cost-effective response

Respond quickly to new shocks with life-saving assistance to children most in need through speedy release of funds

Provide unique critical flexibility to offices in emergencies to address needs

Ensure an equitable needs-based response, including to forgotten crises or underfunded sectors

Support key child-focused interventions throughout the humanitarian programme cycle, including anticipatory action and preparedness, response and recovery

Enable strategic and high-quality response actions while reducing transaction costs associated with managing individual and earmarked contribution agreements

Contributions to GHTF are an investment in children's lives and in UNICEF's humanitarian mandate through an equity lens. Because it uses harmonized and strategic reporting, GHTF reduces transaction costs, resulting in a lower cost recovery rate, so that more funding is devoted to children. With quality oversight and assurance processes along with robust technical assistance, UNICEF can ensure timely and high-quality results for the most vulnerable children.

GLOBAL HUMANITARIAN THEMATIC FUNDING ALLOCATIONS

Allocations of global humanitarian thematic funding reached $71.8 million in 2025, bringing the total of global humanitarian thematic funding allocations under the UNICEF Strategic Plan, 2022–2025 to $320.7 million as of 31 December 2025. Of the amount allocated in 2025, 87.1 per cent supported humanitarian response and preparedness led by country or regional offices (up from 82 per cent in 2024), while 12.9 per cent enhanced global coordination and technical support efforts (compared with 18 per cent in 2024).

The flexibility of global humanitarian thematic funding enables UNICEF to react quickly – crucial for saving children's lives and meeting their urgent needs in times of crisis. For protracted emergencies or chronically underfunded responses, when international attention and resources are difficult to attract, GHTF allocations are often a last resort to provide life-saving assistance to the children who are most in need. Because of this, GHTF allocations are a tool for a more equitable humanitarian response.

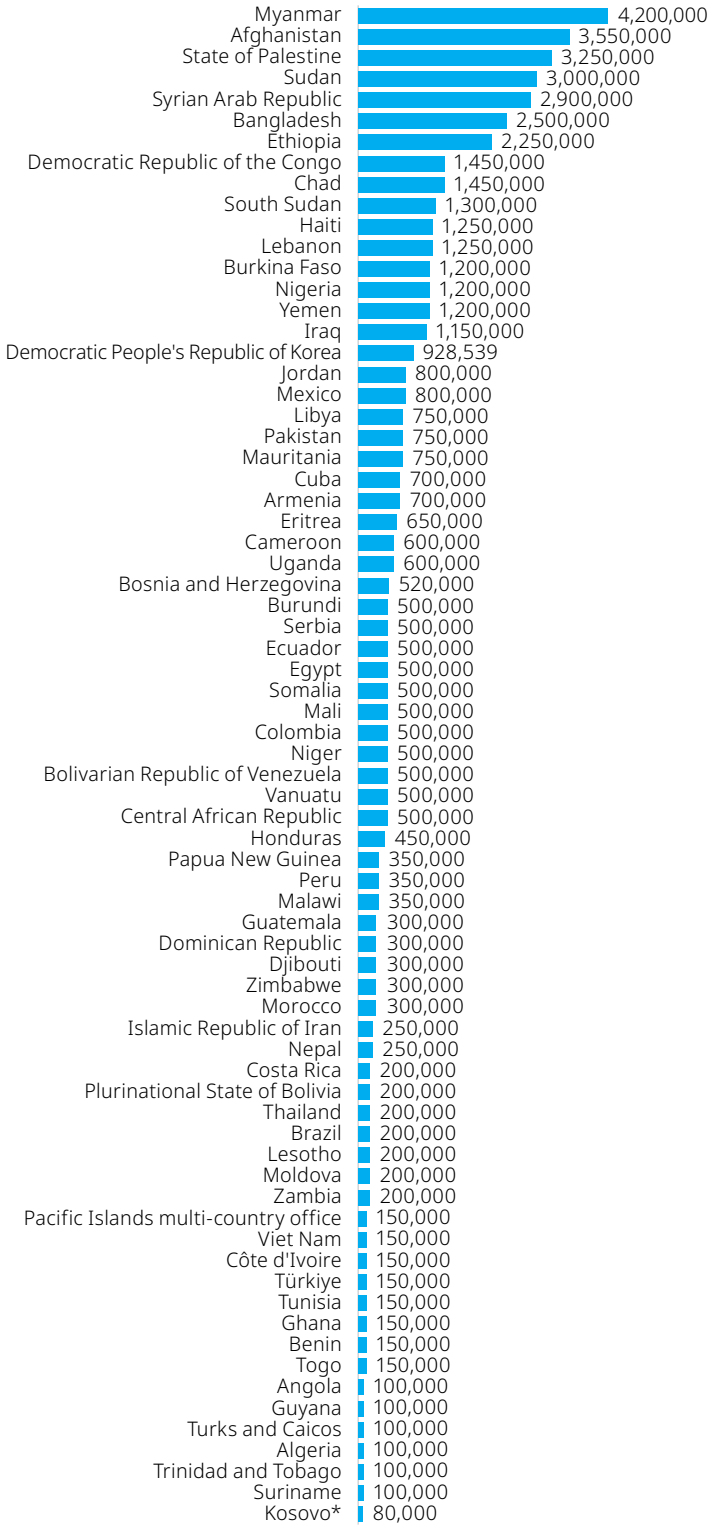
Through better risk analysis and by identifying high-return actions, preparedness saves lives and makes the humanitarian response faster and more efficient. GHTF is one of the key mechanisms through which UNICEF can invest in preparedness and anticipatory actions for early response. Six per cent of all GHTF allocations in 2025 were for preparedness activities, compared with 10 per cent in 2024. And the flexibility of GHTF allows UNICEF to adapt a principled and equitable response based on emerging needs. In 2025, 72 country offices and seven regional offices received GHTF allocations. The top 10 country office recipients of GHTF received 36 per cent of all GHTF that was allocated: these were (starting with highest allocation amount) country offices in Myanmar, Afghanistan, the State of Palestine, the Sudan, the Syrian Arab Republic, Bangladesh, Ethiopia, the Democratic Republic of the Congo, Chad and South Sudan.

The region that received the largest share of total allocations in 2025 was the Middle East and North Africa (25 per cent), followed by West and Central Africa (13 per cent) and South Asia (11 percent). The region that received the smallest share of overall GHTF allocations in 2025 was Europe and Central Asia, with 4 per cent of all allocations.

Sixteen per cent of GHTF allocations in 2025 were for humanitarian capacity, strategic coordination and operational support to meet organizational priorities and strengthen UNICEF emergency capacity globally, and to support the Emergency Response Team. This global support function is critical for coordination of UNICEF's humanitarian action, including through a security team and the 24/7 Operations Centre. Global humanitarian thematic funding enables UNICEF to meet cross-divisional needs and requirements to provide global technical assistance that directly sustains emergency programmes, and operations at the field level, because it ensures a rapid, effective and coordinated response to emergencies.

For comprehensive information on UNICEF humanitarian responses in 2025, including the role of global humanitarian thematic funding, see the publicly available consolidated emergency reports for 2025 at <https://open.unicef.org/documents-and-resources>. Most of these reports contain case studies on the use of humanitarian thematic funding, including global humanitarian thematic funding.

Figure A1-1a: Global humanitarian thematic funding allocations, country offices, 2025 (in United States dollars)



**All references to Kosovo in this report should be understood to be in the context of United Nations Security Council resolution 1244 (1999).*

Figure A1-1b: Global humanitarian thematic funding allocations, regional offices, 2025
(in United States dollars)

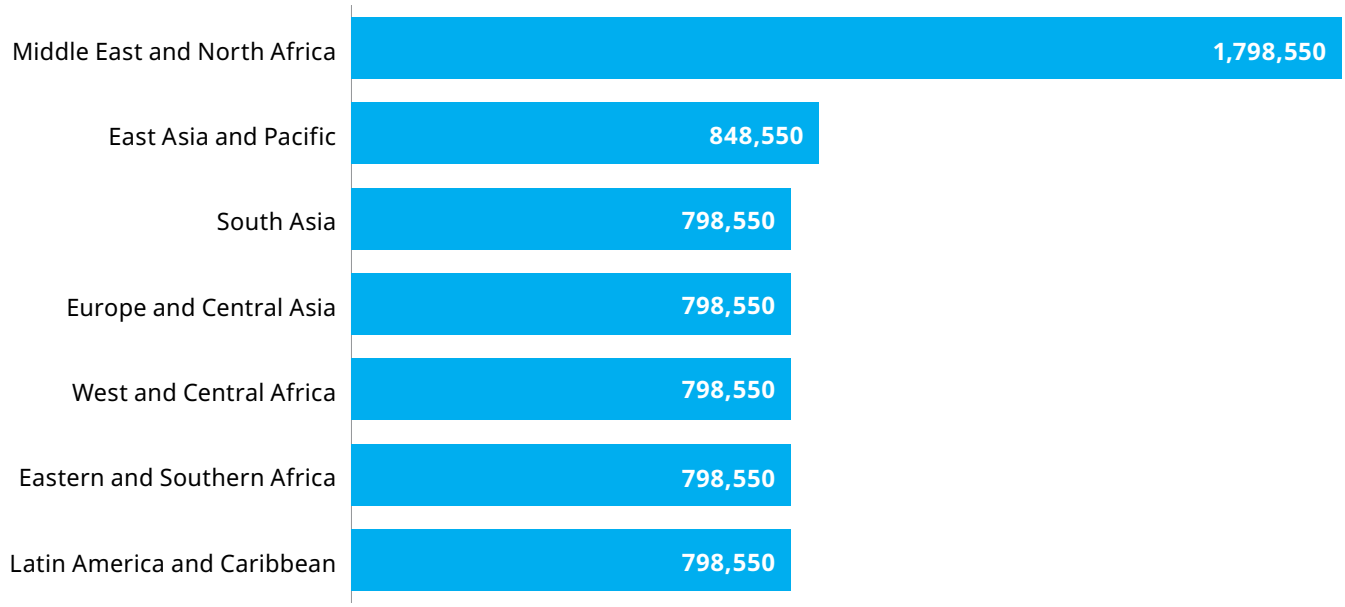


Figure A1-1c: Global humanitarian thematic funding allocations, headquarters, 2025
(in United States dollars)

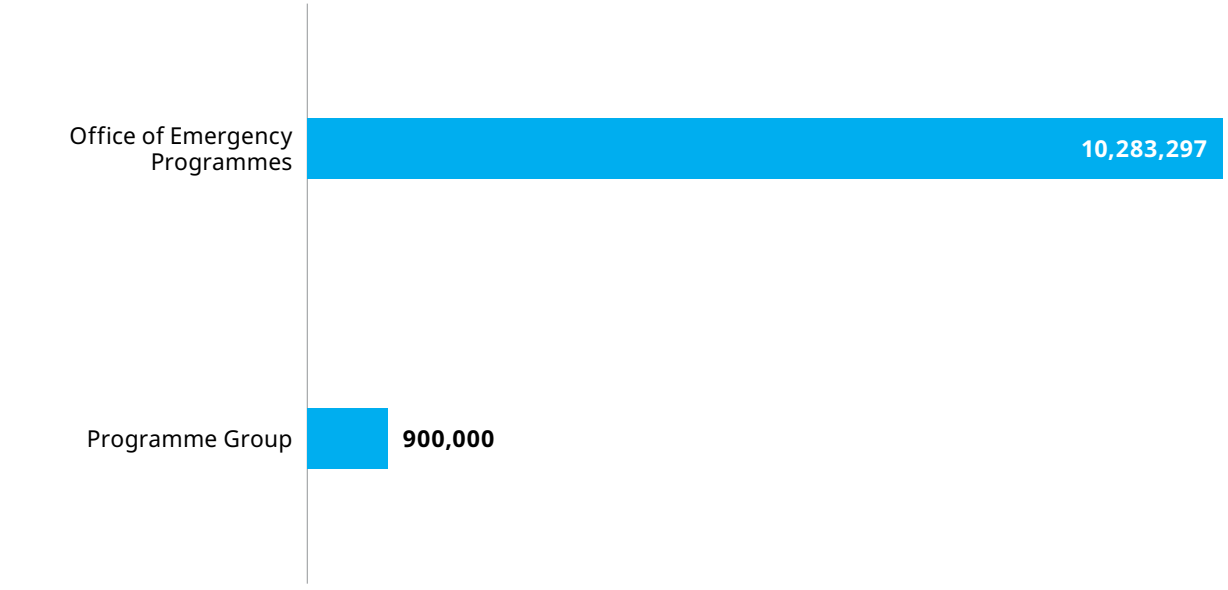


Figure A1-2: Breakdown of programmable global humanitarian thematic funding allocations, 2025 (in United States dollars)

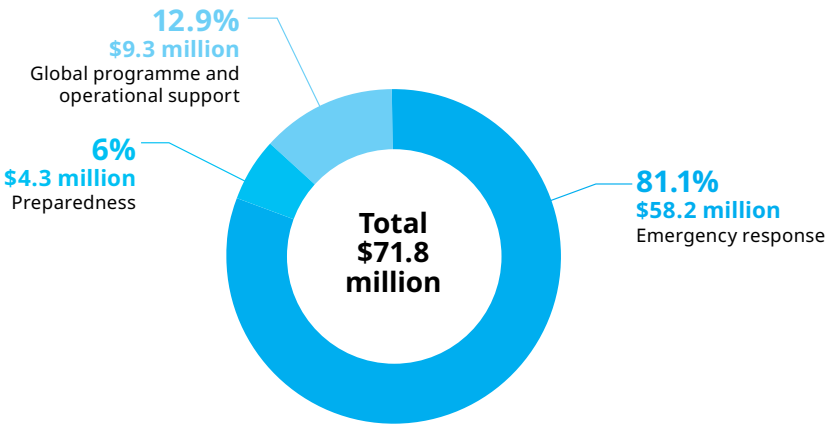
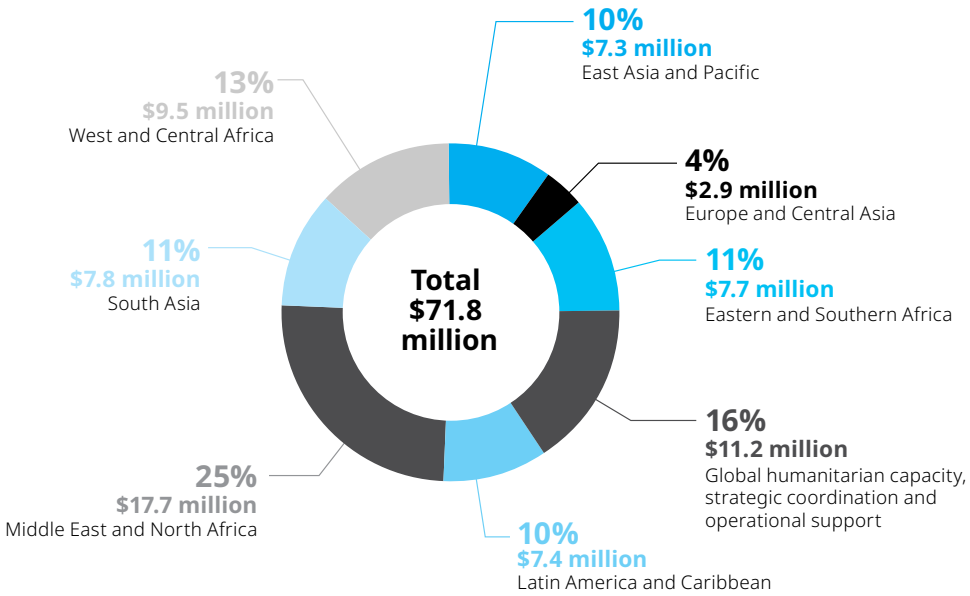


Figure A1-3: Global humanitarian thematic funding allocations by region, 2025 (in United States dollars)



ALLOCATION CRITERIA

A senior-level allocations committee within UNICEF governs global humanitarian thematic funding allocations based on established criteria, with final approval given by the Deputy Executive Director, Humanitarian Action and Supply Operations. A set of clear criteria is used to allocate GHTF at all levels – country, regional and global. Criteria include:

- Critical unmet needs for the most vulnerable children;
- Critical funding gaps based on available and projected contributions;
- Estimated risk level and significant preparedness gaps;
- Strong implementation capacity based on the delivery track record of regular country programmes; and
- Alignment with the Core Commitments for Children in Humanitarian Action.

