Children getting vaccinated on the first round of the UNICEF supported cholera vaccination campaign in Cacuaco, Luanda.

unicef for every child

Humanitarian Situation Report No. 2

Reporting Period
1 January to 31 December 2025

Eastern and Southern Africa Region

HIGHLIGHTS[1]

- In 2025, Eastern and Southern Africa faced overlapping crises—conflict, displacement, disease outbreaks, climate shocks, and severe funding shortfalls—leaving tens of millions of children at heightened risk and forcing UNICEF ESAR to prioritize life-saving interventions while struggling to sustain essential services and resilience-building.
- As of 31st December, UNICEF had delivered cholera treatment and vaccination campaigns, nutrition screening and treatment, safe water and hygiene interventions, education in emergencies, and child protection services across multiple countries reaching 6.6 million people of which 4.8 million were children.
- UNICEF ESAR sustained and scaled up critical life-saving interventions—strengthening preparedness and anticipatory action, expanding nutrition and WASH services, supporting rapid outbreak response, and driving integrated approaches across health, education, and protection to safeguard millions of vulnerable children despite severe funding shortfalls.

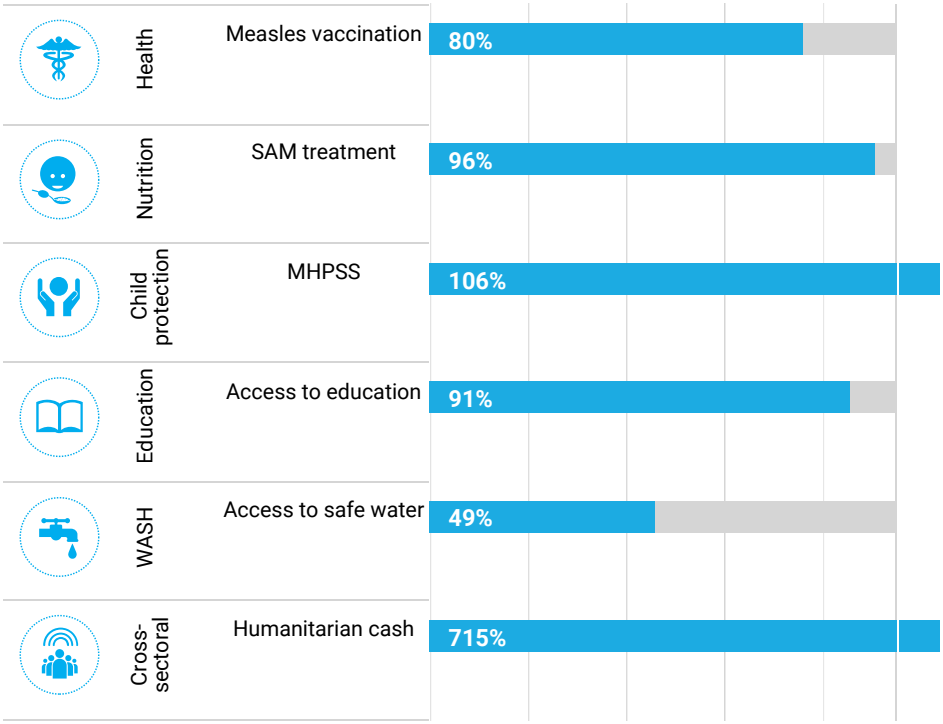
SITUATION IN NUMBERS

51,000,000
Children in need of humanitarian assistance

97,400,000
People in need of humanitarian assistance[2]

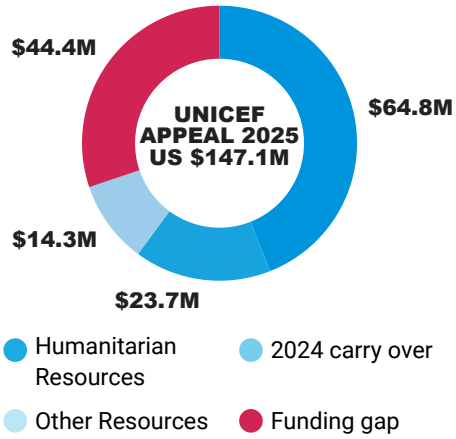
6,290,000
#of pending and registered refugees[3]

UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING STATUS (IN US$)**



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

REGIONAL SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Eastern and Southern Africa (ESAR) continues to face multiple humanitarian shocks in 2025. Major drivers are armed conflict (notably large-scale violence in the DRC and continued instability in Sudan), infectious disease outbreaks (Ebola in Uganda, Marburg in Tanzania, widespread cholera), climate shocks and food insecurity, and compounding funding shortfalls that are degrading life-saving nutrition, health and WASH services. The combined scale of need places tens of millions of children at heightened risk of malnutrition, disease, displacement, disrupted education and protection threats.

Conflict and displacements continue to be a protracted driver of humanitarian crises in ESAR. Escalation of hostilities in eastern DRC in late 2024 and into 2025 produced large population movements inside DRC and cross-border flows into neighbouring Great Lakes states (Uganda, Rwanda, Burundi and Tanzania). An estimated one million people were displaced, and this placed pressure on host communities and basic social services (education, health, nutrition and WASH) in the region. The conflict in Sudan continues to create mass displacement, a collapse of services in many areas and repeated disease risk (dengue/cholera/malaria) in affected zones. Cross-border movements, refugee hosting and market disruptions are amplifying food insecurity and service gaps in neighbouring countries. As conflict and insecurity continue to displace millions including in Uganda and Eritrea which have experienced a surge in refugees fleeing the violence. Uganda, already home to one of the largest refugee populations in Africa, has seen an influx of Sudanese and South Sudanese refugees, placing additional pressure on already strained resources. Similarly, Eritrea experienced further influxes of new arrivals from Sudan, exacerbating existing humanitarian needs and further stretching the country's limited capacity to respond and to ensure the protection and well-being of affected populations. Political tensions and instability following elections in Mozambique (end of 2024) and Tanzania (2025), as well as large scale civilians mobilization (Madagascar) led to arbitrary unrests and violence against children and localized population movements into neighbouring areas, with economic and trade knock-on effects across border.

Public health emergencies (PHEs) continued to pose a significant crisis across the region in 2025, with 12 of the 15 countries covered by the regional humanitarian appeal experiencing active health crises. ESAR faced recurrent outbreaks of cholera, Mpox, vaccine-preventable diseases (measles, polio, diphtheria) and the re-emergence of high-threat viral hemorrhagic fevers (VHFs). Notably, in early 2025, Uganda recorded its sixth outbreak of Sudan virus disease (SVD), reporting 14 cases and 4 deaths (CFR: 29%). The outbreak was successfully declared over in April 2025, reflecting strong government leadership and an effective partner response, including the timely deployment of candidate vaccines and experimental therapeutics. Similarly, outbreaks of Marburg virus disease (MVD) reported in Tanzania (early 2025) and Rwanda (late 2024) were rapidly contained through early detection, strong national coordination and multi-agency response efforts. These events underscore the region's vulnerability to VHFs and highlight the importance of sustained investments in preparedness, rapid response capacity, R&D of medical countermeasures, IPC/WASH and RCCE. Cholera remained a major public health emergency in 2025, with 5 countries under the regional appeal (Angola, Kenya, Namibia, Tanzania and Zimbabwe) reporting active outbreaks. After nearly a decade without reported cases, Angola experienced a severe cholera outbreak affecting 18 of 21 provinces with over 36,000 cases and 895 deaths (CFR: 2.5%) as of 20 December 2025. Persistent WASH system failures continued to drive transmission with a high risk of cross-border spread, as demonstrated by outbreaks in neighboring Namibia. In response to the escalating cholera burden, UNICEF, WHO/AFRO and Africa CDC intensified high-level advocacy, culminating in the convening of an Africa Continental Task Force for Cholera Elimination to support countries in accelerating progress toward the Global Task Force on Cholera Control (GTFCC) goal of elimination by 2030. Mpox continued to spread, affecting 14 countries in the region. While WHO declared Mpox no longer a Public Health Emergency of International Concern (PHEIC), Africa CDC maintained its continental emergency declaration due to ongoing transmission and sustained public health impact. Both Mpox and cholera will continue to be coordinated through the continental IMST to consolidate gains and strengthen preparedness. Overall, these multiple and concurrent health emergencies in 2025 highlighted the urgent need to strengthen health systems, improve access to safe and sustainable WASH services, enhance surveillance and early warning systems, and sustain coordinated preparedness and response efforts to protect vulnerable populations and prevent further spread.

Nutrition indicators in ESAR remain critical in 2025, with 13 million children wasted and 4 million suffering from severe wasting, over 50% higher than pre-COVID levels. Funding reductions have disrupted screening and management of wasting in some countries, heightening mortality risks, particularly in areas affected by climate shocks, conflict, and displacement. UNICEF continues to monitor supplies and prevent stockouts, and support programmatic adaptations, nutrition early warning systems, and anticipatory actions to mitigate the crisis and protect vulnerable children, adolescents, and women. Poor child diets and childhood diseases are key drivers of all forms of malnutrition, which are preventable. The new Joint Action to Stop Wasting, led by governments and implemented by UNICEF and WFP, is prioritizing prevention while ensuring treatment access, marking a transformative shift in the response to wasting in humanitarian settings and delivering integrated services in countries such as Kenya.

WASH indicators for safe access to water and sanitation services across the region continue to remain insufficient to meet the demands of both a growing population and escalating humanitarian needs. Currently, 151 million people (21%) of the ESAR population rely on unimproved or surface water, while 86 million (12%) continue to practice open defecation. These service gaps drive the recurrence of public health emergencies, such as cholera, and undermine the effectiveness and quality of humanitarian interventions. Furthermore, WASH readiness continues to be categorized as 'limited' based on WHO cholera preparedness assessments. This is particularly concerning given that WASH interventions account for 70 percent of the strategic objective budgets in National Cholera Plans. The situation is worsened by declining financial resources, which constrain national capacities to prepare for and respond to outbreaks. Compounding this, the increasing frequency of conflict, displacement, and climate shocks is degrading WASH performance, increasing vulnerability, and overburdening already fragile communities and health systems.

In 2025, the Eastern and Southern Africa region continued to grapple with multiple man-made and natural emergencies. While grave violations in conflict-affected countries are still being monitored, children have remained disproportionately affected. For instance, the conflict in neighbouring Sudan continued to affect Eritrea, with anecdotal evidence indicating continued population influxes despite restrictions along the border. Such movements continued to add stress to resources and services in already vulnerable communities in Eritrea while raising fears about the cross-border spread of ongoing disease outbreaks in Sudan.

2025 has also been marked by significant socio-political unrest, driven by elections (as seen in Mozambique or Tanzania) as well as spontaneous large scale civil demonstrations (Madagascar) These events have triggered major protection concerns, with children being arrested, subjected to violence, and in some cases, killed. Funding shortfalls, coupled with the humanitarian reset and the consolidation of Child Protection (CP) and Gender-Based Violence (GBV) coordination bodies into a broader Protection Cluster, have also raised serious concerns about potential setbacks in the humanitarian system's ability to effectively identify and address specific protection and gender-based needs. Women-led organisations have specifically been vocal about the disappearance of the GBV AoR with many having to significantly reduce their interventions or even close leaving tens of thousands of vulnerable girls and women without any access to frontline services.

In Eastern and Southern Africa, climate-related events—both rapid-onset shocks such as storms and cyclones, and slow-onset crises like droughts and heatwaves—are growing in both intensity and frequency, disrupting children's learning and further straining already fragile education systems. For example, in the past few years, at least 9 countries in ESAR faced climate emergencies that led to school closures or shorter schools' days, compounding the region's severe learning crisis, where 9 in 10 children are unable to read and understand a simple story by the age of 10. Students were affected in countries like Burundi, Malawi and Kenya. In 2024, heatwaves triggered shorter school days in Malawi, while cyclones and storms interrupted education in some countries. Climate shocks don't just disrupt essential services temporarily — they also roll back hard-won progress, hitting the most vulnerable hardest: girls already at risk of dropping out, children with disabilities facing multiple barriers, and those living in remote, fragile, or conflict-affected settings.

In 2025, regional and country-level funding shortfalls are constraining UNICEF's ability to deliver essential services — including nutrition, routine immunization, WASH, protection, and education in emergencies. The combination of large caseloads and reduced budgets means that scare resources will be directed toward the most urgent crises, leaving fewer funds for prevention. This will increase medium-term morbidity and mortality risks for children. Despite this, country offices—including Malawi, Zambia, and Rwanda—were supported to strengthen preparedness and anticipatory action through capacity building, simulation exercises, and contingency planning, underscoring UNICEF's proactive approach to resilience in the region.

ANGOLA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Angola remained particularly dry in 2025, despite higher rainfall than during the 2023-24 El Niño event. The persistent drought has impacted food security and nutrition outcomes, particularly in the coastal and southern provinces of Cunene, Huíla and Namibe, where a high burden of malnourished children persists. In addition, on 7 January 2025, the Ministry of Health declared a cholera outbreak after a positive case in late December 2024 was confirmed in Cacuaco Municipality, in Luanda. From the capital city of Luanda, where a third of the country's population lives, the outbreak spread throughout 2025 across 18 of 21 provinces and 173 of 236 municipalities, with a national Case Fatality Rate (CFR) of 2.5 per cent. Luanda and the neighbouring provinces of Bengo and Icolo e Bengo remained the main hotspots for several weeks until the outbreak expanded towards the southern provinces of Benguela, Cuanza sul, Huíla, Namibe and Cunene following the transport routes. The outbreak also spread to the eastern part of the country, including Cuanza Norte and Lunda Norte, and, in September, to Uíge. The emergency has hampered and strained an already fragile public health system, particularly concerning regular vaccination and treatment for malnourished children, with a cascade effect on the most vulnerable populations across the country.

As of 31 December 2025, 36,341 cases (F 16,777 and M 19,564) have been reported, and 895 deaths (F 337 and M 558), with affected persons ranging from newborns to over 70 years old. Children and adolescents (up to 19 years) represent about 47.6 per cent (17,315) of the cases and 37.7 per cent of deaths (337). In particular, children under 5 years account for the highest number among all age groups, with 4,852 cases and 132 deaths.

UNICEF has worked closely with WHO, the Ministry of Health, the Ministry of Energy and Water, the Ministry of Education and the Ministry of Social Action, Family and Women Promotion (MOSFAMU) to ensure a unified, multisectoral response since the beginning of the outbreak. Coordination over the months has also involved key partners supporting the response, including the Angolan Red Cross, World Vision International (WVI), University College for Aspiring and Missionary Doctors (CUAMM), Doctors Without Borders from Spain and Belgium, and Rapid Response Teams from Portugal, Germany, the United Kingdom, and the Netherlands. UNICEF participated in daily Ministry-led meetings to enable rapid information sharing, joint planning, and operational decision-making. UNICEF continues to co-lead the WASH coordination meetings to sustain the response at both the national, provincial and municipal levels.

Outbreak trends and hotspot evolution have driven field operations, with personnel deployed across the country to provide technical assistance and reinforce local coordination for an effective multisectoral response, particularly in WASH and Risk Communication and Community Engagement (RCCE).

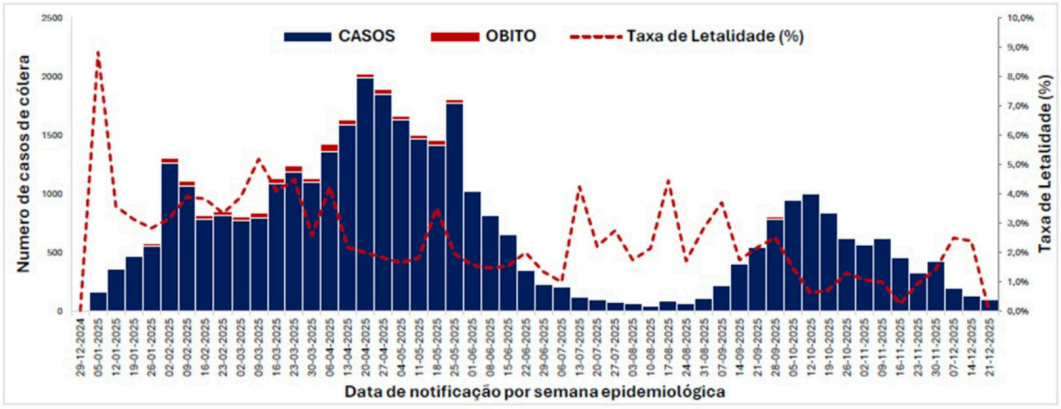


Figure 1.

Number of cholera cases per epidemiological week up to 27 December 2025.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In 2025, UNICEF, in partnership with the World Health Organization (WHO) and the National Directorate of Public Health (DNSP) of the Ministry of Health (MINSA), strengthened Angola's cholera response through case management, training, and supply delivery. A total of 16,091 people (7,413 women) received treatment in UNICEF-supported Cholera Treatment Centres (CTCs) and Oral Rehydration Points (ORPs), including 1,627 children with Severe Acute Malnutrition (SAM), representing a coverage of 134% relative to a target of 12,000 people. To build health worker capacity, 120 professionals were trained—55 in Benguela and 65 across Huíla and Namibe—on triage, treatment protocols, and Infection Prevention and Control, with weekly online sessions extending support nationwide. Supervision visits in Benguela reinforced clinical standards and identified service gaps. Operational capacity was expanded with 725,900 Oral Rehydration Salts (ORS), 20 large tents (72m²), 7 medium tents (24m²), 60 canopy tents, 20 solar lamps, 400 nasogastric tubes with syringes, and 70 Acute Watery Diarrhoea kits (20 medicine kits, 50 community kits). These combined efforts ensured continuity of care and strengthened frontline response during the outbreak. In addition, UNICEF leveraged on its regular programme particularly the GAVI supported facility to scale-up measles and OCV campaigned which resulted in significant overachievement of results.

Oral Cholera Vaccine

UNICEF supported three oral cholera vaccination (OCV) campaigns in hotspot areas, all of which achieved high coverage and strong operational performance, vaccinating more than 3.6 million people in total against a target of 3.5 million, presenting a coverage of 103%. UNICEF provided microplanning and technical assistance for the first campaign round, which targeted high-risk neighbourhoods in Luanda and Bengo. This round reached 926,643 people, achieving 97.7 per cent coverage. A second round was implemented in May, expanding to five newly affected provinces. It again achieved near-universal coverage, reaching 706,091 people, or 99.5 per cent of the target population. UNICEF also supported the third round, which covered seven provinces and reached 1,984,232 people, corresponding to 99.2 per cent coverage. Throughout all three rounds, UNICEF played a critical role by providing technical guidance, mobilising operational funding from partners—including Gavi, the Vaccine Alliance—and managing data systems and logistics that ensured vaccines were delivered safely, efficiently, and on time to some of the communities most affected by the outbreak.

Nutrition

In 2025, UNICEF's intervention focused strongly on nutrition in cholera-affected areas, recognising the compounded risk that malnutrition poses to child survival during outbreaks. A dedicated chapter on the case management protocol for cholera was added, covering the treatment of children with SAM affected by cholera. In six priority provinces—Huila, Namibe, Cunene, Luanda, Benguela, and Bié—460,332 children (225,562 boys, 234,770 girls) were screened for SAM, of whom 76,877 (37,672 boys, 39,205 girls) received treatment. Additionally, 15,110 children benefited from micronutrient powders, reducing the risk of anaemia. UNICEF reinforced supply chains for Ready-to-Use Therapeutic Food (RUTF) and micronutrients, ensuring uninterrupted care despite RUTF's exclusion from the national essential medicines list. At the community level, mother-to-mother and father-to-father groups promoted better feeding practices, supported by gender barrier analysis and SMART surveys. Challenges in accessing maternal nutrition services continue to persist. Currently, only 49 per cent of pregnant women attend at least four antenatal care (ANC) visits. This means that more than half – 51 per cent of women - are missing the opportunity to receive comprehensive counselling on maternal and infant nutrition. As a result, many mothers and their children are not benefiting from the essential guidance needed to improve nutrition practices and outcomes.

Child Protection

During the cholera outbreak, UNICEF scaled up emergency-responsive birth registration to protect children without parental care. Leveraging advocacy around Africa CRVS Day and ID for Africa, more than 600 children in residential care centres were registered. Of these, 300 children obtained national ID cards, a critical step toward long-term protection and access to health care, education, and social assistance. In addition, UNICEF integrated birth registration into health and nutrition services in emergency-prone areas. In Namibe province, with support from ECHO funding, registration posts were established at the Provincial Maternal and Child Hospital and Nutritional Therapeutic Centres

(SACOMAR), enabling children - including newborns and those affected by malnutrition - to access health care and legal identity services. UNICEF provided technical assistance, materials, and mobile brigades of 15 professionals (doctors, nurses, midwives, nutritionists, vaccination staff, and registrars), deployed twice every month for six months in three municipalities. Continuous monitoring ensured service quality. Through this approach, 343 children under 13 (172 girls, 171 boys), including 191 under five (96 girls, 95 boys) affected by malnutrition, were registered, and 250 identity cards were issued to children aged 0–17 (131 girls, 119 boys).

31 residential care facilities in Luanda province received biosecurity supplies, reaching 2,421 children at risk, including 1,205 girls. Child protection coordination mechanisms were also reinforced in Cuanza Norte, Icolo e Bengo, and Bengo to provide targeted support for children affected by cholera. The sector overachieved the targeted reach due to the cholera outbreak response which necessited scaling up in areas previously not prioritized. UNICEF leveraged on its regular programme to scale -up the cholera response.

Education

Education in emergency interventions focused on the cholera response to ensure safe access to schools across 10 provinces. UNICEF provided biosecurity supplies (including soap, bleach, sanitiser, and 490 handwashing stations) to 455,483 students (214,142 girls) across 398 schools. UNICEF also supported the development of Safe School Guidelines During Cholera, set for national rollout in September 2025. 108 teachers and 104 school managers under the Safe Back to School initiative have been trained to strengthen the role of students and teachers as hygiene ambassadors in their communities. In Benguela and Namibe, 478 youth (215 girls and 263 boys) have been sensitized and trained in cholera prevention actions to strengthen community outreach. Additionally, 235 community agents were trained, reaching 136,935 children with prevention messages, hence increasing preparedness and safeguarding continuity of learning during outbreaks. Additionally, UNICEF conducted several advocacy activities to support the transition of education services at the Lóvua refugee settlement from UNHCR to the Ministry of Education, thereby promoting sustainability and inclusion for refugee children. UNICEF leveraged on its WASH interventions for cholera response to support the contiuity of education which resulted in learners and teachers being reached with IPC interventions.

WASH

In 2025, UNICEF strongly supported the Government’s cholera response by expanding access to treated water and improved hygiene practices through a humanitarian development nexus approach to stop transmission while strengthening resilience against future outbreaks. A total of 588,407 people were provided access to safe water while 121,019 were supplied with critical WASH supplies. A total of 312 municipal water staff (150 women) and 2,943 persons (1,436 women) from Rapid Response Teams, Community Health Workers, volunteers, and community leaders in hotspot areas across 12 provinces were trained on cholera prevention, free residual chlorine tests, and handwashing practices. UNICEF distributed 4.2 tons of calcium hypochlorite and 25,850 cholera family kits to affected households and neighbours by introducing the Case Area Targeted Intervention (CATI) approach in Angola. Water quality monitoring was done through the mapping of 2,597 water points in hotspot communities, and the training of their owners/managers in chlorinating water and in setting up “zero-cost” handwashing stations to promote household replication. Of the 1,678 water points where chlorine control tests were conducted this year, 957 (57 per cent) were within the acceptable range for drinking water. This approach to water quality monitoring is designed to lay the groundwork for a national chlorination plan in the years to come and uses UNICEF’s Integrated Data Management Platform for continuous monitoring. 14 water systems and seven handpumps were rehabilitated, providing long-term access to safe water to approximately 25,000 persons.

