In Azraq Camp in Jordan, 9-month-old Leen has her mid-upper arm circumference measured at a UNICEF-supported clinic as part of routine nutrition monitoring.

unicef
for every child

Humanitarian Situation Report No. 1

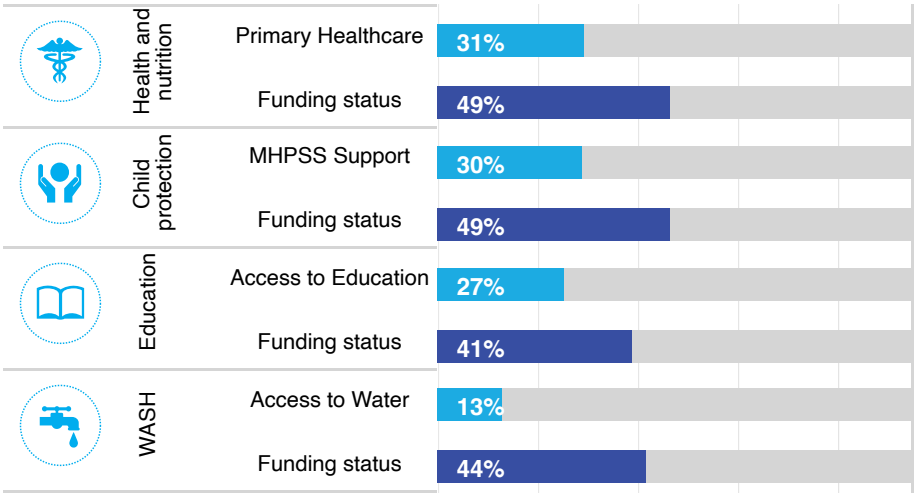
Reporting Period
1 January to 30 June 2026

Syrian Refugees and Other Vulnerable Populations

HIGHLIGHTS

- Fifteen years into the Syrian crisis, 7.2 million people, including 3.1 million children, in Egypt, Jordan, and Türkiye remain in need of humanitarian assistance. Refugees and vulnerable host communities continue to face growing economic, social, and climate-related pressures, alongside persistent barriers to accessing essential services.
- Across these countries, UNICEF supported vulnerable children, women, and families to access essential services, including healthcare for more than 200,000 children and women, education for over 318,000 children, community-based MHPSS for more than 90,000 people, and access to safe water for over 186,000 people.
- UNICEF is appealing for US$ 229.5 million to sustain essential humanitarian services for children across the three countries, strengthen preparedness and resilience, and support safe, voluntary, and dignified returns for Syrian refugees choosing to return to the Syrian Arab Republic. With 59 per cent of the response still unfunded, urgent additional support is needed to maintain critical services and respond to evolving needs.

UNICEF RESPONSE AND FUNDING STATUS*



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

SITUATION IN NUMBERS

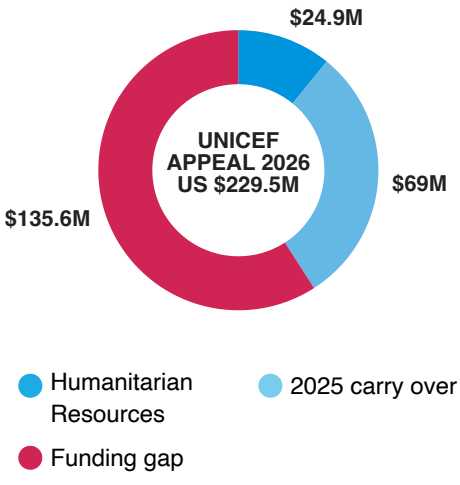
3,109,488
Children in need of humanitarian assistance[1]

7,184,035
People in need of humanitarian assistance[2]

6,400,000
children in need of protection services[3]

10,388,048
children in need of education support[4]

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

EGYPT

FUNDING OVERVIEW AND PARTNERSHIPS

In 2026, UNICEF Egypt appealed for US$19.3 million. By mid-2026, US$ 2.8 million had been received in support of the Sudanese and Syrian refugee responses, excluding the US$ 4.5 million carried over from 2025. The overall funding gap currently stands at 62 per cent. UNICEF expresses its sincere gratitude to all partners for their generous contributions and continued support.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Egypt continues to face significant socio-economic pressures driven by multiple concurrent crises, including the conflicts in Sudan and Gaza, alongside the protracted Syria crisis. The conflict in Sudan, the world's largest displacement crisis, continues along Egypt's southern border, exacerbating economic pressures and humanitarian needs. As a result, Egypt has become both a major transit and destination country for refugees and asylum-seekers, assuming a central role in regional displacement dynamics.

As of June 2026, 1,098,708 refugees and asylum-seekers from Sudan, the Syrian Arab Republic, and other countries were registered with UNHCR in Egypt. Sudanese refugees constitute the largest group, with 851,947 people (78 per cent), followed by 93,879 Syrians (8 per cent), and 152,882 refugees and asylum-seekers from other nationalities (14 per cent). Between December 2024 and June 2026, more than 35,000 Syrian refugees requested closure of their UNHCR cases, reflecting increased intentions to return.[5]

Since April 2023, more than 1.5 million people have arrived in Egypt from Sudan. Of these, 1,064,438 received pre-registration appointments, while 851,947 were subsequently registered by UNHCR for protection and assistance. Women and children account for 75 per cent of those registered. New arrivals remain primarily concentrated in Giza, Cairo, and Alexandria.[6] Continued cross-border movements between Sudan and Egypt indicate that return is not yet a durable solution for many refugees, with individuals continuing to move between the two countries in response to evolving security and humanitarian conditions.[7]

UNICEF's response in Egypt is centred on a system-strengthening approach, combining support to refugees and host communities with capacity building of national and local systems to promote more inclusive and sustainable access to essential services. The response addresses the needs of different refugee populations, including Syrians, Sudanese, and other nationalities, while supporting host communities and strengthening public services to respond to growing demands.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF, in close cooperation with the Ministry of Health and Population (MoHP), supported access to essential health services for refugee populations during the first half of 2026. A total of 223,600 people accessed services through UNICEF-supported primary healthcare units, including 190,939 children under 15 years of age, 26,739 women and girls, and 5,922 men and boys aged 15 years and above. Of those reached, 143,829 were Sudanese, 41,945 were Syrian, 6,129 were Palestinian, and 31,697 were from other nationalities. Services were delivered primarily across Alexandria, Beheira, Giza, Sharqia, Qalyubia, Menoufia, Damietta, Aswan, Ismailia, and North Sinai governorates.

UNICEF, in close collaboration with the Egyptian Red Crescent (ERC), supported a network of 29 supervisors and 273 non-Egyptian Community Health Workers (CHWs), including 60 newly recruited Sudanese CHWs. During the reporting period, 183 CHWs were trained on the revised community health package, covering maternal and newborn care, reproductive health, communicable and non-communicable diseases, immunization, community-based disease surveillance, and positive parenting. Training sessions were conducted across Cairo, Aswan, Giza, Dakahlia, Sharqia, Damietta, and Qalyubia governorates. Through these community-based interventions, 28,915 refugees (56 per cent female and 44 per cent male) were reached. Children and adolescents 18 years of age and under represented the largest beneficiary group, including 9,921 Sudanese and 4,201 Syrian children. Adults aged 19–59 years accounted for the second-largest group, including 7,701 Sudanese and 4,791 Syrian beneficiaries, in addition to 2,301 people from other nationalities. UNICEF will continue supporting CHWs to deliver community outreach and health promotion services to refugee populations.

UNICEF procured and delivered lifesaving medical equipment and supplies to strengthen maternal and newborn care services in priority governorates, including Cairo, Alexandria, North Sinai, Qena, and Sohag. The package included continuous positive airway pressure (CPAP) devices, infant warmers, neonatal mannequins, syringes, infusion pumps, phototherapy units, and other essential equipment to improve the quality of care for mothers and newborn. The package supported more than 500,000 newborns and their mothers.

To ensure the effective use of this equipment, UNICEF supported the MoHP in strengthening the capacity of healthcare providers. A total of 80 neonatal physicians were trained on standardized, evidence-based clinical competencies covering the continuum of neonatal care, from essential newborn care to advanced critical interventions. In addition, 39 master trainers from different governorates were equipped with enhanced neonatal resuscitation and basic life support skills, strengthening national training capacity and supporting the sustainable delivery of high-quality neonatal care.

UNICEF also strengthened emergency preparedness and response at the primary healthcare level by training more than 1,100 healthcare workers (987 female and 113 male) in North Sinai (300), Giza (400), and Sharqia (400) on emergency care, electrocardiogram (ECG) interpretation, basic life support (BLS), and the effective use of essential medical equipment. The trained workforce provides essential health services to an estimated 142,528 patients each day, equivalent to approximately 2.8 million consultations per month. Together, these healthcare providers serve an estimated catchment population of 18.4 million people, strengthening the capacity of the primary healthcare system to deliver timely, quality emergency and routine health services for both refugee and host communities.

Mental health conditions are an increasing public health concern, with refugees and other vulnerable populations particularly exposed to psychosocial stress and addressing barriers to care. To address these challenges and support the integration of mental health services within primary healthcare units, the MoHP prioritised strengthening the capacity of frontline healthcare providers. Through training waves in the target governorates, more than 220 healthcare providers from 55 primary healthcare centres across four

governorates were trained through the Mental Health Gap Action Programme (mhGAP), with a focus on raising awareness of mental health and psychosocial support (MHPSS) messages, early detection, referral pathways, and barriers to care. The training also strengthened providers' capacity in effective communication, psychological first aid, and community engagement, supporting more patient-centred care and improved access to integrated mental health and psychosocial support services for vulnerable populations.