GHTF ALLOCATION EXAMPLES[1]

Armenia

GHTF allocation: $600,000

- Armenia continues to host more than 115,000 ethnic Armenian refugees, including 36,000 children, who fled their home communities following an escalation of hostilities in late September 2023, placing additional strain on national systems already supporting previously displaced individuals.
- UNICEF allocated $600,000 in global humanitarian thematic funding to provide continued humanitarian support while bridging the gap between emergency action and strengthening the response capacity of national systems. Without this flexible funding, the 36,000 refugee children – representing nearly one in six children in Armenia – would have faced significant gaps in protection and essential services.

Young children play in July 2025, part of UNICEF work to expand access to early learning for refugee and host community children in Armenia.

Cuba

GHTF allocation: $200,000

- As part of UNICEF's Quarterly Horizon Scan process, which improves coordination of headquarters and regional office technical and financial support for country office emergency preparedness, Cuba was identified as a corporate risk priority in 2025. UNICEF allocated $200,000 in global humanitarian thematic funding in June to enhance disaster preparedness in the country, which was crucial given predictions at the time for a potentially destructive storm season in the region.
- When Hurricane Melissa made landfall in October, the global humanitarian thematic funding that had strengthened UNICEF's hurricane preparedness enabled a rapid, equitable and comprehensive multisectoral response, reinforcing UNICEF's role as a reliable partner in high-risk contexts.

A child looks over the destruction in his town in November 2025. More than 29,000 people in Guamá, Santiago de Cuba, Cuba, were protected and evacuated before Hurricane Melissa hit, and no lives were lost.

Myanmar

GHTF allocation: $1,000,000

- On 28 March 2025, a 7.7 magnitude earthquake struck Myanmar. It was one of the most devastating disasters in the country in decades and impacted millions of people, compounding an already difficult humanitarian situation.
- Within hours of the earthquake, thanks to an allocation of $1,000,000 in global humanitarian thematic funding, UNICEF was among the first organizations on the ground – immediately kickstarting the response by mobilizing life-saving supplies, including health kits, medical supplies, tents and hygiene kits (including soap, sanitary pads and disinfectants) for immediate delivery to children and families.

Young students walk into their newly installed tent classroom at Sar Kyin Wa Primary School in Amarapura Township, Mandalay Region, Myanmar in November 2025. The tent serves as temporary learning space to restore access to safe and dignified learning after the earthquake in March damaged classrooms and school buildings.

State of Palestine

GHTF allocation: $3,250,000

- Following a ceasefire that went into effect on 19 January 2025 after 15 months of war, UNICEF staff worked relentlessly to move water, hygiene items like soap and detergent, nutrition and medical supplies and tarpaulins and warm clothes for babies and children into the Gaza Strip.
- The ceasefire was announced on 15 January, and one day later UNICEF allocated $2,000,000 in global humanitarian thematic funding to support immediate scale-up of critical humanitarian interventions. With the allocation of an additional $1,250,000 on 1 February, the country office was able to increase its warehouse capacity and scale-up the pre-positioning of critical supplies in both the Gaza Strip and the West Bank, strengthening its supply chain operations and sustaining continuity of care for children in the State of Palestine. This funding also supported cluster staffing costs to enable effective delivery on UNICEF's cluster lead agency accountabilities.

Children receive polio vaccines at a school in Beach camp in Gaza City in February 2025, as part of the vaccination campaign that is expected to run for multiple days. Recent detections of poliovirus in wastewater point to ongoing transmission and underscore the urgency of closing immunity gaps. While earlier campaigns in 2024 achieved over 95 per cent coverage despite conflict-related obstacles, some children in severely affected areas remained unreachable. With improved access under the current ceasefire, the Palestinian Ministry of Health, supported by the World Health Organization, UNICEF, the United Nations Relief and Works Agency for Palestinian Refugees in the Near East and other partners, now strives to vaccinate every eligible child to help end the outbreak.

1 Allocation amounts provided in these examples cover specific allocations per country, so they may not match total allocation amounts provided in Figure A1-1a. A real-time dashboard, including the full list of allocations and contributions in 2025, is available at <www.unicef.org/emergencies/global-humanitarian-thematic-funding>.

Sudan

GHTF allocation: $3,000,000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- Since April 2023, conflict has reshaped daily life for millions of families in the Sudan, destroying homes, disrupting communities and dismantling the systems meant to protect children.
- UNICEF allocated $3,000,000 in global humanitarian thematic funding at the beginning of 2025. This proved decisive in enabling the country office to scale up its response, notably in Al Jazirah, where fighting had led to high numbers of internally displaced persons and where UNICEF was able to gain access amid periods of intense conflict. The GHTF allocation also supported efforts in the rest of the country, focusing on interventions for nutrition and cholera and to support out-of-school children.

Children, parents and caregivers receive the cholera vaccine in Khartoum State, Sudan in June 2025, during a cholera outbreak that is threatening the lives of many. UNICEF has delivered oral cholera vaccines to the Sudan and is supporting immunization campaigns in affected areas. Throughout the country, cholera outbreaks swept through communities lacking safe water and sanitation.

Emergency Preparedness Platform field implementation

GHTF allocation: $800,000


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- In November, UNICEF allocated $800,000 in global humanitarian thematic funding to five country offices ($250,000 to Afghanistan, $100,000 to the Central African Republic, $150,000 to Malawi, $150,000 to Türkiye and $150,000 to Viet Nam) to support field implementation of the new Emergency Preparedness Platform (EPP 3.0).
- Scheduled for roll-out in June 2026, the EPP 3.0 will support efforts to enhance preparedness planning in country and regional offices. The new version of the platform introduces improved risk analysis capabilities, fosters stronger collaboration among emergency teams and offers tailored planning tools for diverse crisis typologies. The GHTF allocation supported field testing missions in the five country offices to validate the platform's operational relevance and ensure its credibility in diverse contexts.

UNICEF WASH Officer Nguyễn Hồng Hạnh gives a hygiene kit to Lô Xuân Khang, 4, and his grandma, Nguyễn Thị Dịu, in Huu Kiem commune, Nghệ An Province, Viet Nam, in early August 2025. In July, Typhoon Wipha tore apart the family's home and swept away all their belongings.

"It was the first time I'd ever seen such horrible damage," says Dịu.

Now, Khang and two cousins are living with their grandma on the edge of what used to be their front yard.

Middle East and North Africa Regional Office

GHTF allocation: $1,000,000


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- Following the escalation of hostilities in the region in June, UNICEF allocated $1,000,000 to the Middle East and North Africa Regional Office, where programming and emergency response experts coordinated with affected country offices to scale up response capacity – allowing UNICEF to coordinate a rapid response to address immediate needs across the region.
- Global humanitarian thematic funding, complemented by loans from the Emergency Programme Fund activated after the June escalation of violence across the Middle East, allowed offices in the region to sustain core services while enabling targeted scale-up where needed.

In July 2025, Sawsan, 7, a young girl who was injured in 2024 during the war in Lebanon, embraces Blanche Baz, UNICEF communication officer, while receiving care at the American University of Beirut Medical Center as part of the Assistance & Care for War-Wounded and Affected Children Programme in Beirut, Lebanon.

Global Emergency Response Team

GHTF allocation: $1,900,699

© UNICEF/UNI895450/Cobran

- In 2025, UNICEF allocated $1,900,699 in global humanitarian thematic funding to support seven Emergency Response Team (ERT) staff within the Office of Emergency Programmes.
- Through the ERT system, UNICEF provides coordinated field support, deploying highly experienced emergency staff with a diverse range of expertise — including in emergency response planning and performance monitoring – to enhance the quality of emergency response in sudden-onset, protracted or complex emergencies. In 2025, a total of 16 UNICEF ERT staff provided support through 38 deployments.

Captain Robert Harewood from the Caribbean Disaster Emergency Management Agency and Maulid Warfa from UNICEF survey the damage from Hurricane Melissa in Black River, Saint Elizabeth Parish, Jamaica on 2 November 2025.

Sections of southwestern Jamaica were devastated by the Category 5 hurricane on 28 October 2025. UNICEF is working with local authorities and partners to support affected children and families across the country.

WHO SUPPORTS GLOBAL HUMANITARIAN THEMATIC FUNDING?

UNICEF extends its gratitude to committed partners for contributions of global humanitarian thematic funding and for other flexible contributions.

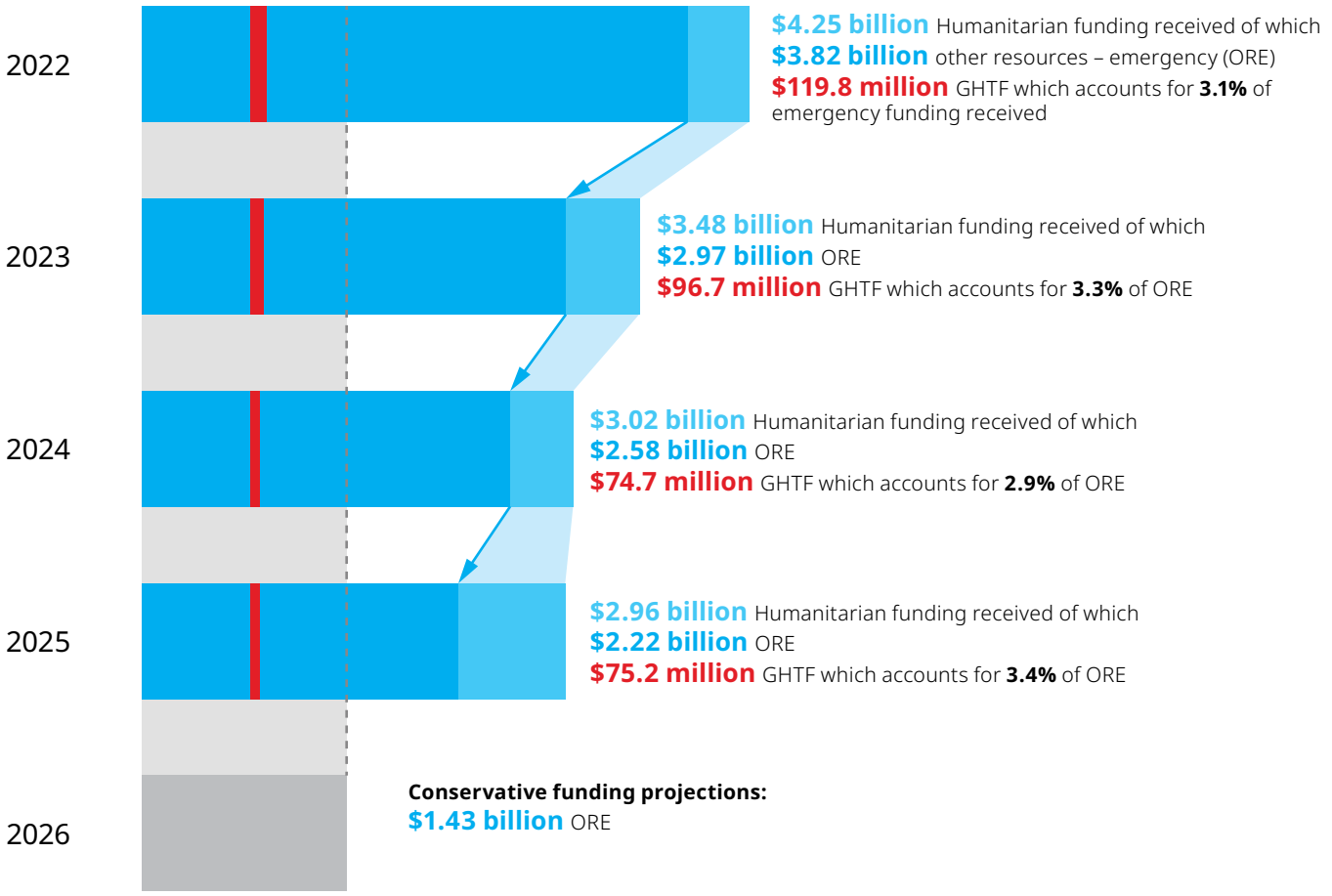
These contributions enable timely and equitable humanitarian assistance to children and families who have critical unmet needs. GHTF makes it possible for UNICEF to respond rapidly as crises evolve, bridge funding gaps and reach the most vulnerable where needs are greatest. By providing high-quality funding such as GHTF, partners demonstrate strong confidence in UNICEF's humanitarian leadership, in our ability to deliver at scale and in our commitment to reaching every child, everywhere. This trust is essential for an effective, agile and life saving response.

UNICEF is committed to continuously strengthening its reporting on GHTF and enhancing the visibility of partners' contributions to sustain and further develop this vital funding stream. Clear, consistent and transparent reporting is essential to demonstrating the impact of GHTF and to reaffirming partners' confidence that their flexible support delivers timely, high quality and life-saving results for children.

By the end of 2025, the last year of the UNICEF Strategic Plan, 2022–2025, UNICEF had received a total of $366.5 million in global humanitarian thematic funding during the Strategic Plan period: $119.84 million in 2022, $96.74 million in 2023, $74.72 million in 2024 and $75.2 million in 2025. These impactful GHTF contributions reflect the generosity of the public and private resource partners who recognize the added value of this type of quality funding in humanitarian response.

For the period 2022–2025, the largest contributors to GHTF were the Governments of the Kingdom of the Netherlands, Germany and Sweden; private sector fundraising lead by the UNICEF country offices; and the United States Fund for UNICEF. UNICEF National Committees continued to provide significant support for GHTF.

Figure A1-4: UNICEF humanitarian contributions received, 2022–2025 (in United States dollars)



UNICEF is grateful to its GHTF resource partners for their trust in UNICEF and for their commitment to support children in humanitarian contexts. This means UNICEF can save more lives; help communities and businesses become more resilient and bounce back faster; and deliver exceptional value for money. UNICEF welcomes new partners who joined in contributing to GHTF in 2025: the UNICEF National Committees in Czechia, Luxembourg and Slovenia. We look forward to further collaboration during the period of the UNICEF Strategic Plan, 2026–2029.

UNICEF continues to strengthen engagement with donors to expand the GHTF resource partner base. This includes showcasing GHTF as a way for resource partners to fulfil their Grand Bargain commitment to flexible funding. It also involves demonstrating how flexible allocations can make a difference for children in emergencies and make humanitarian response more equitable.

Reaching every child, anywhere: UNICEF's GHTF receives fully flexible emergency thematic contributions and maintains embedded flexibility throughout the GHTF cycle.

Figure A1-5: Global humanitarian thematic contributions by type of resource partner, 2022–2025 (in United States dollars)

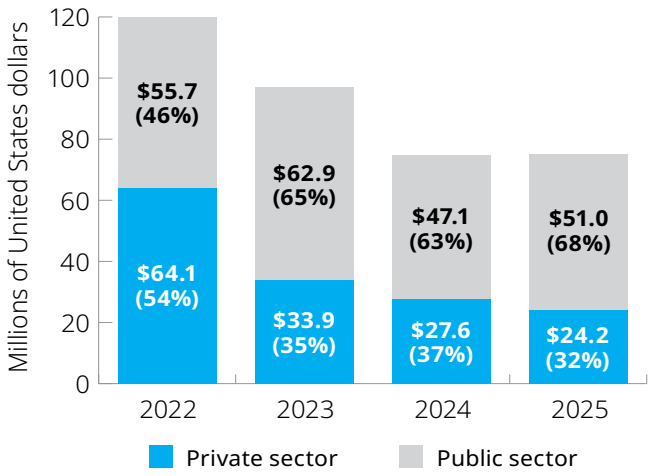


Table A1-1: Contributions received to global humanitarian thematic funding, 2022–2025 (in United States dollars)

Top five resource partners in a given year are in bold.