Social and Behavioural Change (SBC), Accountability to Affected Population (AAP)

Social and Behaviour Change work in 2025 has been dominated by the cholera outbreak and response to polio emergency campaigns. Over 1.2 million people have been reached with timely life-saving information on how to prevent and treat cholera and the importance of children's immunization. Feedback mechanisms within Risk Communication and Community Engagement (RCCE) and Case-Area Targeted Intervention (CATI) were collected with over 2,700 community inputs, strengthening accountability to affected populations. Another mechanism included 15 youth counsellors via the SMS Jovem platform (U-report), addressing 295 cholera-related queries from May–June. Mass media further amplified efforts, reaching 358,200 people via radio and 343,679 through UNICEF social media.

Across 12 provinces, over 21,766 mobilisers, with the support of UNICEF personnel deployed, were trained and engaged to implement community-based emergency actions. Social mobilisers reached more than 500,000 persons through household visits, community dialogues, and with the distribution of Information, Education and Communication materials. Over 7,000 cholera kits were distributed at CTCs and communities.

In collaboration with the World Health Organization (WHO), 78 journalists were trained, establishing the Network of Journalists for Health, which began with cholera coverage and later addressed broader issues. A gender-responsive cholera SBC kit was developed, including a flipbook codesigned with 2,000 miners in Lunda Norte and Huila, which promoted ownership and sustainability of prevention and treatment efforts to reduce mortality.

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Children getting vaccinated on the first round of the cholera vaccination campaign in Cacuaco, Luanda.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Multisectoral coordination and the government's support on cholera, immunization, malnutrition, health, education in emergencies, and child protection, including gender and Protection from Sexual Exploitation and Abuse (PSEA) interventions, have been guided by UNICEF's Core Commitments for Children in Humanitarian Action.

WASH coordination at the national, provincial and municipal level and with the Water Utilities have been strengthened by embedding two personnel within the National Directorate for Water, at the Ministry of Energy and Water to provide technical assistance. These efforts were critical in hotspot provinces during the cholera outbreak, enabling timely water chlorination, supply management, and outbreak control. In collaboration with WHO, UNICEF supported health coordination at national and provincial levels, offering guidance on case management and community engagement. Nutrition services were reinforced through the national platform led by the National Nutrition Programme, improving delivery in high-risk areas. UNICEF also coordinated education and child protection responses, fostering stronger partnerships among UN agencies, NGOs, Emergency Response Teams, and government bodies. At the sub-national level, this collaboration enhanced information sharing and accountability, ensuring more effective humanitarian action.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- The fight against cholera in Angola is still far from over, but the response has been positive. To ensure the safety of the most vulnerable communities, it is essential that everyone continues to adopt prevention measures. Proper hygiene, which involves washing hands frequently with soap and water or ash, treating water at home before consuming it, and avoiding the consumption of raw or unsensitized food, are simple but vital steps to break the chain of transmission. In addition, it is essential that communities follow the guidelines of the health authorities, participate in awareness campaigns, and seek treatment immediately if symptoms appear.

- The Executive Branch acknowledged yesterday in Luanda that awareness campaigns among families are one of the cornerstones of the response to the cholera outbreak, which has resulted in deaths and a significant increase in cases in the provinces of Huíla, Lunda-Norte, Uíge, and Cunene.

BOTSWANA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Between mid February and March 2025, Botswana was impacted by extreme flooding across multiple districts, displacing over 5,000 people, including 1,804 children[4] . Infrastructure damage affected roads, water systems, health clinics, and schools, while exposure to floodwaters heightened the risk of waterborne and vector-borne diseases, especially among vulnerable groups. Amidst the floods, a sharp malaria surge emerged: by 31 March, Botswana had recorded 1,625 cases and seven deaths, compared to just 284 cases and two deaths the previous year. Although Okavango District accounted for many cases, Ghanzi, historically malaria free since 2010, also saw its first outbreak, driven by expanded mosquito breeding opportunities in stagnant floodwater.

In direct response, UNICEF through collaborations with the Botswana Red Cross Society and coordination with the Ministry of Child Welfare & Basic Education—delivered essential supplies which included portable water, hygiene kits, oral rehydration salts, and child protection services in evacuation centers. Access to clean water and adequate sanitation, as well as continuous surveillance, early detection, and treatment of malaria cases are critical. UNICEF and partners now support medium term recovery actions focused on restoring WASH,

reinforcing child protection and psychosocial services, and building climate resilience to prevent future disease outbreaks.

Botswana declared a state of public health emergency in August 2025 after the collapse of the national medical supply chain led to severe shortages of essential medicines. In response, the Government released emergency funding, deployed the military to support nationwide distribution, and established a National Emergency Health Task Force alongside longer-term reforms such as the Health First Botswana Partnership Fund. UNICEF supported the response by coordinating joint UN messaging, engaging in UNCT and government emergency meetings, and offering procurement and supply chain assistance through Supply Division.

Botswana floods and severe weather, February 2025

FUNDING OVERVIEW AND PARTNERSHIPS

UNICEF Botswana developed a $860,000 response plan (fundraised against the Regional HAC) to support the Government's response to the floods, aiming to provide life-saving assistance and support long-term recovery for affected women and children. To address immediate needs, UNICEF Botswana reallocated US$50,000 from Regular Resources to support emergency relief and medium-term rehabilitation activities in flood-affected communities. This intervention ensured continued access to essential services, including clean water, sanitation, and the protection of vulnerable populations. To date, the Country Office has mobilized US$265,000 from various funding sources, and these funds were allocated as follows - US$75,000 for Water, Sanitation and Hygiene (WASH), US$25,000 for Health, US$140,000 for Education, and US$25,000 for Child Protection. In addition, UNICEF received US$3,926 from the Cyprus Humanitarian Fund. UNICEF continues to collaborate with government counterparts, UN agencies, civil society organizations, and other partners to scale up response efforts and strengthen resilience in the most affected communities. Engagement with donors is ongoing to close the funding gap and ensure continuity of critical services for children and families in need.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

In response to the severe flooding in Botswana in February 2025, UNICEF has been actively supporting relief efforts for affected children and their families. On February 26, 2025, UNICEF provided BWP 700,000 (approximately US$50,772) in emergency aid to Botswana's Ministry of Child Welfare and Basic Education. This funding was earmarked to deliver immediate relief and support medium-term rehabilitation efforts in flood-affected communities, ensuring access to essential services and sanitation, as well as the protection of vulnerable populations and hence UNICEF is collaborating with the Botswana Red Cross Society for the distribution of essential supplies, hygiene kits, safe drinking water, and oral rehydration salts in the affected areas. Additionally, they are linking these efforts to health facilities and implementing child protection measures in evacuation centres.

UNICEF has also actively responded by providing critical support to affected communities. As part of its response, UNICEF has procured and will distribute Ready-to-Use Therapeutic Food (RUTF) to combat child malnutrition, ensuring vulnerable children receive lifesaving nutrition. To support continued learning and emotional well-being, education and recreational kits have been procured, helping children maintain a sense of normalcy and recover from trauma. Additionally, the procurement and distribution of malaria treatment and prevention medicines and supplies is playing a vital role in preventing and treating flood-related disease outbreaks. These interventions are crucial in safeguarding the health, development, and rights of children during emergencies, reinforcing UNICEF's commitment to protecting the most vulnerable.

WASH

In response to the floods that affected several communities across Botswana, UNICEF partnered with the Red Cross Society (BRCS) to address the urgent WASH needs on the impacted populations. The floods disrupted access to clean water and sanitation services, increasing the risk of waterborne diseases and compromising the health and dignity of vulnerable groups. Through this collaboration, UNICEF supported the distribution of hygiene kits and safe drinking water to affected families. Risk communication on safe hygiene practices were also done to reduce the risk of disease transmission in flood-hit areas. Furthermore, UNICEF has completed assessments to rehabilitate WASH facilities in schools in Kgatleng district to mitigate risks caused by sewage contamination during flooding.

Recognizing the increased risk of malaria due to stagnant water left by the floods, UNICEF extended its response to include targeted malaria prevention efforts—particularly in the Ghanzi District, where there has been rising cases of malaria where vulnerability was heightened. Support through the partnership with BRCS will include distribution of long-lasting insecticidal nets (LLINs), reaching more than 909 households with malaria prevention messaging in seven (7) villages, and coordination with health partners to strengthen local response capacity. This integrated response assisted in preventing further spread of Malaria in Ghanzi district and improving health and well-being of flood-affected communities, especially children, by promoting access to safe water, sanitation, and prevention of malaria. Through the partnership with BRCS, rehabilitation of WASH facilities is ongoing in the Ghanzi district.

Education

Due to torrential rains that led to widespread flooding and road blockages, the Ministry of Child Welfare and Basic Education ordered a temporary closure of schools from 19 to 24 February 2025 to ensure learners' safety. Although most schools reopened a week later, some, in severely affected districts delayed opening as some were housing displaced people. The floods significantly disrupted learning for many children, particularly for learners with special needs—who faced additional challenges due to displacements and limited access to accessible learning materials.

In response, UNICEF is supporting the Ministry to ensure the continuity of education for all learners, with a strong emphasis on inclusivity. Educational materials have now been procured, and a second procurement was placed with the Supply Division to expand support. These supplies include age-appropriate learning kits and specialized educational equipment tailored to the needs of learners with disabilities. Recognizing the disproportionate impact of the floods on children with disabilities, UNICEF's emergency education response focuses on promoting inclusive education and mitigating learning losses. By providing both general and specialized educational supplies, the intervention aims to ensure that all children—regardless of circumstances or ability—have equitable access to quality learning opportunities in safe and supportive environments during and after emergencies.

Child Protection

UNICEF prioritized the protection and well-being of children affected by the floods. Many children faced increased risks of neglect, abuse, exploitation, and separation from their families due to displacement and disruption of community structures. UNICEF has worked with government and through the partnership with BRCS, to strengthen child safeguarding measures in temporary shelters, ensuring safe spaces where children could access protection, education, and basic services in a safe and supportive environment. UNICEF supported the activation and capacity building of child protection mechanisms to strengthen child safeguarding during emergencies. Psychosocial support services were provided through trained social workers and partners, helping children cope with trauma and stress caused by the floods. In boarding schools, recreational materials and facilities were provided to improve the psychological well-being of children and enhance their school experience following disruptions. The recreational facilities also incorporated child protection messaging to strengthen awareness among children.

Health and Nutrition

To support the continuity of essential health services, UNICEF in collaborations with the Ministry of Health procured and delivered life-saving essential medicines to health facilities in affected areas. This was to ensure treatment of common illnesses and help maintain primary healthcare services during the emergency. Recognizing the increased risk of malaria due to stagnant water, UNICEF procured malaria commodities, such as Rapid Diagnostic Test (RDT) kits to support malaria case identification and management in the most affected areas. This effort was essential in reducing malaria-related morbidity and mortality and protecting vulnerable populations, especially young children and pregnant women. In response to rising malnutrition rates among children, UNICEF also procured 1,000 cartons of RUTF, to support the treatment of children with severe wasting in the affected communities. The RUTF consignment was officially handed over to the Ministry of Health for distribution to the affected communities.

Social and Behaviour Change, Accountability to Affected Population, Localization

UNICEF in collaborating with local media outlets, community leaders, and social platforms provided timely and accurate information on safety measures, available services, and health precautions to affected communities. This ensured that communities were well-informed about the evolving situation and the support mechanisms in place. UNICEF also shared and continues sharing child-centred messaging with special emphasis on addressing the unique vulnerabilities of children during floods and in the recovery, phase following the emergency. This includes guidance on preventing waterborne diseases, ensuring safe play areas, and access to psychosocial support services.

UNICEF has continually engaged affected communities through their leadership structures to identify needs and collaborate for community led solutions to the response; these were done successfully in Ghanzi and Kgatleng districts where action plans were jointly developed with leaders from affected communities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF is implementing a comprehensive humanitarian strategy to support affected children and families. This strategy emphasizes leadership, coordination, and targeted interventions in collaboration with government and local partners. For example, collaborating closely with the Botswana Red Cross Society, UNICEF ensures the efficient delivery of essential services and supplies to communities impacted by the floods. Through these coordinated efforts, UNICEF aims to address both the immediate and long-term needs of those affected by the floods, fostering resilience and facilitating recovery in Botswana's impacted communities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- The United Nations Children's Fund (UNICEF) on Wednesday provided 700,000 pula (about 50,772 U.S. dollars) in emergency aid to Botswana's Ministry of Child Welfare and Basic Education to help vulnerable children affected by the recent floods.

BURUNDI

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Throughout 2025, Burundi faced a steadily deteriorating humanitarian situation, driven by large-scale population movements, recurrent disease outbreaks and persistent food and nutrition insecurity, further exacerbated by climate-related shocks.

During the first half of the year, renewed violence in eastern Democratic Republic of the Congo (DRC) led to continued refugee arrivals into Burundi, placing increasing pressure on basic services in border and hosting areas. The situation escalated sharply in early December, when over 65,000 refugees from the DRC crossed into the country within a single week—53% children and 51% women. Initially accommodated across four transit sites (Rumonge, Ndava, Cishemere, and Gatumba), refugees were later relocated to the newly established Busuma site, while around 10,000 remained in Bujumbura-area sites (Cishemere and Rugombo), with additional numbers hosted by families in entry zones. The rapid scale of arrivals severely overstretched water, sanitation, health, nutrition, protection, education and shelter services.

At the same time, Burundi prepared for the large-scale return of its nationals from the United Republic of Tanzania. More than 100,000 Burundian returnees were expected, with four transit sites planned to support reception and onward movement, further straining already limited social services and community coping capacities.

Public health risks remained high throughout the year. Cholera transmission persisted and became endemic in several districts, with significant peaks recorded in November and December, particularly in flood-prone, densely populated and displacement-affected areas, including refugee-hosting sites. Limited access to safe water and sanitation continued to heighten vulnerability, especially among children.

The nutritional situation of children remained critical. Chronic food insecurity, compounded by climate variability, floods, erratic rainfall and localized droughts, negatively affected agricultural production and household livelihoods, resulting in sustained high levels of acute malnutrition, particularly in displacement-affected and return areas.

Overall, the convergence of displacement, anticipated returns, endemic epidemics and climate shocks significantly increased humanitarian needs and further strained Burundi’s fragile service delivery systems throughout 2025.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In 2025, UNICEF and partners scaled up their response to El Niño-driven flooding, epidemics (cholera, measles, Mpox), and a rise in refugees. Flooding impacted 13 districts, with health aid and vaccination reaching over 108,000 people. Cholera hit 16 districts, resulting in 3,556 cases and 16 deaths; UNICEF provided treatment kits, new cholera centers, and rapid testing, helping lower mortality rates. For Mpox, UNICEF led efforts in infection control and community engagement, managing thousands of cases and supporting three isolation centers, which reduced new cases significantly by year-end. Mobile clinics addressed refugee health needs with over 14,000 consultations and widespread vaccinations. Ongoing priorities include epidemic prevention, health issues from displacement, and strengthening local health systems with UNICEF’s continued support.

Nutrition

Nutrition interventions addressed both the Mpox outbreak and refugee crisis. From January to December, 330,000 children under five in Mpox-affected areas were screened for malnutrition, identifying nearly 4,500 moderate and 839 severe cases, which were treated. Over 1,000 nutrition providers and 2,500 community workers received emergency nutrition training to maintain services. Preventive actions included vitamin A supplements for 132,000 children, nutrition supplements for 11,700, and deworming for over 110,000. Vulnerable infants got breastmilk substitutes as needed, and mothers received breastfeeding counselling.

In refugee sites, more than 10,000 children and 5,000 pregnant or breastfeeding women were screened, with 94 children and 14 mothers treated for severe malnutrition. Preventive efforts featured vitamin A supplementation and food distributions with WFP and CSO partners. Thirty refugee volunteers were trained to support screening and provide feeding counselling, boosting community resilience. UNICEF leveraged on its regular nutrition programme to deliver emergency response resulting in achievement across most indicators except the most expensive component: provision of local nutritious foods to children 6 -59 months who reach was 3,044 children against a target of 57,978 representing only 5 per cent achievement.

IPC / WASH

In 2025, UNICEF and partners—including AHAMR, Civil Protection, Burundian Red Cross, and local NGOs—expanded WASH services for populations affected by refugee influxes, floods, cholera, and Mpox. They rehabilitated water systems, built safe latrines, distributed hygiene supplies, and reached 135,502 people, including 85,482 in hotspots and refugee sites. Sanitation improvements provided gender- and child-sensitive latrines to 9,440 people, while hygiene and dignity kits were distributed to over 27,000 beneficiaries. Hygiene promotion and WASH supplies served 564,734 individuals. Community-based management, technician training, and committees supported sustainability and resilience. WASH support benefited 107,126 children across 173 schools. In December 2025, more than 90,000 refugees arrived from the DRC, with over 65,000 relocated to Busuma. Water storage was installed, but supply remains below standards pending a new borehole-linked system. Sixty mobile latrines were deployed across transit and relocation sites to enhance sanitation.

Child Protection

UNICEF and partners supported displaced children and families, including refugees from DRC, by providing psychosocial support, case management, care for unaccompanied children, and GBV prevention. Mental health services reached 60,101 people, including 41,964 children and over 18,200 parents and caregivers, while 20,530 received community-based support in Mpox treatment centers and communities. GBV awareness sessions involved 86,616 refugees and local residents, comparable numbers were informed about preventing exploitation and abuse, available services, and reporting mechanisms. Individual case management aided 1,633 children, and 379 service providers were trained in psychological first aid. A GBV safety audit at Musenyi refugee site, led by UNICEF and UNFPA with other agencies and NGOs, resulted in recommendations validated and implemented by the refugee community.

Education

Efforts addressed both the Mpox epidemic and refugee integration. Nearly 2,000 teachers and staff were trained in symptom identification and hygiene, supporting safe schools during the outbreak and building future crisis management capacity.

To respond to the refugee influx, UNICEF aided Musenyi preschool—now serving 417 children—with tents, blackboards, and kits to reduce overcrowding and promote well-being. Learning materials reached 3,000 refugee children in Gasorwe camp, and, with JRS, remedial courses helped 2,825 refugee children integrate into Burundi’s education system. This support was provided using regular programme school kits following a request from UNHCR and this resulted in overachievement of the target despite low emergency funding receipts.

Social Protection

As part of the Mpox outbreak response, UNICEF provided a one-off multi-purpose humanitarian cash transfer to 341 highly vulnerable affected households (1,535 people) discharged from treatment centers in the provinces of Gitega and Kayanza, including mothers accompanying young children, informal workers, people with chronic illness or disability, and pregnant or breastfeeding women. This unrestricted cash helped families absorb income loss during isolation and cover essential needs (food, transport, hygiene items and child related expenses) while supporting children’s nutrition, schooling and access to healthcare, and reducing risks such as child labor and transactional sex. It also allowed beneficiaries to restart small livelihoods, strengthening household stability and protection, and showing how flexible cash can be an effective tool in health emergencies, reinforcing both public-health outcomes and child protection. While no emergency funding was receive in the sector, UNICEF leveraged on its regular programme to support coordination and evidence generation which contributecd to emergency results through the government system.

Social and Behaviour Change / RCCE

UNICEF co-led the national RCCE pillar with the government, reaching 2.5 million people through mass media campaigns. Community engagement activities involved over 6,700 trained actors who reached more than 500,000 individuals in high-risk districts and hills. Surveys indicated 96–97% awareness of Mpox and positive behavior changes, such as increased household discussions and symptom avoidance. UNICEF also contributed to SOPs, a national feedback mechanism, and the development of the National RCCE Strategy, slated for completion in early 2026. To achieved results UNICEF approximately repurposed USD 40,000 in regular resource to complement the emergency funds. Results were overachieved due to the cholera response and the reprogramming of health system strengthening funds to support Mpox, VHF and cholera response activities.

Disability Inclusion

In 2025, UNICEF and Les Vaillantes improved support for children with disabilities in Musenyi's Congolese refugee camp and during the Mpox epidemic. Over 550 children with disabilities were identified, with 20 receiving technical aids and equipment, while site accessibility was assessed and upgraded through specific recommendations. More than 40 humanitarian workers received disability inclusion training. During the Mpox response, centres were assessed for access, 12 persons with disabilities received individual aid, and over 90 response staff were trained to ensure inclusive services.

Prevention of Sexual Exploitation and Abuse (PSEA)

UNICEF-Burundi PSEA Action Plan 2024–2025 continued in 2025 as planned, considering the current emergency context as well. UNICEF reinforced PSEA across its operations, requiring all new staff to complete mandatory training and assessing partner organizations for compliance. The office strengthened its PSEA mainstreaming approach across all programme documents, including in emergency programme documents, with reporting mechanisms and sensitization tools, systematically integrated into partners’ projects and established across all UNICEF-supported sites.

PSEA awareness and access to safe reporting channels increased significantly in 2025, with the number of people reached rising by nearly 70 per cent compared to 2024. At least 86,579 individuals accessed safe reporting mechanisms in emergency contexts. The significant achievement of results was driven by UNICEF’s ability to leverage the cross-sectoral integration of PSEA, ensuring that emergency interventions were both impactful and accountable to affected communities.

UNICEF/UN916390/UNICEF Burundi

A group of children playing at a UNICEF Child Friendly Space – Gatumba refugee site, Burundi. December 2025.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF maintained a central leadership role in humanitarian coordination in Burundi, supporting the Government and inter-agency mechanisms amid a rapidly evolving context marked by large-scale displacement and recurrent epidemics. Following the December 2025 influx of over 90,000 Congolese refugees, UNICEF played a key role in coordinating and aligning multiple response frameworks, including the Refugee Response Plan and preparedness for the anticipated return of Burundian refugees from Tanzania, ensuring coherence across sectors and geographic areas.

UNICEF led the WASH and Education sectors, co-led Nutrition, led the Child Protection sub-sector, and played a major role in Health, strengthening strategic planning, operational coordination and advocacy to prioritize the needs of children and vulnerable populations. In close collaboration with national authorities, UNICEF provided critical support to the management of Mpox and cholera outbreaks, contributing to surveillance, preparedness, prevention and community engagement, while addressing the compounding impact of endemic cholera and acute malnutrition. Through its leadership, UNICEF reinforced integrated, multisectoral and protection-sensitive responses across humanitarian and development actors.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Throughout 2025, UNICEF Burundi sustained a strong and visible communication effort to support its multi-sectoral emergency response to the influx of refugees from the DRC, recurrent public health emergencies, and climate-related shocks, with a consistent focus on children, women, and other vulnerable populations.

A significant share of communication activities highlighted UNICEF's response at the Musenyi refugee site. With support from the FCDO, the World Bank, CERF, and Fonarev DRC, UNICEF amplified visibility of integrated interventions across health, nutrition, WASH, education, and child protection.

Key communication outputs documented the establishment and operationalization of integrated health services, including a newly inaugurated health post serving both refugees and host communities. Content showcased access to free primary healthcare, maternal and neonatal services, nutrition screening, vaccination, and laboratory services, alongside strengthened water, sanitation, and hygiene measures to reduce epidemic risks such as cholera.