NUTRITION

UNICEF, in collaboration with the MoHP and other UN agencies, supported the screening and referral of acute malnutrition among children aged 6 weeks to 59 months, as well as pregnant and lactating women. In 2026, UNICEF, in close partnership with the MoHP, trained 1,408 primary healthcare workers, enabling the expansion of these services from 20 to 70 primary healthcare centres across Alexandria, Menoufia, Qalyubia, and Sharqia governorates, significantly increasing access for refugee populations. UNICEF also partnered with community-based organisations to reach refugees in hard-to-reach areas by training 60 volunteers and providing informational materials to support IYCF counselling and community screening at non-government venues, including NGO facilities and mosques, in Cairo, Giza, and Alexandria.

From January to June 2026, 12,526 children under 5 years of age, including 6,694 boys and 5,832 girls, were screened for malnutrition, including 444 children from host communities. Of those screened, 80 children were identified with severe acute malnutrition and 124 with moderate acute malnutrition and referred to appropriate treatment facilities, enabling timely access to care.

In parallel, UNICEF supported preventive nutrition services by reaching 3,479 primary caregivers of children aged 0–23 months with counselling on IYCF. Sessions promoted exclusive breastfeeding, timely introduction of complementary foods, maternal nutrition, and dietary diversity to strengthen optimal feeding practices and improve child nutrition and wellbeing.

To strengthen the quality and scale of nutrition services, UNICEF leveraged its Learning Passport platform to roll out digital training courses on breastfeeding and growth monitoring, while also supporting face-to-face training on nutrition counselling and anthropometric measurement. These efforts reached more than 1,500 healthcare workers from the MoHP and volunteers from national and international NGOs, strengthening their capacity to deliver quality nutrition services.

UNICEF also supported the MoHP in implementing the digital health information management system (DHIS), enabling real-time monitoring and strengthening data-driven decision-making. As part of this effort, 160 health workers were trained on DHIS data entry and the use of data for decision-making, and tablets were procured to support implementation at facility level.

Together with the National Nutrition Institute, the MoHP, academia, and other UN agencies, UNICEF led the development of national implementation guidelines for the management of acute malnutrition. The first round of training of trainers has been completed, and the guidelines were adjusted based on feedback. Once finalised, the guidelines will harmonise service delivery standards nationwide, institutionalise best practices, and strengthen national capacity to prevent and manage child wasting.

CHILD PROTECTION

In 2026, UNICEF continued providing essential child protection services to refugees, migrants, and host communities. Efforts focused on addressing children's emotional and psychological wellbeing, preventing violence, and strengthening the early identification and referral of children in need through a network of 10 fixed child-friendly spaces, four mobile child-friendly spaces, and 57 Family Clubs integrated within primary healthcare units across eight governorates.

A total of 60,887 children and caregivers participated in non-specialised MHPSS and positive parenting programmes delivered through the Family Clubs. This included 56,943 children (25,933 boys and 31,010 girls) and 3,944 caregivers (3,677 women and 267 men). These interventions strengthened children's emotional resilience, equipped caregivers with practical positive parenting skills, and served as an important entry point for identifying children requiring specialised support and referral services.

UNICEF also strengthened the quality of specialised child protection services across 10 centres in Greater Cairo, Alexandria, Damietta, and Aswan governorates. Support included on-the-job coaching for service providers on case management and the operationalisation of a child protection in emergencies case management information system. As a result, 2,497 children (1,105 girls and 1,392 boys) accessed specialised child protection services, including 1,896 Sudanese, 231 Syrians, 145 children from other nationalities, and 225 children from host communities. Children received specialised MHPSS and referrals to essential services, including health, education, and legal assistance.

From January to March 2026, 25,154 women, girls, and boys participated in gender-based violence (GBV) prevention and awareness activities, while 245 people benefited from GBV response services.

WASH

During the reporting period, UNICEF strengthened the integration of WASH and climate resilience within national education and health systems while continuing to meet the immediate needs of refugees, migrants, and host communities.

Through the Government-led National Inclusive Education Programme, UNICEF supported WASH interventions in 200 public schools, including 100 in Aswan, 50 in Alexandria, and 50 in Giza, benefiting approximately 180,000 students, including refugees, migrants, PWD, and children from host communities. Support included WASH and climate change awareness activities, cleaning and hygiene supplies, and water-saving devices to promote safer and more sustainable learning environments. UNICEF also built the capacity of 400 teachers and supervisors and 22 leaders from the education sector and relevant water companies on personal hygiene, public cleanliness, water conservation, safe sanitation, and climate change. This strengthened schools' capacity to promote positive hygiene practices and responsible water use.

In coordination with the Holding Company for Water and Wastewater (HCWW), UNICEF completed assessments of WASH facilities in 450 public schools across Aswan, Giza, Assiut, and Alexandria. The assessments identified infrastructure and maintenance gaps and will inform the prioritisation and scope of planned rehabilitation works. Implementation will begin once the required clearances have been obtained.

UNICEF also advanced the Green Health Facility model to strengthen the resilience and sustainability of the national health system. With the support of the joint platform for migrants and refugees, solar energy systems were installed in 10 primary healthcare units in Greater Cairo, improving the reliability and environmental sustainability of essential health services, including WASH and infection prevention and control functions. In addition, WASH assessments were completed in 75 primary healthcare units

across Assiut, Alexandria, and Greater Cairo. The findings will guide rehabilitation and service improvements planned for the next quarter.

To strengthen community-based hygiene promotion, UNICEF established a partnership with Catholic Relief Services and conducted a Training of Trainers for 14 facilitators and staff members from Alexandria and Aswan. The trained facilitators will deliver hygiene promotion sessions to approximately 2,400 Sudanese caregivers enrolled in the cash-assistance programme. These sessions will be complemented by the distribution of 30,000 hygiene kits over four rounds, improving access to essential hygiene supplies while reinforcing positive hygiene behaviours.

In partnership with the Egyptian Red Crescent, UNICEF continued providing integrated health and WASH services to Sudanese refugees and other refugee and migrant communities across Egypt. Through Community Health Workers operating in 11 governorates, 53,553 people were reached through household visits with hygiene promotion and disease-prevention messages.

To ensure access to safe drinking water during transit and support the dignity and wellbeing of Sudanese people undertaking voluntary return movements, UNICEF distributed 100,000 bottles of drinking water at the Qustul and Arqeen border crossings and at train stations in Cairo and Aswan. In addition, assessments of 80 WASH facilities at Qustul and Arqeen were completed to identify priority rehabilitation needs. Rehabilitation will commence once the vendor receives the required security clearances to access the border locations.

Together, these interventions combined immediate humanitarian assistance with longer-term systems strengthening, contributing to safer, more inclusive, and climate-resilient WASH services for refugees, migrants, and host communities.

EDUCATION

In 2026, UNICEF supported 23,814 children in accessing formal and non-formal education. The higher reach was driven by the expansion of the Comprehensive Inclusion Programme, supported by additional funding and collaboration with the Ministry of Education and Technical Education (MoETE).

In response to the increasing number of refugee and migrant children, UNICEF continued supporting non-formal education opportunities and promoting the inclusion of refugees, migrants, and out-of-school children from host communities into public schools. During the reporting period, a total of 22,065 children benefited from these interventions, including children from host communities. However, due to insufficient funding for education cash grants, UNICEF was unable to reach the targeted number of pre-primary students requiring financial support to facilitate enrolment in early childhood education.

To expand education opportunities for refugee and migrant children, UNICEF supported NGO-led Learning Hubs providing extracurricular activities and catch-up classes. Across six Learning Hubs in Cairo, Giza, and Alexandria, 3,000 Sudanese and South Sudanese students received support to prepare for Sudanese formal examinations administered by the Sudanese Embassy.

UNICEF also continued operating 34 community-based Learning Spaces established in Aswan to support the integration of refugee and migrant children into the public education system. Through educational and extracurricular activities, 1,065 students (522 girls and 543 boys) aged 6–12 years benefited from skills development interventions. Plans are in place to scale up Learning Spaces to additional governorates in 2026, reaching more than 80 spaces nationwide. These spaces provide catch-up classes aligned with the Egyptian curriculum to support transitions into formal education, alongside life skills activities that promote inclusion and social cohesion.

To improve the quality of refugee-led Community Learning Centres (CLCs), UNICEF launched an improvement programme targeting 15 low-resourced CLCs in Cairo, Giza, Sharkia, and Alexandria. The programme aligns with standards developed in collaboration with the National Centre for Examination and Educational Evaluation and aims to strengthen education quality in refugee-led learning environments. Since July 2025, capacity-building training and coaching have supported CLC managers to develop improvement plans. A comprehensive training package was also provided to 400 education personnel, alongside essential teaching supplies benefiting 1,500 refugee and migrant children.

In early 2024, UNICEF and MoETE developed the Comprehensive Inclusion Programme (CIP), a whole-school approach designed to improve access, participation and learning for children at risk of exclusion. The programme supports schools in responding to the diverse needs of refugee and migrant children, children with disabilities, and disadvantaged Egyptian children within shared, inclusive learning environments. It combines capacity-building for teachers and school personnel with measures to strengthen inclusive teaching practices, reduce barriers to participation, and promote social cohesion among Egyptian and non-Egyptian students. Each participating school also received a package of supplies to establish and equip a resource room. These rooms are available to all students, including children with disabilities, and provide individual and group-based supplementary learning support tailored to their identified needs. During the reporting period, CIP expanded to 66 schools across Alexandria and Greater Cairo, reaching 660 educators through capacity-building activities. To date, 16,500 students have benefited, including 1,155 children with disabilities (7 per cent) and approximately 200 non-Egyptian students, including Syrian refugee children.