Resource Partner	2022	2023	2024	2025	Total
Kingdom of the Netherlands	**21,716,649**	**18,619,934**	**18,619,934**	**19,883,041**	78,839,559
Germany	**20,682,523**	**31,996,394**	**17,895,879**	**7,611,241**	78,186,037
Sweden	11,717,546	**11,050,795**	**10,523,401**	**23,472,675**	56,764,416
Private sector fundraising by UNICEF country offices	**16,627,834**	**11,878,506**	**11,710,887**	**11,284,591**	51,501,817
United States Fund for UNICEF	**21,567,098**	3,348,887	3,230,687	1,762,983	29,909,655
United Kingdom Committee for UNICEF	4,796,483	**9,007,964**	**3,576,985**	**2,373,621**	19,755,052
Committee for UNICEF Switzerland and Liechtenstein	**12,232,416**		29,661	17,091	12,279,168
Dutch Committee for UNICEF	2,868,301	3,624,667	2,081,797	1,625,437	10,200,202
Swedish Committee for UNICEF	3,538,013	1,174,380	2,008,194	1,547,061	8,267,648
German Committee for UNICEF		1,257,008	256,815	2,205,357	3,719,180
Hong Kong Committee for UNICEF		1,198,557	944,888	480,419	2,623,864
Finnish Committee for UNICEF	435,645	686,359	274,837	605,290	2,002,132
Danish Foundation for UNICEF	226,812	339,993	650,816	240,294	1,457,916
Denmark	589,188	587,199			1,176,387
The Republic of Korea	1,000,000				1,000,000
Korean Committee for UNICEF			974,966	20,660	995,626
Canadian UNICEF Committee	143,830	61,505	517,491	267,510	990,336
Italian Committee for UNICEF – Foundation Onlus			332,151	455,669	787,820
UNICEF Ireland	518,486		216,207		734,693

Resource Partner	2022	2023	2024	2025	Total
Norwegian Committee for UNICEF		474,219		225,263	699,482
International online donations	26,624		47,330	549,030	622,984
Portuguese Committee for UNICEF	36,654	298,959	113,861	44,750	494,223
French Committee for UNICEF	218,585	21,386	169,935	17,091	426,997
Australian Committee for UNICEF Limited	31,189	370,358			401,547
Canada		364,751	27,206		391,957
Luxembourg Committee for UNICEF				246,911	246,911
Spanish Committee for UNICEF			141,082	57,211	198,293
Slovenia Foundation for UNICEF			154,917	33,130	188,047
Belgian Committee for UNICEF	34,148	38,680	37,134	5,758	115,719
Polish National Committee for UNICEF		60,168	31,638		91,806
Czech Committee for UNICEF				81,877	81,877
Austrian Committee for UNICEF			70,815		70,815
Belgium			64,647		64,647
UNICEF Hungarian Committee Foundation	24,031	24,210			48,241
Czechia				41,516	41,516
Icelandic National Committee for UNICEF			11,057	11,641	22,698
The New Zealand National Committee for UNICEF		11,534			11,534
Slovak Foundation for UNICEF	8,272				8,272
New Zealand			174		174
Balance from previous years (private)	803,709				803,709
Balance from previous years (public)		244,812			244,812
Total	**119,844,035**	**96,741,225**	**74,715,391**	**75,167,119**	**366,467,770**

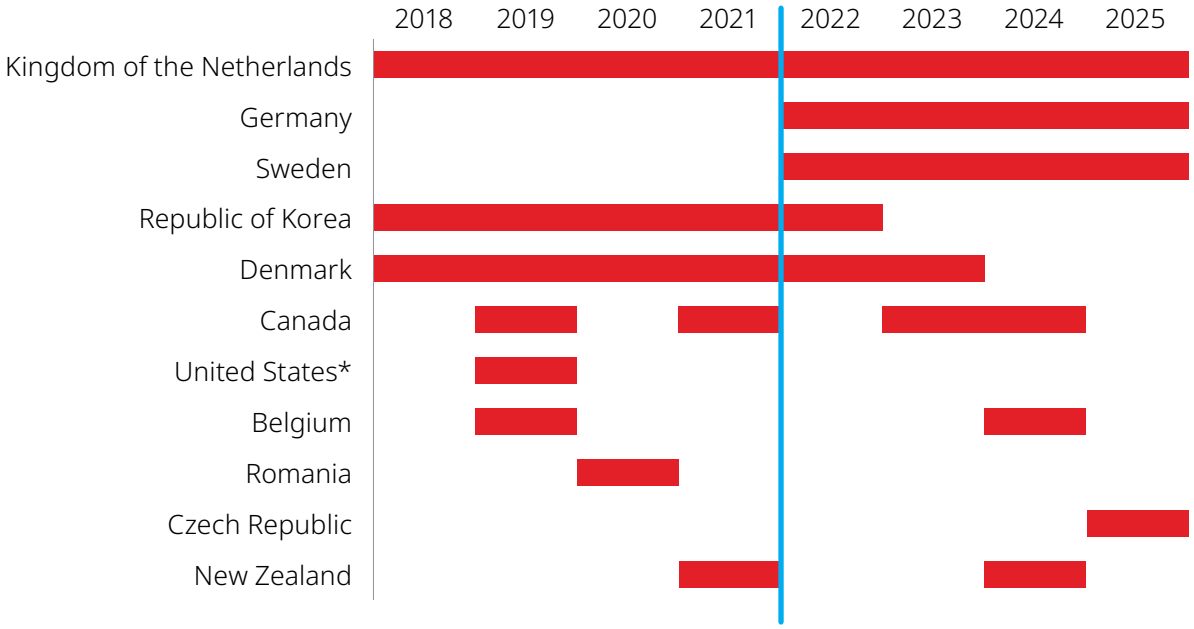
UNICEF analyses private sector and public resource partners who contribute to GHTF throughout the Strategic Plan cycles, as well as potential resource partners. This allows UNICEF to monitor patterns and changes in funding decisions and identify potential longer-term GHTF resource partners. The pool of resource partners is dynamic, and UNICEF continues to engage with all its resource partners and encourage flexible, unearmarked humanitarian funding for children in emergencies.

Since 2018, GHTF has grown as a flexible funding source that can be allocated immediately to address the critical needs of children amid humanitarian crises or to cover funding gaps in protracted crises. The pool of public sector resource partners has evolved. Germany and Sweden began to contribute to GHTF in 2022. The Republic of Korea has continued its support through regionally focused humanitarian thematic funding.

Denmark has shifted its GHTF allocations to emphasize the coordination and technical capacities that EMOPS provides in support of country office-led humanitarian responses. The Kingdom of the Netherlands has been a steadfast partner since 2015.

The private sector resource partners pool has also evolved. While the core pool of private sector contributors to GHTF remained the national committees in Sweden, the United Kingdom and the United States, private sector giving has been dynamic. Although in many countries private sector support to GHTF (via UNICEF national committees) shrank in 2025, there was an increase in GHTF contributions from the national committees in Finland, Germany and Italy.

Figure A1-6: Changes to the GHTF public resource partner pool: Strategic Plan, 2018–2021 and Strategic Plan, 2022–2025



*One-off contribution.

Figure A1-7: Changes to the GHTF private resource partner pool: Strategic Plan, 2018–2021 and Strategic Plan, 2022–2025. Top 20 private sector GHTF resource partners

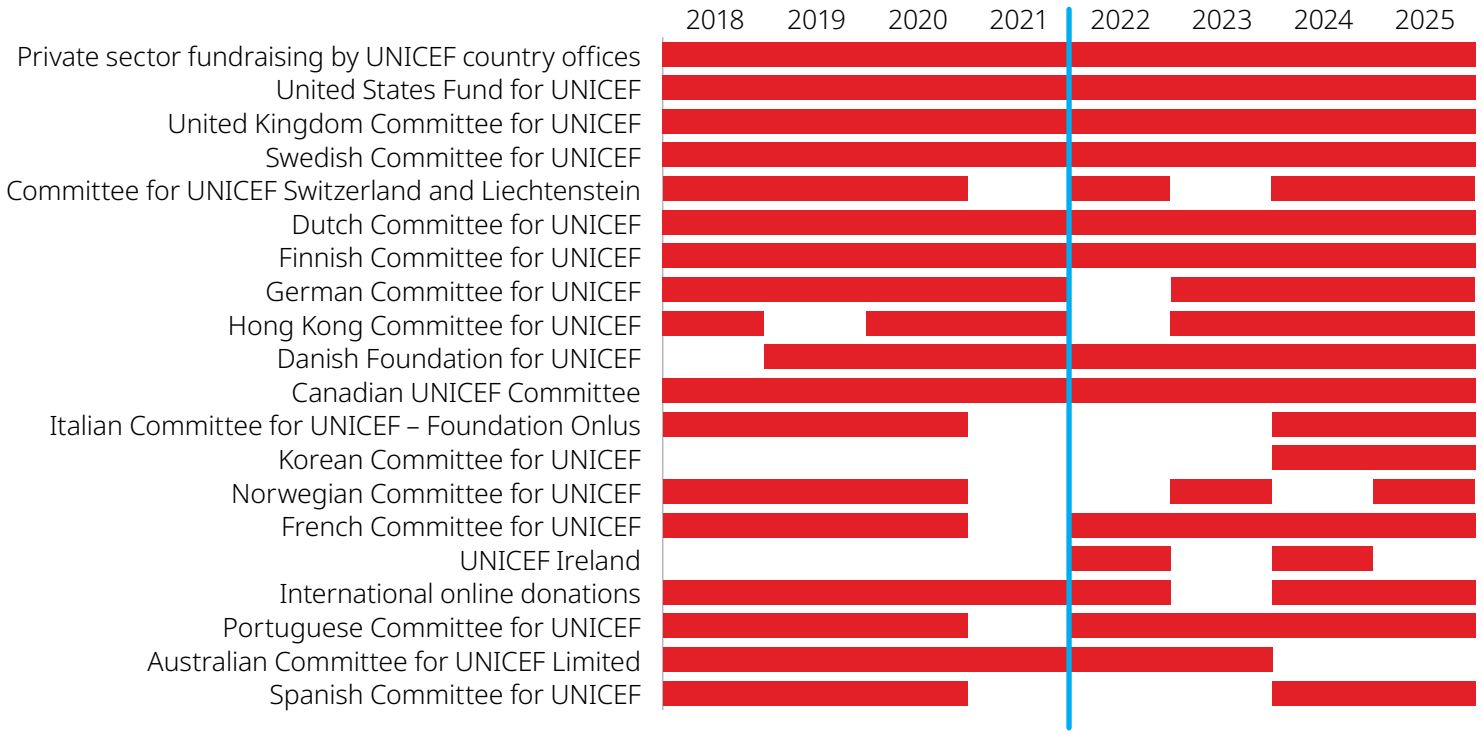


Table A1-2: Key donors supporting global humanitarian thematic funding through UNICEF National Committees, 2025

National committee	Key donors
Canada	DECIEM
Germany	GEA Foundation
Germany	Stiftung Kinderförderung von Playmobil
Ireland	Primark
Kingdom of the Netherlands	Adyen
United Kingdom	Eleva Foundation
United Kingdon	Formula 1
United States	Cogan Family Foundation

Despite the overall decrease in humanitarian contributions in 2025, GHTF received strong support from resource partners who provided $75.2 million in humanitarian thematic contributions, $451,728 more than in 2024. The portion of GHTF within emergency funding (other resources – emergency) was 3.5 per cent in 2025, up from 2.9 per cent in 2024. However, the drastic decrease in emergency contributions in absolute terms from 2024 to 2025, as well as high levels of earmarking of humanitarian funding, put at risk the first 24 (or 48) hours of response enabled by the GHTF and its embedded flexibility.

Private sector resource partners contributed $24.2 million in GHTF in 2025, 22 per cent less than in 2024, while public sector resource partners contributed $51.0 million, 8 per cent more than in 2024. The increase in overall GHTF contributions from public sector resource partners was due to the generous additional contribution from the Government of Sweden during the year, making its total 2025 contribution to GHTF double that of 2024.

In 2025, the overall decrease in humanitarian contributions, along with the decrease in humanitarian thematic funding, left many emergency responses with less flexible funding to address critical needs (*see Annex 2: Financial Report for comprehensive details*). Because of this, GHTF, as a fully flexible humanitarian pooled fund, is a vital component in humanitarian responses supporting children living through protracted crises with underfunded responses. It is also crucial in responding to sudden-onset emergencies.

UNICEF is grateful for all flexible contributions, large or small, and recognizes their clear and positive impact on children's lives. UNICEF looks forward to continuing solid and principled partnerships to enable high-quality funding such as GHTF to reach the most vulnerable children in the most challenging places where we work. In an increasingly constrained official development assistance (ODA) landscape marked by significant funding reductions, UNICEF is adopting a cautious outlook and projects an approximate 20 per cent decline in overall income in 2026 compared with 2025. Humanitarian funding is expected to decrease by more than 30 per cent over the same period, based on conservative estimates. Along with shrinking funding, there is growing concern that geopolitical dynamics and conditionalities imposed by donors continue to drive unequal attention and support for crises.

UNICEF is calling on its humanitarian resource partners to continue their generous support to GHTF – fully flexible humanitarian funding that is effective during emergency preparedness, in sudden-onset emergencies, in protracted crises and in complex emergencies where geopolitical interests contribute to gaps in funding to meet children's needs. GHTF is most effective when contributions are predictable during the year and throughout the Strategic Plan cycle. GHTF enables rapid action that ensures equity in humanitarian response for every child, everywhere. UNICEF encourages new resource partners, private and public, to give GHTF in 2026 and throughout the Strategic Plan, 2026–2029 cycle.

REGIONAL AND GLOBAL SUPPORT

Case studies on country-level results for children using global humanitarian thematic funding are included throughout the main body of the *2025 Global Annual Results Report: Humanitarian action*. Global humanitarian thematic funding also played a key role for regional and global offices in 2025.

In 2025, UNICEF allocated more than $6.6 million in global humanitarian thematic funding to regional offices, accounting for 9 per cent of overall GHTF allocations. This funding supported regional response, emergency preparedness, cluster coordination capabilities and humanitarian leadership and capacity strengthening.

For example, global humanitarian thematic funding allowed the Latin America and Caribbean Regional Office to prioritize underfunded areas, particularly regional coordination, technical surge support and preparedness functions that are not typically covered by earmarked funding. This included support to outbreak response planning (e.g., yellow fever in Colombia, Ecuador and Peru); emergency health interventions; and technical assistance during Hurricane Melissa. The funding also contributed to strengthening regional capacity by supporting key emergency staff positions, enabling sustained coordination, guidance and quality assurance in WASH, education, child protection and health. This ensured continuity of support to country offices and reinforced UNICEF's cluster and coordination responsibilities.

Global humanitarian thematic funding enabled the Regional Office for South Asia to support advancement of disaster risk management frameworks across the region, building on a 2024 regional knowledge exchange with national disaster management authorities. This included strengthening child-centred risk assessments in Bangladesh; anticipatory action for heat-related hazards in India; integration of child-focused disaster risk management approaches in Sri Lanka; scale-up of national emergency preparedness planning in Bhutan; and enhanced preparedness and anticipatory action for climate-related hazards in Maldives.

At the global level, $9.3 million in global humanitarian thematic funding was used to support effective leadership and coordination of the organization's global humanitarian response, including through a fully dedicated security team and the 24/7 Operations Centre. In 2025, global humanitarian thematic funding was instrumental to UNICEF's ability to lead and coordinate its global humanitarian response. It enabled UNICEF to be a catalytic force in operationalizing the Humanitarian Reset and ensured rapid and principled humanitarian assistance across the globe. The global support architecture is the foundation of a humanitarian response that works; it is what stands behind UNICEF teams in the field. It is the integrated system of operational, technical, logistical and enabling capacities that allows UNICEF to translate funding into results for children at speed, at scale and to high standards. UNICEF's global support function has helped shape – and been shaped by – the current reform moment. As co-lead of the supply chain initiative, a driver of cluster simplification, co-lead of the collaborative humanitarian diplomacy framework and a champion of common services – all key areas of the reforms under way – UNICEF is helping to create what comes next so that children are best served.

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In late November 2025, Methika Sehas looks at the remains of his home in Ambala Kanda, Aranayaka, Sri Lanka, destroyed by landslides. Cyclone Ditwah caused extreme flooding in Sri Lanka.