Protection-focused communication pieces highlight efforts to make transit and refugee sites safer for children, including at Cishemere, where UNICEF, supported by Fonarev DRC and implemented with partners, scaled up child-friendly spaces, psychosocial support, and community-based protection mechanisms.

Education in emergencies remained a strong pillar of communication. UNICEF highlighted support to preschool and primary education through the provision of temporary learning spaces, tents, school supplies, and teacher training, while also amplifying children's voices.

In parallel, communication products addressed public health emergencies, notably Mpox, through videos and testimonies that illustrated how FCDO-supported decentralized isolation centers brought life-saving care closer to affected communities, thereby improving early detection, treatment, and recovery.

UNICEF leadership engagement with external media further reinforced advocacy and visibility. Interviews with RFI highlighted the worsening humanitarian situation, the disproportionate impact on women and children, and the urgent need for increased partner support to scale up interventions in health, nutrition, WASH, protection, and education.

Overall, communication outputs throughout 2025 played a critical role in documenting results, amplifying children's voices, strengthening accountability to affected communities, and recognizing the essential contribution of donors and partners supporting UNICEF's emergency response in Burundi.

- The Mpox epidemic in Burundi (2024–2025) offered important insights into how disability inclusion can be strengthened during health emergencies. While the specific needs of persons with disabilities were not always fully considered at the start of the response, UNICEF Burundi and its partners increasingly worked to address these gaps as the situation evolved. This case study describes practical challenges—such as access to treatment centres, accessibility, and the use of inclusive data and communication tools—alongside concrete solutions that emerged through the involvement of organizations of persons with disabilities. It captures lessons to inform future humanitarian responses, emphasizing early engagement, better planning for inclusion, and universal accessibility.

COMOROS

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2025, the Union of the Comoros shifted from an acute cholera emergency to a post-epidemic control and consolidation phase, following the large outbreak declared in February 2024, which was considered largely under control by the end of that year. After a period of heightened surveillance confirming the absence of the bacteria, the Government officially declared the end of the epidemic on August 31, 2025. No cholera cases were recorded in 2025.

Cyclone Chido struck the Comoros islands of Anjouan and Moheli in December 2024, bringing torrential rains, destructive winds, floods, and landslides that damaged homes, schools, crops, and essential infrastructure. The storm affected over 64,000 people, the majority in Anjouan. Several hundred people were temporarily displaced due to lost or damaged houses. Twenty-two schools (16 in Anjouan and 6 in Moheli) sustained damage, disrupting education services in affected localities. Around 45% of crops were affected in impacted areas. Flooding, landslides, and strong winds also caused localized damage to roads, ports, and utilities, temporarily affecting mobility and access to services.

In 2025, the Union of the Comoros continued to experience the arrival and transit of migrants, including women and children, primarily linked to onward movement toward Mayotte. While there are no official figures, national media quoting government sources reported 400 migrants arriving on Comorian shores in 2025, including a significant share of women and children under 18, mainly from DRC, Burundi and Rwanda. Migrants reaching Comoros often arrived in highly vulnerable conditions, As Comoros does not have an adequate legal framework and operational mechanisms to ensure protection aligned with human rights standards, upon arrival migrants were frequently exposed to arrest, detention, and limited access to basic services, with children and women facing heightened protection risks.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

In 2025, with no reported cholera cases and a shift from emergency response to consolidation and preparedness, UNICEF provided technical support to the Ministry of Health to develop an integrated disease surveillance system for diarrheal and other diseases. Combining emergency and development funding, UNICEF supported the Ministry of Health to build the capacity of 169 district community health focal points and community health workers in detection, referral, and community communication, and initiated integrated community surveillance. Additionally, UNICEF pre-positioned infection prevention and control (IPC) supplies and acute watery diarrhea (AWD) management kits in four hospitals—Sambakouni and Mitsamiouli in Grande Comore, Hombo in Anjouan, and Fomboni in Moheli—to ensure rapid response in case of cholera reimportation.

WASH

To ensure rapid response in case of suspected cholera cases, UNICEF in partnership with the Comorian Red Crescent and the Ministry of Health maintained Case Area Targeted Intervention (CATI) team capacity during the first part of the year, and built capacity at community level on proper chlorine dilution and water tank decontamination. UNICEF also supported the Regional Water Directorates in Anjouan and Moheli to chlorinate 48 water networks (40 in Anjouan and 8 in Moheli), reaching 86,117 beneficiaries. To address inadequate WASH infrastructure in health facilities and other public spaces, UNICEF conducted technical assessments for the construction or rehabilitation of toilets and handwashing stations in three health centers and three other institutions (port, university and prison), and for solar-powered water pumping at Sambakouni hospital, which hosted the main cholera treatment centre in 2024. This infrastructure work is scheduled in early 2026. UNICEF also supported water provision to two hospitals in Grande Comore (Sambakouni and Ntsaoueni) during the dry season to ensure infection prevention and quality of care. A substantial share of WASH funding was allocated to rehabilitation and construction works in health centres and other facilities as part of the post-cholera resilience phase. However, due to delays, with actual works commencing only in 2026, beneficiaries could not be counted towards the 2025 results.

SBC/RCCE

As part of the cholera response, UNICEF continued to support the Government to strengthen risk communication and community engagement, through provision of equipment and capacity building for 10 community radio stations, capacity building of personnel of the national health hotline to collect and address community feedback, and community engagement in partnership with the Comorian Red Crescent. These efforts reached over 580,000 people with key messages on cholera prevention and rapid response in case of detection.

Following cyclone Chido, UNICEF supported the Ministry of Interior’s Directorate General of Civil Security (DGSC) in enhancing the effectiveness of early warning systems. This included updating key messages and producing tailored communication materials. These tools were later used for a comprehensive awareness campaign in schools and communities, using non-emergency funds, which reached 10,663 students (5,225 girls and 5,438 boys) across 57 schools on the 3 islands with early warning messages.

Education

In response to cyclone Chido, UNICEF supported the Ministry of Education with a situation assessment, distributed school kits to 8,818 children, including 4,332 girls, on the islands of Anjouan and Moheli, and initiated the rehabilitation of 2 schools with 325 students, including 156 girls, in Anjouan.

Child Protection

After cyclone Chido damaged the care centre for victims of violence in Fomboni, the main town of Moheli island, UNICEF supported its rehabilitation. The corrugated iron roof, highly vulnerable to climate-related disasters, was replaced with reinforced concrete, and the entire building was renovated. In 2025, this care centre supported 227 children and women victims of violence, including 125 girls, 49 boys, and 53 women, ensuring continuity of critical protection services.

Upon request from the government, UNICEF also contributed to meeting the humanitarian needs of vulnerable migrants arriving in Comoros, including children. This included the provision of essential items, including hygiene kits, as well as recreational items for children. Some recreational kits were sent to Anjouan Island, a key transit point for migrants, to help address the specific needs of children. The support reached 313 migrants, including 61 children.

Social Protection

In the aftermath of cyclone Chido, the Ministry of Gender, Solidarity and Information with support from UNICEF developed emergency social protection tools that can be used for future emergencies that require a cash transfer response. These tools included a digital questionnaire to collect essential information from households affected by crises such as cyclones, floods, and volcanic eruptions, as well as a simulation to estimate the amount of cash support required for different crisis-affected populations under various emergency scenarios. These tools enhance the government's capacity to respond effectively to humanitarian emergencies through social protection interventions.

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UNICEF supports the documenting of violence against children and women, providing data and analysis to strengthen child protection and inform evidence-based policies in Comoros.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- A crucial step has been taken for the protection of children and women victims of violence in the Comoros. The Fomboni listening and support service building, severely damaged by Cyclone Chido in December 2024, has been fully restored thanks to a complete rehabilitation carried out with the support of UNICEF.

- To improve access to safe drinking water and reduce the risk of waterborne diseases, the Regional Directorate of Water and Sanitation, with UNICEF support, conducted a large-scale awareness campaign, cleaning, and disinfection of community water systems across the island. At the heart of this initiative was the chlorination of 48 water supply systems in 20 communities across Anjouan. This operation significantly improved the quality of drinking water for thousands of families, thus reducing their exposure to waterborne diseases such as cholera.

ERITREA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Eritrea remains exposed to a range of natural hazards and the indirect impact of regional instability in the Horn of Africa, exacerbating existing socioeconomic vulnerabilities in the country. The population, estimated at about 3.7 million (47 per cent children), continues to endure significant poverty and malnutrition levels. Water scarcity, erratic rainfall and climate change are a major challenge, with Eritrea being at the frontline of the climate crisis – it is of one of the countries where children are most at risk from climate-related threats, ranking 31 out of 163 countries in UNICEF's 2021 Children's Climate Risk Index (CCRI) report. During 2025, despite positive rainfall in Eritrea's highlands in

summer, preliminary reports now indicate that drier-than-usual conditions in the last quarter of the year are significantly impacting livestock and livelihoods, most notably in the already vulnerable and underserved agropastoral communities along the coast. At regional level, persistent health emergencies and conflict-driven displacements in neighbouring states remain a concern. Violence in Sudan has previously driven population influxes into Eritrea, adding addition strain to local services and capacities. While anecdotal evidence indicated a reduction in new arrivals during 2025, the evolving dynamics in Sudan could drive renewed cross-border movements going forward. Meanwhile, the multiple disease outbreaks affecting countries in the region will continue to pose a risk of cross-border transmissions and require close monitoring and continued efforts to prevent a large-scale outbreak in Eritrea.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF, in collaboration with the Ministry of Health (MoH), reached over 286,447 children under two years of age and women of childbearing age with life-saving primary health care services. These included routine and outreach immunization, antenatal care (ANC), skilled birth attendance, treatment of common childhood illnesses, nutrition screening and supplementation, basic curative care, and health and hygiene promotion. Through routine immunization and outreach activities, 147,774 children received measles vaccines; 54,198 children were treated for diarrhea with appropriate case management, including ORS and zinc; 92,716 pregnant women accessed ANC services; and 61,760 women delivered with the support of skilled birth attendants.

To further strengthen child survival in high-risk settings, a measles–rubella catch-up campaign was implemented in border areas vulnerable to disease importation from Sudan and Ethiopia, targeting children under five years of age and complemented by Vitamin A supplementation to address micronutrient deficiencies. In addition, the Hepatitis B birth dose vaccine was successfully introduced into the routine immunization schedule in August 2025, providing early protection against chronic Hepatitis B infection. To date, 41,076 newborns have been vaccinated within the first 24 hours of life nationwide, significantly strengthening newborn survival and disease prevention efforts.

Nutrition

In 2025, UNICEF continued to support interventions that reached a total of 330,896 children aged 6-59 months with Vitamin A supplementation through routine and targeted campaign platforms despite a significant funding gap. With UNICEF support to the Ministry of Health (MoH), a total of 19,832 children under five years of age were admitted and adequately treated for severe wasting, and another 25,597 children under five years of age received nutrition treatment services for moderate acute malnutrition. During the same period, UNICEF also supported nutrition interventions that provided preventive micronutrient supplementation to pregnant women, with a total of 174,199 beneficiaries receiving Iron and Folic Acid supplements and more than 191,027 mothers and caregivers with children aged 0-23 months counselled on appropriate Maternal, Infant and Young Child Feeding (MIYCF) practices. Moreover, UNICEF procured and distributed blanket supplementary foods, reaching more than 17,358 children aged 6-59 months, and 4,635 pregnant and breastfeeding women in remote and shock-affected areas to prevent further increases in malnutrition and thereby contribute to morbidity and mortality reduction among the beneficiaries.

Child & Social Protection

During the reporting period, UNICEF in collaboration with the Ministry of Labour and Social Welfare (MoLSW) continue to provide child and social protection support to vulnerable families and children, including those with disabilities, orphans, children in street situations, children affected by HIV/AIDS, and women-headed households. UNICEF-supported community-based social safety nets reached 29,300 vulnerable people, including 10,740 children provided with educational materials to improve access to schooling and basic social services as well as 7,750 assisted social protection support for income-generating activities (IGA). The latter IGA achievements were reached in 2025 through funds utilized in 2024 and not reflected in the attached funding table. In addition, UNICEF-supported programmes allowed 9,123 children with disabilities to receive assistive devices and physical rehabilitation services, while 51,780 vulnerable children, including children with disabilities, accessed mental health and psychosocial support (MHPSS). In an efforts to prevent violence against children, 186,000 people were reached through community dialogues and sensitization activities aimed at raising awareness of harmful practices, including on child marriage, female genital mutilation (FGM) and violence against women and girls.

Education

To promote gender-transformative programming, UNICEF and the Ministry of Education (MoE) led a review of the girls' education incentive programme. Evidence showed that incentives provided through the programm contributed to reduced dropouts among girls and improved transition to secondary education. Based on findings, guidelines for provision of girls' incentive scheme were revised. By December 2025, a total of 2,500 girls were reached with cash incentives, with additional distributions planned to be concluded in the first quarter of 2026 as part of the 2025/2026 academic year. UNICEF has already transferred funds to MoE for its distribution. In addition, UNICEF in collaboration with the MoLSW, supported 3,000 Complimentary Elementary Education (CEE) learners with provision of scholastic materials in the beginning of the 2025/2026 academic year. CEE is a programme that supports vulnerable out-of-school children access education through alternative learning paths.

WASH

UNICEF supported the Ministry of Land, Water and Environment (MoLWE) to provide climate-resilient water supply services to 122,160 vulnerable people across Anseba, Debub, Maekel, and Gash Barka regions – overachieving this year's target largely due the delayed conclusion of a borehole drilling in Tesseney town, meant to have been finished in 2024 and which provided access to water to 60,000 host communities and new arrivals from Sudan. Twenty communal water schemes were implemented to enhance access to safe water. In collaboration with the MoH and Ministry of Information (MoI), 335,000 people received hygiene promotion messages through community dialogue and mass media dissemination, supporting disease prevention and environmental cleanliness. Additionally, 47,360 people in the Debub, Maekel and Anseba regions accessed improved sanitation services. UNICEF leveraged on its regular programme as well as the

efficiency gains and timing of service delivery to over achieve emergency results.

Social Behaviour Change (SBC), Accountability to Affected Population, Localization.

During the reporting period, more than 1.3 million people were indirectly reached with messages on health and WASH through multi-media approaches, including the broadcasting of TV and radio spots in nine languages across all regions of the country. Additionally, 154,117 people were engaged through UNICEF-supported community dialogues on health, nutrition, hygiene and sanitation, protection and education. The latter activity was implemented in addition to WASH hygiene promotion interventions and community sensitizations on child protection referenced in previous sections. Furthermore, UNICEF has provided technical and financial support for the successful development of a multisectoral SBC strategy for Eritrea, alongside a capacity building workshop delivered to partners on social behavior change and community engagement.

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Children from Embatkala, Eritrea access safe water from water fountain rehabilitated through UNICEF support.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF follows a Humanitarian-Development-Peace (HDP) nexus-based approach that is tailored to the operational context in Eritrea and is implemented as part of the development priorities identified in the Sustainable Development Cooperation Framework 2022–2026 agreed between the United Nations and the Government of the State of Eritrea. The Joint Work Plan 2024–2026 agreed between the Government and the UN, further contributes to ensuring operational coordination of activities and programmes under the Framework. Amongst UN agencies, the inter-agency response plan for 2025 also targets 1.1 million people across the most vulnerable groups in Eritrea, including Sudanese arrivals and returnees. UNICEF continues to play a leading role in the Nutrition, Health, WASH, Education and Child Protection sectors within the country, collaborating closely with UN partners and line ministries to deliver critical lifesaving and life-sustaining services to the most vulnerable communities in Eritrea.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Saving Lives in Eritrea: Strengthening Maternal and Child Health in Amatere Health Facility
- Eritrea promotes Girls Education programs to support their right to learn
- Access to clean water transforms lives in Embatkala, Eritrea

ESWATINI

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Following Mozambique's general elections on 9 October 2024, the announcement of the ruling Frelimo party's victory—securing over 70% of the vote—sparked widespread controversy and unrest. The opposition, the Podemos party, alleged electoral fraud and voter intimidation, leading to heightened political tensions and a surge in violence. This unrest triggered significant displacement, with many fleeing the country. Several refugees sought asylum in Eswatini, where the Malindza Refugee Reception Centre became the primary transit site. The high influx of refugees overwhelmed the response capacity of the Ministry of Home Affairs Refugee Department (MoHA). In response, the National Disaster Management Agency (NDMA) activated the Emergency Response Mechanism, specifically the Camp Coordination and Camp Management (CCCM) Cluster. As of 30 December 2024, Eswatini had received 914 new refugee arrivals. The total refugee population exceeded the camp's capacity, creating an urgent need for expanded reception facilities, WASH (Water, Sanitation, and Hygiene) services, food security, and health interventions. The refugee population included a diverse group of vulnerable individuals, with children accounting

for 41% of new arrivals. Many refugees faced significant challenges, including psychological distress, disrupted education, and limited access to essential services. In response, UNICEF has provided critical support in the areas of WASH, health, and child protection.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WASH

UNICEF supported emergency WASH interventions at Malindza Refugee Reception Centre, reaching 1,108 individuals, including 467 children. In coordination with the Ministry of Health and NDMA, critical sanitation infrastructure was restored through the unblocking and draining of the main septic tank (12 vacuum loads), clearing of sewer lines, and removal of overgrown vegetation. To ensure long-term improvements, a WASHFit assessment was conducted at Malindza Clinic to identify infrastructure gaps and guide sustainable upgrades. In parallel, UNICEF delivered hygiene promotion sessions for caregivers and children to encourage safe water practices and prevent disease outbreaks. These combined efforts aim to improve immediate living conditions and strengthen preparedness for future emergencies. In addition, UNICEF also leveraged on its regular programme to achieved emergency results.

Health

UNICEF supported the Ministry of Health through the Expanded Programme on Immunization to conduct an immunization catchup activity that reached a total of 348 children, mostly under five years with various vaccine antigens. These included 67 who received OPV vaccine, 55 IPV vaccine, 62 MR vaccine, 67 albendazole for deworming, 67 for Vitamin A supplementation and 30 girls of ages 9 – 14 years who received HPV vaccine. The main response for the sector (measles vaccination and vitamin A supplements) was supported through government budget and UNICEF mainly provided technical support.

Child Protection

In Child Protection, UNICEF partnered with the National Disaster Management Agency (NDMA) to (a) improve access to psychosocial support services (b) install lights to enhance refugee camp safety and (c) create a safe recreational space for children. Two social workers were recruited for a 6-month period, and placed at the center, to address the psychosocial needs for the refugee population that was initially over 1,400 and is now at 900 residents (including 385 children and adolescents). To enhance safety and security within the camp, particularly after dark, UNICEF supported the procurement and installation of six floodlights at strategic points in the camp. A child recreation center was erected, and various recreational toys were procured, to ensure that young children at the camp had access to a safe play area. Over 300 children have access to this facility and toys. UNICEF leveraged on its regular programme to achieved emergency results.

A UNICEF staff speaks to a child being hosted in Malindza refugee camp. The camp is hosting 900 people including 100 children displaced from Mozambique during the post-election violence in 2025.

HUMAN INTEREST STORIES

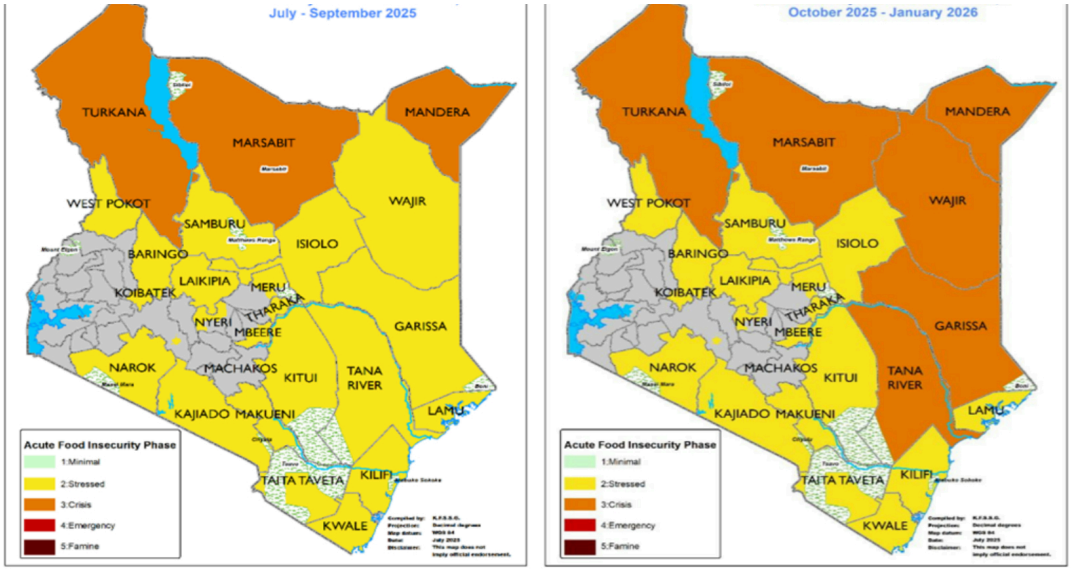
At the Malindza Refugee Reception Center in Eswatini, home to over 900 displaced people—including 100 young children—UNICEF has helped transform the camp into a safer, more nurturing space. Families from countries such as the DRC, Burundi, Rwanda, Tanzania, Somalia, and previously Mozambique, face cultural and communication challenges, but recent improvements are making a difference. UNICEF supported the deployment of two social workers, revamped the children's play area, and installed floodlights to improve safety. Sixty-six (66) children now attend pre-school, where play and learning provide stability and healing. Social workers offer psychosocial support, respond to protection concerns, and sensitize parents on privacy and child safety. Despite challenges like overcrowded shelters and risks after dark, children are finding joy, security, and hope through these interventions.

- At the heart of the Malindza Refugee Reception Center in Eswatini, the laughter of children now rings out from a newly revamped play area, an oasis of joy and safety in a space that shelters over 900 displaced individuals. Among them are more than 100 children aged between 3 and 7 years, many of whom have already experienced trauma far beyond their years.

KENYA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2025, Kenya faced overlapping shocks: La Niña-driven drought across the Arid and Semi-Arid Lands (ASALs), floods, multiple disease outbreaks (Mpox, kala-azar, cholera, measles, polio and chikungunya), and a growing refugee caseload—all while recovering from El Niño floods (2023–24) and the 2020–23 Horn of Africa drought. Seasonal-rains totals were near to above average in western and central Kenya, but the ASALs were influenced by a potential La Niña, leading to erratic rainfall, prolonged dry spells, and increased food insecurity. By November, drought conditions in nine ASAL counties (Tana River, Baringo, Garissa, Kitui, Mandera and Turkana Wajir, Garissa, Kilifi, Kitui, Marsabit, Kwale, Kajiado, Isiolo and Tana River) were in 'Alert' drought Phase, requiring close monitoring due to emerging drought conditions and potential impacts on food security, water access, and pasture availability. Mandera County is classified in the 'Alarm' drought phase, requiring urgent anticipatory action. Food and nutrition insecurity was high: 1.76 million people were in IPC3+ by August 2025 (up by 41% from July 2024) and was projected to reach 2.12 million by January 2026. Acute malnutrition stayed high: 741,883 children 6–59 months needed treatment (up by 3%), including 178,938 with SAM (up by 1%), and 109,462 pregnant/breastfeeding women required urgent care (up by 3%); Turkana, Garissa, Wajir, Mandera, Baringo-Tiaty and Marsabit-North Horr/Laisamis are in IPC4. Mpox community transmission continued, with 946 cases and 5 deaths across 37 counties by 26 Dec (CFR 1.4 %), cholera surged from February with 697 confirmed cases and 26 deaths by 16 Dec (CFR 2.2%), and kala-azar totaled 1,734 cases and 49 deaths since January, largely in Wajir County. One cVDPV2 polio case was confirmed in Dadaab refugee camps in May. As a regional hub, Kenya remained at risk for cross-border EVD and Marburg outbreaks. By December 31, 2025, the refugee population totaled 835,793, with 86% in camps—406,725 in Dadaab, 310,755 in Kakuma—and
118,313 living in urban areas. Funding cuts drove WFP rations down to 32% of the minimum basket and suspended cash transfers, pushing already high GAM rates among children and pregnant/lactating women of above 13% and sharply heightening health, nutrition and protection risks.