Syrian refugee children were among those benefiting from UNICEF's inclusion efforts through the Comprehensive Inclusion Programme and remained a key target group for community-based education interventions delivered through the Learning Hubs. At the same time, UNHCR data indicate that an increasing number of Syrians are closing their asylum files and expressing an intention to return to Syria. In response to this evolving context, UNICEF's Education team is participating in the Egypt Durable Solutions Working Group to help design tailored interventions for Syrian children and families considering voluntary return. Proposed support includes Life Skills and Citizenship Education, documentation and certification of learning completed by school-age children enrolled in Egypt's public education system, and tailored skills-development programmes to strengthen children's resilience and facilitate education continuity throughout the return and reintegration process.

Additionally, 1,114 schools were supported under the National Literacy Development Programme as part of its third implementation phase across seven new governorates. The programme benefits 1,640 Arabic teachers and 72,585 students in grades 3–6, including approximately eight per cent children with disabilities and two per cent non-Egyptian students.

UNICEF continued promoting equitable access to digital learning through the Learning Passport, available both online and offline. During the reporting period, 26,468 users accessed the platform, including 604 Sudanese users, 23,948 Egyptians, and 1,916 users from other nationalities.

UNICEF also developed and piloted an innovative blended distance learning model for out-of-school refugee and migrant children living in areas with limited connectivity. Delivered through community-based learning spaces, the model combines self-directed home

learning, pre-recorded lessons, online group sessions, individual facilitator support, biweekly in-person meetings, and digital and printed learning resources, complemented by support from trained facilitators, coaches, and parents. A needs-assessment phone survey covering 264 Sudanese and Palestinian households informed curriculum adaptation, facilitator training, and phased implementation from August 2025 to August 2026.

The first cohort was implemented from December 2025 to March 2026 over 12 weeks, enrolling 109 Sudanese refugee children aged 8–12 years across seven facilitator groups. Most learners demonstrated progress in foundational Arabic, English, mathematics, science, art, and life skills.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

During the reporting period, UNICEF's Meshwary ("My Journey" in Arabic) programme provided 30,845 adolescents and young people with life, employability, and entrepreneurship skills, including 3,533 non-Egyptian youth. In parallel, a total of 350 adolescent and youth ambassadors delivered peer-to-peer training, with 10 per cent of ambassadors being non-Egyptian, strengthening outreach to refugee and migrant communities while promoting youth leadership, ownership, and inclusion.

In addition, the Maharty Lyaqty Sport for Development boot camp engaged 10,455 young people, including 2,070 refugees and migrants, of whom almost 80 per cent were girls. The programme promoted inclusion as a fundamental right while strengthening social cohesion, teamwork, and life skills through structured sports activities.

SOCIAL AND BEHAVIOUR CHANGE

Gender mainstreaming remained a core component of UNICEF's response, notably through the National Girls' Empowerment Initiative Dawwie. Dawwie camps and activities, implemented by the MoETE, reached approximately 6,400 refugee boys, girls, and parents, primarily from the Sudanese refugee community. Through other implementing partners, an additional 610 refugees, primarily Sudanese and Palestinians, were reached across Aswan and Damietta governorates. These activities promoted positive social and behaviour change among participants while strengthening awareness of, and access to, available education, protection, and support services.

As part of the Sudanese refugee response, UNICEF partnered with the MoHP and CARITAS to implement the Positive Parenting Programme in Greater Cairo and Alexandria governorates. The programme trained 180 service providers and implementing partner focal points working in child-friendly spaces and Family Clubs, reaching approximately 2,000 parents from Sudanese refugee and host communities. Through evidence-based social and behaviour change (SBC) interventions and tailored information, education, and communication (IEC) materials, the programme promoted positive parenting practices in emergency contexts.

In addition, UNICEF partnered with CARE to train 50 Sudanese, Palestinian, and Egyptian volunteers, who subsequently reached 206 parents with IEC materials on positive parenting and inclusion. Through its partnership with BLESS, UNICEF also supported parenting sessions integrating positive parenting and hygiene promotion messages, reaching 500 parents.

To further expand parenting support, UNICEF established a partnership with Catholic Relief Services (CRS) and conducted a Training of Trainers (ToT) for 14 facilitators and staff members from Alexandria and Aswan governorates. These facilitators will deliver parenting sessions to Sudanese parents enrolled in the cash assistance programme, with an expected reach of approximately 2,400 parents.

ACCOUNTABILITY TO AFFECTED POPULATIONS

In 2026, UNICEF launched a Social and Behaviour Change/Risk Communication and Community Engagement (RCCE) initiative to improve access to essential services for refugee, migrant, and asylum-seeking communities through evidence-based community engagement. The first phase focused on a grassroots qualitative assessment in Alexandria, with particular attention to children on the move and Palestinian communities within the broader migrant population. The assessment aimed to identify barriers to accessing services, preferred communication channels, existing feedback mechanisms, and community-driven solutions.

Findings from this assessment are informing the development of a culturally appropriate communication and referral pathway to strengthen linkages to health, protection, education, and social services.

A total of 534 participants were engaged through 26 focus group discussions and 154 in-depth interviews, representing people displaced from the Gaza Strip, Sudan, Syria, Yemen, and Libya, as well as Palestinian-Syrian families. In addition, 504 families (2,016 individuals) participated in household consultations that informed the design of the referral pathway. This formative phase established the foundation for scaling up implementation to 25,000 families by September 2026, contributing to the programme's overall target of reaching 75,000 individuals.

To strengthen access to information and services, 434 individuals were reached through the MoHP hotline, supported by five trained responders from migrant communities. Based on lessons learned, the referral pathway linked to the hotline is being redesigned through a participatory process to improve accessibility and utilisation.

Across sectors, 88,622 people were reached through child protection interventions, including 27,735 individuals who received lifesaving information through NGO partners and 60,887 people reached through Family Clubs and Primary Healthcare Units. An additional 40,000 people received hygiene promotion messages through WASH interventions. Furthermore, 4,908 people shared concerns and feedback through established accountability mechanisms, including 2,016 individuals through household consultations and 2,892 through CHWs. These mechanisms ensured that community perspectives continued to inform programme design, implementation, and adaptation.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

UNICEF continues to play an active role in inter-agency coordination structures in Egypt, leading the Nutrition Thematic Working Group and the WASH Technical Working Group, and co-leading the Education Thematic Working Group. UNICEF also participates in the Child Protection and Community-Based Protection sub-sector technical working groups.

In addition, UNICEF co-chairs the Information Management Working Group alongside UNHCR and contributes actively to the Health and Protection Thematic Working Groups, supporting coordinated planning, information sharing, and joint efforts to address the needs of refugee, migrant, and host community populations.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Stories about children and families being supported by UNICEF in Egypt are available here .

External Media

UNICEF Egypt Facebook: @UNICEFEgypt

UNICEF Egypt Instagram: @Unicef_Egypt

UNICEF Egypt X: @UNICEFEgypt

UNICEF Egypt YouTube: @UNICEFEgypt

UNICEF Egypt LinkedIn: UNICEF Egypt

JORDAN

FUNDING OVERVIEW AND PARTNERSHIPS

In 2026, UNICEF Jordan appealed for US$ 129.5 million to sustain essential services for vulnerable children and their families in Jordan. By the end of June 2026, UNICEF had secured US$ 18.9 million in contributions. Including a carry-forward amount of US$ 35.9 million, the remaining funding gap stands at US$ 74.8 million. Based on revised population figures for camps and host communities, the HAC will be amended during the second half of the year.

UNICEF appreciates the generous support of the following donors: France, Ireland, Japan, the Netherlands, Switzerland, the European Commission, the Republic of Korea, the United Kingdom, and the United States (DHR). UNICEF sincerely thanks all public and private donors for their continued contributions and support.

SITUATION OVERVIEW & HUMANITARIAN NEEDS

As of June 2026, Jordan hosts approximately 370,179 Syrian refugees[8] registered with UNHCR, including 51 per cent children, alongside 23,092 registered non-Syrian refugees[9] and approximately 2.4 million registered Palestinian refugees,[10] making it one of the largest refugee-hosting countries globally. While around 80 per cent of Syrian refugees reside in host communities, refugee camps continue to accommodate approximately 80,809 individuals, including 47,844 residents in Za'atari Camp, 32,807 in Azraq Camp, and 158 in the Garden Camp.[11]

Following political developments in Syria in December 2024, refugee return dynamics have continued to evolve. According to UNHCR analysis of return intentions and movements from Jordan conducted during the first half of 2025, 40 per cent of Syrian refugees surveyed in January indicated an intention to return to Syria within the following year.[12] By December 2025, this proportion had declined to 11 per cent.[13] As of 27 June 2026, a total of 202,743 Syrian refugees registered with UNHCR had returned to Syria.

The 2026 Vulnerability Assessment Framework (VAF), released in May, highlights the continued deterioration of socio-economic conditions among refugees in Jordan. An estimated 93 per cent of refugee households reported holding debt, reflecting persistent financial vulnerability. Household expenditure patterns have also shifted significantly, with refugee families in host communities now allocating a greater share of their limited resources to food than rent, reversing previous trends and indicating increasing challenges in meeting basic needs. To cope with these pressures, many households are delaying rent payments and accumulating rental arrears, increasing their exposure to eviction, housing insecurity, and legal challenges.[14] These pressures can directly affect children by limiting families' ability to meet their basic needs and maintain access to food, education, health, and other essential services. Prolonged financial insecurity can reduce households' ability to meet children's nutritional, educational, health, and protection needs, while increasing food insecurity and reliance on cheaper, less nutritious food can affect children's wellbeing and development. Housing insecurity and the risk of eviction can further disrupt children's stability, access to services, and continuity of education.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH AND NUTRITION

UNICEF and its partners continued delivering essential health and nutrition services to refugee populations in Azraq and Za'atari camps. During the reporting period, 12,107 children and women (8,598 children and 3,509 pregnant and lactating women) accessed primary healthcare services through UNICEF-supported facilities.