Annex 2: Financial report

The period 2024–2025 was a decisive turning point in global development funding. In 2024, official development assistance (ODA) fell by 6 per cent in real terms compared with 2023[1] – the steepest decline in decades and the first reduction in six years. What began as volatility has hardened into a structural contraction. For the first time in nearly 30 years, in 2024 the four largest donors who in general make up about three quarters of global ODA (France, Germany, the United Kingdom of Great Britain and Northern Ireland and the United States of America) reduced their contributions simultaneously, alongside declines from seven additional Development Assistance Committee members. The humanitarian aid component of ODA, after peaking in absolute terms in 2023, declined in 2024 to less than 2021 levels. The Organisation for Economic Co-operation and Development (OECD) projected a further 9–17 per cent decline in ODA in 2025. This downturn reflects deep, long-lasting forces: mounting domestic fiscal pressures in donor countries, accelerating geopolitical fragmentation and competing crises shifting resources towards domestic and regional priorities. Collectively, these dynamics signal that lower levels of ODA are not temporary, but a structural retrenchment that will persist.

The funding uncertainty, along with increasing humanitarian needs of children caused by the escalation of ongoing conflicts, protracted crises, new natural disasters and extreme climatic events shaped UNICEF's 2025 Humanitarian Action for Children appeal. In December 2024, UNICEF requested $9.87 billion to assist 109 million children impacted by humanitarian crises. By the end of 2025, humanitarian funding requirements had decreased by $162.8 million, to $9.71 billion.

Terminology

Contributions received: Cash and contributions in kind received from resource partners within a calendar year

Humanitarian funding: Emergency funding (other resources – emergency) from private and public resource partners and other types of funding from public sector resource partners that support UNICEF's humanitarian response

Multi-year funding: A contribution agreement with validity of two years or more, and an amended contribution agreement where validity changed to two years or more

Public sector resource partners include governments, inter-governmental organizations and inter-organizational arrangements.

Private sector resource partners include UNICEF National Committees, private sector fundraising by UNICEF country offices and donations by individuals.

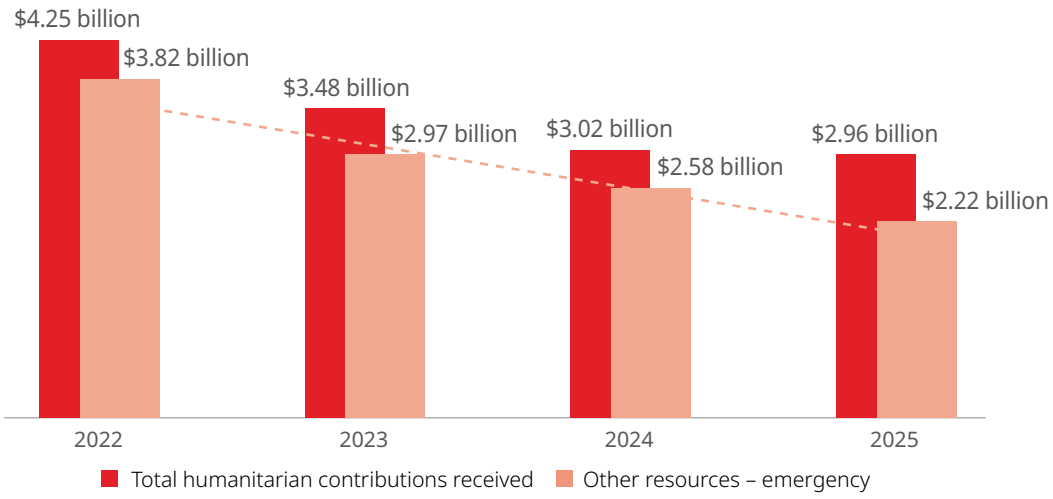
[1] Organisation for Economic Co-operation and Development (OECD), Final OECD statistics on official development assistance (ODA) and other resource flows to developing countries in 2024, web information, OECD, 15 December 2025, available at www.oecd.org/en/data/insights/data-explainers/2025/12/final-oecd-statistics-on-oda-and-other-development-finance-flows-in-2024-key-figures-and-trends.html#:~:text=The%20OECD%27s%20final%202024%20development%20finance%20statistics,countries**%20Declined%208.3%25%20to%20USD%20211.9%20billion.

UNICEF, as a member of the Inter-Agency Standing Committee, supports the Humanitarian Reset. Along with the revisions to several stand-alone appeals, 16 appeals[2] issued prioritization addenda aligned with the mid-year prioritization of the Global Humanitarian Overview. Overall, this revision and prioritization process resulted in requirements of $8.47 billion to meet the priority needs of the most vulnerable children.

During 2025, with worsening conditions in several humanitarian settings and the increasing vulnerabilities of children due climate-related disasters and earthquakes, UNICEF ensured that resources were targeted to the most critical and urgent needs.

As of 31 December 2025, UNICEF had received $2.96 billion in humanitarian funding[3] for the 2025 appeal, 31 per cent of the requirement, a similar funding percentage to 2024 but $55.7 million less in absolute terms. Although overall humanitarian contributions received decreased, emergency funding (other resources – emergency), the core component of the humanitarian response, decreased by $363.8 million compared with 2024 (*see Figure A2-1*).

FIGURE A2-1: Total humanitarian contributions received and other resources – emergency received, 2022–2025 (in United States dollars)

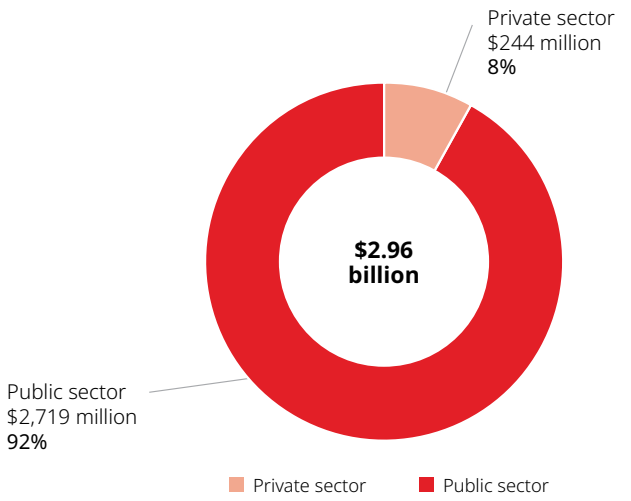


Public sector resource partners continued to provide the majority of the humanitarian resources in 2025: $2.72 billion (92 per cent), including $1.97 billion in other resources – emergency and $747.0 million in development funding towards humanitarian results. The public sector humanitarian contributions received were sustained by timing effects and one-off factors and do not represent a structural recovery of the funding landscape. Humanitarian contributions from the private sector decreased from $317.3 million in 2024 to $244.3 million in 2025. See Figure A2-2.

[2] Appeals for Burkina Faso, Cameroon, Chad, Colombia, the Democratic Republic of the Congo, Ethiopia, Haiti, Madagascar, Mali, the Niger, Nigeria, Pakistan, the Sudan, the Bolivarian Republic of Venezuela and Zimbabwe and for Children on the move and those affected by armed violence – Latin America.

[3] Contributions received for 2025 Humanitarian Action for Children appeal encompass emergency funding (other resources – emergency) and development funds received for emergencies and recognized in fiscal year 2025. The $2.96 billion in humanitarian contributions received in 2025 includes $2.22 billion in emergency funding as well as $747.0 million in other resources – regular that was dedicated to humanitarian responses. Also included is $5.7 million that was received in insurance payouts through the Today & Tomorrow Initiative.

FIGURE A2-2: Humanitarian contributions received in 2025, by partner group



Concentration of funding in a small group of donors

The top 10 emergency resource partners provided $1.72 billion of emergency resources in 2025, or 78 per cent of the total humanitarian contributions received (*see Table A2-1*).

Public sector resource partners that increased[4] their contributions to the UNICEF Humanitarian Action for Children appeal in 2025 (compared with 2024) include Australia, the Kingdom of the Netherlands, Sweden and Switzerland. The Kingdom of the Netherlands and Sweden are among the top 10 resource partners. Emergency funding from Denmark, Germany, Saudi Arabia, the United Kingdom, the United States, the Central Emergency Response Fund and the European Commission declined.[5]

TABLE A2-1: Top 20 other resources – emergency resource partners by contributions received, 2025

Rank	Resource Partner	Total (US$)
1	United States*	674,855,387
2	United Kingdom	289,019,828
3	European Commission	225,333,108
4	Sweden	99,927,880
5	Central Emergency Response Fund**	95,987,946
6	Japan	88,007,119
7	Republic of Korea	85,120,000
8	Kingdom of the Netherlands	56,228,963
9	Germany	52,765,499
10	Norway	51,868,417
11	German Committee for UNICEF	50,128,243
12	Canada	36,706,290
13	United Nations Relief and Works Agency for Palestine Refugees in the Near East***	28,927,303

[4] Other resources – emergency contributions increased by $10 million or more compared with 2024.
[5] Other resources – emergency contributions decreased by $10 million or more compared with 2024.

Rank	Resource Partner	Total (US$)
14	Switzerland	25,691,898
15	United States Fund for UNICEF	25,062,942
16	United Kingdom Committee for UNICEF	23,337,053
17	Australia	23,050,487
18	Swedish Committee for UNICEF	23,017,632
19	Denmark	18,816,120
20	Japan Committee for UNICEF	18,130,692

** Ninety-six per cent of emergency contributions received from the United States in 2025 represent payments against agreements signed in previous years.*

*** In the Report on the implementation of the Integrated Results and Resources Framework of the UNICEF Strategic Plan, 2022–2025, contributions received from the Central Emergency Response Fund are recorded under the United Nations Office for the Coordination of Humanitarian Affairs. See <www.unicef.org/executiveboard/media/38066/file/2026-EB7-IRRF-Strategic-Plan-2022-2025-EN-2026-05-04.pdf>.*

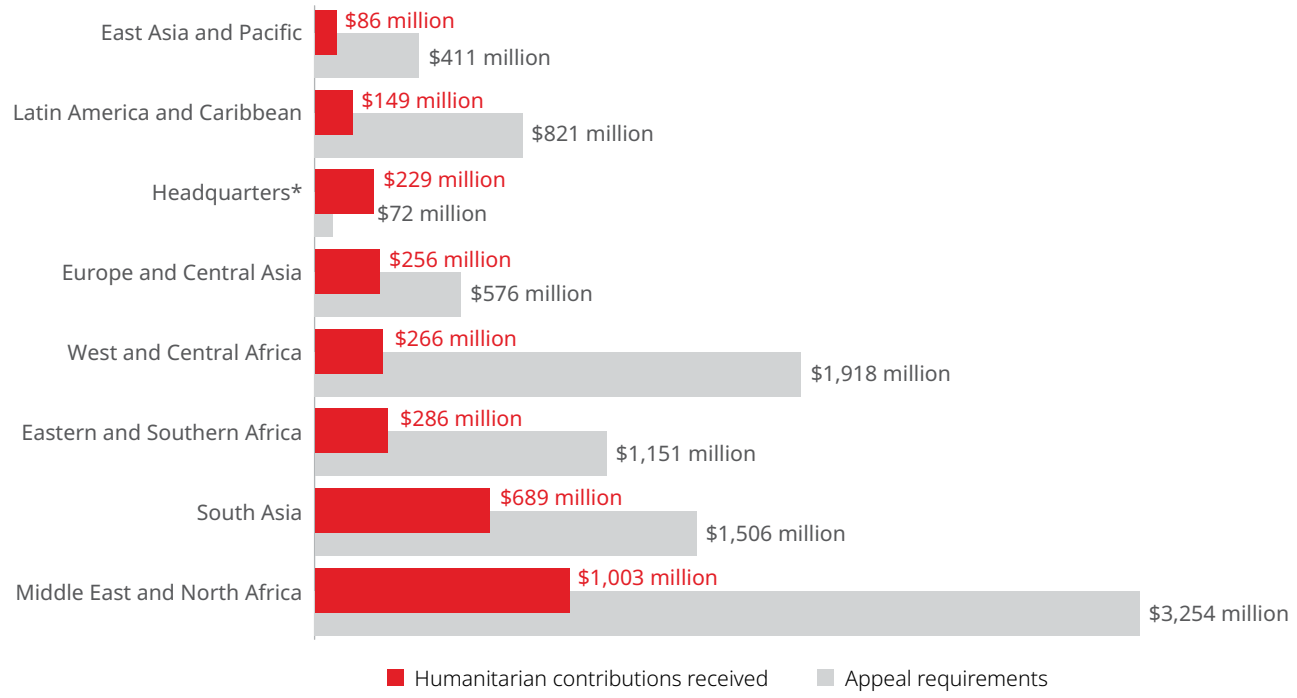
**** Contribution in-kind.*

Private sector resource partners provided $244.3 million (8 per cent of humanitarian contributions received). Of the 2025 private sector partners, the UNICEF national committees in Germany and Sweden increased[6] their contributions, while contributions received from private sector partners through national committees in Canada and the United States declined.[7]

Other resources – emergency, the backbone of humanitarian funding, decreased by 14 per cent compared with 2024. The decline was felt hardest in the Europe and Central Asia and Eastern and Southern Africa regions, where the decrease in other resources – emergency reached 30 percent. In the Latin America and Caribbean region, the 15 per cent increase in humanitarian funding needs compared with 2024 was disproportionately met by a 9 per cent decrease in other resources – emergency contributions received, while in West and Central Africa other resources – emergency contributions received dropped by 12 per cent.

6 Other resources – emergency contributions increased by $10 million or more compared with 2024.
7 Other resources – emergency contributions decreased by $10 million or more compared with 2024.

FIGURE A2-3: Humanitarian contributions received in 2025, by region, compared with appeal requirements



** Humanitarian contributions received at the global level included pass-through grants.*

The decline in humanitarian funding affected chronically underfunded crisis responses in 2025, including in Burkina Faso, the Democratic Republic of the Congo, Myanmar, Haiti, Mali, the Niger and Ethiopia and in appeals for Central Sahel outflow, Children on the move and those affected by armed violence – Latin America and Syrian refugees and other vulnerable populations. Although these appeals represented 31 per cent of all children to be reached in 2025 and 31 per cent of all required funding, they received only 17 per cent of all humanitarian contributions in 2025. Funding flexibility allowed by resource partners varied, so UNICEF allocated global humanitarian thematic funding to address unmet needs. Twenty-one per cent of GHTF allocations in 2025 went towards the chronically underfunded appeals noted above.

Evolution of earmarking

In 2025, the top 10 appeals in terms of contributions received included, from highest amount received, Afghanistan, the State of Palestine, the Sudan, Ukraine and refugee response, Syrian refugees and other vulnerable populations, Yemen, Ethiopia, the Democratic Republic of the Congo, the Syrian Arab Republic and Myanmar (*see Figure A2-4a*). Chronically underfunded appeals accounted for 18 per cent of all humanitarian contributions received in 2025 (*see Figure A2-4b*).