Kenya Current and Projected Food Security Phase Classification, 2025.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Nutrition

Between January and December, 111,629 children (56,535 girls and 55,094 boys) aged 6–59 months (83% of HAC target) were admitted for severe wasting treatment across ASALs, refugee camps and targeted non-ASAL counties, while 1,625,412 caregivers of children under two received counseling (90.3% of HAC target). UNICEF supported 585 integrated outreach points (24% of mapped) amid declining partner funding that constrained coverage, case-finding and MAM supplementation. To strengthen surge capacity, 810 of the 925 targeted facilities (87.6%) in 24 ASAL counties implemented IMAM Surge. Rollout of the revised wasting guidelines began in Wajir, Samburu and West Pokot with 487 health workers (173 men and 314 women) trained, plus 62 staff (49 men and 13 women) trained on IMAM in Wajir. Supply continuity was sustained RUTF cartons distributed; the pipeline is secured to October 2026, with a remaining gap of 18,518 cartons (≈US$1.159 million) through year-end. Brief stock-outs in Feb–Mar (9.3% and 9.0%) reflected USG stop-work–related delays. Data visibility improved through KHIS/LMIS integration pilots in Kisumu and Turkana (98–100% reporting), with scale-up underway in Wajir, West Pokot and Samburu counties.

Health

In 2025, UNICEF partnered with Kenyan ministries, county governments, WHO, and others to respond to natural disasters and health emergencies such as floods, droughts, Mpox, cholera, and potential Marburg Virus Disease importation. Through integrated outreach services across priority counties, UNICEF reached 186,715 people (93% of target), including vulnerable children and women in ASAL areas, West Kenya, and Coastal regions. Efforts included immunization, nutrition screening, treatment for malnutrition, and community health education, with 143,086 people engaged on disease prevention and healthy behavior.

Mpox preparedness involved training 1,680 healthcare workers and sensitizing 4,345 Community Health Promoters and 255 Community Health Assistants in high-risk counties. Health commodities were procured for 31 facilities in 18 counties. UNICEF supported vaccine campaigns by partnering with the Ministry of Health to promote accurate messaging and community engagement through CHPs, ensuring effective awareness and trust-building. No mortality was reported among the supported communities.

WASH

UNICEF reached 245,478 people (58,841 girls, 56,534 boys, 66,352 women and 63,751 men), with safe water in drought, flood and disease outbreak-affected areas (81.8% of HAC target). Of these, 82,0303 people (19,663 girls, 18,892 boys, 22,173 women and 21,303 men) gained permanent supply via rehabilitation/solarization of 28 water supply systems in Tana River, Mandera and Garissa; a further 163,448 (39,178 girls, 37,642 boys, 44,180 women and 42,447 men received essential WASH kits for household treatment and storage in six counties. Hygiene promotion for Mpox/cholera/Kala azar prevention reached 573,960 people (137,578 girls, 132,183 boys, 155,142 women, and 149,057 men) in Kajiado, Nakuru, Busia, Mombasa, Nairobi, Turkana, Migori, Homa Bay, Kisumu, Mandera and Garissa. Mpox-related WASH/IPC capacity was strengthened for 198 health care workers; 150 sanitation staff were trained; 159 school health clubs were activated; and WASH/IPC supplies reached 88 schools and 83 health care facilities, benefiting more than 91,300, people (, 21,885 girls and 21,026 boys, 24,678 women and 23,711 women), including 21,784 students (10,242 boys and 11,542 girls). New 8-door, gender-segregated latrines at two border points in Busia and Migori now serve approximately 2900 people (1421 men and 1479 women) per day ensuring access to safely managed sanitation and hand hygiene to people crossing the border in the two locations.

Child Protection

Across Dadaab, Kakuma, and Kalobeyei, 28,030 individuals accessed community-level MHPSS services that promoted psychosocial well-being and safe community environments. Case management aided 4,164 unaccompanied or separated children at risk by providing identification, planning, referrals, family tracing, and follow-up care. GBV prevention and response reached 5,247 survivors and at-risk individuals through survivor-centered services, safe spaces, and community initiatives targeting harmful norms. Protection information was shared with 15,653 children and 5,235 adults via forums, help desks, and radio, boosting awareness of child rights, abuse prevention, and positive caregiving. Community protection was further strengthened by training 202 volunteers in PSEA and referral systems for child protection and GBV, enhancing local ownership and sustainability.

Education

In 2025, UNICEF supported 130,458 children (58,569 girls) to access formal or non-formal education basic education, representing 73.2 per cent of the UNICEF-target in Humanitarian Action for Children (HAC), Despite these gains, progress fell short of targets due to significant Donor funding cuts and limited public financing for education in emergency, which disrupted education services in several crisis-affected areas. Of these, 76% (99,489, (44% girls), (1% children with disability) were supported under refugee and host community response in Turkana and Garissa counties whereas 24% 30,969 (47% girls), (5% children with disability)} were supported under climate induced emergencies in nine counties. The support spanned from pre-primary, Accelerated Education (AE) equivalent to primary education, junior and senior secondary schools For skills and inclusion, 772 adolescents and young people (42% girls,93% refugees, 1% with disability) enrolled in integrated media/digital training. To sustain learning during shocks, 137,034 children (46% girls) including 73% refugees benefited from teaching and individual learning materials in nine counties (Turkana, Garissa, Tana River, Samburu, West Pokot, Nairobi, Homabay, Busia, Kisumu). In refugee settlements, continued evidence generation, advocacy and coordination strengthened education system preparedness and service delivery in climate-affected and refugee-hosting counties. Jointly with UNHCR, UNICEF advanced refugee inclusion through MoE technical assistance, resulting in registration of over 80%+ of refugee learners in National Education Management Information System (NEMIS) and alignment of the Costed Strategic Plan for Refugee and Host Community Education with the Shirika Plan, alongside completion of county-level validation.

Social Protection

UNICEF supported Kenya's NICHE programme, providing anticipatory cash transfers to 4,477 households (29,548 people) in Garissa and Turkana when IMAM Surge thresholds were met. Technical support ensured the NICHE system responded rapidly using hazard monitoring, cash top-ups, messaging, child protection, and nutrition counseling. Of 593 households monitored, 60% faced drought, with 70% reporting improved preparedness and 46% mitigating impacts due to early cash transfers. Nearly all participants preferred cash for its flexibility and accessibility over food aid. This approach is being expanded by the government to six more counties through KSEIP.

Through the Inclusive Humanitarian Innovation Programme, 798 flood-affected children with disabilities in Kisumu received therapy, nutrition, assistive devices, and registration; 258 received specialized help, 150 gained assessments and placements, and 82 attended school for the first time. UNICEF trained 109 disability organization representatives and developed a data tool to strengthen disability-inclusive responses.

Social and Behaviour Change (SBC) / Risk Communication & Community Engagement (RCCE)

In 2025, UNICEF enhanced health promotion, disease prevention, outbreak response, and community engagement. Efforts addressed mpox, cholera, measles, and polio outbreaks, reaching millions through campaigns and targeted messaging. Over 26.5 million received health information during a measles vaccination drive, while Safaricom partnership delivered mpox messages to 13.4 million. Mpox outreach directly engaged 2 million people in key counties, including high-risk groups, and trained 12,461 peer educators, reaching more than 100,859 individuals and achieving 105.2% vaccination coverage.

Two polio vaccination rounds reached over 1.37 million children in four counties, supported by thousands of mobilizers and the distribution of 35,000 IEC materials. Social media efforts involving 434 influencers achieved 99% awareness in target households, reaching 15.2 million people. Early childhood programs trained over 3,300 service providers and 2,405 teachers; radio campaigns and play area initiatives improved caregiver engagement.

UNICEF also helped strengthen cholera prevention in refugee settings, reaching 241,060 people and engaging communities through feedback mechanisms. System improvements included deploying a Power BI dashboard for real-time monitoring and delivering climate-

related information to 3 million people post-flood. The Demand Intensification project reached 15,499 households with immunization messages, and AAP efforts involved more than 12,132 participants in community dialogues on care and child protection.

PSEA

In Busia and other high-risk border areas, UNICEF carried out a rapid assessment on sexual exploitation and abuse risks, which highlighted the need for stronger community engagement and use of trusted local influencers. Orientation sessions on prevention of sexual exploitation and abuse, gender-based violence and Mpox reached 42 local actors (20 male and 21 female), and detailed training was delivered to 31 community resource persons (17 men and 14 women). A three-month local-language radio campaign reached an estimated 223,426 daily listeners, and updated referral pathways improved access to care for survivors.

Overall, UNICEF leveraged its regular programme, including the strategic repurposing of existing regular resources, to rapidly scale up emergency response. This enabled significant achievements across the health, child protection, and social protection sectors, despite the limited receipt of dedicated emergency funding.

Nutrition response in Wajir County, Kenya.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Under Government of Kenya leadership and coordination by the United Nations Resident Coordinator and OCHA, UNICEF participated actively in national humanitarian coordination, including the Kenya Humanitarian Partnership Team, the Inter-Sector Working Group and the United Nations Humanitarian Country Team. UNICEF co-led the Garissa and Kisumu humanitarian hubs. The La Niña early action plan led by OCHA from March to August 2025 targets 384,000 people in the most food-insecure counties with a multi-sectoral response valued at US$36.9 million. UNICEF co-led coordination in WASH, nutrition, education and child protection, supporting cholera preparedness, Mpox water and infection control measures, and bi-weekly joint planning with health partners. Nutrition coordination included roll-out of revised wasting guidelines and preventive supplementation pilots, while education coordination strengthened the Ministry of Education's leadership in preparedness, rapid assessment, refugee integration and resilience to climate shocks. Child protection coordination with the Directorate of Children Services and Save the Children reinforced preparedness and response nationally and locally, while UNICEF's partnership with UNHCR improved programming and strengthened the Child Protection Information Management System for case management and service delivery.

HUMAN INTEREST STORIES

- UNICEF Kenya, in partnership with the Mastercard Foundation, is supporting the Busia County Government in responding quickly to the Mpox outbreak. This initiative focuses on providing critical support to truck drivers, cross-border traders, and local communities along the border. The outbreak, which was first reported in July 2024, has raised significant public health concerns.

LESOTHO

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

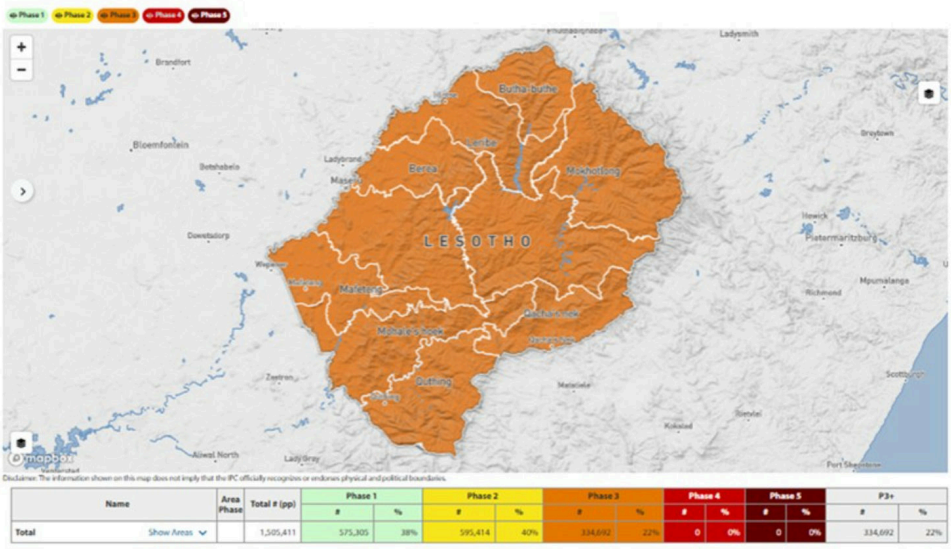
Lesotho continued to experience severe humanitarian challenges during the first half of 2025, driven by the lingering impacts of the 2024 El Niño-induced drought and rising food prices. While the Government of Lesotho officially ended the State of Emergency on 31 March 2025 (as declared under the Disaster Management Act, 1997), underlying vulnerabilities persisted, particularly in the Southern Lowlands and Senqu River Valley districts[5] .

According to the Integrated Food Security Phase Classification (IPC) Acute Food Insecurity Analysis released in April 2025, approximately

335,000 people (22% of the rural population) were projected to be in IPC Phase 3 (Crisis) between January and March 2025. This represents an improvement from the 403,000 people (27%) projected for the same period in the May 2024 analysis, but all ten districts of Lesotho remained classified as IPC Phase 3 (Crisis) (IPC Lesotho Technical Working Group, April 2025).

Although rainfall improved later in the season, household stocks and incomes remained depleted due to consecutive poor harvests and rising input costs. Staple food prices remained elevated, with maize meal prices rising by 9.3% year-on-year in December 2024 and overall food inflation at 5.6%, indicating continued stress on purchasing power. (FAO GIEWS Country Brief, May 2025).

Access to safe water remained limited in drought-affected rural areas, increasing reliance on unsafe sources and elevating the risk of diarrhoeal diseases. Vulnerable groups—including children, women, people with disabilities, and female-headed households—were disproportionately affected, facing wider challenges in food, WASH, protection, nutrition, and education access. This combination of limited purchasing power, fragile livelihoods, and disrupted WASH services continues to drive elevated risks of acute malnutrition, school absenteeism, negative coping strategies, and protection concerns, underscoring the need for sustained humanitarian response and resilience-building interventions.



Name	Area Phase	Total # (pp)	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		P3+	
			#	%	#	%	#	%	#	%	#	%	#	%
Total	Show Areas	1,505,411	575,305	38%	595,414	40%	334,692	22%	0	0%	0	0%	334,692	22%

Lesotho: Acute Food Insecurity Projection Update January - March 2025

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

The Community Health Information System (CHIS) was integrated with the Event-Based Surveillance (EBS) system to improve timely reporting of health signals from the grassroots level, with 740 village health workers trained in its use. These interventions have enhanced early detection and response to public health threats nationwide. ECHO funding of USD 189,178 is supporting health worker capacity building and outreach services as part of the integrated El Niño and La Niña humanitarian response (April 2025 – March 2026).

UNICEF supported the establishment of a national toll-free emergency hotline to strengthen real-time public health surveillance and rapid response. Twelve personnel were trained to manage the hotline and respond to alerts efficiently.

Nutrition

UNICEF procured and distributed 172,080 iron folate tablets to support 16,000 pregnant women, reducing anaemia and pregnancy-related risks. 168 health workers from 18 hospitals and health centres in all 10 districts were trained on the Integrated Management of Acute Malnutrition (IMAM), strengthening early detection and treatment of malnourished children. To address sustainability challenges such as staff turnover, mentorship-based training approaches were adopted. ECHO funding of USD 83,000 supported the updating of IMAM guidelines using 2023 WHO recommendations, procurement of ready-to-use therapeutic food (RUTF), and additional iron folate supplements to mitigate malnutrition during food shortages.

Child Protection

122 community leaders (68 men and 54 women) from Village Child Justice Committees and Community Policing Forums in Maseru (Semonkong), Mohale's Hoek (Siloe), and Qacha's Nek (Ha Sekake) were trained on restorative justice to enhance community-based responses to violence and abuse. Additionally, 20 Probation Officers and 28 Child and Gender Protection Unit officers were trained to strengthen diversion programmes and alternative dispute resolution, ensuring rehabilitative support for children in conflict with the law. A national minimum service package for Mental Health and Psychosocial Support (MHPSS) was developed in collaboration with multiple ministries and CSOs to standardize and expand psychosocial support services for children, caregivers, and frontline workers. ECHO funding of USD 194,666 was used for strengthening child protection systems to prevent violence against children, supporting case management for unaccompanied and separated children, implementing evidence-based parenting programmes, and conducting awareness campaigns on violence against children (VAC).

Education

UNICEF supported the rollout of the Learning Passport, a digital learning platform launched on 17 January 2025 by the Ministry of Education

and Training, to ensure continuity of learning during school disruptions. District-level promotion increased learner registrations from 9,797 to 10,481. The National Curriculum Development Centre continues to update content to ensure sustained learner engagement and improved education outcomes.

WASH

With support from the Central Emergency Response Fund (CERF), UNICEF rehabilitated 27 rural water supply systems in Maseru, Mohale's Hoek, Quthing, and Qacha's Nek, providing 11,207 people with reliable access to safe drinking water. Distribution of key WASH supplies—including
NaDCC tablets, flocculation and disinfection powder, and 20-liter buckets with lids and taps—reached 38,793 people to promote safe household water treatment and storage. Hygiene promotion campaigns complemented these interventions, emphasizing safe use of water treatment products and proper hygiene practices. ECHO funding of USD 320,000 was used for addressing WASH and infection prevention and control (IPC) gaps in 10 health care facilities, including rehabilitation of sanitation and water infrastructure, installation of disability-inclusive facilities, and promotion of hand hygiene practices among healthcare workers and patients. Rehabilitation works for WASH facilities in the 10 targeted healthcare facilities are currently ongoing.

Risk Communication and Community Engagement and Accountability to Affected Populations

In partnership with World Vision, UNICEF implemented a robust RCCE strategy in drought-affected areas, reaching 85,544 people with integrated messaging on nutrition, child protection (including GBV prevention), and WASH. Feedback mechanisms were embedded to capture community perceptions and improve messaging and service delivery. These efforts strengthened community awareness, protective behaviours, and participation in the humanitarian response.

A woman is fetching water from standpipe rehabilitated through UNICEF support in Ha Joele Water system Maseru.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

To address the immediate challenges posed by the drought crisis in Lesotho—such as food shortages and escalating prices—UNICEF's humanitarian strategy focused on revitalizing sector coordination with the Disaster Management Authority (DMA), boosting the response capacity of key sectors, and strengthening risk communication and community engagement (RCCE) to keep communities informed and involved. UNICEF prioritized cross-sector emergency interventions that targeted children with disabilities, adolescents, women, girls, and the most vulnerable households. This approach included working with faith and community leaders to deliver essential services, tackle gender-based violence (GBV), prevent sexual exploitation and abuse (PSEA), and provide technical guidance for humanitarian efforts that are sensitive to children, gender, and disabilities. Under the DMA's leadership, UNICEF coordinated the UN's support to the Lesotho government in WASH, Education, and Social Protection, while also offering technical and financial assistance to several ministries to reinforce humanitarian coordination. In partnership with World Vision International, UNICEF led risk communication and community engagement in the four hardest-hit districts, delivering integrated messages on nutrition, protection, and WASH. Looking ahead, UNICEF plans to expand RCCE and Accountability to Affected Populations (AAP) initiatives to ensure that communities are actively consulted, participate in service delivery and decision-making, and are empowered to set priorities and develop sustainable solutions. Community feedback and social listening will be used to refine messaging and improve services, while awareness campaigns involving trusted figures—such as community members, journalists, traditional and religious leaders, and organizations representing people with disabilities—will promote inclusion, reduce stigma, prevent GBV and PSEA, and foster community ownership of the response.

MALAWI

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2025, Malawi faced a compounded humanitarian crisis due to health emergencies, climate shocks, and economic difficulties. Disease outbreaks like cholera (309 cases, 15 deaths, CFR 4.9%), Mpox (144 cases, 1 death), and measles/rubella (1,515 cases) strained the weak

health system. Cholera hotspots appeared in areas lacking safe water and sanitation, worsened by food insecurity and poor hygiene.

Mpox and surges of measles and rubella required urgent control efforts, especially in the Southern region. Acute food insecurity affected 5.7 million people early in the year; by October, 4 million remained at crisis levels, largely due to erratic rainfall, cyclone damage cutting maize production by 22%, the end of IMF support, and rising maize prices. Severe acute malnutrition admissions rose by 20%, moderate cases by 69%, with highest rates in Neno, Nsanje, and Chikwawa, emphasizing the need for targeted aid.

Floods were less severe than prior years, but 185,918 people were still impacted, notably by Cyclones Jude and Chido. Cyclone Jude displaced over 5,000 and resulted in injuries and deaths. Disaster preparedness and infrastructure remain priorities. Malawi also hosted over 7,900 forcibly displaced persons from Mozambique until repatriation closed camps in April. Overall, the convergence of health, food, and climate challenges in 2025 stressed the need for coordinated responses to protect lives and build resilience.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health (including public health emergencies)

UNICEF provided primary healthcare to over 400,000 children and women, treating more than 22,000 for acute watery diarrhea (AWD) and meeting ongoing health needs. Essential health supplies valued at over US $1.3 million—including AWD kits, IV fluids, oral rehydration salts, PPE, medicines, and tents—were delivered and pre-positioned in high-risk areas for rapid response to cholera and Mpox outbreaks.

UNICEF trained 5,300 Health Surveillance Assistants (HSAs) on Mpox and cholera prevention and supported training for 150 district rapid response team members in targeted interventions. To enhance community health, UNICEF funded 50 HSAs, trained 66 more in case management, and equipped 1,300 workers with tablets for real-time reporting. Fifty-one outreach clinics treated over 400,000 children for common illnesses and provided vaccinations and referrals.

Multisectoral support extended to Mozambican forcibly displaced persons and refugees, with distribution of vital supplies and over 21,000 insecticide-treated nets for vulnerable groups. UNICEF led community engagement and risk communication in the national Mpox vaccination campaign, helping distribute 33,600 doses—over 80% to Lilongwe—and fostering early vaccine uptake among high-risk populations.

Nutrition

In 2025, Malawi saw a 17% rise in severe acute malnutrition (SAM), with 47,644 cases from January to November, up from 40,811 in 2024. This increase was mainly due to reduced crop yields from dry spells, flooding, and improved mass screening efforts. UNICEF and partners screened 2.3 million children under five in eleven districts, promptly identifying and referring those at risk; 47,644 were enrolled in the Community Management of Acute Malnutrition (CMAM) programme.

Of 45,364 discharged children, 92.4% recovered while Sphere Standards for programme quality were maintained. UNICEF ensured adequate supplies of therapeutic nutrition products across all districts, preventing treatment disruptions.

Additionally, 362,480 caregivers received infant and young child feeding counselling and essential nutrition information through various community channels. As co-lead of the nutrition cluster, UNICEF strengthened emergency response coordination, supported preparedness documents, facilitated meetings for partner alignment, and helped improve resource mapping and accountability.