In response to sporadic measles cases in the country, UNICEF supported the Ministry of Health (MoH) to conduct supplementary immunization activities in high-risk governorates, including those with refugees, reaching 33,522 children under 18 years of age, including 51 per cent girls. UNICEF also sustained routine immunization services in Azraq and Za'atari camps, where 671 infants received their first dose of the hexavalent vaccine[15] and 645 children completed the three-dose schedule, strengthening protection against vaccine-preventable diseases.

Nutrition services remained a core component of the response. A total of 9,470 children aged 6–59 months (50 per cent girls, including 127 children with disabilities) and 3,509 pregnant and lactating women were screened for malnutrition. Screening identified 10 children with severe acute malnutrition (SAM) and 26 children with moderate acute malnutrition (MAM), all of whom were enrolled in treatment. UNICEF and partners continued monitoring treatment outcomes and conducting case-level follow-up to address barriers to recovery. Additionally, 612 mothers and caregivers received counselling on IYCF practices.

UNICEF also strengthened disability-inclusive health and education services through early identification and provision of assistive devices. A total of 1,520 school children (55 per cent girls) were screened for visual, hearing, and mobility impairments. Following assessment, 884 children received assistive devices, including 783 eyeglasses, 22 hearing aids, and 102 mobility and prosthetic supports. To address identified needs, UNICEF further supported the provision of 907 eyeglasses, 47 hearing aids, and 210 mobility and prosthetic/orthotic devices, improving children's access to education, participation in daily activities, and inclusion.

CHILD PROTECTION

UNICEF continued providing specialised case management services to 619 children (47 per cent girls, including 10 per cent children with disabilities) to address a range of child protection concerns, including all forms of violence, exploitation, neglect, child labour, child marriage, children deprived of parental care, and children in conflict with the law.

UNICEF also continued delivering community-based MHPSS services to vulnerable populations, reaching 17,159 individuals.[16]

This included 13,096 children (52 per cent girls, including 1 per cent children with disabilities) who received community-based psychosocial support, and 4,063 parents and caregivers (97 per cent women) who participated in parenting interventions. These interventions strengthened community-based support mechanisms and enhanced caregivers' capacity to apply positive and non-violent parenting practices. In Azraq Camp, 15 Makani volunteers (60 per cent female) were trained on community-based child protection principles, strengthening safe community engagement. In addition, 25 early childhood development facilitators were trained in refugee camps and[17] 44,641 individuals (70 per cent female, 1 per cent persons with disabilities) had safe access to reporting channels for sexual exploitation and abuse.

UNICEF and partners also delivered gender-based violence (GBV) risk mitigation, prevention, and response interventions, reaching 18,218 individuals. This included 3,932 women and 11,700 children (52 per cent girls) reached through GBV risk mitigation activities, 47 women and 2,414 children (63 per cent girls) reached through prevention activities, and 92 women and 33 children (73 per cent girls) who accessed specialised GBV response services.

As part of UNICEF's support to refugee returnees, Explosive Ordnance Risk Education (EORE) sessions reached 1,155 children (50 per cent girls) and 300 parents and caregivers (80 per cent women) in refugee camps through direct awareness sessions on the risks associated with landmines and unexploded ordnance. To expand outreach and reinforce key messages, 16,000 EORE brochures and posters were printed for distribution across camps and host communities.

In Azraq and Za'atari camps, 452 Makani and Youth Incentive-Based Volunteers (54 per cent female) completed the Children and Youth Code of Conduct training, contributing to safer, more accountable, and youth-centred services.[18]

EDUCATION

Despite evolving refugee dynamics and continued pressure on education systems, UNICEF supported the Ministry of Education to maintain inclusive access to learning opportunities for refugee and vulnerable children. Together with the Ministry of Education (MoE), UNICEF ensured continued access to formal and non-formal education for 109,486 children (51 per cent girls). In Azraq and Za'atari refugee camps, UNICEF continued providing operational and learning support to 46 schools, 28 kindergarten (KG2) centres, and 28 non-formal education centres through 1,178 Syrian volunteers (40 per cent female, including 3 per cent persons with disabilities), helping sustain access to quality education for refugee children.

In partnership with the MoE, UNICEF co-developed and piloted an Early Identification Tool, training 281 education personnel (48 per cent female) to strengthen the early identification, referral, and support of students at risk of dropping out. Lessons from the pilot will inform refinement and digitisation of a national Early Warning System, supporting phased implementation in refugee camp schools and 300 vulnerable host-community schools.

UNICEF continued strengthening foundational literacy and numeracy through targeted remedial learning interventions. The Reading Recovery Programme (RRP) supported 1,020 non-readers in Grades 5–8 (49 per cent girls) and 82 adolescents in non-formal education centres (62 per cent girls). Reading assessments were conducted for 1,972 Grade 4 students (49 per cent girls) in camp schools and 14,684 Grade 4–7 students (45 per cent girls) across 51 vulnerable host-community schools, generating evidence to identify learning gaps and inform programme expansion. In addition, 2,087 KG2 children (50 per cent girls) benefited from the Early Grade Reading Programme.

Through the Mathematics Accelerated Programme (MAP), 41 education personnel (51 per cent female) completed training, while 1,121 students (52 per cent girls) completed pre- and post-assessments to measure numeracy gains and inform future scale-up beyond refugee camps. Overall, 18,391 learners (46 per cent girls) received learning materials as of June 2026.[19]

SOCIAL PROTECTION AND SOCIAL POLICY

Through Makani centres 12 in camps and host communities, UNICEF provided 26,265 vulnerable children, adolescents, and caregivers (60 per cent female; 2 per cent persons with disabilities) with age-appropriate, integrated services. This included 18,170 children and adolescents (55 per cent girls; 3 per cent children with disabilities) who accessed learning support and skills-building activities. In addition, 17,495 children, adolescents, and caregivers (64 per cent female) participated in community-based child protection services, early childhood development, and parenting programmes, including 13,791 children (52 per cent girls; 1 per cent children with disabilities).

The Makani programme also engaged 1,147 Syrian Incentive-Based Volunteers (IBVs)13 (35 per cent female; 2 per cent persons with disabilities) to support programme implementation in camps and host communities. For IBVs involved in Makani implementation who are preparing to return to Syria, certificates were issued recognising their contributions to the programme and supporting their employability and reintegration in Syria.

The institutionalisation of Makani, including the transition of overall management in host communities to the Ministry of Social Development (MoSD), remains a key priority. A review of MoSD operations was conducted to inform the transition, providing insights for planning and identifying capacity-building needs. The transition is expected to progress throughout 2026 and the first half of 2027.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

UNICEF continued supporting adolescents and young people's transition from learning to earning through integrated programmes that strengthen skills development, employability, entrepreneurship, mental wellbeing, and civic engagement. During the reporting period, 9,683 adolescents and young people (52 per cent female; 62 per cent refugees) were reached through UNICEF-supported interventions.

A total of 4,519 adolescents and youth (54 per cent female; 73 per cent refugees) completed life skills training, while 1,749 young people (26 per cent female; 60 per cent refugees) acquired market-relevant digital skills. In addition, 93 participants (56 per cent female; 41 per cent refugees) were linked to employment opportunities.

Entrepreneurship and business development interventions reached more than 450 young people (60 per cent female), contributing to the establishment of seven new businesses, including two female-led businesses, and the provision of in-kind grants to 38 entrepreneurs (62 per cent female). Career development services also reached 449 refugee youth (54 per cent female), supporting pathways towards employment and economic inclusion.

Through the Healthy Minds, Bright Futures initiative,[20] 954 young people (52 per cent female; 14 per cent refugees) accessed mental health and psychosocial support services. In Azraq and Za'atari camps, 599 refugee adolescents and youth (50 per cent female) accessed integrated youth services, while 963 Syrian youth volunteers (66 per cent female) participated in volunteering activities, including climate action initiatives.

WASH

UNICEF provided safe and reliable water supply and sanitation services to 86,382 people (51 per cent female, 6 per cent persons with disabilities). This included 85,925 refugees residing in Za'atari, Azraq, and Garden camps, who benefited from the continued operation and maintenance of established water and wastewater systems, as well as 457 people living in remote areas of the country whose access to water and sanitation services was improved through communal facilities supported through cash-based assistance modalities, ensuring uninterrupted service delivery despite evolving refugee return dynamics.

As refugee returns to Syria continued and shelters were vacated, UNICEF supported the safe decommissioning of household water and sanitation connections, alongside critical maintenance works in Syrian refugee camps. These interventions helped protect the integrity of WASH systems, maintain service efficiency, and improve the sustainability of WASH infrastructure in camps.

To complement service delivery, 15,218 people (54 per cent female, 7 per cent persons with disabilities) across Syrian refugee camps and remote areas participated in awareness sessions on hygiene practices, water conservation, and the appropriate use and maintenance of water and sanitation facilities. This included 2,865 women and girls who participated in dedicated sessions on menstrual hygiene management and related health information.

Looking ahead to 2027, significant funding shortfalls threaten the continuity of essential WASH services for the most vulnerable Syrian refugees. Refugee camp residents remain fully dependent on humanitarian assistance for safe water, sanitation, and hygiene services. Disruptions to these lifesaving services due to insufficient funding could increase public health risks and undermine the health, dignity, and wellbeing of refugee communities.