FIGURE A2-4A: Humanitarian contributions received by appeal: Top 10 appeals by humanitarian contributions received in 2025

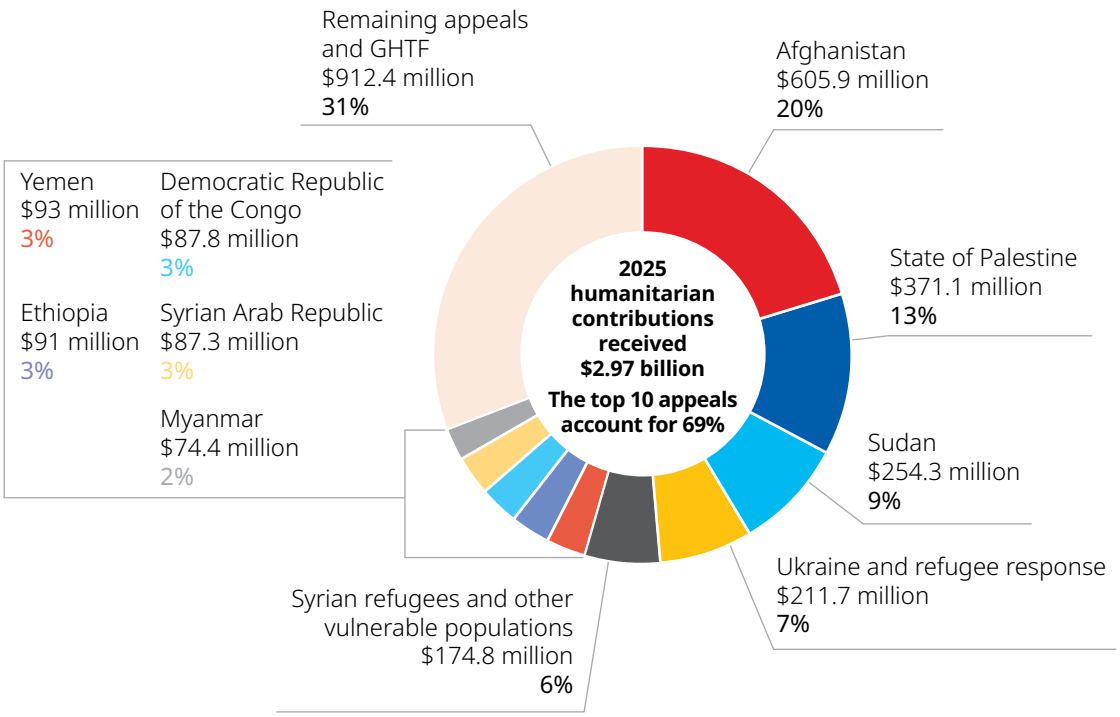
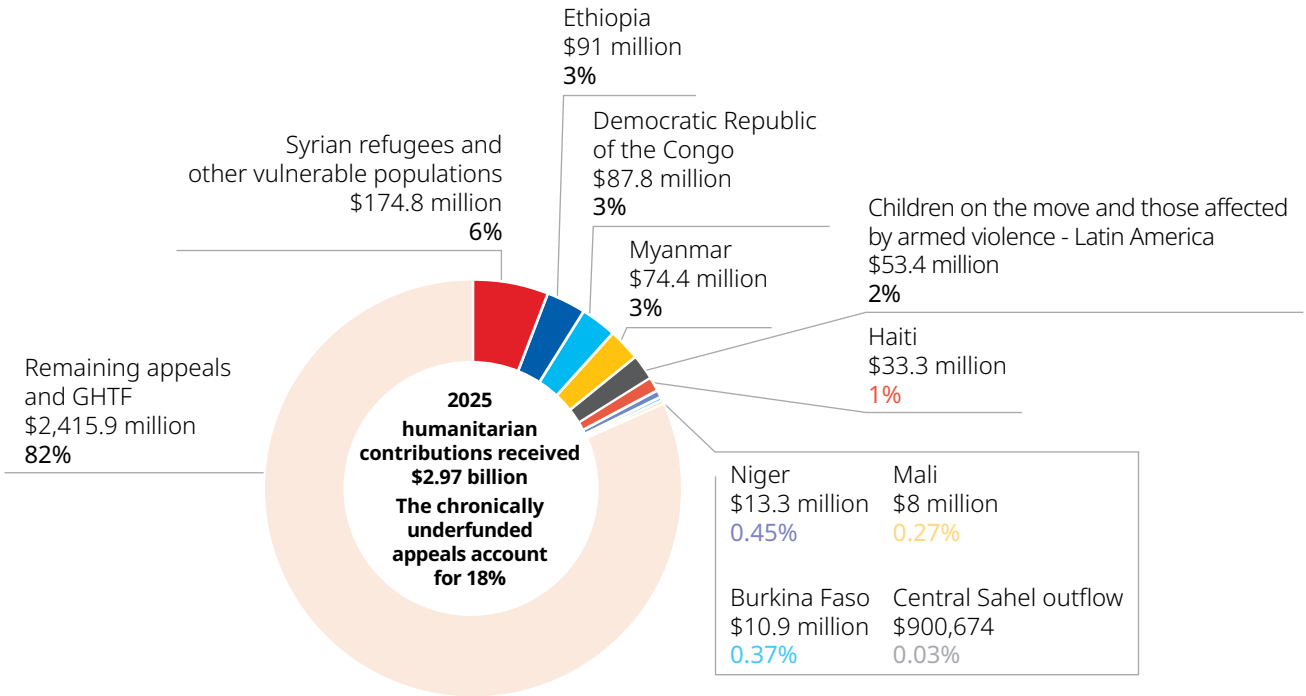


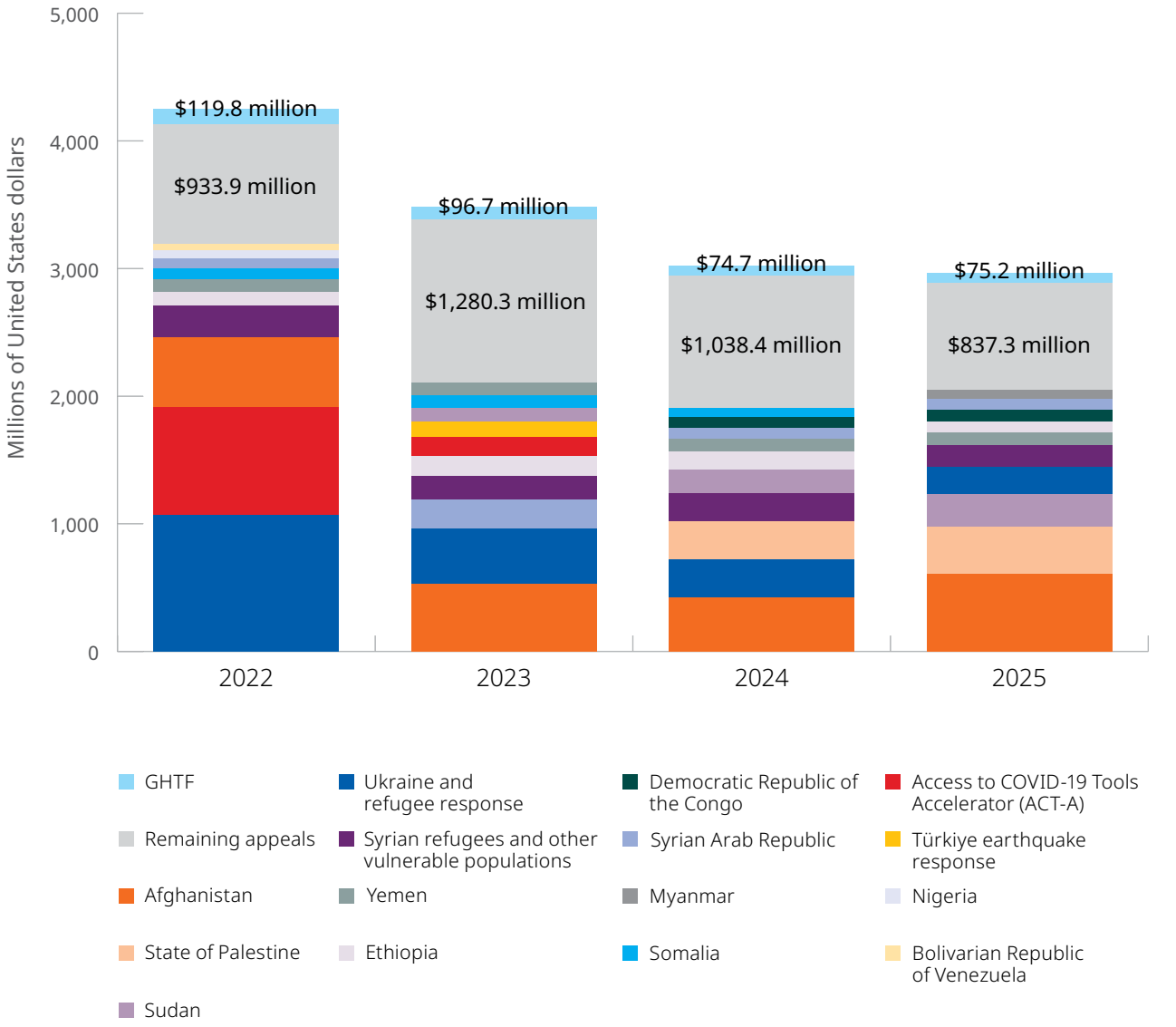
FIGURE A2-4B: Humanitarian contributions received by appeal: Chronically underfunded* appeals by humanitarian contributions received in 2025



** Over a period of five years, these appeals consistently received funding falling far short of requirements.*

Continuing a trend apparent since 2022, arising from changes in the operational environment and shifts in geopolitical interests, the 10 appeals that received the most funding accounted for a large share of all contributions received – $2.05 billion in humanitarian contributions received (69 per cent of the total) in 2025. This left the remaining appeals, and donations to GHTF, to share the remaining 31 per cent. This concentration of funding in the top 10 appeals was the second-highest in the Strategic Plan, 2022–2025 period. See Figure A2-5.

FIGURE A2-5: Top 10 appeals, remaining appeals and global humanitarian thematic funding by year, 2022–2025



In 2025, UNICEF continued to advocate for humanitarian funding equity. And it continued to organize, in partnership with the Delegation of the European Union to the United Nations in New York, the event "Children in Crisis: Spotlight on underfunded humanitarian emergencies".[8] To support fundraising for chronically underfunded emergency responses, the UNICEF Private Fundraising and Partnerships Division, together with regional and country offices, continued to strengthen integrated engagement across fundraising, communication and advocacy.

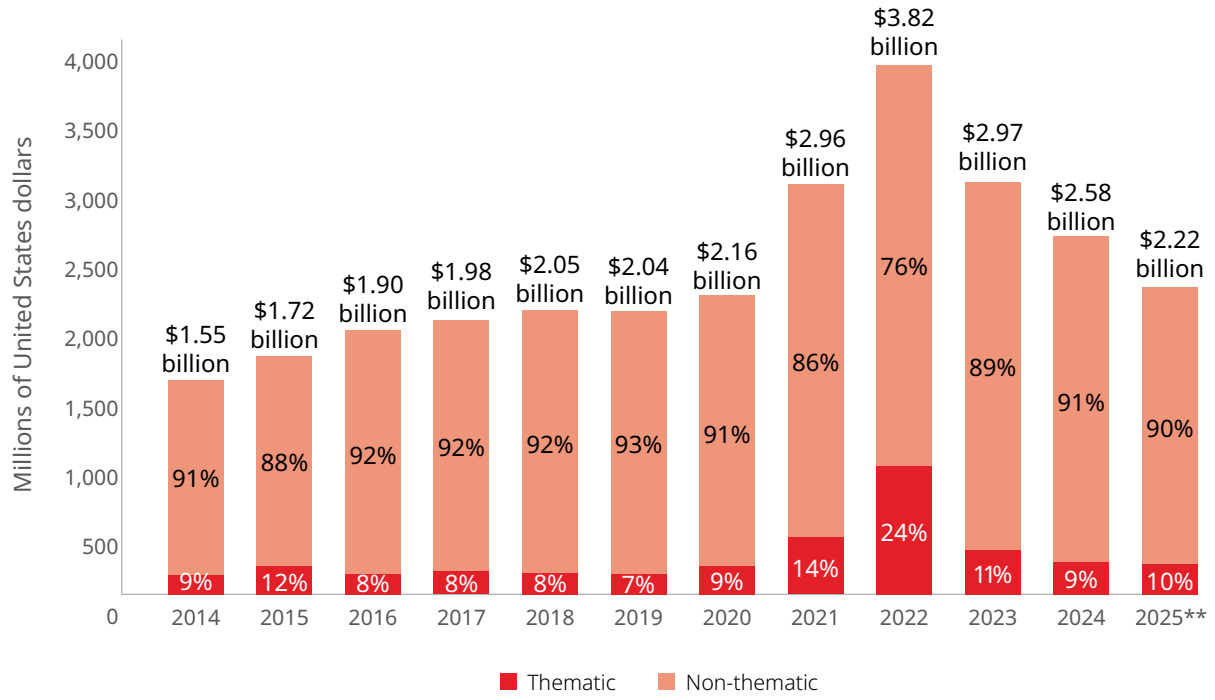
[8] In 2025, the discussion series spotlighted Afghanistan, the Central African Republic, Colombia, Haiti and Myanmar.

Flexible funding

Flexible humanitarian funding is a lifeline for UNICEF humanitarian response, and therefore a lifeline for children and families in crisis. As a Grand Bargain signatory, UNICEF advocates for predictable multi-year, flexible and unearmarked resources to be the norm rather than the exception for humanitarian action for children because it enables faster, more equitable and more effective responses for children in emergencies.

In absolute numbers, the humanitarian thematic pool is shrinking. In 2025, flexible humanitarian thematic funding (global, regional and country) totaled $221.3 million, down from $231.5 million in 2024 (*see Figure A2-6*).

FIGURE A2-6: Contributions to other resources – emergency, 2014–2025, by thematic* and non-thematic funding



** Thematic figures include the humanitarian action pools at the country, regional and global levels.*

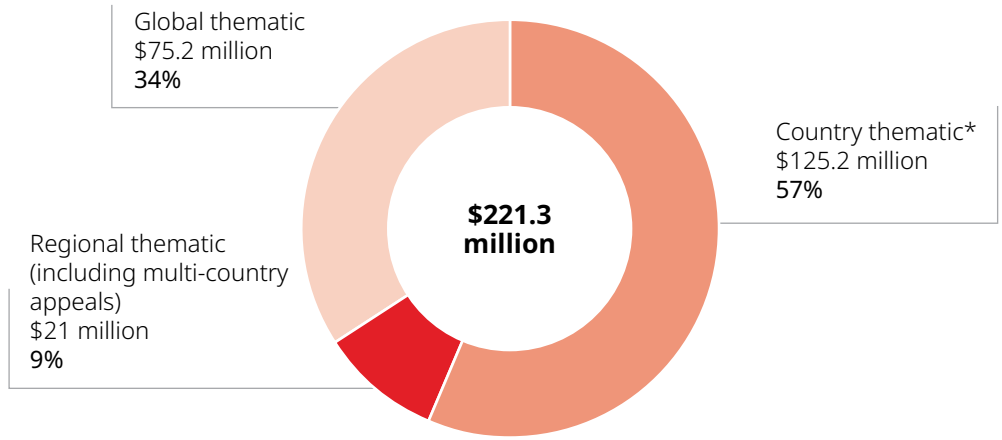
*** 2025 thematic funding: Through the Today & Tomorrow Initiative, $5.67 million was received in insurance payouts to respond to tropical cyclone-induced emergencies in Fiji, Haiti, Madagascar, Mozambique and Vanuatu. This funding was received through the UNICEF National Committees in France ($651,719); Germany ($2.1 million); Ireland ($638,629); Luxembourg ($110,282) and the United Kingdom ($2.2 million).*

Private sector resource partners provided $156.3 million in humanitarian thematic funding in 2025, a $2.5 million decrease compared with 2024. Resource partners from UNICEF national committees in (from highest increase in contribution) Germany, Japan, Sweden, Italy and Finland increased their humanitarian thematic contributions collectively by $25.8 million: from an increase of $14.6 million from Germany to an increase of $1.2 million from Finland.

Public sector resource partners contributed $65 million in humanitarian thematic funding in 2025, $7.7 million less than in 2024. Sweden was the sole public sector resource partner to increase its humanitarian thematic contributions, the entirety designated as global humanitarian thematic funding.

UNICEF has three types of humanitarian thematic funding: country, regional and global. The most flexible type of humanitarian thematic contribution is global humanitarian thematic funding. It promotes equity by allowing UNICEF to allocate funds where they are most needed. Global humanitarian thematic funding, at $75.2 million in 2025, made up 34 per cent of all humanitarian thematic funding contributions (*see Figure A2-7*).