Water, sanitation and hygiene (WASH)

UNICEF interventions provided over 55,900 people in five districts with safe water through emergency trucking, water treatment, and installation of deep-water systems, supporting communities and health facilities such as Bwaila Hospital. Improved sanitation reached 36,569 people, including Mozambican Forcibly Displaced Persons (FDPs), via temporary facilities and community-led initiatives that reduced open defecation. More than 128,500 individuals received WASH supplies, and targeted hygiene campaigns promoted better practices to curb disease transmission. Installation of handwashing stations in healthcare facilities benefited over 50,000 people, while additional support was given to households in Mpox-affected areas. Cholera response was improved through training, rapid deployment of CATI sessions, and water quality monitoring. Finally, emergency preparedness was boosted by pre-positioning WASH supplies for rapid disaster response, covering over 200,000 people.

Child protection, GBViE and PSEA

In 2025, UNICEF provided mental health and psychosocial support to 527,000 people, including over 301,000 children, through MHPSS services and recreational kits across 10 districts. Integrated nutrition and protection screening identified 104,000 children needing specialized care, who were referred to appropriate services. In districts impacted by drought and cyclones, UNICEF delivered 200 tarpaulins, supporting recreational activities for 16,300 children.

Training was given to 8,064 social workers and frontline staff, strengthening child protection, violence screening, and referral skills. These efforts enabled 2.2 million people—including women and children—to access protection and gender-based violence prevention services. More than 1.3 million people gained safe channels to report sexual exploitation and abuse, with additional reporting promoted via police support and over 300 community complaint boxes, resulting in 890,000 children reporting incidents.

Moreover, 600 police officers and 5,150 community policing members received training on violence prevention, reaching nearly 178,000 people with awareness campaigns. UNICEF also helped reunite 16 unaccompanied Mozambican children with their families during the year.

Education

Overall, 107,740 children (55,780 girls) accessing formal and nonformal education were supported with Education in Emergencies (EiE) and resilience building interventions across 54 disaster prone schools in five districts, enabling continuity of learning for children affected by

climate shocks and emergencies. Support included essential learning materials, emergency education supplies, psychosocial support, and teacher training on crisis-sensitive pedagogy. These interventions helped restore learning, reduce dropouts, and teengage children who had been pushed out of school due to drought-related shocks and floods contributing to improved return to school rates and participation. This achievement was enabled through UNICEF's strategic partnerships with World Vision International and Development Communication Trust, which strengthened education service delivery and increased demand for schooling in the targeted districts.

UNICEF also strengthened the psychosocial and protective capacity of schools in emergency contexts. A total of 395 education stakeholders (including teachers and school leaders) were trained in mental health and psychosocial support (MHPSS) and gender responsive approaches, improving school's ability to address trauma, stress, and heightened protection risks during crises. Complementing this, 7,620 adolescents (4,000 girls) were trained as peer mental health coaches, providing psychological first aid, peer support and referral linkages within schools and communities affected by floods.

Disaster preparedness and resilience were embedded across education response activities. Disaster response, contingency and safety management plans were co-created and implemented by 200 schools and communities, strengthening local capacity to maintain education services during emergencies. In addition, 816 learner council members (408 girls) were trained to monitor adherence to teaching standards using teacher-tracking tools, reinforcing accountability, and safe learning practices during periods of disruption. Approximately, 390 teachers benefited from strengthened supervision and support systems, promoting positive learning behaviors in crisis settings.

Social protection

In 2025, 11,800 households, including those supported through the Mzuzu City Council Lean Season Response, were reached with cash assistance from government funded programmes delivered with UNICEF technical support. In addition, 2,112 households in Nsanje and 2,220 households in Zomba received cash top ups of MWK 37,000 under the flagship social assistance programme targeting families with children under two years of age. This initiative helped households access more diverse and nutritious foods, contributing to healthier diets and reductions in stunting and wasting among young children.

The over-achievement of targets reflects the inclusion of 11,800 cash transfers funded by GiveDirectly. UNICEF's role in this intervention focused on financing and supporting the targeting and enrolment processes. While UNICEF did not directly fund the transfers, households reached through GiveDirectly's resources were counted under overall programme results, as they were identified and enrolled through UNICEF-supported systems.

Similarly, the over-achievement under the indicator "Number of households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)" is explained by the inclusion of 2,112 households supported through KfW funding, channelled via the Nutrition section. These transfers, implemented in Nsanje District, were external to the Social Protection budget but delivered as part of UNICEF's humanitarian cash response, thereby contributing to overall programme results.

To enhance impact, cash transfers were complemented by nutrition counselling, and all children under five were screened for malnutrition. This integrated cash plus model further strengthened programme effectiveness and supported improved child nutrition and wellbeing.

Cross-sectoral (HCT, C4D, RCCE and AAP)

Through partnerships with organizations like ADECOTS, DCT, MRCS, and government ministries, UNICEF reached 1.2 million people in Malawi with integrated WASH, health, nutrition, education, and protection messages. Community engagement led to 195,000 feedback responses and empowered 112,000 people to participate in decision-making in nine districts. These initiatives increased community advocacy, improved service delivery, and mobilized children for nutrition screening.

UNICEF also enhanced Social and Behaviour Change/Risk Communication and Community Engagement (SBC/RCCE) coordination, co-developing national strategies for Mpox and cholera, supporting district RCCE plans, and distributing communication materials across all districts. Forty Health Promotion Officers were trained in rapid qualitative assessment, leading to more targeted interventions, such as behaviour change strategies based on findings of delayed care-seeking for Mpox.

A social and behavioural assessment conducted with DODMA and the Ministry of Information identified the need for stronger community preparedness and holistic risk communication. The development of a National AAP Strategy improved accountability streamlined feedback mechanisms, and enhanced community engagement, although gaps remain in reaching youth and digital audiences.

Collaboration with MUST enabled participatory climate risk mapping, training over 300,000 community members and 140 officials in disaster preparedness and early warning, resulting in government-integrated plans and improved local readiness.

Overall, these efforts have strengthened resilience, expanded access to information, improved service responsiveness, and embedded accountability and community voice within systems, supporting sustainable impact for affected populations.

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A health surveillance assistant (HSA) interacting with a family in a hard-to-reach area providing primary healthcare services supported by UNICEF in remotes areas of Chikwawa district, Malawi.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

UNICEF coordinated its humanitarian response with the Department of Disaster Management Affairs (DoDMA), strengthening national systems and performance. As co-lead for several clusters, UNICEF improved cross-sector coordination and resource optimization, providing technical guidance at workshops.

Internal preparedness was enhanced through training exercises, boosting staff capability to respond to various emergencies. UNICEF advanced Malawi's anticipatory action agenda by supporting the development of a national framework and finalizing its own action plan based on analytics and flexible financing.

Shock-responsive social protection remained integral, with UNICEF promoting multi-sector cash-based interventions that increased household resilience during floods and food insecurity. In epidemic preparedness, UNICEF collaborated with the Ministry of Health and WHO, offering support for cholera response and volunteer training.

Partnerships were deepened with the Malawi Red Cross Society, including volunteer training and disaster risk reduction advocacy. UNICEF supported population movement coordination, participated in refugee response platforms, and aided emergency operations during Cyclone Jude.

Ahead of World Humanitarian Day, UNICEF contributed to stakeholder workshops and advocacy, emphasizing efficient resource use and inter-agency collaboration to enhance humanitarian outcomes and promote resilience over disaster response.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- In Machinga district, southern Malawi, the fight against cholera has taken a significant turn. With funding from the United Nations Central Emergency Response Fund (CERF), UNICEF has distributed essential water, sanitation, and hygiene (WASH) supplies to households with children under five in catchment areas of 23 health facilities in the district. These efforts, which have been integrated with nutrition screening and social behavior change programmes, are making an impact on the health and well-being of local communities.

- The last few months of post-election violence in Mozambique forced thousands of families to flee across the border to the south of Malawi, mostly to Nsanje District. Among the most affected are children, as seen in Nyamithuthu Camp, located about 200 kilometers away from Malawi's commercial capital - Blantyre.

NAMIBIA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Between November 2024 and May 2025, above-average rainfall caused severe flooding in Namibia's Khomas, Oshana, Omusati, Ohangwena, and Hardap regions, affecting 2,296 households (9,390 people), displacing 328 households, and resulting in 20 deaths. Floods submerged schools, damaging infrastructure and disrupting learning for 47,557 learners across 174 schools. The rains also fueled malaria and cholera outbreaks: By the end of December 2025, Namibia was responding to at least five disease outbreaks, including Malaria, Cholera, Polio, and Measles. By December 2025, over 95,000 malaria cases (154 deaths) had been reported, mostly in Zambezi, Kavango West/East, and Omusati. The measles outbreak originated in the Opuwo district of Kunene on August 14, 2025. By then end of December 2025, it had expanded to 12 out of 36 health districts, affecting 10 of Namibia's 14 regions. The outbreak resulted in approximately 850 suspected cases and 241 confirmed cases, with two fatalities among children under five years of age. Both children who died had confirmed measles and experienced complications stemming from severe acute malnutrition. The cholera outbreak was first identified in the Opuwo

district of the Kunene region on June 19, 2025. As of July 13, 2025, Kunene had reported 9 confirmed cases, 165 suspected cases, and one fatality. The disease re-emerged outside Opuwo district after the Ministry of Health confirmed a case in Grootfontein Health District on November 19, 2025, officially declaring an outbreak there on November 27, 2025. By December, 53 suspected cases and 23 hospitalizations had been recorded in Grootfontein Health District. In November 2025, circulating vaccine-derived poliovirus type 2 (cVDPV2) was detected in Rundu, located in the Kavango East Region near the Angolan border. Genetic sequencing has confirmed that the virus shares close similarities with strains presently circulating in Angola. Risks of further spread remain high due to cross-border transmission from Angola, poor WASH services, and limited health access. Vulnerable groups include over 200,000 children under five, 100,000 pregnant and breastfeeding women, migrants from Angola, and marginalized communities, many already facing acute food insecurity (612,000 in IPC Phase 3+). UNICEF mobilized USD 1.2 million from ECHO, Humanitarian Thematic funds and other donors to support the emergency response.

Map indicating the region and town of Grootfontein impacted by a cholera outbreak. Grootfontein lies on the Trans-Caprivi Highway (B8), which links Walvis Bay to Zambia, Zimbabwe, and the DRC.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health & Nutrition

Amid acute food insecurity from rising prices and the El Niño drought, UNICEF supported government efforts to reduce severe wasting among vulnerable groups. A total of 61,658 children (girls:32,469, and boys:29,189) and 13,217 pregnant and breastfeeding women were screened, with 911 children treated. However, 169 severe acute malnutrition (SAM) cases were identified, alongside treatment defaults linked to RUTF stockouts, poor health-seeking behaviors, and long distances to facilities—issues UNICEF later addressed by restoring supplies. Outreach services also reached 201 people with disabilities; 73 adults (female:47, male:26) and 128 children, (girls:80, boys:48), 527 older adults with health checks and education, and 375 healthcare workers were trained on nutrition and reporting. Broader awareness was promoted through messages reaching 1.8 million mobile phone users, while caregivers and pregnant women received counselling on therapeutic feeding, infant nutrition, and healthy dietary practices. Furthermore, UNICEF supported measles vaccinations which resulted in a reach of 56,327 children. Nutritional data availability has been strengthening with SMART survey providing data on nutritional status of children, that will strengthen evidence-based decision making and planning during crisis.

Education

Many schools in Namibia were equally affected during the rainy season. To ensure continuity of education, some learners were camping at schools under precarious conditions, while others commuted in canoes, which was also dangerous for those who cannot swim, while some were unable to attend classes altogether. Immediate interventions were required to ensure the resumption of teaching and learning while ensuring the safety and well-being of learners and teachers. UNICEF supported the procurement of WASH and dignity kits, mosquito nets and 46 tents for the Ministry of Education, Innovation, Sport, Arts & Culture to ensure that learners catch up with lessons after the destruction of classrooms and school closures. Interventions were targeted to benefit about 47,557 learners.

WASH

UNICEF supported WASH interventions which reached 27,970 people with essential lifesaving water supply by rehabilitating and installing 12 water infrastructures. The water points were not only rehabilitated but were climate-proofed with the replacement of diesel pumps with solar powered pumps. During the reporting, the country experienced floods and a cholera outbreak which displaced households in Ohangwena, Oshana and Omusati regions. A total of 9,184 people from 2,296 households, including 724 people from 181 displaced households were provided with water purification tablets to cover a period of 4 months. UNICEF supported the government to undertake a mass hygiene promotion campaign through multiple modes of communication which included the use of mobile vans, integrated community-led outreach programme, and direct SMS to users. As a result, 178,126 people were reached using different modes of communication as follows; 83,538 integrated health outreach programme, 69,021 direct SMS and, 25,567 across all social media platforms (Facebook and Twitter, Instagram) of the national broadcaster. UNICEF bought 25,000 mosquito nets and RDT Kits to support efforts to combat malaria cases. Namibia has activated the National Cholera Response team and UNICEF is providing technical support to Risk communication, and community engagement (RCCE), Social Behaviour Change (SBC), Cholera Case management and Infection Prevention & Control (IPC), WASH and Cholera Case management and Infection Prevention & Control (IPC) pillars. In addition, UNICEF procured 2,520 WASH and

Dignity Kits and 2400 water buckets for distribution and prepositioning in the target areas. The rehabilitation of WASH facilities in seven maternity wards and two paediatric wards across seven district hospitals is expected to be completed in the first quarter of 2026.

Child Protection

The Ministry of Gender Equality and Child Welfare (MGECW) utilized the IASC Guidelines on Gender-Based Violence (GBV) to contextualize it by inviting social workers operating in identified emergency-prone regions. These key 14 social workers (F) tailored the guidelines to the Namibian context by integrating relevant legal and policy frameworks. The process focused on child protection, protection, health, nutrition, education, WASH, camp management and coordination. The contextualized guideline emphasizes risk mitigation, particularly considering the seasonal nature of emergencies in Namibia. A strong focus was placed on the identification and referral of children and their families, to ensure timely and appropriate service delivery during crises, and on risk mitigation. Furthermore, the case management system has been strengthened between the two ministries and Lifeline/Childline to ensure timely referral once children in need of protective services are identified. This initiative is funded by the Global Humanitarian Thematic Fund (GHTF) to the value of USD 44,550. Additionally, the Ministry has developed a costed Multi-Sectoral National Plan of Action on Child Protection (2025–2029) implemented Child Care and Protection Forums in 5 constituencies and increased the capacity of 80 (M19/F61) social workers on electronic case management to guide coordinated response efforts moving forward. So far, 9,174 (M4362/F4,812) children received psycho-social support provided by social workers.

UNICEF leveraged its regular programmes and strong partnerships with government ministries to rapidly scale up the emergency response, resulting in significant achievements across all sector.

@UNICEF Namibia/2025

UNICEF supported water points in Kavango West and Kavango East as part of the cholera response.

@UNICEF Namibia/2025

Mothers and children from rural communities attending a Ministry of Health and Social Services outreach session for nutrition screening supported by UNICEF.

RWANDA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2025, Rwanda faced multiple emergencies, including the continuation of the mpox outbreak from 2024, the onset of cholera in Rutsiro district, (progressively expanding to other four, Lake Kivu neighboring districts), and of measles outbreaks in 4 districts. Additionally, the situation in the Democratic Republic of the Congo (DRC) triggered displacements of population (refugees, returnees) on the border of

Rwanda in February, March and May-June 2025.

Health outbreaks: Cholera, Measles and mpox[6]

In Rwanda, a cholera outbreak began in March on Bugarura Island in Rutsiro District and subsequently spread to the four other districts bordering Lake Kivu (Rubavu, Karongi, Nyamasheke and Rusizi), in the Western Province. Cumulatively in 2025, 324 cases had been recorded. Since March 2025, Rwanda responded to cholera outbreak in the Western Province. In 2025, 8 districts (Huye, Gisagara, Nyarugenge, Gatsibo, Karongi, Nyamasheke, Nyagatare and Nyabihu) recorded measles outbreaks and a total of 2,620 suspected measles cases were reported. Since the Mpox outbreak onset in July 2024, a total of 7,787 suspected mpox cases were recorded in Rwanda, and 128 were confirmed. In 2025; 2,166 suspected mpox cases were recorded, of which 460 were confirmed.

Rwandan Returnees and refugees

The sharp escalation of conflict in eastern DRC since mid-January 2025 prompted a significant rise in the number of Rwandan returnees[7] . As of 31 October, 4,876 Rwandan refugees had returned (of which 4,865 came from the Democratic Republic of Congo (DRC). In May 2025 alone—1,193 returnees were recorded and 928 in October 2025. Most were accommodated at the Nyarushishi Transit Centre, with a few located at the Kijote Transit Centre. This represents an almost 200% increase from the original 2025 planning figures (2,500). To this, a total of 6,047 voluntary returnees from DR Congo also arrived in 2025 (UNCHR Returnees statistics monthly update).

UNICEF Rwanda and MTN Rwanda visited families in Bukure Sector, Gicumbi District, to see firsthand the impact an intervention to prevent malnutrition among children.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Following the official declaration of the end of the 2024 Marburg Viral Disease (MVD) outbreak on 19 December 2024, many preparedness activities in 2025 were focused on strengthening outbreak prevention and early detection mechanisms. In response to the cholera outbreak, comprehensive control measures were implemented, including active case finding within affected communities, distribution of water purification tablets, provision of safe drinking water, and cholera case management, complemented by Risk Communication and Community Engagement (RCCE) activities to raise awareness. UNICEF supported water supply interventions, which played a key role in improving access to clean water and reducing transmission risks in affected areas.

Community-based surveillance

Outbreak prevention (mpox, MVD, Measles, Cholera)

55,022 Community Health Workers (CHWs) in Rwanda, 64.3% of whom are female, received training on community-based surveillance, including Marburg and mpox. Over 25,000 CHWs worked in 15 high-risk districts to conduct house-to-house active case finding and deliver prevention messages, reaching about 4 million people in over 1 million households through three rounds in 2025. UNICEF improved the event-based surveillance system, integrating data from various sources and standardizing practices to enhance timely detection and response. Response activities included measles outbreak management, reactive vaccination campaigns, active cholera case finding, and distribution of water purification supplies. Additionally, UNICEF supported capacity-building for 159 health workers and 1,869 school counsellors overseeing mental health services in affected districts.

Risk Communication and Community Engagement (RCCE)

The Social Behavior Change section, in partnership with Rwanda Biomedical Center and Rwanda Red Cross, implemented Risk Communication and Community Engagement (RCCE) initiatives across 17 Rwandan districts to prevent Mpox and MVD. Over 40,929 frontline workers engaged more than 3 million residents through print, radio, home visits, community dialogues, and gatherings, sharing information on disease prevention, mental health, and gender-based violence. A feedback mechanism involving 3,683 respondents ensured adaptive programming, while two digital KAP surveys demonstrated increased awareness and decreased risky behaviors. An additional 7,000+ frontline workers improved their knowledge of multi-hazards identified by the national emergency plan. RCCE system strengthening plans were completed in collaboration with the Ministry of Health, with ongoing virtual training and mobilization efforts. The RCCE digital gateway was launched for toolkit access and real-time monitoring, and a partner pool was formed for rapid response to health emergencies. UNICEF supported IEC material dissemination via radios to boost awareness and behavior change for Cholera, measles, Rift Valley Fever,

and Typhoid Fever in high-risk districts, reaching over 3 million people.

Mental Health and Psychosocial Support (MHPSS)

UNICEF led efforts to expand Mental Health and Psychosocial Support (MHPSS) during health emergencies, training 52,983 volunteers in Psychological First Aid (PFA) across 12 priority districts for immediate support to children and families. A national guide was created to train 298 health professionals from RBC, district hospitals, and health centers. Additionally, a simplified guide aided community volunteers in PFA and child protection risk identification, with 483 local leaders trained to cascade instruction to villages. Comprehensive PFA training equipped volunteers to assist bereaved families through targeted visits. These initiatives provided MHPSS services and information to 135,370 individuals.

Child Protection

UNICEF has supported the revision of child protection guides for professionals in child protection and health to ensure that they provide adequate support to children and families affected by MVD/mpox. The child protection guides were used to train 36 child protection professionals at national and local levels. Also, in addition to the support with recreational materials provided to children in health facilities and/or those self-isolated in their homes, child protection professionals also participated in home visits in the MVD post recovery phase, to ensure that those affected received enough support for smooth community reintegration and recovery. The home visits were carried out to ensure continuity of support, including parenting support to orphaned children, as well as mental health support. The simplified guide developed for PFA also includes dedicated sessions on child protection and care, which ensured that all IZUs trained in the 12 districts were fully equipped to provide wraparound MHPSS and child protection and care support in the 12 priority districts. MHPSS reach was overachieved at 135% of the target as this is a cross-sectoral indicator that was also supported through SBC and Health & Nutrition funding streams. In addition, cascading of the training is still underway in the three districts of City of Kigali and Rubavu district bordering with DRC, reaching an additional 4,421 IZU at village and cells levels. Lastly, a Standards Operating Procedures (SoPs) on supporting children and other vulnerable groups during disasters is being finalized with the Ministry of Emergency Management; a national team of trainers who are also members of the cluster on “vulnerable”/special categories has been put in place and they participated in the elaboration of the SoPs.

IPC/WASH

MVD and mpox response

UNICEF continued to support the Ministry of Health (MoH) in effective infection prevention control (IPC) through the secondment of an IPC specialist until April 2025. The IPC expert provided technical support for training on IPC for 125 staff from health care facilities as well as IPC assessments, audits, and supportive supervision for improvement of IPC at priority healthcare facilities.Critical IPC supplies including 1,800 bottles of alcohol-based handrub; 7,758 N95 respirators; 5,000 fog-resistant disposable face shields, 1,000 surgical masks; 3,508 protective goggles; 12,987 pairs of examination gloves; 234,800 head covers; 5,627 gowns; 996 coveralls; 1,320 scrub tunics; 11,850 sharps safety boxes; 35,600 biohazard waste bags; and 68 drums (1330 kg) of chlorine powder were procured. These supplies were distributed by Rwanda Medical Supply (RMS) Ltd and benefitted six health care facilities, two isolation centres and two treatment centres. Additionally, 1,400 bottles of alcohol/ethanol and 60,0000 hand sanitizers were delivered to RMS to strengthen frontline health workers' protection and enhance hygiene measures across health facilities. Moreover, financial support was provided to support the distribution, training, and use of the supplies for the response. Handwashing facilities were improved in 22 schools. These facilities are benefiting over 20,000 learners. In addition, border eight entry points benefited from improvements in handwashing facilities. These facilities are currently benefiting the estimated over 23,000 people who cross the border through the entry points daily. Work on improving water supply services targeting over 40,000 people is ongoing. In addition, work on improvement of WASH services in 52 healthcare facilities is also underway.

Cholera response

In response to cholera outbreak in Rutsiro district, UNICEF provided 530,000 water purification tablets, 980 jerry cans and 3 bladders (one each 10 m3 capacity, and two of 5 m3 capacity). These supplies resulted in provision of emergency water supply to an estimated 2,700 people at risk of cholera.

Nutrition

Rwanda has been receiving returnees from the Eastern DRC through two transit centers, Nyarushishi located in Rusizi district and Kijote located in Nyabihu District. From the beginning of 2025 a total of 633 under five years children and 133 pregnant and breastfeeding women (PBW) were screened for acute malnutrition.