HUMANITARIAN CASH TRANSFERS

UNICEF continued providing humanitarian cash assistance through the Hajati programme,[21] supporting 1,600 vulnerable children (50 per cent girls, including 26 per cent children with disabilities) across 877 households. Of these households, 90 per cent were refugee households and 29 per cent were women-headed households. The assistance contributed to reducing financial barriers to education, supporting school participation, and strengthening the wellbeing of vulnerable children.

UNICEF also continued advancing the institutionalisation of cash-plus programming within Jordan's national social protection system in partnership with the National Aid Fund (NAF). Building on the jointly developed institutionalisation roadmap and operational plan, UNICEF supported efforts to embed cash-plus approaches within NAF systems and operations, strengthening linkages between social assistance and essential services, including Makani, while enhancing referral pathways and promoting integrated support for vulnerable households.

During the reporting period, 11,548 children from NAF beneficiary households accessed Makani services through these linkages, contributing to improved access to education and child protection services.

SOCIAL AND BEHAVIOUR CHANGE

UNICEF continued supporting the Ministry of Health (MoH) to strengthen RCCE as a core component of immunization and health emergency preparedness. Following the increase in measles cases, UNICEF supported a coordinated RCCE response alongside epidemiological surveillance and vaccination efforts. This included training health promoters, vaccination teams, and Community Health Committee volunteers to address misinformation, promote timely vaccination, and strengthen public trust. A total of 21,421 caregivers (84 per cent female, including 1 per cent persons with disabilities) were engaged, with a focus on high-risk, vulnerable, and hard-to-reach communities, including vaccine-hesitant and mobile populations.

UNICEF also strengthened community engagement and feedback systems by enhancing the Ministry's social listening capacity through digital and offline tools, enabling timely identification of community concerns and adaptation of communication approaches. A Community Health Assessment Toolkit was developed and piloted, while Community Health Committees expanded outreach and supported the identification and referral of zero-dose and under-immunized children. UNICEF further expanded the national SBC guide to include WASH and infection prevention and control (IPC), supporting a more integrated approach to community engagement across sectors.

ACCOUNTABILITY TO AFFECTED POPULATIONS

UNICEF continued strengthening AAP by expanding accessible, multi-channel feedback and communication mechanisms across humanitarian and development programmes. During the reporting period, the cross-sectoral helpline managed 5,547 incoming and outgoing calls, providing information, referrals, and complaint resolution support for Syrian refugees, vulnerable Jordanians, and other programme participants. In addition, 7,765 one-way SMS messages were disseminated to share timely programme information and key public messages, alongside 298,139 SMS messages supporting the national social assistance programme.

Community feedback mechanisms were further institutionalised through the continued rollout of standardised feedback and complaints channels across Makani centres, including complaint boxes and dedicated digital tools. These mechanisms strengthened UNICEF's ability to capture, analyse, and respond to community feedback in a timely manner, improving referral pathways, service responsiveness, and programme quality across sectors.

These efforts reinforced UNICEF's commitment to placing the perspectives of affected populations at the centre of programme design, implementation, and decision-making, contributing to more responsive, accountable, and people-centred programming.

HUMANITARIAN LEADERSHIP, COORDINATION AND STRATEGY

Health and Nutrition

UNICEF continued supporting the Ministry of Health's National Immunization Programme through technical assistance, capacity strengthening, and support for immunization service delivery targeting vulnerable populations, including refugees. UNICEF also supported preparedness for the introduction of new vaccines through training healthcare workers on interpersonal communication and social and behaviour change approaches, while strengthening community engagement and demand-generation efforts to promote vaccine acceptance and uptake. These efforts contributed to sustaining immunization coverage and protecting children and communities from vaccine-preventable diseases.

Child Protection

UNICEF continued its strategic leadership within the Child Protection Sub-Working Group (CPSWG), supporting sector-wide coordination and the harmonisation of standards amid an evolving operational context. During the reporting period, UNICEF facilitated strengthened referral pathways for violence in schools across Azraq

and Za'atari camps through targeted multi-agency coordination efforts. The initiative brought together key stakeholders, including the Ministry of Education, the Family Protection and Juvenile Department, the Ministry of Social Development, and NGO partners. These coordination efforts helped clarify roles and responsibilities, address operational bottlenecks, and strengthen follow-up case management processes, contributing to a more coordinated and effective response for affected children.

Education

As Education Sector Lead and co-chair of the Education Sector Working Group (ESWG), UNICEF continued strengthening national coordination and supporting government-led planning for equitable, inclusive, and resilient education. UNICEF supported the Ministry of Planning and International Cooperation (MoPIC) in the Jordan Response Plan (2027–2029) costing exercise and provided technical support to the Ministry of Education (MoE) for the 2026/27 class formation process in refugee camp schools, helping align teacher deployment and classroom allocation with evolving enrolment trends.

UNICEF also convened UN agencies, international NGOs, and development partners to assess the implications of proposed changes to school fee policies for unregistered refugee children and supported the development of a joint advocacy brief. In parallel, UNICEF continued engaging with relevant stakeholders to support recognition and ratification of Syrian students' academic records to facilitate continuity of learning for children returning to Syria. Through the ESWG and Education Donor Partners Group, UNICEF supported dialogue on MoE restructuring, sector coordination, and financing opportunities to strengthen implementation of the Education Strategic Plan.

WASH

UNICEF maintained its role as co-lead of the Humanitarian WASH Sector with the Ministry of Water and Irrigation (MWI) and World Vision International (WVI), facilitating coordinated sector planning and decision-making in a challenging humanitarian context characterised by declining funding and evolving refugee needs, including continued refugee returns to Syria. Coordination efforts focused on aligning partner interventions, supporting evidence-based prioritisation of resources, and strengthening collaboration to sustain essential WASH services for vulnerable populations.

At the camp level, UNICEF continued leading coordination of WASH actors in Za'atari and Azraq camps, including mapping refugee movements and returns to ensure that service delivery could be adapted to changing needs.

UNICEF also provided technical support to MWI in coordinating sector contributions to the Jordan Response Plan 2027–2029. This included facilitating sector project submissions, reviewing evidence from the Vulnerability Assessment Framework (VAF), and applying technical prioritisation criteria to ensure proposed interventions aligned with government priorities and humanitarian needs. In addition, UNICEF supported MWI in preparing Jordan's Voluntary National Review (VNR) on progress towards Sustainable Development Goal (SDG) 6 by contributing to report drafting, facilitating stakeholder consultations, and reviewing indicators and achievements.

Adolescent and Youth Development and Participation

UNICEF continued providing strategic leadership and coordination for adolescent and youth programming by convening government counterparts, development partners, civil society organisations, and private sector actors to strengthen integrated learning-to-earning pathways. Throughout the reporting period, UNICEF supported coordination with the Ministry of Youth, Ministry of Labour, Vocational Training Corporation (VTC), and implementing partners to align interventions with national priorities, avoid duplication, and promote complementary programming.

These efforts also advanced the institutionalisation of key youth interventions, including Jobs Search Clubs, CareerUp, and the Healthy Minds, Bright Futures initiative, while strengthening national systems and partnerships to improve employment, skills development, and psychosocial wellbeing outcomes for adolescents and young people, including refugees and vulnerable populations.

Social Protection

In 2026, UNICEF continued co-chairing the Common Cash Facility (CCF) with UNHCR, which serves as a key mechanism for accessible and scalable humanitarian cash transfers. The CCF brings partners together around common standards, harmonised delivery systems, and coordinated decision-making, reducing fragmentation and strengthening the coherence of cash responses.

By leveraging economies of scale, the CCF enhances efficiency, accountability, and cost-effectiveness while ensuring timely, secure, and dignified access to cash assistance for vulnerable populations. It also supports alignment with broader social protection objectives, including linkages to national cash transfer systems.

Social and Behaviour Change

UNICEF advocated for and supported the activation of the National RCCE Committee under the Jordan Centre for Disease Control (JCDC), bringing together representatives from relevant ministries, UN agencies, international organisations, and national civil society organisations to strengthen multisectoral coordination for health emergency preparedness and response.

UNICEF provided technical support in developing the Committee's Terms of Reference and delivered an introductory orientation on SBC and RCCE to establish a common understanding of key concepts and approaches among members. These efforts lay the foundation for a comprehensive national capacity-building programme and the development of a coordinated national RCCE action plan, co-led by JCDC, the Ministry of Health, and UNICEF.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Stories about children and families being supported by UNICEF in Jordan are available here.

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- After the Fire: Anas and Mohammad's New Beginning
- Reclaiming the Right to Literacy
- Mahmoud's Journey to Recovery
- The Water That Brought Peace Back to Aisha's Home
- School Sports Fields Provide Leen with a Place to Play

- In Azraq Camp, 10-Year-Old Ahmad Receives a Medical Hearing Aid to Help Him Learn Confidently

TÜRKIYE

FUNDING OVERVIEW AND PARTNERSHIPS

In 2026, UNICEF requires US$ 80.7 million to continue facilitating access to and providing critical services for more than 2.2 million refugees and migrants, as well as vulnerable host communities in Türkiye. By 30 June 2026, US$ 3.3 million in humanitarian resources had been received, alongside US$ 28.5 million in carry-over from 2025, leaving a funding gap of 61 per cent.

Additional funding is critically needed to address the needs of refugees and vulnerable host communities and sustain access to essential services. UNICEF expresses its sincere gratitude to all public and private donors for their generous contributions and continues to explore new opportunities for collaboration to support the most vulnerable children and their families.