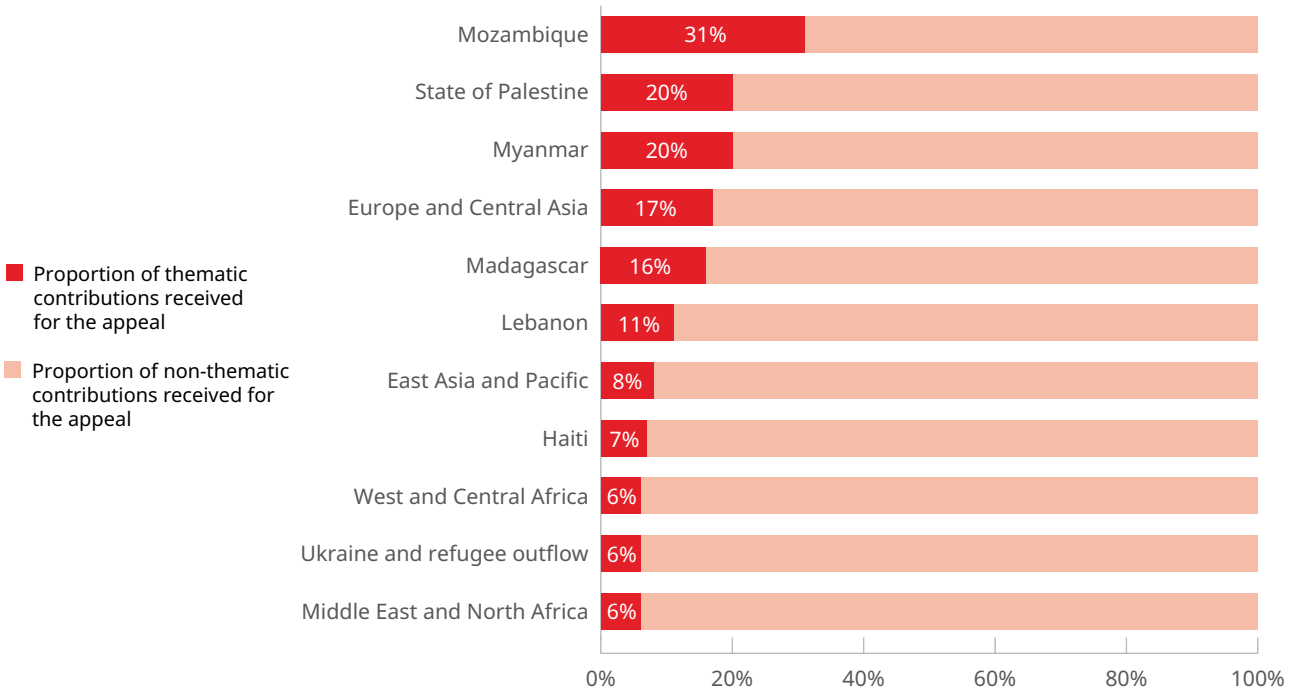
FIGURE A2-7: Humanitarian thematic funding contributions, by designated level (country, regional and global), 2025



** 2025 thematic funding: Through the Today and Tomorrow Initiative, $5.67 million was received in insurance payouts to respond to tropical cyclone-induced emergencies in Fiji, Haiti, Madagascar, Mozambique and Vanuatu. This funding was received through the UNICEF National Committees in France ($651,719); Germany ($2.1 million); Ireland ($638,629); Luxembourg ($110,282) and the United Kingdom ($2.2 million).*

Fifty-one per cent of humanitarian thematic contributions were earmarked for four appeals: State of Palestine (33.8 per cent), Myanmar (6.6 per cent), Ukraine and refugee response (5.8 per cent) and the Sudan (4.9 per cent). The remaining 29 appeals shared 15 per cent, or $33.0 million, with 5 appeals receiving no humanitarian thematic funding directly. In 2025, the emergency responses with the highest proportion of either country or regional thematic funding (or both combined) were Mozambique, the State of Palestine and Myanmar (*see Figure A2-8*).

FIGURE A2-8: Appeals with the highest proportion of humanitarian thematic contributions received, 2025.
Humanitarian funding, excluding GHTF allocations

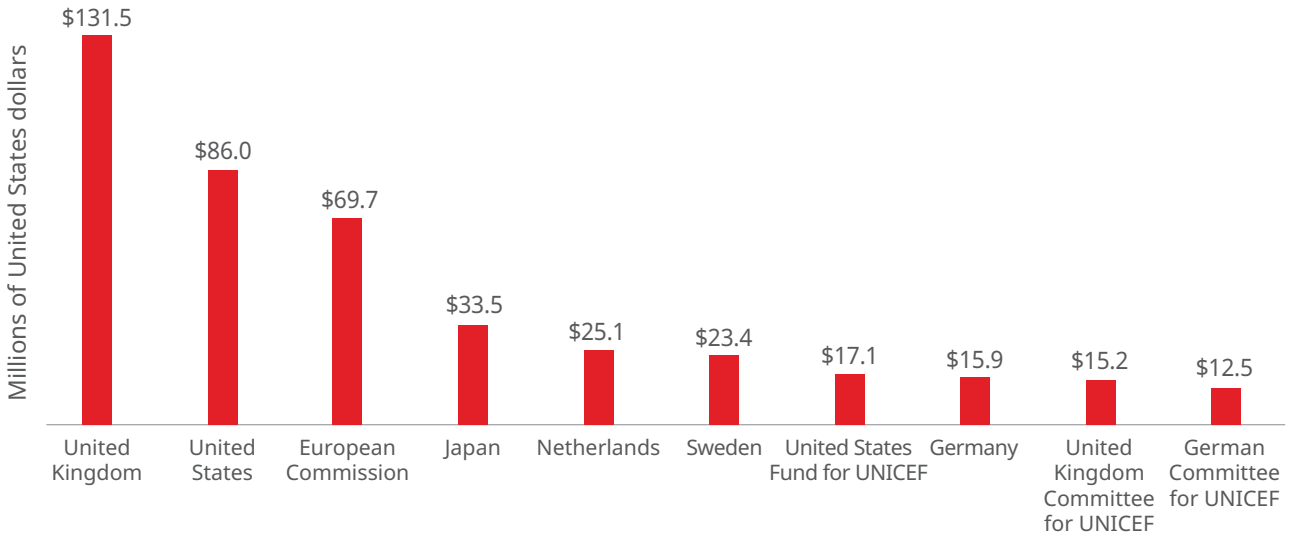


In 2025, GHTF allocations were critical in Myanmar to ensure continuity of life-saving services while waiting for the funding decisions of resource partners to come through. It was also critical for the earthquake response there. GHTF allocations to the countries covered by the appeal for Children on the move and those affected by armed violence – Latin America supported cross-sectoral services for uprooted children and their families (*see Case Study 9 on page 51, main results narrative*). GHTF allocations also softened the harsh situation linked to political instability in Burkina Faso, where there was limited availability of humanitarian funding for affected children (*see Case Study 6 on page 45, main results narrative*). The flexibility of GHTF also supported essential health services for refugees and host communities in Egypt (*see Case Study 12 on page 73, main results narrative for the impact of GHTF on education opportunities for Sudanese and host country children in Egypt*).

UNICEF is grateful for the trust and support of resource partners who provided global humanitarian thematic funding in 2025. Public sector partners provided $51.0 million (68 per cent of all global humanitarian thematic funding), and private sector partners contributed $24.2 million (32 per cent). These generous, fully flexible contributions allowed UNICEF to sustain humanitarian response while earmarked donor funding was finalized, ensure both in-country and global preparedness and bolster technical capacity at the regional office levels. See Annex 1 for details on global humanitarian thematic funding.

Multi-year funding enhances funding predictability. It is a key element of a sustainable humanitarian response and could be used for preparedness interventions, helping create resilient communities. In 2025, multi-year humanitarian contributions totalled $519.5 million, 12 per cent less than in 2024. Of this amount, $428.1 million was received from the public sector resource partners, a 3 per cent increase compared with the $415.2 million these partners provided in 2024. Following the trajectory of the decline of emergency contributions received from private sector resource partners in 2025, the value of multi-year contributions also dropped by 50 per cent compared with 2024 to $91.3 million (37 per cent).

FIGURE A2-9: Top 10 resource partners for multi-year contributions, other resources – emergency, 2025



Partnership and coordination with other United Nations entities is critical to the UNICEF humanitarian response. Through joint programmes and UN-to-UN Transfer Agreements, UNICEF received $39.1 million in humanitarian contributions in 2025 to support children in in the State of Palestine[9]; cholera response in multiple countries[10]; cholera vaccination in Mozambique; earthquake preparedness and response in Nepal; and anticipatory action projects in Zambia and Zimbabwe.

Allocations from the Central Emergency Response Fund (CERF) totaled $100.1 million in 2025,[11] making UNICEF the top recipient of CERF funding. Thirty-six rapid response projects in 24 countries met critical needs in the face of extreme weather events, public health emergencies (e.g., cholera), displacement crises and earthquakes. Rapid response allocations included anticipatory action projects to facilitate early action in Afghanistan, Guatemala, the Democratic Republic of the Congo, Haiti, Mozambique and Nigeria. Anticipatory action interventions, including the innovative financing modality, the Today & Tomorrow Initiative, ensured a stronger and wider response in Mozambique. Allocations from the CERF underfunded emergencies window supported responses in places including the Central African Republic, Chad, Somalia, the Bolivarian Republic of Venezuela and Zambia.

The strategic and operational partnership between UNICEF and international financial institutions helped to meet children's basic needs and expand their opportunities to reach their full potential. In 2025, UNICEF received $661.5 million from several international financial institutions[12] (compared with $359.7 million in 2024), including $2.8 million in emergency funding to expand provision of basic social services and foster resilience in countries with Humanitarian Action for Children appeals (Afghanistan, Bangladesh, the Democratic Republic of the Congo, Myanmar and the Sudan). These funds – in critical sectors including child protection, education, health, nutrition, social protection and water and sanitation – directly support delivery of impactful, scalable solutions and foster resilience in fragile contexts.

In 2025, $307.7 million in core resources, the most flexible resource type at UNICEF, supported humanitarian programmes. This was the highest amount of the UNICEF Strategic Plan Cycle 2022-2025, a result of the decline in humanitarian contributions received. As part of this, the UNICEF Emergency Programme Fund, which fast-tracks resources to affected countries within 48 hours of a crisis, issued $69.8 million in loans to 35 countries and regional offices.

9 Including supplies and polio vaccination campaign in the Gaza Strip, State of Palestine.
10 Angola, the Comoros, Madagascar, Malawi, Mozambique, Zambia and Zimbabwe.
11 See United Nations Central Emergency Response Fund, allocations by agency, available at https://cerf.un.org/what-we-do/allocation-by-agency.
12 Asian Development Bank, Islamic Development Bank and World Bank.

Looking ahead

With only 31 per cent of 2025 appeal requirements met, many critical responses were left underfunded, and the needs of millions of children unmet. What's more, funding earmarking and a drastic decrease in humanitarian thematic funding in 2025 left critical gaps and made it difficult to equitably address children's needs. Looking ahead, the funding landscape is expected to remain volatile.

Sustained contraction in official development assistance, heightened volatility and high levels of earmarking are no longer short-term disturbances but symptoms of the structural rebalancing occurring in the global financing landscape. These dynamics will continue to define UNICEF's operating environment in 2026 and beyond. UNICEF will maintain its conservative approach to income projections. UNICEF strongly urges resource partners to provide flexible, equitable and multi-year funding – quality funding – to enable a swift and principled humanitarian response and strengthen community resilience through preparedness and anticipatory action.

TABLE A2-2: Top 20 contributions received for humanitarian response in 2025 (other resources – emergency)

Rank	Grant description	Resource partner	Total (US$)
1	Multisectoral response with UNICEF under Ethiopian Crises to Resilience (EC2R)	United Kingdom	53,388,778
2	Scaling up multisectoral humanitarian support for conflict-affected children, families and communities in Ukraine	United States	48,229,492
3	Enhancing access to life-saving services to address the multiple deprivations faced by the most vulnerable children and their families in the prioritized communities in Venezuela	United States	35,122,250
4	UK Humanitarian Support in Occupied Palestine Territories	United Kingdom	30,962,644
5	Multisectoral health, nutrition, WASH and child protection interventions to optimize health and nutrition outcomes for mothers and children in Yemen	United Kingdom	30,673,566
6	Responding to mounting humanitarian needs in the State of Palestine through emergency humanitarian cash transfers, child protection, WASH and nutrition, and strengthening cluster coordination of the Protection Cluster and Child Protection and Gender-Based Violence Areas of Responsibility, Palestinian Territory, Occupied	European Commission	30,038,695
7	In-kind contribution	United Nations Relief and Works Agency for Palestine Refugees in the Near East	28,927,303
8	Integrated emergency nutrition and WASH assistance for vulnerable children and their families in Yemen	United States	28,357,855
9	UNICEF – multi-country – nutrition – 2025–2026	Canada	28,138,528
10	UNICEF's 2024 Humanitarian Action for Children (HAC) Appeal to address the humanitarian assistance needs for Syrian refugees and host communities in Lebanon	United States	26,222,925
11	The Ukraine and regional refugee response humanitarian action for children appeal (HAC)	Norway	25,476,439

Rank	Grant description	Resource partner	Total (US$)
12	Global humanitarian thematic funding	Sweden	23,472,675
13	Strengthening water supply access in the Gaza Strip	Netherlands	22,970,000
14	Provision of life-saving nutrition and child protection services in South Sudan	United States	22,464,744
15	UNICEF's humanitarian response in Gaza	Sweden	22,068,648
16	Humanitarian Action for Children 2024	United States	20,329,736
17	Life-saving nutrition services	United Kingdom	20,048,009
18	Global humanitarian thematic funding	Netherlands	19,883,041
19	Ensuring access to emergency water, sanitation and hygiene, health, child protection and education services for children and families in Ukraine, Ukraine	European Commission	19,295,563
20	UNICEF's 2024 Humanitarian Action for Children (HAC) Appeal to address the humanitarian assistance needs for Syrian refugees and host communities in Jordan	United States	19,247,515

TABLE A2-3: Humanitarian thematic contributions received* by resource partner to humanitarian action, 2025**

Resource partner type	Resource partner	Total (US$)	Percentage of total
Private sector 70.61%	German Committee for UNICEF	28,719,631	12.98%
	United Kingdom Committee for UNICEF	18,178,580	8.21%
	Japan Committee for UNICEF	17,959,146	8.12%
	United States Fund for UNICEF	17,776,025	8.03%
	Private sector fundraising by UNICEF country offices	16,336,017	7.38%
	UNICEF Ireland	9,758,668	4.41%
	Swedish Committee for UNICEF	7,284,272	3.29%
	Italian Committee for UNICEF – Foundation Onlus	6,747,838	3.05%
	French Committee for UNICEF	5,399,721	2.44%
	Canadian UNICEF Committee	5,075,827	2.29%
	Dutch Committee for UNICEF	3,572,174	1.61%
	Danish Foundation for UNICEF	3,273,166	1.48%
	Committee for UNICEF Switzerland and Liechtenstein	3,031,569	1.37%
	Finnish Committee for UNICEF	2,726,905	1.23%
	Portuguese Committee for UNICEF	1,538,493	0.70%

Resource partner type	Resource partner	Total (US$)	Percentage of total
	Spanish Committee for UNICEF	1,511,735	0.68%
	Luxembourg Committee for UNICEF	1,038,282	0.47%
	Belgian Committee for UNICEF	933,513	0.42%
	Tetsuko Kuroyanagi	807,636	0.36%
	Polish National Committee for UNICEF	735,173	0.33%
	Hong Kong Committee for UNICEF	646,815	0.29%
	International online donations	620,123	0.28%
	Korean Committee for UNICEF	534,096	0.24%
	Australian Committee for UNICEF Limited	321,405	0.15%
	Icelandic National Committee for UNICEF	320,380	0.14%
	Czech Committee for UNICEF	303,584	0.14%
	Austrian Committee for UNICEF	296,548	0.13%
	Turkish National Committee for UNICEF	243,720	0.11%
	Slovenia Foundation for UNICEF	232,401	0.11%
	Norwegian Committee for UNICEF	225,263	0.10%
	The New Zealand National Committee for UNICEF	68,414	0.03%
	UNICEF Hungarian Committee Foundation	30,697	0.01%
	Andorran Committee for UNICEF	11,587	0.01%
	Slovak Foundation for UNICEF	3,223	0.00%
Public sector 29.39%	Sweden	23,472,675	10.61%
	Kingdom of the Netherlands	19,883,041	8.98%
	Denmark	12,878,214	5.82%
	Germany	7,611,241	3.44%
	Republic of Korea	1,000,000	0.45%
	Liechtenstein	121,951	0.06%
	Czechia	41,516	0.02%
	Estonia	32,538	0.01%
Total		221,303,802	100.00%