Coordination

In 2025, Rwanda CO benefited from the support of an emergency coordinator, and a public health Emergency Specialist, both recruited in November 2024 and were present until Q1 2025. UNICEF liaised with other UN Agencies on coordinated response for returnees/refugees (with UNHCR) and on outbreak prevention (with WHO) and responded to requests from the Government to prevent spreading of cholera. As part of the learning process on outbreak management, UNICEF also participated in the after-action review of the 2024 Marburg outbreak response, which took place in Musanze, under the leadership of Rwanda MoH, and participated to the high-level regional call on Cholera in Africa in June 2025.

Prevention of Sexual Exploitation and Abuse (PSEA)

Through the Knowledge, Attitudes and Practices (KAP) digital surveys on risky behaviors, community members expressed the need for more trusted and accessible reporting channels for SEA, face to face reporting being the most preferred option. This led to more engagement with frontline workers to raise awareness and accountability on PSEA. Sixty (60) leaders from religious institutions and 52,983 community-based volunteers including CHWs, IZUs (social community workers) and Red Cross volunteers in 12 priority districts were trained on PSEA and reached over 3 million community members in selected districts through RCCE partnerships using various channels including print materials, radio broadcasts, house-to-house visits, community dialogues, and religious and public gatherings. A dedicated section on PSEA was

included in the national training guides and Standard Operational Procedures (SoPs) for humanitarian interventions including in newly developed National Training Manual on Mental Health and Psychosocial Support (MHPSS) during Public Health Emergencies. All CSOs implementing partners were reassessed on SEA and their focal points trained. Through the UN Inter-Agency PSEA taskforce, UNICEF collaborated with WHO and IOM to support the Government of Rwanda to develop the National Framework on Prevention of violence and sexual harassment at workplace. The Framework is expected to raise accountability for humanitarian workers and civil servants and create a safer work environment across the country.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- As part of the national mpox response coordination, UNICEF's Social and Behaviour Change (SBC) section leads the Risk Communication and Community Engagement (RCCE) pillar under the Ministry of Health (MoH) and the Rwanda Biomedical Centre (RBC), the implementing department under MoH. UNICEF also supports Infection Prevention and Control (IPC) and the Water, Sanitation and Hygiene (WASH) pillars, ensuring communities have both accurate information and the tools needed for prevention. In Musanze and other high-risk districts, UNICEF provides training materials, hygiene kits, and visual communication tools such as posters, leaflets, and booklets that Protais and other volunteers use in their outreach sessions.

- There is a strong cadre of 1,263 CHWs in Kamonyi district with whom UNICEF – through the Rwanda Biomedical Center – is working on the mpox response. The CHWs conduct active case finding by going door-to-door amongst households in the 12 sectors that make up Kamonyi district reaching almost 235,000 residents of the district with life-saving messages on mpox identification and prevention.

- The Republic of Korea has contributed US$900,000 to UNICEF Rwanda to support the Ministry of Health and Ministry of Infrastructure strengthen and sustain essential health, and water, sanitation and hygiene (WASH) services for children and families across the country.

SOUTH AFRICA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Throughout 2025, South Africa tackled escalating crises driven by extreme weather events and persistent public health threats, straining humanitarian response efforts. Devastating floods bookended the year, with the Eastern Cape experiencing the deadliest single event in June, which claimed 103 lives, displaced thousands, and caused over R5 billion in infrastructure damage.

By year's end, the cumulative national death toll from floods and severe weather exceeded 100, with critical incidents also impacting Mpumalanga and Limpopo provinces, where Mpumalanga recorded 20 fatalities and damage to over 1,300 homes, roads, and public infrastructure, while Limpopo reported 18 deaths.

Severe storms, unprecedented snowfall, and widespread flooding also affected KwaZulu-Natal (KZN), resulting in significant fatalities, mass displacement, and extensive infrastructure destruction, with over 46,565 people affected across Eastern Cape and KZN during major June events alone, homes demolished, transport networks impacted, and substantial livestock losses. Flooding in April-May affected 4,429 households and injured 18, while summer extremes in the Western Cape scorched nearly 100,000 hectares in wildfires, exacerbating agricultural vulnerabilities. Displaced families relied on temporary shelters throughout the affected regions.

Concurrently, the health sector contended with multiple outbreaks: respiratory diphtheria, with around 59 confirmed cases nationwide by June and a case-fatality rate (CFR) averaging 6.1% across Africa amid regional resurgence, though local rates reached up to 20% in severe instances; mpox, with at least 10 confirmed cases showing evidence of local transmission; and a measles surge totaling 2,289 laboratory-confirmed cases in children by December.

Cholera risks persisted in Limpopo due to flooding, cross-border movements, and water contamination, with a cluster of two confirmed cases in Vhembe District, the first for the year, and related gastroenteritis spikes in December affecting communities.

Malnutrition affected 23% of children under five in severe food poverty, compounded by suboptimal vaccination coverage, with DTP1 rates below 90% contributing to heightened vulnerabilities. These interconnected challenges underscored the immense pressure on South Africa's public health and disaster management infrastructure throughout 2025.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health and Nutrition

Health and nutrition section have made efforts in strengthening immunization services in South Africa through the national roll-out of the Reach Every District Strategy (RED), strengthening district immunization system performance through institutionalization of microplanning, data-driven action, supportive supervision and targeted strategies to identify and reach zero-dose and under-immunized children. Africa Vaccination Week focused efforts on 12 high-risk districts to boost routine immunization uptake, identify zero-dose children, and strengthen facility-level outreach through community mobilization and microplan-driven sessions. Collaborative efforts with UN agencies, government partners, and delivery partners established a steering committee, technical working group, and M&E working group for pandemic preparedness, prevention, and response, developing micro-plans, while joint initiatives with WHO and UNFPA supported national Maternal

and Newborn Health (MNH) programme prioritization. Public health emergency responses included urgent procurement of 347 vials of diphtheria antitoxin to address the diphtheria outbreak and technical support for Mpox vaccine deployment, including planning, community perception research, and job aid development, alongside measles outbreak response. In addition, UNICEF supported the adoption of child wasting management training and the investment case for the National School Nutrition Programme to improve nutritional outcomes amidst ongoing humanitarian crises.

Child Protection

UNICEF supported system strengthening interventions led by the Department of Social Development in the NorthWest Province. In the context of Operation Vala Mugodi targeting illegal mining and implemented by the police and organized crime units, the Department identified 31 Mozambican children that had been trafficked. UNICEF provided technical support through training of social service professionals. The interventions ensured due process which included access to justice, immediate care and protection, and facilitation of family reunification in their country of origin.

WASH

Significant advancements have been made in Water, Sanitation, and Hygiene (WASH) in South Africa, with the National Department of Water and Sanitation developing a draft national framework for Climate Resilient WASH to address climate-related challenges. This framework includes modeling three climate-resilient WASH facilities, incorporating key interventions such as rainwater harvesting systems, solar-powered pumps, low-flush toilets, and handwashing stations to enhance sustainability. Water quality monitoring has been prioritized in Early Childhood Development Centers (ECDCs) and schools, supported by the development and dissemination of WASH indicators and training guidelines on drinking water quality monitoring. These resources have been shared with ECDCs, schools, districts, the Department of Basic Education, and other relevant departments, while also being made publicly accessible. The training program featured hands-on water quality testing, capacitating over 30 ECD practitioners (24 female, 6 male), empowering schools and communities to conduct their own assessments and integrate monitoring into routine education activities. Additionally, 15,261 children (8,084 girls, 7,177 boys aged 5-19), 2,755 unemployed youth (1,535 women, 1,220 men), and 1,072 community members including government officials (699 women, 373 men) have been trained in drinking water quality monitoring. Further innovation includes the selection, training, and mentoring of 8 youth-led climate-resilient WASH businesses (4 women, 4 men) from 4 districts, equipping them with skills to market services ensuring safe drinking water in schools and ECDCs.

Climate

South Africa advanced climate action through partnerships with government, NGOs, businesses, and municipalities. In 2025, 19,339 youths restored 295 hectares of degraded land, including 15 hectares cleared of invasive alien plants to reduce wildfire and flood risks and collected 861 tons of waste, with 20% recycled, reducing health and environmental hazards. Youth also planted 2,148 indigenous trees and established 18 sustainable food gardens across Gauteng, KZN, and Northwest, strengthening environmental restoration. UNICEF also supported development of a national Child Climate Risk Index (CCRI) to map climate risks for children at district level, aiding regular planning, emergency preparedness and response planning. In parallel, UNICEF supported the development of the national Child Climate Risk Index (CCRI) to map climate risks for children at the district level, aiding regular planning, emergency preparedness, and response. Following a national validation workshop, the CCRI will be integrated into government systems and hosted on its website by August 2025, ensuring sustainability and use by local planners. UNICEF further convened national consultations to gather children and youth’s recommendations to strengthen consideration of children’s rights in revising SA’s Nationally Determined Contributions for submission to the COP30 at Belem, Brazil in November.

Risk Communication and Community Engagement, Accountability to Affected Population, Localization

Efforts to strengthen immunization systems have centered on reducing the rising rate of zero-dose children through targeted community engagement initiatives. Training of 81 health promoters in Community Engagement (CE) was pivotal and was important in equipping them to support the Reach Every District (RED) microplanning process in priority districts; further mentoring included during Africa Vaccination Week (AVW) and fostering advocacy engagements with faith leaders. These efforts are seamlessly integrated into the Department of Health’s (DoH) broader RCCE framework, enhancing coordination and trust. To further build RCCE systems, UNICEF supported the development of the country’s first Community Feedback Tool, ensuring it aligned with minimum standards and best practices on Accountability to Affected Populations and for collecting, analyzing and responding to community voices.

Assessments of barriers to vaccine uptake are underway and will provide critical insights to tailor interventions and curb the projected rise of zero-dose children beyond 222,660 reported in 2023. In the realm of prevention, preparedness, and response, significant progress has been made with the completion of the Mpox vaccine Rapid Quality Assessment (RQA), alongside the development of an RQA Curriculum and training package to strengthen response capabilities. Data collection for a national survey on Societal Preparedness Indicators has been completed, providing baseline insights on levels of public trust, cooperation and emotional responses to crises situations to inform implementation of the National Health Action Plan for Health Security and actions to build societal resilience. UNICEF also convened a series of workshops with provincial community radio forums, to co-develop a community media framework to guide communication during health emergencies, and to strengthen the role these trusted media channels can play in RCCE during PHE. Under the Pandemic Fund. UNICEF continues to lead RCCE human resource and systems strengthening and has convened extensive consultations with Govt directorates and implementing partners to develop coordinated implementation plans, including strengthening of social and community listening capacity.

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Newly installed 5kl elevated storage tank and rainwater harvesting system at Mabayana High School in KwaZulu-Natal, ensuring reliable water supply for low-flush toilets and handwashing facilities.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In response to the severe 2025 storms, snow, and floods impacting the Eastern Cape and KwaZulu-Natal (KZN), UNICEF has been guided by the leadership of the Resident Coordinator's Office under ONE UN. Rapid assessment reports, conducted through existing collaborations with the South African Red Cross and World Vision South Africa, were shared with sister agencies, informing UNICEF's response strategies in the affected provinces. UNICEF participated in government meetings organized by the National Disaster Management Centre, building on ongoing support through the WASH Programme's community-based emergency guide. The South African Red Cross represented UNICEF in Joint Operations Committee meetings in KZN, facilitating the identification and sharing of resource gaps as determined by the government, and supporting additional budget requests, particularly for Child Protection and WASH programmes. UNICEF, advocating for children on the move via the Protection Working Group (PWG) chaired by UNHCR and the Department of Justice and Constitutional Development (DoJCD), co-designed a contingency plan with stakeholders to address potential civil unrest, including attacks against migrants, tailored to the current crisis context.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Despite notable progress in water, sanitation, and hygiene (WASH) services in South Africa, significant challenges persist. This includes too many children still not having access to suitable handwashing and toilet facilities at their schools and ECD centers in some parts of this country. This in turn results in absenteeism and ill health among the learners and, in the long term, has a negative impact on education outcomes at these schools and on the learners themselves.

- Safe and sanitary facilities bring relief, improve learning in schools

TANZANIA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Between January and December 2025, Tanzania faced multiple crises, including floods, a protracted refugee situation, and outbreaks of cholera, Mpox, Marburg Virus Disease, measles, and polio. Cholera persisted with 5400 new cases and 67 deaths on the mainland and 2,491 cases with 69 deaths in Zanzibar, largely due to poor WASH services. Mpox spread to 22 regions with 206 confirmed cases, while Marburg Virus Disease caused 10 deaths before being declared over in March. Measles outbreaks affected mostly children under five, raising concerns over vaccine management, and five polio virus detection in Mwanza prompted planned immunization campaigns. Floods displaced 40,000 people across 10 regions, while Tanzania hosted over 229,446 refugees, mainly from Burundi and the DRC, with children and women making up the majority. Refugees faced limited access to food, health, WASH, and education, relying heavily on humanitarian aid. UNICEF worked with the government and partners on emergency coordination, health response, RCCE, WASH, education, nutrition, MHPSS and refugee support to address these overlapping crises.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Water Sanitation and Hygiene (WASH)

Public Health Emergencies:

UNICEF co-led the WASH pillar for Public Health Emergencies, delivering infection prevention supplies to 14 high-risk regions and improving water quality for over 114,000 people in Zanzibar. In response to outbreaks of cholera, Marburg, and Mpox across Tanzania, UNICEF

provided safe water to nearly half a million people, distributed sanitation supplies, conducted training for health workers and community leaders, and supported water purification efforts. Over 22,000 households in Zanzibar received purification sachets, while millions of tablets and supplies were distributed nationwide. In Biharamulo and Uvinza DC, handwashing stations, WASH kits, and training benefited thousands, including school children and maternity patients. A three-year sanitation strategy was launched in Kigoma, along with community outreach and monitoring for Mpox. These interventions strengthened outbreak preparedness and improved infection prevention for vulnerable populations.

Refugees: In partnership with UNHCR, UNICEF rehabilitated WASH infrastructure to improve access to safe water, sanitation and hygiene for 50,680 refugees, including 29,394 children in Nyarugusu refugee camp. UNICEF donated 3,000 disposable pads and 3,000 reusable pads to UNHCR which were distributed to children in refugee schools during the commemoration of the Global Menstrual Hygiene Health (MHH) on the 28th of May 2025 to ensure girls are not missing classes. Moreover, UNICEF provided 244 taps to replace broken taps, improving clean water access in the camps, and over 50,000 refugees were given access to handwashing facilities through provision of liquid soap and 108 water barrels.

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

Public Health Emergencies:

During the reporting period, RCCE was coordinated with organizations including UNICEF, MOH, WHO, Africa CDC, IFRC, and NGOs for a unified response. In Kagera's Marburg outbreak, over 6.1 million people were reached through radio and campaigns, while CHWs covered 74% of households and schools using real-time feedback systems. Assessments in Tanzania and Zanzibar showed good Mpox awareness but identified gaps in prevention and care knowledge; 235,100 IEC materials and a national media campaign targeted these issues, reaching over 20 million people.

Training efforts included Marburg virus prevention for traditional healers, managers, health workers, religious and community leaders, and media professionals. Cholera intervention training was provided to 40 practitioners, and more than 70 SBC specialists learned systems-based approaches. Collaborative strategies improved rapid, data-driven RCCE.

In Zanzibar, HPV vaccination reached over 120,000 girls (81%) and parenting education programs supported child health. Over 2,300 frontline workers received acute watery diarrhoea and Mpox training, while multi-channel outreach engaged 1.6 million residents. Enhanced call center and committee systems, plus transport messaging, strengthened preparedness and response.

Refugee response: UNICEF in collaboration with UNHCR and other humanitarian agencies, continued to support health education for Congolese and Burundian refugees living in Nduta and Nyarugusu camps. This is an ongoing effort to make hygiene practices part of their daily life to prevent diarrhoea diseases and other infectious diseases like Mpox. A total of 147,154 refugees including 67,691 (46%) men and 38,260 (26%) children were reached with hygiene messaging in Nduta and Nyarugusu camps through 2,400 radio programs, 2,300 printed messages and mobilizers.

Child Protection

Public Health Emergencies:

UNICEF supported 17 Social Welfare Officers and Mental Health Coordinators to provide MHPSS in Kagera during the MVD outbreak, reintegrating 380 patients with families, assisting 342 households with supplies, and addressing 23 child protection cases. Reintegration and ECD kits reached 263 children, while 1,089 frontline and community actors—including health workers, women's groups, local leaders, journalists, and traditional healers—were trained in Psychological First Aid. Coordination efforts with WHO, TAPA, and national ministries ensured harmonized responses and improved preparedness. Regular coordination meetings guided MVD response and future emergency planning. Additionally, UNICEF facilitated online MHPSS training for regional officers across all 26 regions, enhancing national readiness and coordination capacity

Refugee response:

UNICEF, in partnership with the Danish Refugee Council, provided child protection services in Nduta and Nyarugusu refugee camps. A cumulative total of 1,497 (781 girls and 716 boys) children received case management support recorded in the CPIMS+. Dignity kits were distributed to 409 adolescent girls across both camps, while 519 adolescents participated in life skills sessions to support health and wellbeing. Community-based initiatives provided soap to 281 child protection committee members, foster parents, and staff, and 165 caregivers attended positive parenting sessions, each receiving hygiene supplies. Furthermore, mental health and psychosocial support (MHPSS) services were provided to 6,324 refugee children addressing psychosocial distress and strengthening resilience.

Education

Refugee response :

During the reporting period, UNICEF in collaboration with UNHCR and other Education partners, supported 3,354 students (51% girls) to sit for Congolese national examinations. This included 2,146 candidates for Grade 6 (1,123 girls) and 1,208 candidates for Grade 8 (603 girls). Of these, 915 students passed the Grade 6 exams and 1,668 passed the Grade 8 exams, resulting in overall pass rates of 75.7% (78% for girls) in Grade 6 and 77% (76% for girls) in Grade 8. UNICEF provided learning materials to 58,901 refugee children (28,941 girls and 29,960 boys) in primary and secondary schools in Nyarugusu and Nduta refugee camps. UNICEF, UNHCR, the Ministry of Home Affairs, and other education partners continue to support 70,540 refugee children (49% girls) enrolled in pre-primary, primary, and secondary schools to ensure continuation of learning amidst severe funding constraints to support the refugee response, while key partners for education like SavetheChildren has closed their offices in the refugee camps.

Health

Public Health Emergencies

UNICEF assisted the Ministry of Health in responding to cVDPV2 outbreaks in Mwanza by helping develop a plan for two polio vaccination campaigns in February and March 2026, targeting 6.7 million children under 10 across 7 regions. Technical support was provided for vaccine quantification and active case surveillance. During the DRC's 16th Ebola outbreak (October 2025), UNICEF supported national contingency planning, updated its preparedness plan, and pre-positioned VHF PPE at 25 entry points. In Biharamulo, UNICEF joined WHO, MSF, and partners to assess Marburg impacts and supplied PPE to Kagera and 13 high-risk regions. For Mpox, UNICEF advocated for vaccine introduction with NITAG approval, ready to deploy upon MoH finalization. UNICEF investigated measles cases in Buhigwe among vaccinated children to address vaccine handling issues. After cVDP2 detection in Mwanza, UNICEF partnered with WHO and GPEI to boost polio surveillance through active searches.

Refugees :

UNICEF in collaboration with the Tanzania Red Cross screened 21,234 asylum seekers from the Democratic republic of Congo (9,732 males, 11,502 females). 1,052 under-five Children, 592 pregnant women and 1,411 lactating women). Out of the screened groups 2,207 were identified with medical conditions, and about 9,182 under-fives refugee children that had missed vaccine doses were vaccinated. Another 23,340 mothers and newborns (233%) received early postnatal care within 48 hours of delivery, and 21,654 mothers and children (108%) received routine vaccinations. Awareness raising on prevention and mitigation against Mpox, cholera, measles and polio diseases was conducted using information, education and communication materials from government health facilities.

Nutrition

Refugee response :

Cumulatively, 908 refugee children (386 boys and 522 girls) with severe wasting were identified and treated in the refugee camps and in host community in Kigoma region for the months of January - June 2025, reaching 76 per cent of the annual target of 1,200. The performance of the programme is within SPHERE standards for death (2 per cent) and defaulter (1 per cent) rates while the cure rate was 60 percent. Furthermore, 35,225 (97 per cent) chilfdren aged 6-59 months received vitamin A supplementation in the second round of the Child Health and Nutrition Month (CHNM) campaigns. In addition, 31,305 pregnant women and mothers of children under five years received infant and young child feeding (IYCF) messages through community nutrition volunteers and health information teams who were trained on IYCF with UNICEF support. The main challenge is the low coverage of identification of severely wasted children in the community and frequent stock out of therapeutic foods.

Social protection and Humanitarian Cash Transfers

Public health emergencies :

A total of 92 households (total of 497 individuals and the number of children 300) affected by Marburg Virus Disease in Kagera region were each paid a lump sum of Tsh 100,000 (about US$ 40) for three months to support their livelihoods after being quarantined for two months. UNICEF in collaboration with Tanzania Social Action Trust Fund (TASAF) conducted a rapid assessment with support of the MHPSS team to identify most vulnerable people affected by the quarantine (60 days) who faced negative socio-economic impact.

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UNICEF Executive Director Catherine Russell meets with mothers and their babies as they play and learn together at the Mlowo Village Health and Nutrition Day in Tanzania.

HUMAN INTEREST STORIES

- When Domitina, 23, was finally reunited with her children, it was an emotional homecoming. After spending 21 days in isolation at a designated hotel in Biharamulo District in Kagera Region, she returned to her village Katelela. with a certificate from the Ministry of Health — proof that she was not infectious. The certificate was a key piece of reassurance, not just for her, but for the community as well.

UGANDA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

In 2025, Uganda faced multiple humanitarian challenges, including, refugee influxes, public health emergencies, nutrition crises and climate-induced disasters.

Refugees

As of December 2025, Uganda hosted over 1.97 million refugees and asylum-seekers, with around one million children and 47,991 unaccompanied or separated children facing significant protection concerns due to reduced aid. In 2025, 147,000 refugees arrived—primarily from DRC (54%), South Sudan (29%), and Sudan (15%). The population is predominantly vulnerable: 52% are children, 77% women and children combined, and 6.8% have disabilities. Suicide incidents totaled 155 (112 attempts, 43 deaths, 10 repeated) across 13 settlements. Malnutrition rates among children under five rose to 7.8%, up from 5.4% in 2024, and outbreaks of diseases increased hardship. Primary school enrolment dropped from 95% in 2023 to 79% in 2025, risking a teacher shortage in 92 schools by 2026. Access to safe water and sanitation remains urgent, and decreasing support from partners is straining social services for refugees and host communities. UNICEF continues providing integrated humanitarian services to support both groups.

Public Health Emergencies (PHEs):

Uganda managed several public health emergencies, including mpox, Sudan Virus Disease (SVD), cholera, measles, and Crimean Congo Hemorrhagic Fever. These outbreaks strained the healthcare system, especially in vulnerable urban communities.

Mpox remained widespread, affecting 121 of 146 districts in 2025, with 28 districts reporting active cases. Since 2024, there were 8,359 confirmed cases and 50 deaths, most occurring in 2025. Over half of mpox cases involved co-infection with HIV, impacting health services. The Ministry of Health integrated mpox response into routine care from late 2025 to early 2026.