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Türkiye continues to host the largest population of Syrians under temporary protection globally. As of 7 July 2026, 2,245,765 Syrians were registered under temporary protection, including 1,067,591 children aged 0–17 years.[22] In addition, approximately 166,000 refugees and asylum-seekers from other countries, including Afghanistan, Iraq, and Iran, were under international protection at the end of 2025.[23]

Following the change in government in Syria in December 2024, self-facilitated voluntary returns from Türkiye accelerated. According to the Ministry of Interior, 710,000 Syrians have voluntarily returned to Syria since December 2024.[24] Despite these returns, Türkiye continues to host a significant refugee population, with children and families facing ongoing humanitarian, protection, and socio-economic challenges.

Despite continued government efforts and the generosity of host communities, refugees and vulnerable households continue to experience economic hardship, protection risks, and barriers to accessing essential services. Sustained investment in inclusive education, child protection, healthcare, and social services remains critical to ensuring refugee and host community children can access their rights and opportunities, while supporting Türkiye's continued leadership in delivering protection and assistance to refugees.

During the first half of 2026, refugees and other vulnerable populations in Türkiye continued to experience significant challenges. While registration levels remained high, humanitarian needs persisted due to economic pressures, barriers to accessing services, and ongoing protection risks. Humanitarian actors, including UNICEF in support of the Government-led refugee response, maintained assistance in earthquake-affected provinces and strengthened preparedness measures for potential population movements from neighbouring countries.

According to the inter-agency Community Pulse conducted in October 2025, 56 per cent of refugee households reported having at least one member with specific needs, most commonly related to chronic health conditions, disabilities, or child protection concerns. Housing insecurity remained widespread, with one quarter of households reporting a risk of eviction and 23 per cent sharing accommodation with non-household members. Economic vulnerability also remained severe, with 69 per cent of households reporting a deterioration in their financial situation over the previous year and 81 per cent reporting reliance on harmful coping mechanisms.[25]

Protection concerns continued to affect children's wellbeing and development. Community members identified stress (48 per cent), child labour (43 per cent), domestic violence (29 per cent), and gender-based violence (27 per cent) as the main protection risks.[26] At the same time, language barriers, documentation challenges, and limited awareness of available services continued to impede access to information and essential services. While intentions among surveyed households to voluntarily return remained low, uncertainty regarding safety, livelihoods, and access to services in Syria continued to influence return decisions.

Education remained a critical concern for refugee children. The 2025–2026 Back to School Parents Survey, conducted by the Education Sector Working Group under UNICEF's leadership, collected data from 2,442 households across urban, refugee-hosting, and earthquake-affected provinces, covering the educational status of 6,363 children.[27] Findings showed that 84 per cent of surveyed children were enrolled in education, while 16 per cent were not attending any education programme. For children who remain out of school, exclusion is largely linked to structural and socio-economic barriers. Boys accounted for a slightly higher proportion of out-of-school children (54 per cent) than girls (46 per cent), reflecting broader economic pressures and the continued prevalence of child labour, which affects more than one in ten children who are not attending school.[28]

Access to health services also became more challenging following changes to the healthcare system for Syrians under temporary protection that came into effect on 1 January 2026. Changes introduced to healthcare access arrangements for Syrians under temporary protection from January 2026 created additional challenges for some refugee households in accessing services. Limited exemptions apply for individuals assessed as socio-economically vulnerable and for child vaccination services; however, access to healthcare, including vaccination, remains challenging for unregistered children. These changes have created additional barriers to accessing healthcare services, particularly for children with disabilities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH AND NUTRITION

UNICEF supported government partners and municipalities to deliver essential health, nutrition, and early childhood development (ECD) services for young children and their families. Community outreach through Mother Baby Corners and home-visiting services continued in Hatay, Adana, and Gaziantep, reaching pregnant women, children aged 0–8 years, and caregivers. UNICEF also continued supporting young children and families during the voluntary return process at the Hatay Cilvegözü border gate by providing access to essential information and services.

During the reporting period, 33,640 parents received infant and young child feeding and nutrition counselling, while 2,865 parents received individual counselling on child health, growth monitoring, and early childhood development. In addition, 2,699 parents of young children received individual assessments of their children's vaccination status and were supported to access immunization services.

To strengthen early identification and disability support services,

including through home visits, in Hatay and Gaziantep provinces, 618 children underwent developmental monitoring. Of these, 148 children (76 girls, 72 boys) with developmental delays and/or disabilities were enrolled in an advanced support programme. In addition, 87 children with disabilities received assistive medical devices.

UNICEF also strengthened national and local capacities by training 364 health and ECD professionals on child nutrition, ECD, early identification, and nurturing care. To support newborns and infants during the first months of life, UNICEF provided baby boxes to 1,400 refugee children and ECD boxes to 800 refugee children to support early childhood development. In partnership with the Presidency of Migration Management (PMM), UNICEF supported the establishment of four breastfeeding and baby care rooms across three provinces and at the Gaziantep Karkamış border gate, providing safe and supportive spaces for refugee mothers and young children. As part of preparedness efforts, UNICEF deployed mobile units along the Iran–Türkiye border to monitor and assess emerging health and nutrition needs.

CHILD PROTECTION

UNICEF supported government institutions, municipalities, and civil society organisations to strengthen child protection systems and deliver integrated services for Syrian and other vulnerable children and families across Türkiye, including earthquake-affected provinces. Through partnerships with the Ministry of Family and Social Services (MoFSS), Ministry of National Education (MoNE), and the Presidency of Migration Management (PMM), more than 600 government and frontline personnel were trained on child protection case management, counselling measures under the Child Protection Law, school attendance monitoring, migration-sensitive child protection, and parenting programmes. These efforts strengthened the identification, referral, and response mechanisms for children at risk and contributed to increased capacity to support approximately 6,000 vulnerable children nationwide. Following a successful pilot, the Modular Family Training Programme was expanded, reaching more than 27,000 parents. In earthquake-affected provinces, UNICEF-supported social service workers provided child protection services to 5,428 children.

Across refugee-hosting and earthquake-affected provinces, UNICEF-supported partners assessed 25,869 children (51 per cent girls) for protection needs and provided community-based MHPSS to 12,809 children, adolescents, and caregivers (5,436 girls, 5,123 boys, 1,939 women, and 311 men) through community centres, adolescent-friendly spaces, municipal facilities, and mobile teams. A total of 17,108 individuals (6,189 girls, 6,100 boys, 4,231 women, and 588 men) accessed gender-based violence (GBV) prevention and response services. Legal assistance reached 2,575 individuals, including 1,240 children, while 2,854 people participated in legal information sessions and 131 children (98 per cent boys) received legal aid in removal centres.

To support safe, dignified, and voluntary returns, UNICEF and partners continued operating mobile outreach teams, static centres, and child-friendly spaces at the Hatay-Cilvegözü border crossing and in communities of departure, providing psychosocial support, family assistance, and protection information. UNICEF and PMM also rolled out a Family Information Package covering child safeguarding, psychosocial support, civil documentation, and explosive ordnance risk awareness. UNICEF further supported PMM to conduct field activities, including information sessions, in-depth interviews, and focus group discussions with refugees and public service providers.

During the first half of 2026, 1,746 public officials from the education, security, and health sectors received updates and critical information on migration management, access to services, inter-institutional coordination, voluntary return arrangements, and social cohesion. In addition, 2,050 refugee women and children participated in PMM-organised focus group discussions and social cohesion activities in high refugee population provinces, including border areas.

Under preparedness efforts, UNICEF deployed mobile units along the Iran–Türkiye border to monitor population movements and assess humanitarian and protection needs, as well as pre-positioned psychosocial support kits to enhance emergency readiness.

WASH

In 2026, UNICEF's WASH response focused on addressing critical hygiene needs among refugee and earthquake-affected populations, while water supply and sanitation interventions were gradually phased down in line with evolving needs and the changing operational context. In partnership with the Development Foundation of Türkiye (DFT), UNICEF distributed 628 family hygiene kits, benefiting 3,140 individuals across refugee-populated and earthquake-affected areas. These interventions helped vulnerable families access essential hygiene supplies, including menstrual hygiene items.

Following the 2023 earthquakes, UNICEF prioritized restoring access to safe water and sanitation services, responding to widespread damage to infrastructure and urgent public health risks. As recovery efforts led by the Government of Türkiye progressed over subsequent years, needs in the earthquake-affected areas also evolved. By the fourth year of the response, access to water and sanitation had largely stabilised through recovery and reconstruction initiatives, while the remaining gaps related to availability of essential hygiene items for vulnerable households as well as for those on the move, including voluntary returns to Syria. Reflecting this shift, UNICEF adapted its WASH programming to focus on hygiene material support, ensuring that earthquake-affected and refugee families, including those on the move, continue to meet their basic hygiene needs.

EDUCATION

UNICEF and its partners facilitated access to early childhood education (ECE) services for 1,778 children (895 girls, 883 boys; 971 refugees) through home- and community-based programmes. In addition, 303 children (149 girls, 154 boys; 133 refugees) received ECE learning materials. Early Learning Festivals engaged 2,307 children (1,154 girls, 1,153 boys) in learning and play activities. Furthermore, 116 ECE facilitators (114 women, 2 men; 14 refugees) and 759 parents and caregivers (668 women, 91 men; 178 refugees) received support to strengthen early learning environments.

To strengthen the Ministry of National Education's (MoNE) emergency preparedness capacity, UNICEF supported the training of 216 MoNE personnel (92 women, 124 men) as master trainers, who subsequently reached 4,079 personnel (1,428 women, 2,651 men) through 162 cascade training sessions across 73 provinces.