** 2025 thematic funding: Through the Today & Tomorrow Initiative, $5.67 million was received in insurance payouts to respond to tropical cyclone-induced emergencies in Fiji, Haiti, Madagascar, Mozambique and Vanuatu. This funding was received through the UNICEF National Committees in France ($651,719); Germany ($2.1 million); Ireland ($638,629); Luxembourg ($110,282) and the United Kingdom ($2.2 million).*

*** Due to rounding, totals may differ slightly from the sum of the column.*

TABLE A2-4: Humanitarian thematic donor pool, contributions received, 2022 – 2025
Public sector humanitarian thematic resource partners (other resources – emergency)

Resource partner	2025	2024	2023	2022
Denmark	12,878,214	24,006,582	25,124,232*	17,070,559*
Kingdom of the Netherlands	19,883,041*	18,619,934*	18,619,934*	21,716,649*
Germany	7,611,241*	17,895,879*	31,996,394*	20,682,523*
Sweden	23,472,675*	10,523,401*	11,050,795*	11,717,546*
Republic of Korea	1,000,000	1,500,000	500,000	1,000,000*
Serbia				1,554,404
Kuwait				1,250,000
Luxembourg				730,282
Iceland				529,581
Canada		27,206*	364,751*	
Liechtenstein	121,951			214,592
Estonia	32,538	53,591	124,114	36,765
Belgium		64,647*		
Lithuania		53,476		
Czechia	41,516*			
San Marino		10,730		
New Zealand		174*		
Total:	65,041,176	72,755,619	87,780,220	76,502,901

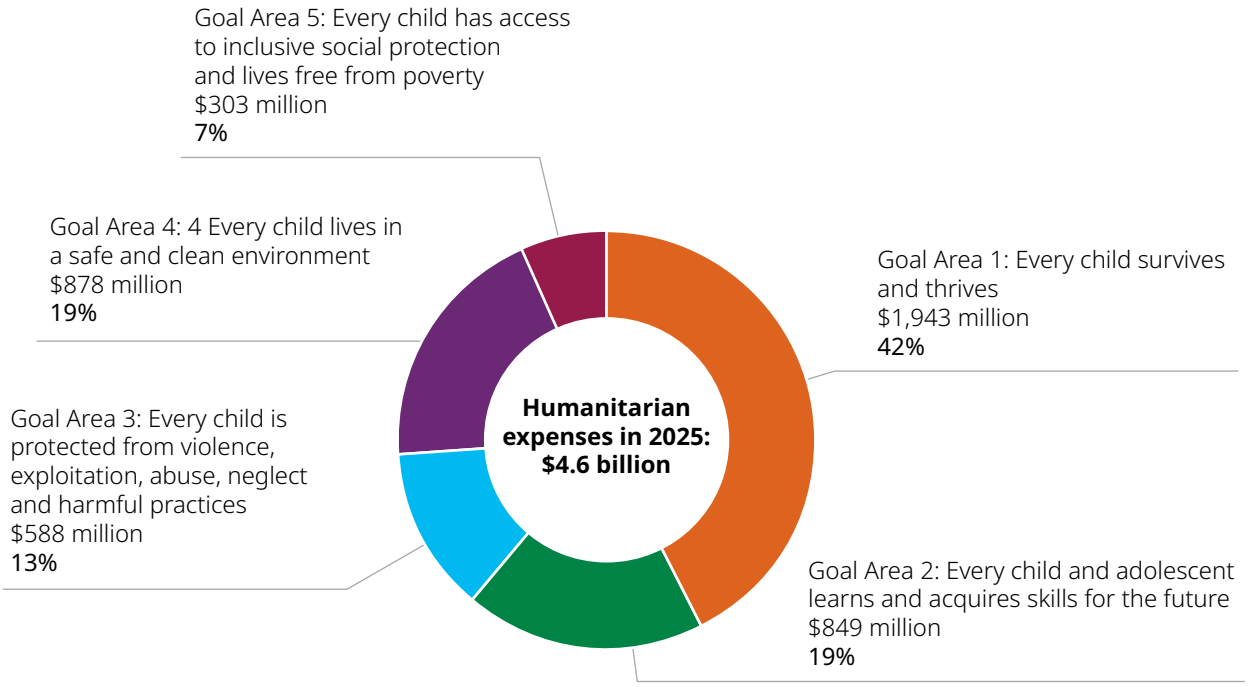
** The amount includes contributions received to GHTF.*

Humanitarian expenses

Humanitarian expenses make up a majority of UNICEF's total programme expenses. Between 2019 and 2023, humanitarian expenses increased yearly, surpassing $5 billion in 2022 and reaching $5.5 billion (65 per cent of total programme expenses) in 2023. In 2024, humanitarian expenses decreased to $4.8 billion (62 per cent of total programme expenses), and in 2025 they continued to decline following a reduction in available programme budgets, totalling $4.56 billion (59 per cent of total programme expenses).

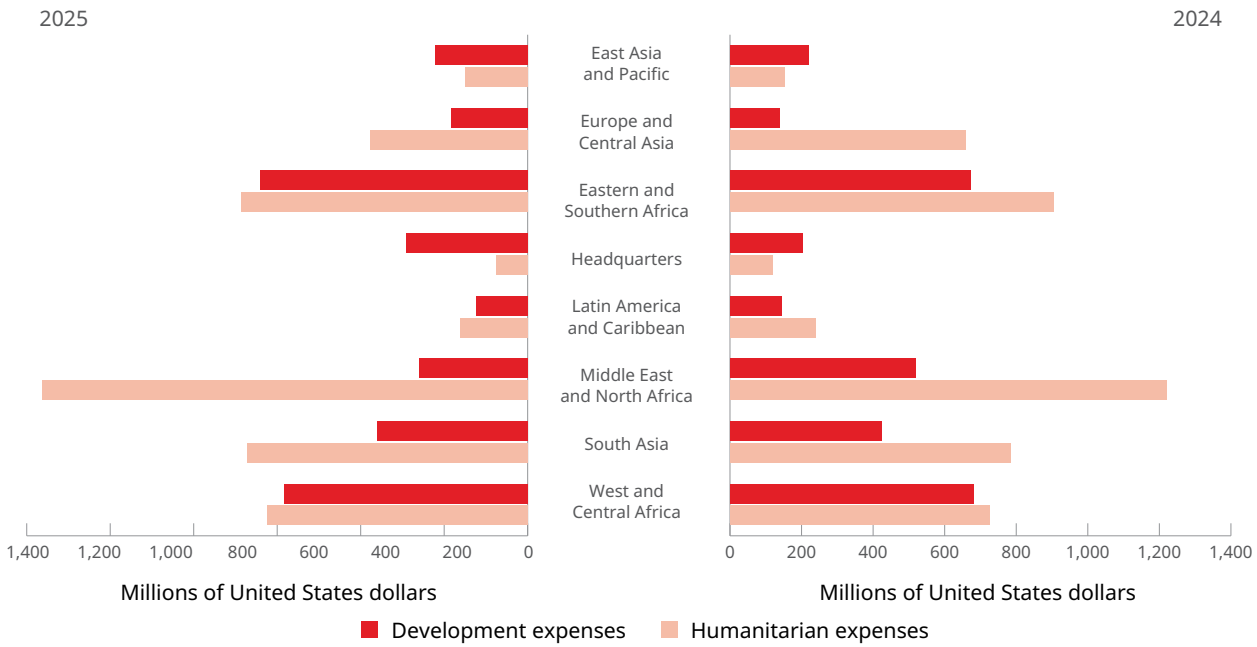
Goal Area 1 (Every child survives and thrives) continued to have the highest share of humanitarian expenses in 2025, at 43 per cent of all humanitarian expenses ($1.94 billion). This was followed by 19 per cent ($849 million) for Goal Area 2 (Every child learns) and 19 per cent ($878 million) for Goal Area 4 (Safe and clean environment) (*see Figure A2-10*). In 2025, these expenses went towards interventions such as life-saving vaccinations for children in emergencies (for example, measles vaccinations for 24.7 million children) and to support primary health care delivery in remote, conflict-affected locations. They ensured clean water and sanitation for 41 million people and access to education for 9.1 million children. These are only a few examples. (*See the main report for many additional examples.*)

FIGURE A2-10: Humanitarian expenses by goal area, 2025



The Middle East and North Africa region had the highest humanitarian expenses of any region in 2025, for the ninth consecutive year (*see Figure A2-11*). In this region, humanitarian expenses enabled life-saving humanitarian action in places including Lebanon, the Sudan and the State of Palestine, and for other interconnected crises.

FIGURE A2-11: Humanitarian expenses by region, 2025 and 2024 (in millions of United States dollars)



Myanmar earthquake response

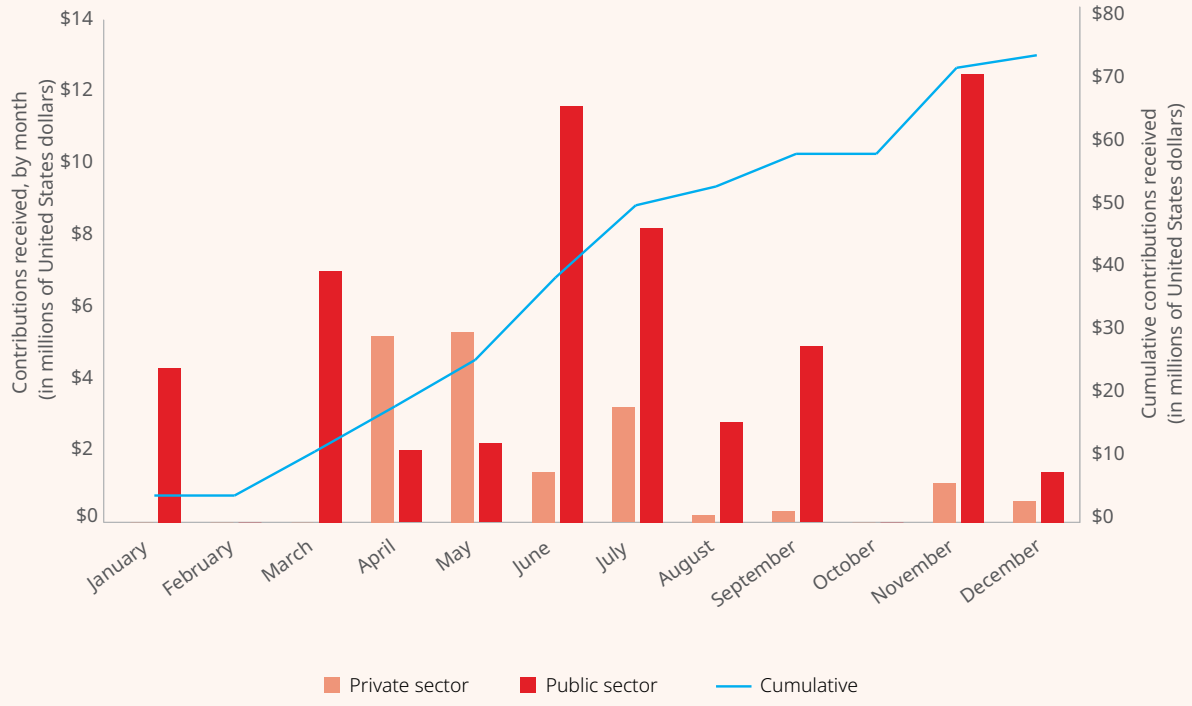
Children and families in Myanmar faced an escalating humanitarian crisis in 2025, as conflict, repeated displacement, public health emergencies and natural disasters – including a major earthquake – left millions of children without access to safe shelter, education, healthcare and protection services. In 2025, 21.9 million people, including 6.9 million children, required humanitarian assistance.

Myanmar is one example of an emergency response in which most of the humanitarian funding received is to varying degrees earmarked and, in many instances, of short duration. Quality funding remained a challenge, with flexible humanitarian thematic contributions received directly to the Humanitarian Action for Children appeal for Myanmar at less than 2 per cent of contributions received for this appeal between 2022 and 2024. UNICEF used GHTF allocations to mitigate risks for children brought about by the lack of humanitarian funding.

In 2025, a 7.7-magnitude earthquake on 28 March hit central Myanmar, where more than half of all vulnerable displaced people reside. The earthquake destroyed water, sanitation, health and education infrastructure and pushed an additional 2 million people into acute humanitarian need. International private and public resource partners stood up to act promptly to deliver life-saving assistance. Wider media coverage of humanitarian needs facilitated fundraising from private sector resource partners in the East Asia and Pacific region. In 2025, the value of humanitarian contributions received tripled compared with the previous years.

Regular donor briefings for public and private resource partners provided updates on humanitarian needs and progress in delivering humanitarian assistance to children and their families. Systematic donor engagement broadened the resource partner base for the UNICEF humanitarian response in Myanmar.

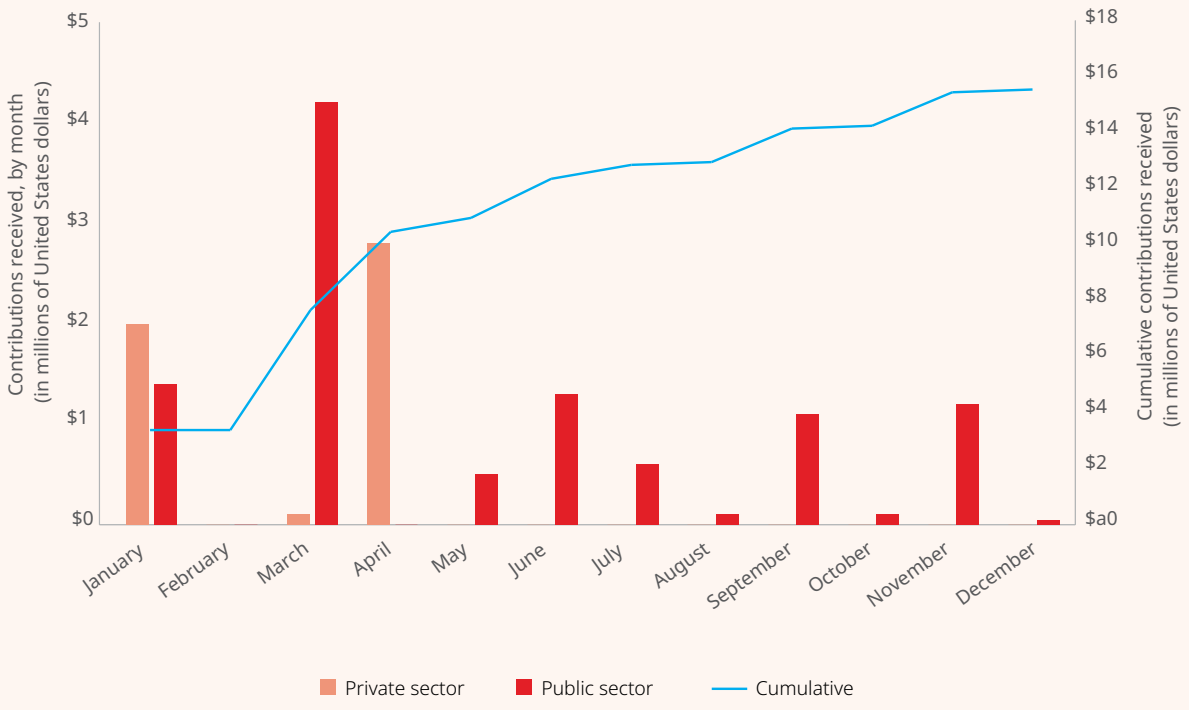
As a result, the private sector provided $17.4 million, of which $14.5 million was humanitarian thematic funding; public sector resource partners provided $57 million, including $14.6 million in development funding earmarked by the resource partners for humanitarian response. Overall, 20 per cent of the humanitarian contributions received to the UNICEF appeal in Myanmar in 2025 were humanitarian thematic contributions.