On January 30, 2025, SVD was declared with 12 confirmed cases and four deaths across seven areas; rapid government action and vaccination contained the outbreak by April. There were 227 cholera cases in six districts. Measles appeared in 66 districts, with 896 cases reported; 43 districts achieved outbreak control. Immunization gaps, worsened by COVID-19 disruptions, led to increased measles risk.

Nutrition situation in Karamoja

According to the 2025 national Food Security and Nutrition Assessment (FSNA) and Integrated Food Security Phase Classification (IPC) analysis, Karamoja subregion remains Uganda's most food-insecure region. Eight out of nine districts that make up the Karamoja sub region are classified to be in IPC Phase three (crisis), with approximately 442,474 people, representing 29.6 per cent of the sub-region population, facing severe food insecurity. This includes an estimated 128,104 children suffering from Global Acute Malnutrition (GAM), of whom approximately 28,282 are severely acutely malnourished (SAM). Dietary diversity and food consumption scores are persistently low, and acute malnutrition levels are alarmingly high. Acute malnutrition rates are highest in Karamoja with GAM of 13.5 percent compared to other subregions. Key contributing factors include limited access to safe water, inadequate WASH services, low dietary intake (both quantity and diversity) among children, and recurrent disease outbreaks. Child food poverty in the region is above 90 per cent, indicating a worrying gap in availability of, and access to diversified and nutritious diets for children.

Natural hazards

From January to October 2025, 162,146 individuals (24,438 households, and on average 38 per cent are children), were affected by hydrometeorological hazards across Uganda according to IOM Displacement Tracking Matrix (DTM) and OPM. More than half of the people affected, were female (58 per cent). The natural hazards led to internal displacement of 33,155 individuals (10,395 households) and significant infrastructure damage, with houses partially (4,176) or completely (3,249) destroyed. Additionally, water facilities (277), schools (97) and health facilities (46) were negatively impacted to varying degrees.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Health

UNICEF and partners responded to multiple public health emergencies in 2025, in line with its core mandate of safeguarding maternal and child health. UNICEF focused its response2 particularly on the mpox, SVD, cholera, and measles outbreaks. With only 31 per cent of the planned health funding received, an estimated 214,850 children and women (22.5 per cent of the target) were able to access primary health care services, and 109,424 individuals (53.2 per cent of them children) were vaccinated against measles. The targets for both indicators were not met due to insufficient funding, which limited UNICEF's ability to support all districts experiencing measles outbreaks and other public health emergencies. UNICEF interventions included vaccine procurement and delivery, data collection, deployment of human resources, capacity building for health workers, strengthening of surveillance and monitoring systems and effective coordination at district and sub county levels which continue to add value to sustainability. UNICEF printed and distributed 100,000 mpox vaccination cards to strengthen data capture and reporting. UNICEF supported the six cholera-affected districts by deploying eight Acute Watery Diarrhea (AWD) kits, disseminating information, education and communication (IEC) materials in multiple languages, and reinforcing community-level hygiene promotion.

Nutrition

UNICEF and partners led emergency nutrition responses across Karamoja, refugees and host communities in West Nile and Southwestern Uganda. Over 27,062 (58 per cent of the target) children with severe wasting were admitted and treated, including 13,907 children in Karamoja and 13,155 in refugee-hosting districts, where nutrition needs intensified due to refugee influxes, disease outbreaks, and food insecurity. Achievement fell below the target mainly due to a significant decline in complementary activities from implementing partners in the

refugee response. Reductions in World Food Programme (WFP) food assistance coverage and ration sizes, along with UNHCR's cuts in surge staffing, placed additional pressure on health and nutrition services. UNICEF had to partially compensate for these gaps by prioritizing and leveraging existing resources. While the nutrition sector received close to 100 per cent of the funding eventually secured for 2025, a significant proportion of these funds were received late in the year, limiting UNICEF's ability to fully scale up treatment services, pre-position supplies, and expand outreach coverage within the reporting period. In contrast, over 438,583 (101 per cent of the target) mothers and caretakers were counselled on optimal Infant and Young Child Feeding (IYCF) guidelines in an emergency context. Performance beyond target was enabled by the integration of IYCF counselling into community outreaches, and Social and Behavioral Change (SBC) platforms.

Child Protection

UNICEF and partners addressed refugee influxes and public health emergencies to safeguard children from violence and neglect. Mental Health and Psychosocial Support (MHPSS) services reached 179,988 people, including 45,348 through the refugee response (19,548 children; 25,800 adults), 20 refugee children with disabilities, and the remainder via mpox and SVD efforts.

For public health emergencies, 134,640 were served (62,239 children; 72,401 adults) with psychoeducation, recreational activities, therapy, life skills training, and remote counselling. UNICEF also supported 1,356 unaccompanied and separated children with alternative care, monitoring, foster placements, and family reunification.

Success in MHPSS delivery was driven by multiple emergencies, increased refugee arrivals from Sudan, South Sudan, and DRC, and strong partnerships with government and local organizations. Integration of sexual exploitation and GBV prevention enabled expanded child protection services using EPF funding for PSEA interventions.

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

UNICEF and partners supported the MoGLSD, through the SAUTI Child Helpline, the District Local Governments (DLGs) and Butabika National Mental Health Referral Hospital to integrate GBV and Prevention of Sexual Exploitation and Abuse (PSEA) guidelines into public health and refugee emergency responses. Key interventions included awareness campaigns on GBV risk mitigation, prevention, and response, reaching 1,991,831 women, boys, and girls (968,398 boys and men; 1,023,433 girls and women). Of those reached, 2,173 GBV survivors (650 males and 1,523 females) accessed GBV prevention, risk mitigation, and response services. In addition, 1,321,348 individuals (316,907 males and 1,004,441 females) were informed about available safe channels for reporting sexual exploitation and abuse. For PSEA and GBV risk mitigation, prevention, and response. The HAC 2025 targets were for child protection sector only and yet the achievement registered accounts for the country office result for the year, hence the high percentage achievement. Also, integration of PSEA and GBV especially child protection and working closely with SBC through messaging enabled reaching a wider audience and PSEA funding for PHE, and the UNICEF internal loan.

Education

UNICEF and partners ensured continuity of education during emergencies most notably public health emergencies, reaching 168,285 learners and adolescents through interventions across early childhood development, foundational learning, and adolescent skills development across 11 districts in Uganda. An estimated 163,609 children accessed learning and emergency support in formal or non-formal education settings, including in early learning settings. 3,379 teachers were trained on mpox prevention and school surveillance, while an additional 528 teachers strengthened their capacity in mental health and psychosocial support. Mpox standard operating procedures (SOPs) and IEC materials were disseminated nationwide to schools in 146 districts, supported by strengthened coordination and district-level orientation. In parallel, 4,676 adolescents benefited from skills development, 1,964 youths not in education or employment participated in life-skills and i-UPSHIFT programmes, 880 out-of-school refugee adolescents accessed accelerated learning programmes, while 1,601 in-school refugee adolescents strengthened life skills through structured sessions delivered with Ministry of Education and Sports (MoES), DLGs and school partners. Results were achieved through the strategic use of alternative funding sources amidst lack of humanitarian resources, significantly amplifying reach and impact. The difference in reporting between mid-year and end of year is attributed to the wrong indicator definition which was corrected during end of year result analysis. The strategic shift toward upstream policy and systems strengthening, coupled with implementation delays, accounts for the non-achievement of the adolescent indicator.

WASH

UNICEF played a critical role in responding to public health emergencies, natural disasters, and refugee influxes. An estimated 453,153 people were reached with safe water for drinking and domestic needs through household level treatment of available water, and 725,823 people accessed appropriate sanitation services through household and institutional provision and improvement of existing sanitation facilities. A total of 1,563,780 people received critical WASH supplies for improving personal and environmental hygiene conditions of the affected communities. While the sanitation indicator and the provision of critical WASH supplies were above average and fully met, the water indicator remained below average due to less funds received, yet water supply interventions are capital-intensive. Key interventions included rehabilitation of water systems, borehole motorization, pipeline extension, provision of emergency latrines, handwashing facilities, water treatment supplies and capacity support for health workers on Infection Prevention and Control (IPC).

Social Protection

As part of the emergency response to the mpox outbreak, UNICEF provided one-off cash assistance to 1,321 affected households, focusing on the most vulnerable families with children. This helped to alleviate the economic strain on households undergoing treatment or recovery, many of whom experienced temporary income losses due to employment stoppage during recovery, already existing heightened vulnerability, and increased caregiving responsibilities. Each household received a lump-sum payment equivalent to three months of support, amounting to US$36. By the end of year, the intervention had reached 100 per cent of the targeted 1,300 beneficiary households. The coverage was largely attributed to Mpox interventions where there was an available budget. The social protection funds were utilized through the Child Protection output and implemented using a joint NGO partner, hence the zero funds received report under social protection budget line compared to the achieved results. However, limited funding for social protection under the humanitarian response significantly constrained the scale and reach for other crises. UNICEF received USD 80,000 earmarked under the Social Protection output to provide

one-off emergency cash assistance to vulnerable families with children affected by mpox. For implementation efficiency and to ensure timely delivery during the outbreak, these funds were channeled and liquidated under the Child Protection output budget line through a joint NGO partnership. Consequently, the Social Protection output appears as having received zero funds, even though the planned activities were fully implemented and contributed to the results reported under Social Protection.

Social and Behavioral Change (SBC) and Accountability to Affected Population (AAP)

In 2025, Uganda experienced two major public health emergencies—Ebola (SVD) and Mpox. UNICEF's SBC/RCCE response featured strong coordination and sustainability investments, reaching over 6.7 million people with vital information on available services, engaging 2.2 million in community dialogue, and collecting feedback from 746,000 individuals that shaped programming. Collaboration with MoH, WHO, KCCA, URCS, and S4P ensured harmonized messaging, efficient resource use, and strengthened outreach through urban partnerships, funding, technical assistance, and social listening. Sustainability efforts included district committees, expanded digital feedback mechanisms, and integration of safeguards, reinforcing a unified, evidence-based RCCE approach. By leveraging existing community structures, government systems, and media platforms, UNICEF was able to reach large populations with limited financial resources, ultimately exceeding planned targets despite receiving only 51% of the required funding.

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Stephen Mabor races toward the sound of rushing water, laughter echoing across a camp in Uganda as children cup their hands to drink, splash their faces, and wash the dust from their legs.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

In 2025, UNICEF Uganda's humanitarian efforts continued to align with national priorities and frameworks. Leveraging its technical expertise and partnerships, UNICEF enhanced coordination and accountability in the humanitarian system, especially in child protection by collaborating with multiple ministries and strengthening community-based mechanisms. UNICEF also played a vital role in supporting refugee protection service integration.

An evaluation of OPM-UNICEF Emergency Preparedness and Response initiatives from 2022–2024 found that capacity-building effectively empowered local disaster management committees, emphasizing local ownership and practical skills in responding to emerging risks.

UNICEF led public health emergency preparedness through partnerships, improving community awareness and reporting for SVD and mpox, and supporting nutrition interventions in high-risk regions like Karamoja. The organization actively participated in and co-led interagency groups focused on WASH, child protection, education, and nutrition, ensuring cohesive, locally driven responses. These efforts strengthened crisis preparedness and resilience for Uganda's most vulnerable children and communities.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- A 16-year-old girl refused to be buried by shame, culture and fear but instead found her way back to school through courage, compassion and the G4DU programme, supported by UNICEF with European Union funding.

- Habib Ahmad, 30, arrived at the settlement earlier this year (2025) from Sudan. "I used to spend an entire day walking for water," he says. "Now, I just walk a few metres. It takes me 10 or 15 minutes, and I'm done. UNICEF and the donor (European Union Humanitarian Aid) has solved our water problem. People were really suffering, and you know, water is life."

ZAMBIA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The 2023/24 El Niño-induced drought, which was declared a national disaster in February 2024, continued to exert considerable influence on Zambia throughout 2025. This prolonged drought affected more than 9 million people, spanning over 70 percent of the country's 117 districts. Among those impacted, over 3 million children faced food insecurity, and more than 51,000 were at risk of severe wasting. The scarcity of water further exacerbated vulnerabilities, increasing the risk of malnutrition, diarrheal diseases, and cholera outbreaks. Despite these challenges, the 2024/2025 agricultural season brought relief with a substantial maize harvest exceeding 3.6 million tonnes, contributing to improved national food security. However, Zambia continued to face multiple public health emergencies. Cholera outbreaks began in December 2024, initially affecting 18 districts, resulting in 490 reported cases and 9 deaths. A subsequent wave emerged in 17 districts, with 617 cases and 9 deaths by December 2025, reflecting a case fatality rate of 1.46 percent. In October 2024, a Mpox outbreak was declared and rapidly spread to nine provinces. By December 2025, there were 378 confirmed cumulative cases, with a case fatality rate of 1.1 percent. Notably, 98.9 percent of these cases occurred in 2025. The response to Mpox was further complicated by ongoing cross-border risks associated with the clade 1b virus. Simultaneously, sporadic measles outbreaks were reported across all ten provinces starting in January 2025. A total of 2,488 suspected cases were recorded, with 1,088 tested and 234 confirmed. Most confirmed cases were among children under five years of age, 89 percent of whom were either unvaccinated or had unknown vaccination status. These overlapping crises revealed significant immunity gaps and emphasized the urgent need for enhanced outbreak response and surveillance. Compounding the situation, late-December 2025 brought flooding that damaged infrastructure, displaced communities, disrupted livelihoods, and resulted in the loss of three lives. Together, these events highlight the complex humanitarian needs and persistent challenges facing Zambia.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

Nutrition

In 2025, UNICEF expanded malnutrition screening and treatment for children under five and pregnant and breastfeeding women across Zambia, screening 1,147,659 children (32% of eligible children, up 33% from 2024) and 85,000 women. As a result, 26,376 children with Severe Acute Malnutrition (49% of estimated cases) and 64,965 with Moderate Acute Malnutrition received treatment; 16,875 women were provided with nutritional support. UNICEF supplied 27,069 cartons of Ready-to-Use Therapeutic Food (RUTF) and other therapeutic products, distributed equipment to 200 health facilities, and increased facilities treating SAM to 1,523 nationwide. Despite progress, challenges remained in last-mile delivery and timely case identification.

Health

UNICEF, with the Ministry of Health and ZNPHI, supported cholera and Mpox outbreak responses alongside primary healthcare services. In 14 districts, UNICEF and Zambia Red Cross set up 20 Oral Rehydration Corners and supplied 40 AWD kits for cholera and 30 interagency emergency health kits (IEHKs), and 14 high-performance tents. In the 14 districts that had Cholera outbreaks, an estimated 250,000 were reached with services. Mpox interventions in 19 districts focused on community surveillance, house-to-house communication, and case management. Across 81 facilities, 790 CBHVs and 172 health workers were trained, reaching 258,121 people with Mpox prevention and control messages; identifying 2,534 suspected Mpox cases through community surveillance, with 2,310 showing symptoms; referring 877 symptomatic cases to health facilities (of which three were admitted for treatment) supporting or monitoring 1,360 people with suspected Mpox who were isolated at home. Further, 56,608 children under five were screened for measles; 964 showed symptoms, and 956 were referred for further management. And 1,800 children up to 15 years old were identified with suspected acute flaccid paralysis (AFP); 42% of whom were under five and 801 were referred for assessment. Across the country, 1,406,702 children under the age of five years were vaccinated against Measles through the routine system as opposed to a Supplementary Immunization Activity (SIA) or a campaign, thus the underperformance. This multi-pronged approach strengthened outbreak control and community resilience.

UNICEF was able to reach more people with interventions due to the implementation of integrated responses that enable cross-sectoral collaboration and maximize the use of available resources. Furthermore, health interventions are primarily delivered through government structures, which is more cost-effective as it builds on existing health system capacities and reduces overhead costs.

WASH

Amid overlapping drought, disease outbreaks and flooding, UNICEF scaled life-saving WASH interventions to reduce public health risks including leveraging on regular programme supplies to reach more people. In cholera-affected districts, UNICEF supported water disinfection, chlorine residual monitoring, and rehabilitation of 7 boreholes, restoring safe water for 4,108 people. A total of 146,304 bottles of liquid chlorine and other essential WASH supplies were distributed across Northern, Central, Muchinga, Southern, Luapula, North-Western and Copperbelt provinces, reaching 516,902 people. UNICEF, supported 20 health facilities with WASH and IPC supplies, strengthened basic WASH services through WASHFIT training, and trained health facility staff in infection prevention and control. To strengthen preparedness and response in high-risk areas, UNICEF handed over emergency WASH supplies to the Zambia National Public Health Institute and local authorities which reinforced water quality monitoring in 23 cholera hotspot districts. In parallel, 86 boreholes, including 34 in health facilities, were rehabilitated in drought-affected districts, benefiting 21,500 people. UNICEF also supported Mpox response interventions in Central, Muchinga, and North-Western provinces and meningitis preparedness in Mwense District, reaching 6,681 people, while continuing to co-lead WASH Cluster coordination, WASH/IPC Pillar and Water Quality Monitoring Dashboard.

Social Protection

In 2025, UNICEF supported drought-affected populations in Zambia through the Drought Emergency Cash Transfer (DECT) response, implemented via the national Social Cash Transfer (SCT) system. The intervention reached over 2.2 million households in affected districts within two months, including 1.3 million SCT households and an additional 952,570 non-SCT households. Led by the Ministry of Community Development and Social Services, the response provided bimonthly cash transfers to meet urgent needs such as food, nutrition, and education, helping families avoid negative coping strategies. Beneficiaries received K400 per month, double the regular SCT amount, with non-SCT households receiving K800 per cycle and SCT households receiving a K200 top-up—resulting in payments of K800 for households without persons with disabilities and K1,200 for households with members with disabilities. All payments were completed by June 2025.

UNICEF strengthened Prevention of Sexual Exploitation and Abuse (PSEA) systems by training over 10,000 Pay Point Managers and distributing awareness materials. Strong collaboration between the Government, UNICEF, the World Bank, and partners enabled rapid scale-up through strengthened social protection systems. UNICEF's role was focused on providing technical support to the cash-based response, while the Government and partners provided the funds transferred to beneficiaries.

Social and Behaviour Change (SBC)/ Risk Communication & Community Engagement (RCCE)

In 2025, UNICEF Zambia scaled up integrated, multisectoral RCCE nationwide, delivering cholera- and Mpox-focused community-based interventions in seven provinces and integrating RCCE into Nutrition and WASH programming in three provinces, reaching 2,025,953 people affected by cholera, Mpox and drought. Through partnerships with CSOs and NGOs, 1,892 community-based volunteers were trained and deployed, 113,100 disability-inclusive IEC materials and job aids were distributed, and mass media campaigns reached at least 13 million people nationwide. UNICEF strengthened evidence-driven RCCE through four Rapid Qualitative Assessments covering cholera, Mpox, drought and measles, and through Community Feedback Mechanisms implemented in 21 districts, which collected 43,000 community feedback entries to inform response adjustments and strengthen community trust. These efforts were validated by an RCCE Retrospective Study confirming the critical role of RCCE evidence generation in Zambia's public health emergency response. UNICEF also supported the finalization of key RCCE frameworks, including the Multi-Hazard RCCE Plan, Cholera SBC Plan and Community Feedback Mechanism SOPs.

Child Protection

In 2025, UNICEF helped the Ministry of Community Development and Social Services respond to drought and cholera emergencies, reaching over 611,000 people with messages on risk mitigation, child protection, and GBV through various channels. CWACs assisted more than 88,000 individuals, while nearly 22,000 benefited from protection case management and over 9,800 accessed welfare support in affected districts. Additional services included GBV, child labour, education support, and family reunification for over 3,000 children returning from Namibia. Surveys found that most recipients felt aid met their needs and improved safety. Preparedness and response plans were created, and Child Helpline Zambia provided MHPSS services to more than 16,700 people and handled over 26,000 calls. With Plan International, UNICEF also boosted cholera monitoring and psychosocial support, and the Protection Cluster released a guide to integrate protection principles across emergency responses.

Education

UNICEF supported the Ministry of Education in convening Education in Emergency Working Group meetings and coordinated responses to cholera and drought. Cholera efforts focused on training School Epidemic Committees in hotspot districts, leading to cleaner environments, improved water access, disease surveillance, and referrals. 264 teachers were trained and 135 committees created, reaching 39,341 learners with health messages. UNICEF collaborated with partners for accurate data reporting and advocated for multisectoral activities like risk communication and community engagement. Child protection was monitored, with referrals through toll-free helplines, and two tents were provided to UNHCR for child-friendly spaces in Mantapala, Luapula Province.

A health worker demonstrating to a caregiver how to conduct nutrition screening at household level during the drought response in Zambia.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

The United Nations in Zambia continued to convene periodic emergency response coordination meetings to support effective inter-agency coordination. The frequency of these meetings was determined by the UN Country Team in consultation with UN sector lead agencies and partners, including international and national NGOs. UN sector lead agencies coordinated sector-specific responses in collaboration with the Disaster Management and Mitigation Unit (DMMU), line ministries and implementing partners. UNICEF played a central coordination and leadership role in Zambia's humanitarian architecture by co-leading the WASH, Nutrition and Education clusters in close collaboration with Government and humanitarian partners. SBC/RCCE, Protection and Health are also very active members of their respective clusters' groups. Through this role, UNICEF supported strategic planning, joint needs assessments, harmonization of standards, and coordinated implementation to ensure timely, effective, and accountable responses for children and affected communities. UNICEF also strengthened government leadership, information management, and partner capacity to enhance preparedness, response quality, and resilience across

sectors.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In 2025, UNICEF Zambia used digital and media platforms to communicate emergency response actions, results and partnership impacts across health, WASH, nutrition and social protection. Content highlighted cholera response and prevention, including WASH supply deliveries, frontline health efforts, community volunteer contributions and improved access to clean water in schools and health facilities. Partnerships, including support from the Republic of Korea, were showcased for strengthening infection prevention, safe water access and emergency preparedness. UNICEF also promoted drought-related malnutrition responses through the Nyamuka Advocacy Campaign and human-interest stories on recovery and caregiver experiences. Additional communication covered emergency social cash transfers, resilience-building initiatives, and public health messaging on Mpox prevention and immunization, supporting sustained awareness and community protection.

- In April 2025, Abraham was taken by his mother to the nearest health facility, where he was diagnosed with Severe Acute Malnutrition (SAM). Health workers immediately initiated treatment with Ready-to-Use Therapeutic Food (RUTF), a nutrient-dense peanut paste that provides children with essential nutrition

- Cholera cases continue to rise in Chililabombwe District, and in Chabele Compound—where Agnes lives—the situation which feels increasingly dire. New cholera cases keep on being identified and reported daily, a constant reminder of how vulnerable children from this community like Rosemary are.

UNICEF Representative hands over support to the Ministry of Child Welfare and Basic Education during the flood emergency.