In partnership with MoNE, UNICEF further strengthened the capacity of 57,753 education personnel (37,892 women, 19,861 men), including teachers, educators, and school counsellors, through learning recovery, inclusive education, and digital wellbeing initiatives. These efforts contributed to improved learning opportunities for 113,943 children (54,812 girls, 59,131 boys; 12,824 refugees). Together with MoNE, UNICEF also launched learning recovery interventions in 30 upper-secondary schools across 11 earthquake-affected provinces, reaching 66,000 students (33,000 girls including 2,290 refugees).

UNICEF and its partners supported the reintegration of out-of-school and at-risk children, enabling 993 children (491 girls, 502 boys; 986 refugees) to enrol in education. Flexible learning programmes also reached 6,295 children (3,562 girls, 2,733 boys; 3,888 refugees) across 11 provinces.

Collectively, UNICEF supported access to formal or non-formal education for 185,324 children, including early learning while supporting 61,832 teachers with capacity building activities.

Through the Education Sector Working Group (ESWG), UNICEF strengthened education coordination and case management capacity by engaging 141 partner representatives (87 women, 54 men) through coordination meetings and capacity-building activities.

ADOLESCENT DEVELOPMENT AND PARTICIPATION

UNICEF collaborated with government partners, municipalities in earthquake-affected areas, and NGO partners, including Youth and Sports Foundation (YSF), Habitat Association, and the Development Foundation of Türkiye (DFT), to strengthen adolescent and youth engagement, volunteerism, entrepreneurship, employability, and skills development.

A total of 8,751 adolescents and young people (4,874 female, 3,877 male) participated in community-based civic engagement and volunteerism initiatives promoting social cohesion and child rights. In addition, 6,986 adolescents and young people (3,984 female, 3,002 male) from refugee and host communities acquired digital, transferable, vocational, and entrepreneurship skills through structured learning programmes delivered online and through youth centres, computer labs, and mobile outreach modalities.

Furthermore, 414 adolescents and young people (203 female, 211 male) participated in awareness-raising sessions on digital safety and cyberbullying, strengthening their ability to navigate online spaces safely and responsibly. Together, these interventions enhanced young people's capacities for active civic participation, social inclusion, entrepreneurship, and future employability.

SOCIAL AND BEHAVIOUR CHANGE, AAP, LOCALISATION, AND PREVENTION OF SEXUAL EXPLOITATION AND ABUSE

UNICEF sustained integrated SBC and AAP approaches across Adıyaman, Gaziantep, Hatay, Kilis, Mardin, and Şanlıurfa in close collaboration with local government authorities and civil society organisation (CSO) partners. These efforts promoted protective behaviours, strengthened community engagement, and increased uptake of essential services among vulnerable children and families. Through partnerships with municipalities and local civil society organisations, UNICEF continued to strengthen locally led approaches by building the capacity of local actors to engage communities and deliver responsive services.

Through structured awareness-raising activities, technical staff training, and the provision of essential kits, 56,828 people (including 24,407 women and 22,881 children) were reached, strengthening frontline capacities to identify and respond to emerging protection concerns. Sustained two-way engagement, including parenting support, father-inclusive caregiving initiatives, early learning participation, and structured dialogue sessions, reached 104,270 people (including 39,304 women and 53,611 children).

Municipality partners further extended these efforts through service delivery platforms by organising structured dialogue sessions, facilitating focus group discussions on feedback and complaint mechanisms, and engaging communities through child-friendly and emotion-based feedback tools.

These interventions strengthened community participation by enabling children, caregivers, and communities to influence how services were designed and delivered, helping ensure that programmes remained responsive to their needs and priorities. A total of 64,460 people (including 18,462 women and 42,224 children) accessed established feedback mechanisms, including Benim Sesim, hotlines, feedback boxes, focus group discussions, and emotion cards, to share concerns, ask questions, and provide feedback on service quality and access. Feedback gathered through these channels informed programme adaptations, enhancing the quality, relevance, and responsiveness of child protection, education, and early childhood services.

A disability-inclusive approach remained central to implementation, ensuring feedback channels were accessible to children and caregivers with disabilities through adapted formats and facilitation support. Together, these efforts contributed to a more transparent, inclusive, and accountable response, strengthening community trust, participation, and ownership while advancing locally led service delivery.

UNICEF also continued to strengthen safeguarding systems and community awareness related to the prevention of sexual exploitation and abuse (PSEA). Large-scale outreach activities ensured that children, caregivers and community members had access to information on safe and confidential reporting mechanisms. Safeguarding principles were systematically incorporated into service delivery provided through both static facilities and outreach teams, further enhancing accountability and protection standards. In addition, 84,286 people received information on safe sexual exploitation and abuse reporting channels.

HUMANITARIAN LEADERSHIP, COORDINATION, AND STRATEGY

As part of the Regional Refugee and Resilience Plan (3RP) coordination structure and in support of the Government-led refugee response, UNICEF leads the Education Sector Working Group (ESWG), including its sub-working groups in Istanbul, Izmir, and South-East Türkiye. UNICEF also leads the Child Protection Sub-Working Group (co-led with UNHCR), the Aegean Child Protection and Gender-Based Violence Sub-Working Group (co-led with UNFPA), and the Marmara Child Protection Sub-Working Group (co-led with UNHCR).

UNICEF further contributes to the 3RP Basic Needs and Health Sector Working Groups at national and sub-regional levels. In addition, UNICEF actively participates in the inter-agency Prevention of Sexual Exploitation and Abuse (PSEA) Network and the 3RP Working Groups on Gender and Gender-Based Violence, Accountability to Affected Populations, and the Child Labour Task Force.

Through these coordination roles, UNICEF supported harmonisation of partner approaches, strengthened information-sharing, and promoted a coherent response aligned with government priorities and refugee needs.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Stories about children and families being supported by UNICEF in Türkiye are available here.

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- "Every child is like a flower; if you water it properly, it will grow more beautifully."
- Rising in the Digital Age: Six Young Women Redefine What's Possible
- Change Begins at Home
- Abdulmelik's Story of Codes and Hope

HUMAN INTEREST STORY

UNICEF/UNI924374/KILIC

In Kilis, Türkiye, Anber, 42, leads a UNICEF-supported child protection programme at Kilis Municipality that works with parents, caregivers and young people to prevent child, early and forced marriage and promote gender-transformative parenting.

For Anber, the work is personal. "I got married at 19," she says. "I was still very young. I didn't have the awareness of this back then." Today, she uses what she has learned to help families recognise harmful gender norms, listen to their children, and create homes where girls and boys are valued equally.

During one session, a 14-year-old girl told Anber that her family was preparing to arrange her marriage. Anber and her team began working with the girl, her parents, her school and social services. Through a series of conversations, the family came to understand the risks of child marriage and the importance of keeping their daughter in school. They changed their minds. She is still in school today.

"Change starts within the family," Anber says. "When families share care work, truly listen to their children, and stay connected to one another, trust grows and new possibilities open."

Anber's work is part of a wider UNICEF-supported effort that reached more than 24,000 adolescents, parents and caregivers in earthquake-affected and refugee-hosting communities through skills and empowerment activities, gender-transformative parenting sessions, and the Virtual Safe Space platform.

More information on this story can be found here .

HAC APPEALS AND SITREPS

- Syrian Refugees Appeals
  https://www.unicef.org/appeals/syrian-refugees
- Syrian Refugees Situation Reports
  https://www.unicef.org/appeals/syrian-refugees/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
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NEXT SITREP: JANUARY 2027

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health and nutrition					
Children 6-59 months screened for wasting	Total	-	68,080	21,996	▲ 32%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	656,030	203,046	▲ 31%
Children vaccinated against measles, supplemental dose	Total	-	391,800	33,522	▲ 9%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	15,000	3,479	▲ 23%
Child protection and GBViE					
Children who have received individual case management	Total	-	23,000	3,116	▲ 14%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	300,000	90,855	▲ 30%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	162,000	60,480	▲ 37%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	1.2 million	318,624	▲ 27%
Children and adolescents accessing skills development programmes	Total	-	162,400	22,964	▲ 14%
Children receiving individual learning materials	Total	-	33,000	18,391	▲ 56%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1.4 million	186,382	▲ 13%
People accessing appropriate sanitation services	Total	-	237,300	86,382	▲ 36%
People reached with critical WASH supplies	Total	-	120,000	3,140	▲ 3%
People reached with hand-washing behaviour-change programmes	Total	-	1 million	253,771	▲ 25%

Egypt

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health and nutrition					
Children vaccinated against measles, supplemental dose	Total	-	379,000	-[29]	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	15,000	3,479[30]	▲ 23%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	638,750	190,939[31]	▲ 30%
Children 6-59 months screened for wasting	Total	-	30,000	12,526[32]	▲ 42%
Child protection and GBViE					
Children and caregivers benefitting from winterization	Total	-	20,000	-[33]	0%
Children who have received individual case management	Total	-	15,000	2,497[34]	▲ 17%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	100,000	60,887[35]	▲ 61%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	3,000	25,154[36]	▲ 838%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	27,700	23,814[37]	▲ 86%
Percentage of teachers trained in inclusive education and disability awareness	Total	-	50	29[38]	▲ 58%
Children receiving education cash grants	Total	-	15,000	-[39]	0%
Percentage of children with disabilities participating in inclusive learning activities	Total	-	10	7[40]	▲ 70%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	1 million	100,000[41]	▲ 10%
People reached with hand-washing behaviour-change programmes	Total	-	1 million	238,553[42]	▲ 24%
Social protection					
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	4,000	-[43]	0%
Cross-sectoral (PSEA, HCT, SBC, RCCE and AAP)					
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	70,000	4,908[44]	▲ 7%
People reached with timely and life-saving information on how and where to access available services	Total	-	350,000	129,056[45]	▲ 37%