Mozambique

Mozambique is among the world's most climate-vulnerable countries. It is regularly hit by cyclones, floods and droughts that threaten lives, livelihoods and development, especially for children. In 2024–2025, Cyclones Dikeledi and Jude affected more than 1.3 million people, while El Niño-driven drought pushed more than 2 million people – many of them children – into acute food insecurity (IPC Phase 3+),[13] reversing recovery prospects and sharply increasing humanitarian needs. Cases of severe wasting surged, and thousands of children required urgent treatment. Flooding and displacement disrupted access to clean water, healthcare, nutrition, education and safe sanitation. The United Nations, the World Meteorological Organization and the World Bank underline that recurrent climate shocks – compounded by conflict in the north and chronic underinvestment – are overwhelming national response capacities, making predictable humanitarian financing, anticipatory action and climate-resilient support more critical than ever.

UNICEF pools resources from various resource partners and uses diverse ways to mobilize resources to ensure the Mozambique country office is ready to respond to expected shocks. These resources include flexible humanitarian funding received through a parametric insurance, the Today & Tomorrow Initiative. Inter-agency humanitarian action is coordinated by the United Nations Office for the Coordination of Humanitarian Assistance (OCHA). The Central Emergency Response Fund provided emergency resources through the rapid response allocation window as well as the Anticipatory Action Framework for Mozambique. The inter-agency response also included preventive cholera vaccination coordinated by the World Health Organization and funded by the European Commission and other public sector resource partners. The Government of Japan focused its support on protecting the health and nutritional status of the most vulnerable women and children in El Niño-affected provinces.



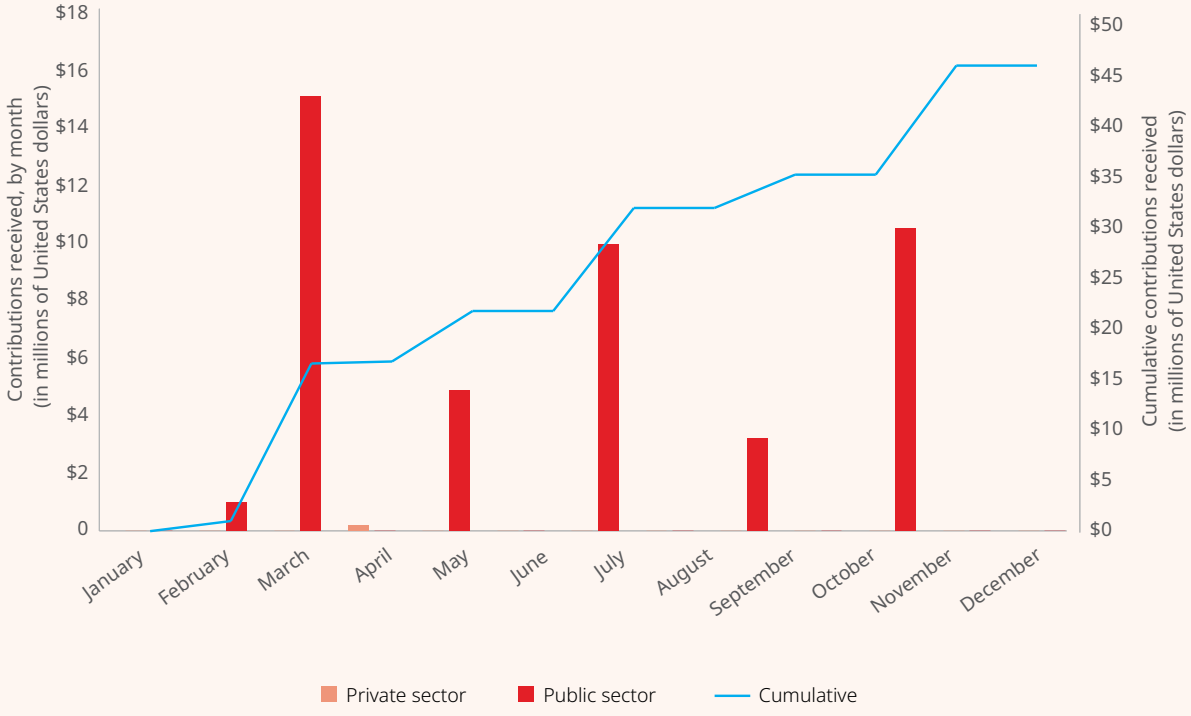
[13] Integrated Food Security Phase Classification (IPC), Mozambique: IPC acute food insecurity and malnutrition snapshot - April 2025 - February 2026, IPC, 10 September 2025.

Bolivarian Republic of Venezuela

In 2025, the protracted humanitarian crisis in the Bolivarian Republic of Venezuela deepened amid new challenges, including severe flooding that affected more than 370,000 people in 16 states. Annual inflation was around 475 per cent,[14] eroding household purchasing power and limiting access to essential goods and services, while restrictions on civic spaces curtailed programme delivery and community engagement. These dynamics compounded systemic gaps in health, nutrition, education and protection, leaving 3.8 million children in need of humanitarian assistance. Despite funding and access constraints, UNICEF interventions contributed to improved continuity and quality of essential services for children and women in priority states, reaching 1,080,903 people (757,179 children, including 402,568 girls).

In 2025, new humanitarian funding was secured from the Republic of Korea, the European Commission and the Central Emergency Response Fund.

Yet, while several UNICEF national committees donated to the response in the country in 2022, only one provided funding in 2025. Public sector resources also diminished, with large agreements in 2022 and 2023 but smaller ones in 2024 and 2025. And humanitarian funding flexibility remains a concern: only $217,865 provided by private sector resource partners was received as country thematic, or fully flexible funds provided directly to the appeal. The predictability of humanitarian funding for the response in the country is also concerning: of the newly signed agreements, only those funded by the European Commission are multi-year.



[14] Banco Central de Venezuela (BCV), Índice Nacional de Precios al Consumidor (INPC), inflación anual diciembre 2024–diciembre 2025 de 475,28%, accessed 13 March 2026 at <www.bcv.org.ve/estadisticas/consumidor> (in Spanish).

Annex 3: Humanitarian data companion

A. OUTPUT INDICATORS

Output indicators		Results[1]				
		2021[2] (Baseline)	2022	2023	2024	2025
GOAL AREA 1						
1.1.1	Number of live births delivered in health facilities through UNICEF-supported programmes	813,101	3,507,229*	6,050,589*	8,072,502*	10,297,151*
1.1.2	Number of children benefiting from UNICEF-supported integrated management of childhood illnesses services (integrated community case management and/or integrated management of neonatal and childhood illness)	11,524,502	6,980,679	12,520,100	8,677,483	9,128,479
1.1.3	Number of health workers receiving the skills and support for delivering essential maternal, newborn and child health services through UNICEF-supported programmes	55,630	123,156*	204,811*	296,764*	360,116*
1.1.5	Number of countries in which UNICEF supported a timely response to outbreaks or other public health emergencies	156	142	98	92	63
1.2.1	Number of children vaccinated against measles through UNICEF-supported programmes	11,993,543	27,214,020	32,380,298	24,666,294	38,672,164
1.8.1	Number of children under 5 years of age who benefit from services for the early detection and treatment of severe wasting and other forms of malnutrition	107,788,915	114,615,051	118,640,783	109,314,785	98,780,889

1 The 2021–2025 values presented in this Annex reflect results in humanitarian settings across Goal Areas, change strategies and enablers. For the complete set of data reported against the UNICEF 2022–2025 Strategic Plan Results Framework, please refer to the data companion and scorecard of the Annual Report for 2025 of the Executive Director of UNICEF. Due to rounding, figures in this table may differ from those provided in the data companion and scorecard for the Annual Report for 2025 of the Executive Director of UNICEF. See also the following note regarding 2021 data. This data companion table reflects humanitarian results only, unless otherwise noted.

2 With the UNICEF Strategic Plan, 2022–2025, some indicators changed compared with the previous Strategic Plan. In addition, the methodology for calculating some indicator values changed. Therefore the 2021 baseline numbers included in this table may not match the 2021 results presented in the humanitarian data companion of the Global Annual Results Report 2021 – Humanitarian Action.

* These figures are cumulative for 2021, 2022, 2023 and 2024.

GOAL AREA 2						
2.1.2	Percentage of countries with a resilient education system that can respond to humanitarian crises	25%	23%	27%	37%	44%
2.1.4	Number of out-of-school children and adolescents who accessed education through UNICEF-supported programmes	31,654,053	50,244,707*	67,941,241*	77,115,132*	86,263,351*
2.2.7	Number of children provided with individual learning materials through UNICEF-supported programmes	18,055,467	21,843,120*	27,253,663*	32,079,724*	34,239,801*
2.2.10	Number of adolescents and young people who participate in or lead civic engagement initiatives through UNICEF-supported programmes	5,738,184	344,813	975,629	1,762,597	1,145,905
GOAL AREA 3						
3.1.4	Percentage of countries experiencing conflict having a system in place to document, analyse and use data about grave child rights violations/other serious rights violations for prevention and response	62%	52%	68%	81%	73%
3.1.5	Percentage of UNICEF-targeted girls and boys who have exited an armed force or group and who have been provided with protection or reintegration support	59% (12,736)	58% (12,468)	49% (10,941)	70% (16,482)	64% (13,112)
3.1.6	Percentage of UNICEF-targeted girls and boys in areas affected by landmines and other explosive weapons provided with relevant prevention and/or survivor-assistance interventions[3]	4,536,292	4,975,154	3,861,150	3,511,840	4,628,557
3.1.7	Percentage of UNICEF-targeted women, girls and boys in humanitarian contexts provided with risk mitigation, prevention and/or response interventions to address gender-based violence through UNICEF-supported programmes	103% (13,853,928)	86% (8,827,379)	93% (23,061,493)	101% (17,660,654)	124% (10,905,945)
3.1.8	Number of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who provide assistance to affected populations[4] • In humanitarian settings only	61,214,229 18,885,124	49,242,950 5,903,113	70,329,403 8,760,214	79,527,154 11,442,420	74,159,763 12,811,912
3.2.6	Percentage of UNICEF-targeted unaccompanied and separated girls and boys in humanitarian contexts who were provided with alternative care and/or reunified	123% (179,204)	96% (201,040)	132% (253,628)	58% (124,482)	70% (121,117)

[3] While this indicator is measured as a percentage, for the humanitarian value only an absolute number is available.
[4] This figure covers development and humanitarian settings.

GOAL AREA 3						
3.2.7	Number of UNICEF-targeted children, adolescents, parents and caregivers provided with community-based mental health and psychosocial support services	3,663,410	12,587,944	13,123,015	22,293,152	8,797,025
3.2.8	Percentage of UNICEF-targeted girls and boys in humanitarian contexts who have received individual case management	79% (738,650)	67% (565,125)	80% (805,608)	79% (657,393)	78% (688,317)
3.3.1	Number of girls and women who receive prevention and protection services on female genital mutilation through UNICEF-supported programmes	N/A	25,602	135,192	63,970	152,190
3.3.2	Number of people engaged through community platforms in reflective dialogue towards eliminating discriminatory social and gender norms and harmful practices that affect girls and women through UNICEF-supported programmes	1,008,281	2,363,504	2,900,581	2,815,561	2,025,495
3.3.3	Number of adolescent girls receiving prevention and care interventions to address child marriage through UNICEF-supported programmes	473,823	232,499	365,128	245,227	349,114
GOAL AREA 4						
4.1.1	Number of people reached with at least basic sanitation services through UNICEF-supported programmes	-	4,043,404	8,197,746*	12,162,057*	16,180,330*
4.1.2	Number of people reached with at least basic water that is safe and available when needed, through UNICEF-supported programmes	-	6,872,082	23,427,669*	38,542,920*	53,790,448*
4.1.3	Number of people reached with at least basic hygiene services, through UNICEF-supported programmes	-	12,726,738	24,061,440*	33,032,866*	40,152,076*
4.1.4	Number of schools reached with basic WASH services, through UNICEF-supported programmes	-	26,385	29,245*	33,707*	36,365*
4.1.5	Number of healthcare facilities reached with basic WASH services, through UNICEF-supported programmes	-	8,868	10,541*	12,564*	13,851*
4.1.6	Number of women and adolescent girls reached whose menstrual health and hygiene needs are addressed through UNICEF-supported programmes	-	3,671,600	6,477,677*	10,217,949*	13,398,273*
4.1.7	Number of people in humanitarian contexts reached with appropriate drinking water services, through UNICEF-supported programmes	33,271,891	39,404,612	42,452,830	41,014,300	36,198,556
4.1.8	Number of people in humanitarian contexts reached with appropriate sanitation services, through UNICEF-supported programmes	8,384,636	9,247,390	10,956,228	9,413,629	7,018,870
4.2.5	Number of countries integrating a humanitarian–development–peace nexus approach on WASH programming through the participation of affected populations	13	16	18	22	35

4.3.1	Number of countries engaged in child-sensitive interventions that enhance the climate and disaster resilience of children, reduce environmental degradation and promote low carbon development and environmental sustainability, with UNICEF support	37	69	68	119	129
4.3.2	Number of countries engaging children, adolescents and young people in action and advocacy to address climate change, disaster risk, unsustainable energy use and/or environmental degradation, with UNICEF support	50	68	78	102	108
4.3.3	Number of countries in which UNICEF supported the implementation of government disaster preparedness and/or anticipatory action to be child-responsive at the national and/or local levels[5]	60			104	110
GOAL AREA 5						
5.2.4	Number of countries with social protection systems, including cash transfer capacities, that are able to effectively and rapidly respond to humanitarian crises	17	18	22	26	34
5.2.6	Number of households reached with UNICEF-supported humanitarian cash transfers	2,657,220	2,846,605	2,866,350	3,605,479	911,636

B. KEY PERFORMANCE INDICATORS						
Indicator		**2021**	**2022**	**2023**	**2024**	**2025**
HOWS[6]						
H8.2	Percentage of country offices that meet organizational benchmarks on:					
	(a) Updated preparedness plan	(a) 85%	(a) 93%	(a) 95%	(a) 98%	(a) 99%
	(b) Risk-informed programming	(b) 51%	(b) 58%	(b) 61%	(b) 69%	(b) 67%
	(c) Conflict-sensitive programming	(c) 27%	(c) 23%	(c) 24%	(c) 35%	(c) 36%
	(d) Contributions to social cohesion and peace	(d) 29%	(d) 29%	(d) 30%	(d) 36%	(d) 35%
	(e) Accountability to affected populations	(e) 23%	(e) 37%	(e) 50%	(e) 62%	(e) 61%
H8.3	Percentage of humanitarian funding provided to local and national actors	30%	39%	43%	48%	49%
H8.4	Percentage of countries in which UNICEF-led cluster/sector coordination mechanisms meet satisfactory performance for established functions:					
	(a) Nutrition	(a) 90%	(a) 81%	(a) 85%	(a) 83%	(a) 100%
	(b) Education	(b) 100%	(b) 93%	(b) 88%	(b) 96%	(b) 100%
	(c) WASH	(c) 86%	(c) 85%	(c) 85%	(c) 83%	(c) 100%
	(d) Child protection (area of responsibility)	(d) 87%	(d) 81%	(d) 77%	(d) 83%	(d) 100%
H8.5	Percentage of countries providing disability-inclusive humanitarian programmes and services	55%	65%	75%	70%	78%

[5] As part of the proposed revised Integrated Results and Resources Framework of the UNICEF Strategic Plan, 2022–2025 (E/ICEF/2024/11/Add.1), this indicator was revised to reflect its cumulative nature and include questions relevant to measure the progress in the area of disaster risk reduction (DRR), as well as connected with the Sustainability and Climate Action Plan first area of acceleration (DRR and preparation)."

[6] A "how" indicator is defined as a change strategy necessary for the achievement of a result.

for every child

Whoever she is.

Wherever he lives.

Every child deserves a childhood.

A future.

A fair chance.

That’s why UNICEF is there.

For each and every child.

Working day in and day out.

In more than 190 countries and territories.

Reaching the hardest to reach.

The furthest from help.

The most excluded.

It’s why we stay to the end.

And never give up.

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