HAC APPEALS AND SITREPS

- Eastern and Southern Africa Region Appeals
  https://www.unicef.org/appeals/esa

- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals

- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 30 JUNE 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	6 million	4.8 million	▲ 80%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	4.1 million	1.9 million	▲ 45%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	354,885	339,836	▲ 96%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	942,167	999,428	▲ 106%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	627,736	568,133	▲ 91%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	3.5 million	1.7 million	▲ 49%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	184,090	1.3 million	▲ 715%

Angola

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	1.2 million	438,853	▲ 37%
Children vaccinated against measles, supplemental dose	Total	-	810,000	989,563	▲ 122%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	12,000	16,091	▲ 134%
Nutrition					
# children 6-59 months screened for wasting	Total	-	750,000	460,332	▲ 61%
# of children aged 6-59 months affected by severe wasting who are admitted into treatment in humanitarian situations	Total	-	30,000	76,877	▲ 256%
Child protection, GBViE and PSEA					
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	21,000	25,000	▲ 119%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Children who have received individual case management	Total	-	2,000	1,921	▲ 96%
Education					
Children receiving individual learning materials	Total	-	110,000	-	0%
# children accessing formal or non-formal education, including early learning	Total	-	110,000	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	750,000	588,407	▲ 78%
People reached with critical WASH supplies	Total	-	180,000	121,019	▲ 67%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	2 million	1.2 million	▲ 62%
People engaged in reflective dialogue through community platforms	Total	-	350,000	509,272	▲ 146%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	5,000	2,016	▲ 40%

Botswana

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	2,500	-	0%
Nutrition					
# of children aged 6-59 months affected by severe wasting who are admitted into treatment in humanitarian situations	Total	-	2,500	-	0%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	500	261	▲ 52%
Education					
Children receiving individual learning materials	Total	-	1,500	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	2,500	32	▲ 1%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	30,000	34,827	▲ 116%

Burundi

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	29,000	13,000	▲ 45%
Nutrition					
# children 6-59 months screened for wasting	Total	-	13,480	11,060	▲ 82%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	40	40	▲ 100%
Children 6-59 months receiving micronutrient powder	Total	-	154,608	253,700	▲ 164%
Child protection, GBViE and PSEA					
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	1,200	1,390	▲ 116%
Children who have received individual case management	Total	-	15,000	1,633	▲ 11%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	40,000	60,101	▲ 150%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	10,000	86,616	▲ 866%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	217,703	86,579	▲ 40%
Education					
Children receiving individual learning materials	Total	-	550	3,000	▲ 545%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	57,100	135,502	▲ 237%
People accessing appropriate sanitation services	Total	-	20,000	9,440	▲ 47%
People reached with critical WASH supplies	Total	-	12,000	564,734	▲ 4706%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	1,530	1,535	▲ 100%
People reached with timely and life-saving information on how and where to access available services	Total	-	119,270	2.5 million	▲ 2096%

Comoros

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Child protection, GBViE and PSEA					
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	100	227	▲ 227%
Education					
Children receiving individual learning materials	Total	-	8,818	8,818	▲ 100%
Water, sanitation and hygiene					
People reached with critical WASH supplies	Total	-	375,000	86,117	▲ 23%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	375,000	580,000	▲ 155%

Eritrea

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	200,000	286,447	▲ 143%
Nutrition					
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	-	55,000	45,429	▲ 83%
Children 6-59 months receiving Vitamin A supplementation	Total	-	370,000	330,896	▲ 89%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	200,000	191,027	▲ 96%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	50,000	51,780	▲ 104%
Education					
# children accessing formal or non-formal education, including early learning	Total	-	10,000	2,500	▲ 25%
Children receiving individual learning materials	Total	-	3,000	3,000	▲ 100%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	60,000	122,160	▲ 204%
People reached with hand-washing behaviour-change programmes	Total	-	125,000	335,000	▲ 268%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
People accessing appropriate sanitation services	Total	-	40,000	47,360	▲ 118%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	6,580	7,750	▲ 118%
People reached with timely and life-saving information on how and where to access available services	Total	-	1.2 million	1.4 million	▲ 114%
People engaged in reflective dialogue through community platforms	Total	-	100,000	154,117	▲ 154%

Eswatini

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	251	348	▲ 139%
Nutrition					
# of children aged 6-59 months who received vitamin A supplements	Total	-	67	67	▲ 100%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1,100	1,400	▲ 127%
Water, sanitation and hygiene					
People reached with hand-washing behaviour-change programmes	Total	-	1,108	1,108	▲ 100%

Kenya

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	200,000	186,715	▲ 93%
Nutrition					
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	-	135,311	111,629	▲ 82%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	124,920	28,030	▲ 22%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	124,920	5,235	▲ 4%
Education					
# children accessing formal or non-formal education, including early learning	Total	-	178,200	130,458	▲ 73%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	300,000	245,478	▲ 82%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	900,000	2 million	▲ 222%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	250,000	14,027	▲ 6%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	15,000	4,477	▲ 30%

Lesotho

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Nutrition					
# of children aged 6 to 59 months with severe acute malnutrition admitted for treatment	Total	-	3,000	1,708	▲ 57%
Child protection, GBViE and PSEA					
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	935	490	▲ 52%
Education					
# children accessing formal or non-formal education, including early learning	Total	-	8,000	684	▲ 9%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	28,818	11,207	▲ 39%
People reached with critical WASH supplies	Total	-	65,000	38,793	▲ 60%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	338,000	102,000	▲ 30%

Malawi

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	952,000	400,000	▲ 42%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	10,000	22,000	▲ 220%
Children vaccinated against measles, supplemental dose	Total	-	350,000	2.2 million	▲ 638%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	47,242	47,644	▲ 101%
Children 6-59 months screened for wasting	Total	-	1.8 million	2.3 million	▲ 129%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	350,000	362,480	▲ 104%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	475,000	527,000	▲ 111%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	1.9 million	2.2 million	▲ 116%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.2 million	1.4 million	▲ 114%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	25	16	▲ 64%
Education					
# children accessing formal or non-formal education, including early learning	Total	-	100,000	107,740	▲ 108%
Children receiving individual learning materials	Total	-	100,000	107,740	▲ 108%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	885,600	55,900	▲ 6%
People accessing appropriate sanitation services	Total	-	442,800	36,569	▲ 8%
People reached with critical WASH supplies	Total	-	1.1 million	128,569	▲ 12%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	70,000	11,800	▲ 17%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	2,100	2,112	▲ 101%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
People reached with timely and life-saving information on how and where to access available services	Total	-	920,000	1.2 million	▲ 130%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	231,000	195,000	▲ 84%
People engaged in reflective dialogue through community platforms	Total	-	190,000	112,000	▲ 59%

Namibia

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	87,832	56,327	▲ 64%
Nutrition					
Children 6-59 months screened for wasting	Total	-	31,948	61,658	▲ 193%
Children 6-59 months with severe wasting admitted for treatment	Total	-	18,592	911	▲ 5%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	4,000	9,174	▲ 229%
Education					
Children receiving individual learning materials	Total	-	47,566	47,566	▲ 100%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	12,846	27,970	▲ 218%
People reached with critical WASH supplies	Total	-	12,846	178,126	▲ 1387%

Rwanda

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Nutrition					
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	25,000	29,444	▲ 118%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	100,000	135,370	▲ 135%
Education					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
# children accessing formal or non-formal education, including early learning	Total	-	50,000	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	5,000	2,700	▲ 54%
People reached with critical WASH supplies	Total	-	50,000	-	0%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	5,000	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	4 million	3 million	▲ 75%

South Africa

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Water, sanitation and hygiene					
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	10,000	1,101	▲ 11%

Tanzania

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	10,000	23,340	▲ 233%
Children vaccinated against measles, supplemental dose	Total	-	20,000	21,654	▲ 108%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	1,200	908	▲ 76%
Children 6-59 months receiving Vitamin A supplementation	Total	-	41,000	35,225	▲ 86%
Child protection, GBViE and PSEA					
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	1,200	1,497	▲ 125%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	40,000	6,324	▲ 16%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	100,000	9,354	▲ 9%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	80,000	1,815	▲ 2%
Education					
# children accessing formal or non-formal education, including early learning	Total	-	120,000	58,901	▲ 49%
Water, sanitation and hygiene					
People reached with critical WASH supplies	Total	-	300,000	483,525	▲ 161%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	3 million	20 million	▲ 667%
People engaged in reflective dialogue through community platforms	Total	-	2,000	35,000	▲ 1750%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	10,000	497	▲ 5%

Uganda

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	205,521	109,424	▲ 53%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	954,955	214,850	▲ 22%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	46,560	27,062	▲ 58%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	432,779	438,583	▲ 101%
Child protection, GBViE and PSEA					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	83,047	179,988	▲ 217%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	66,643	2 million	▲ 2989%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	74,846	1.3 million	▲ 1765%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	1,660	1,356	▲ 82%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Education					
# children accessing formal or non-formal education, including early learning	Total	-	109,486	260,534	▲ 238%
Children and adolescents accessing skills development programmes	Total	-	27,400	4,676	▲ 17%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1.1 million	453,153	▲ 43%
People accessing appropriate sanitation services	Total	-	1.2 million	725,823	▲ 62%
People reached with critical WASH supplies	Total	-	991,828	1.6 million	▲ 158%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	2.4 million	6.7 million	▲ 282%
People engaged in reflective dialogue through community platforms	Total	-	126,356	2.3 million	▲ 1815%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	399,353	746,076	▲ 187%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	2,510	1,321	▲ 53%

Zambia

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	4.1 million	1.4 million	▲ 34%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	554,693	300,000	▲ 54%
Nutrition					
Children 6-59 months screened for wasting	Total	-	554,593	1.1 million	▲ 207%
Children 6-59 months with severe wasting admitted for treatment	Total	-	2,000	26,376	▲ 1319%
Child protection, GBViE and PSEA					
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	48,000	39,961	▲ 83%
Children who have received individual case management	Total	-	48,000	88,224	▲ 184%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	748,000	611,343	▲ 82%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2025 targets	Total results	Progress*
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	21,412	3,075	▲ 14%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	38,000	45,500	▲ 120%
People reached with critical WASH supplies	Total	-	50,000	516,902	▲ 1034%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	75,000	1.3 million	▲ 1748%
Cross-sectoral (HCT, C4D, RCCE and AAP)					
People reached with timely and life-saving information on how and where to access available services	Total	-	13.6 million	13 million	▲ 96%
People engaged in reflective dialogue through community platforms	Total	-	6,869	2 million	▲ 29494%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	16,000	43,000	▲ 269%

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

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available			Funding gap	
Sector	Requirements[8]	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	27,159,645	6,988,505	601,003	4,458,720	15,111,417	56%
Nutrition	32,243,890	24,317,103	5,342,323	10,060,401	-	0%
Child protection	10,144,020	3,738,585	739,779	1,828,552	3,837,104	38%
Education	15,016,696	1,602,191	5,239,673	1,324,348	6,850,484	46%
WASH	34,466,439	12,174,623	612,164	5,658,983	16,020,669	46%
Social protection	12,323,075	20,000	466,463	320,937	11,515,675	93%
Cross-sectoral	5,973,911	3,350,684	1,311,752	-	1,311,475	22%
Regional office technical capacity	9,813,636	12,580,966	-	-	-	0%
Total	**147,141,312**	**64,772,657**	**14,313,157**	**23,651,941**	**44,403,557**	**30%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Angola

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	2,600,000	1,045,436	-	10,661	1,543,903	59%
Nutrition	1,390,000	1,049,630	-	173,005	167,365	12%
Child protection, GBViE and PSEA	250,000	141,652	-	-	108,348	43%
Education	910,000	125,000	-	-	785,000	86%
Water, sanitation and hygiene	1,600,000	1,387,259	-	103,198	109,543	7%
Cross-sectoral (HCT, C4D, RCCE and AAP)	250,000	689,370	-	-	-	0%
Total	**7,000,000**	**4,438,347**	**0**	**286,864**	**2,274,789**	**32%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Botswana

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	-	100,000	-	-	-
Nutrition	200,000	-	-	200,000	100%
Child protection, GBViE and PSEA	-	25,000	-	-	-
Education	400,000	190,000	-	210,000	53%
Social protection	20,000	-	-	20,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	100,000	3,926	-	96,074	96%
Total	**720,000**	**318,926**	**-**	**401,074**	**56%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Burundi

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	2,800,461	1,426,388	-	1,374,073	49%
Nutrition	4,448,376	1,223,452	-	3,224,924	72%
Education	2,837,709	121,706	-	2,716,003	96%
Water, sanitation and hygiene	2,044,823	2,267,403	-	-	0%
Social protection	1,601,420	20,000	-	1,581,420	99%
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,153,911	63,633	-	1,090,278	94%
Child protection and GBViE	663,400	1,014,845	-	-	0%
Total	**15,550,100**	**6,137,427**	**0**	**9,412,673**	**61%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Comoros

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	350,000	32,526	-	317,474	91%
Education	250,000	65,804	-	184,196	74%
Water, sanitation and hygiene	1,850,000	935,931	-	914,069	49%
Cross-sectoral (HCT, C4D, RCCE and AAP)	500,000	282,684	-	217,316	43%
Child protection and GBViE	30,000	21,357	-	8,643	29%
Total	**2,980,000**	**1,338,302**	**-**	**1,641,698**	**55%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Eritea

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	1,500,000	730,675	989,466	-	0%
Nutrition	4,500,000	1,095,789	1,006,146	2,398,065	53%
Education	825,000	131,000	138,000	556,000	67%
Water, sanitation and hygiene	3,800,000	335,336	735,111	2,729,553	72%
Cross-sectoral (HCT, C4D, RCCE and AAP)	250,000	101,200	78,161	70,639	28%
Child protection and GBViE	1,500,000	197,616	181,050	1,121,334	75%
Total	**12,375,000**	**2,591,616**	**3,127,934**	**6,655,450**	**54%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Eswatini

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	500,000	5,000	-	495,000	99%
Nutrition	500,000	-	-	500,000	100%
Education	1,000,000	-	-	1,000,000	100%
Water, sanitation and hygiene	1,000,000	45,000	-	955,000	96%
Child protection and GBViE	-	23,700	-	-	-
Total	**3,000,000**	**73,700**	**-**	**2,926,300**	**98%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Kenya

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	2,700,000	940,317	-	206,205	1,553,478	58%
Nutrition	6,800,000	9,061,485	-	5,169,659	-	0%
Education	1,300,000	557,399	1,710,483	276,078	-	0%
Water, sanitation and hygiene	3,000,000	1,409,975	13,062	356,962	1,220,001	41%
Social protection	2,600,000	-	316,463	288,178	1,995,359	77%
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,300,000	1,219,732	513,531	677,194	-	0%
Child protection and GBViE	2,300,000	432,000	286,485	118,862	1,462,653	64%
Total	**20,000,000**	**13,620,908**	**2,840,024**	**7,093,138**	**-3,554,070**	**-18%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Lesotho

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	970,000	189,178	-	780,822	80%
Nutrition	710,000	130,000	90,000	490,000	69%
Education	185,000	55,600	80,000	49,400	27%
Water, sanitation and hygiene	1,240,000	230,000	400,000	610,000	49%
Social protection	2,000,000	-	-	2,000,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	250,000	-	-	250,000	100%
Child protection and GBViE	418,240	240,718	64,000	113,522	27%
Total	**5,773,240**	**845,496**	**634,000**	**4,293,744**	**74%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Malawi

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	3,130,000	213,123	1,607,930	1,308,947	42%
Nutrition	4,736,930	1,853,063	2,119,500	764,367	16%
Child protection, GBViE and PSEA	1,080,000	5,598	607,014	467,388	43%
Education	1,180,889	255,682	421,651	503,556	43%
Water, sanitation and hygiene	5,757,770	449,418	1,267,352	4,041,000	70%
Social protection	1,356,600	-	32,759	1,323,841	98%
Cross-sectoral (HCT, C4D, RCCE and AAP)	1,500,000	81,700	2,310,854	-	0%

Total	**18,742,189**	**2,858,584**	**8,367,060**	**7,516,545**	**40%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Namibia

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	350,000	364,653	-	-	0%
Nutrition	500,000	380,740	-	119,260	24%
Child protection, GBViE and PSEA	100,000	44,550	-	55,450	55%
Education	250,000	186,481	-	63,519	25%
Water, sanitation and hygiene	538,000	686,431	50,335	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)	200,000	-	-	200,000	100%
Total	**1,938,000**	**1,662,855**	**50,335**	**224,810**	**12%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Rwanda

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health and nutrition	2,150,000	1,121,887	808,219	219,894	10%
Child protection, GBViE and PSEA	500,000	-	139,309	360,691	72%
Education	350,000	-	14,984	335,016	96%
Water, sanitation and hygiene	1,600,000	998,753	917,331	-	0%
Social protection	300,000	-	-	300,000	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	800,000	299,360	99,000	401,640	50%

Total	**5,700,000**	**2,420,000**	**1,978,843**	**1,301,157**	**23%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

South Africa

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	1,500,000	-	-	1,500,000	100%
Nutrition	500,000	-	-	500,000	100%
Child protection, GBViE and PSEA	475,000	-	-	475,000	100%
Education	50,000	-	-	50,000	100%
Water, sanitation and hygiene	500,000	33,500	16,727	449,773	90%
Cross-sectoral (HCT, C4D, RCCE and AAP)	50,000	-	66,000	-	0%
Total	**3,075,000**	**33,500**	**82,727**	**2,958,773**	**96%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Tanzania

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	270,000	-	685,333	-	0%
Nutrition	270,000	56,117	16,520	197,363	73%
Child protection, GBViE and PSEA	370,000	100,000	2,158	267,842	72%
Education	210,000	-	60,158	149,842	71%
Water, sanitation and hygiene	1,070,610	242,190	584,353	244,067	23%
Social protection	200,000	-	-	200,000	100%

Cross-sectoral (HCT, C4D, RCCE and AAP)	120,000	130,410	171,932	-	0%
Total	**2,510,610**	**528,717**	**1,520,454**	**461,439**	**18%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Uganda

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	4,220,358	1,168,975	351,003	150,906	2,549,474	60%
Nutrition	5,386,769	7,793,689	54,525	1,485,571	-	0%
Child protection, GBViE and PSEA	2,870,565	981,755	303,294	716,159	869,357	30%
Education	2,805,868	-	3,509,580	333,477	-	0%
Water, sanitation and hygiene	7,148,422	2,042,855	569,102	1,277,949	3,258,516	46%
Social protection	2,878,240	-[9]	-	-	2,878,240	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	2,200,889	402,892	709,712	-	1,088,285	49%
Total	**27,511,111**	**12,390,166**	**5,497,216**	**3,964,062**	**5,659,667**	**21%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Zambia

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2025	Other resources used in 2025	Resources available from 2024 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	4,032,011	20,000	250,000	-	3,762,011	93%
Nutrition	1,375,000	2,053,878	5,287,798	-	-	0%
Child protection, GBViE and PSEA	250,000	633,494	150,000	-	-	0%

Education	1,795,415	-	19,610	-	1,775,805	99%
Water, sanitation and hygiene	3,000,000	1,634,020	30,000	-	1,335,980	45%
Social protection	-	-	150,000	-	-	-
Cross-sectoral (HCT, C4D, RCCE and AAP)	-	75,777	88,509	-	-	-
Total	**10,452,426**	**4,417,169**	**5,975,917**	**-**	**59,340**	**1%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or funding repurposed in the current appeal year
Resources available from 2024 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

ANNEX C — FUNDING GAP BY OFFICE AND SECTOR

% GAP (APPEAL SECTOR)							
% GAP (TOTAL)	HEALTH	NUTRITION	CHILD PROTECTION, GBVIE, AND PSEA	EDUCATION	WATER, SANITATION AND HYGIENE	CROSS-SECTORAL (HCT, C4D, RCCE AND AAP)	SOCIAL PROTECTION (
ANGOLA  **32% gap** $2.3M	 **59% gap** $2.6M	 **12% gap** $1.4M	 **43% gap** $250K	 **86% gap** $910K	 **7% gap** $1.6M	 **-176% gap** $250K	-
BOTSWANA  **56% gap** $401.1K	-	 **100% gap** $200K	-	 **53% gap** $400K	-	 **96% gap** $100K	 **100% gap** $20K
BURUNDI  **61% gap** $9.4M	 **49% gap** $2.8M	 **72% gap** $4.4M	-	 **96% gap** $2.8M	 **-11% gap** $2M	 **94% gap** $1.2M	 **99% gap** $1.6M
COMOROS  **55% gap** $1.6M	 **91% gap** $350K	-	-	 **74% gap** $250K	 **49% gap** $1.9M	 **43% gap** $500K	-
ERITEA  **54% gap** $6.7M	 **-15% gap** $1.5M	 **53% gap** $4.5M	-	 **67% gap** $825K	 **72% gap** $3.8M	 **28% gap** $250K	-
ESWATINI **98% gap** $2.9M	 **99% gap** $500K	 **100% gap** $500K	-	 **100% gap** $1M	 **96% gap** $1M	-	-

KENYA  **-18% gap** $-3.6M	 **58% gap** $2.7M	 **-109% gap** $6.8M	-	 **-96% gap** $1.3M	 **41% gap** $3M	 **-85% gap** $1.3M	 **77% gap** $2.6M
LESOTHO **74% gap** $4.3M	 **80% gap** $970K	 **69% gap** $710K	-	 **27% gap** $185K	 **49% gap** $1.2M	 **100% gap** $250K	 **100% gap** $2M
MALAWI  **40% gap** $7.5M	-	 **16% gap** $4.7M	 **43% gap** $1.1M	 **43% gap** $1.2M	 **70% gap** $5.8M	 **-60% gap** $1.5M	 **98% gap** $1.4M
NAMIBIA  **12% gap** $224.8K	 **-4% gap** $350K	 **24% gap** $500K	 **55% gap** $100K	 **25% gap** $250K	 **-37% gap** $538K	 **100% gap** $200K	-
RWANDA  **23% gap** $1.3M	-	-	 **72% gap** $500K	 **96% gap** $350K	 **-20% gap** $1.6M	 **50% gap** $800K	 **100% gap** $300K
SOUTH AFRICA  **96% gap** $3M	 **100% gap** $1.5M	 **100% gap** $500K	 **100% gap** $475K	 **100% gap** $50K	 **90% gap** $500K	 **-32% gap** $50K	-

TANZANIA							
							
18% gap $461.4K	**-154% gap** $270K	**73% gap** $270K	**72% gap** $370K	**71% gap** $210K	**23% gap** $1.1M	**-152% gap** $120K	**100% gap** $200K

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ENDNOTES

1. This report provides an overview of the humanitarian situation and response across 15 countries—Angola, Botswana, Burundi, Comoros, Eritrea, Eswatini, Kenya, Lesotho, Malawi, Namibia, Rwanda, South Africa, Tanzania, Uganda and Zambia—under the UNICEF Eastern and Southern Africa Region's 2025 Humanitarian Action for Children Appeal. The rest of the countries not covered in this report are obligated to publish their standalone sitreps noting that they have country office specific HAC appeals in 2025

2. UNICEF 2025

3. UNHCR, December 2025 (https://data.unhcr.org/en/regions/rbesa)

4. https://erccportal.jrc.ec.europa.eu/ECHO-Products/Maps#/maps/5213

5. https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1159496/

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

7. Returnees refer to the Rwandan citizens who have returned to their home country after living in other countries, particularly the Democratic Republic of Congo (DRC), and have voluntarily chosen to return home.

8. Estimated share (%) of the total appeal for each programmatic area in graphic at left is based on estimates provided by all 15 country offices included in this appeal.

9. UNICEF received USD 80,000 earmarked under the Social Protection output to provide one-off emergency cash assistance to vulnerable families with children affected by mpox. For implementation efficiency and to ensure timely delivery during the outbreak, these funds were channeled and liquidated under the Child Protection output budget line through a joint NGO partnership. Consequently, the Social Protection output appears as having received zero funds, even though the planned activities were fully implemented and contributed to the results reported under Social Protection