Jordan

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health and nutrition					
Children 6-59 months screened for wasting	Total	-	38,080	9,470[46]	▲ 25%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	17,280	12,107[47]	▲ 70%
Children vaccinated against measles, supplemental dose	Total	-	12,800	33,522[48]	▲ 262%
Child protection and GBViE					
Children who have received individual case management	Total	-	8,000	619[49]	▲ 8%
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	160,000	17,159[50]	▲ 11%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	109,000	18,218[51]	▲ 17%
Education					
Children and adolescents accessing skills development programmes	Total	-	76,000	9,683[52]	▲ 13%
Children receiving individual learning materials	Total	-	33,000	18,391[53]	▲ 56%
Children accessing formal or non-formal education, including early learning	Total	-	172,500	109,486[54]	▲ 63%
Water, sanitation and hygiene					
People reached with hand-washing behaviour-change programmes	Total	-	31,300	15,218[55]	▲ 49%
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	97,300	86,382[56]	▲ 89%
People accessing appropriate sanitation services	Total	-	87,300	86,382[57]	▲ 99%
Social protection					
Children, young people and caregivers accessing inclusive and integrated package of community based activities which promote child wellbeing and community cohesion	Total	-	71,600	17,495[58]	▲ 24%
Children and young people accessing integrated, gender responsive and inclusive complementary learning and skills development activities	Total	-	49,200	18,170[59]	▲ 37%
Cross-sectoral (PSEA, HCT, SBC, RCCE and AAP)					
Households reached with UNICEF-funded humanitarian cash transfers	Total	-	13,561	877[60]	▲ 6%
People reached with timely and life-saving information on how and where to access available services	Total	-	40,000	7,765[61]	▲ 19%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 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	-	200,000	44,641[62]	▲ 22%
People engaged in reflective dialogue through community platforms	Total	-	115,000	26,968[63]	▲ 23%

Türkiye

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
Health and nutrition								
Children with access to vaccines through UNICEF supported mechanisms	Total	-	50,000	2,865[64]	▲ 6%	-	-	-
Primary caregivers of children 0-8 years receiving child health, nutrition and early childhood development support	Total	-	500,000	33,640[65]	▲ 7%	-	-	-
Turkish health care and ECD providers trained	Total	-	1,000	364[66]	▲ 36%	-	-	-
Child protection and GBViE								
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	40,000	12,809[67]	▲ 32%	85,948	19,097	▲ 22%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	50,000	17,108[68]	▲ 34%	152,147	34,198	▲ 22%
Of children assessed for protection needs	Total	-	55,000	25,869[69]	▲ 47%	-	-	-
Education								
Syrian teachers and other education personnel receiving incentives	Total	-	4,700	-[70]	0%	-	-	-
Children and adolescents accessing skills development programmes	Total	-	86,400	13,281[71]	▲ 15%	274,810	29,992	▲ 11%
Children accessing formal or non-formal education, including early learning	Total	-	999,274	185,324[72]	▲ 19%	1.2 million	203,999	▲ 17%
Teachers and education personnel trained, including on remote learning	Total	-	104,700	61,832[73]	▲ 59%	-	-	-
Water, sanitation and hygiene								
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	300,000	-[74]	0%	-	-	-
People accessing appropriate sanitation services	Total	-	150,000	-[75]	0%	-	-	-

Sector			UNICEF and IPs response			Cluster/Sector response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*	2026 targets	Total results	Progress*
People reached with critical WASH supplies	Total	-	120,000	3,140[76]	▲ 3%	-	-	-
Adolescent Development and Participation								
Adolescents and young people participating in engagement actions	Total	-	64,000	8,751[77]	▲ 14%	-	-	-
Cross-sectoral (PSEA, HCT, SBC, RCCE and AAP)								
People reached with timely and life-saving information on how and where to access available services	Total	-	200,000	56,828[78]	▲ 28%	-	-	-
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations.	Total	-	100,000	84,286[79]	▲ 84%	-	-	-
People engaged in reflective dialogue through community platforms	Total	-	100,000	104,270[80]	▲ 104%	-	-	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	60,000	64,460[81]	▲ 107%	-	-	-

**Progress in the reporting period 1 January to 30 June 2026*

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and nutrition	14,250,000	790,754	6,229,186	7,230,059	51%
Child protection and GBViE	37,200,000	5,429,934	12,615,564	19,154,501	51%
WASH	34,775,000	2,963,801	12,237,484	19,573,714	56%
Education	77,135,246	6,705,861	25,266,371	45,163,013	59%
Adolescents/youth	25,000,000	4,574,899	4,857,788	15,567,312	62%
Social protection	33,703,023	3,609,391	3,572,540	26,521,091	79%
Emergency preparedness	1,000,000	300,802	-	699,198	70%
Cross-sectoral (AAP, SBC, and PSEA)	6,455,000	505,964	1,407,250	4,541,785	70%
Under Allocation	-	50,000	2,774,395	-	-
Total	**229,518,269**	**24,931,409**	**68,960,579**	**135,626,280**	**59%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Egypt

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and nutrition	3,850,000	390,574	1,264,000	2,195,426	57%
Child protection and GBViE	9,000,000	577,731	597,437	7,824,832	87%
Education	2,000,000	1,131,413	2,056,521	-	0%
WASH	2,400,000	328,880	166,000	1,905,120	79%
Social protection	1,600,000	-	-	1,600,000	100%
Emergency preparedness	-	-	-	-	-
Adolescents/youth	-	-	1,841	-	-
Cross-sectoral (AAP, SBC, and PSEA)	420,000	378,130	409,530	-	0%

Under Allocation	-	-	20,049	-	-
Total	**19,270,000**	**2,806,728**	**4,515,378**	**11,947,893**	**62%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Jordan

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and nutrition	7,600,000	400,180	2,224,942	4,974,877	65%
Child protection and GBViE	15,000,000	2,894,556	1,586,501	10,518,942	70%
Education	19,400,000	4,594,420	14,470,004	335,575	2%
WASH	27,525,000	2,634,921	11,671,484	13,218,593	48%
Social protection	31,803,023	3,609,391	3,277,205	24,916,426	78%
Emergency preparedness	-	-	-	-	-
Adolescents/youth	24,000,000	4,574,899	2,130,982	17,294,117	72%
Cross-sectoral (AAP, SBC, and PSEA)	4,200,000	103,834	546,331	3,549,834	85%
Under Allocation	-	50,000	-	-	-
Total	**129,528,023**	**18,862,204**	**35,907,451**	**74,758,367**	**58%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

Türkiye

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and nutrition	2,800,000	-	2,740,244	59,756	2%
Child protection and GBViE	13,200,000	1,957,647	10,431,626	810,727	6%
Education	55,735,246	980,028	8,739,846	46,015,372	83%
WASH	4,850,000	-	400,000	4,450,000	92%
Social protection	300,000	-	295,335	4,665	2%

Emergency preparedness	1,000,000	300,802	-	699,198	70%
Adolescents/youth	1,000,000	-	2,724,964	-	0%
Cross-sectoral (AAP, SBC, and PSEA)	1,835,000	24,000	451,389	1,359,611	74%
Under Allocation	-	-	2,754,346	-	-
Total	**80,720,246**	**3,262,477**	**28,537,750**	**48,920,019**	**61%**

Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Resources available from 2025 (carry over)– funding received in the previous appeal year that is available to respond in line with the current HAC appeal

ANNEX C — FUNDING GAP BY OFFICE AND SECTOR

% GAP (APPEAL SECTOR)								
% GAP (TOTAL)	HEALTH AND NUTRITION	CHILD PROTECTION AND GBVIE	EDUCATION	WASH	SOCIAL PROTECTION (	EMERGENCY/PREPAREDNESS	ADOLESCENTS/YOUTH	CROSS-SECTORAL (AAP, SBC, AND PSEA)
EGYPT **62% gap** $11.9M	**57% gap** $3.9M	**87% gap** $9M	**-59% gap** $2M	**79% gap** $2.4M	**100% gap** $1.6M	-	-	**-88% gap** $420K
JORDAN **58% gap** $74.8M	**65% gap** $7.6M	**70% gap** $15M	**2% gap** $19.4M	**48% gap** $27.5M	**78% gap** $31.8M	-	**72% gap** $24M	**85% gap** $4.2M
TÜRKIYE **61% gap** $48.9M	**2% gap** $2.8M	**6% gap** $13.2M	**83% gap** $55.7M	**92% gap** $4.9M	**2% gap** $300K	**70% gap** $1M	**-172% gap** $1M	**74% gap** $1.8M

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ENDNOTES

1. UNICEF estimates are based on the latest 3RP planning. This includes 700,000 children in Egypt; 969,131 in Jordan; and 1,440,357 in Türkiye. For Türkiye, this figure only includes Syrian refugees and other refugee groups. UNICEF figures include refugees, host community members and other vulnerable populations for Jordan and Egypt.

2. UNICEF estimates are based on the latest Refugee Response and Resilience Plan (3RP) planning. This includes 1,791,836 people in Egypt; 2,225,330 people in Jordan; and 3,166,869 people in Türkiye. For Türkiye, this figure only includes Syrian refugees and other refugee groups. UNICEF figures include refugees, host community members and other vulnerable populations for Jordan and Egypt.

3. Based on 3RP planning, UNICEF estimates include 150,000 people in need in Egypt; 2,112,714 in Jordan; and 4,136,606 in Türkiye.

4. Based on 3RP planning, UNICEF estimates include 626,000 people in need in Egypt; 1,012,937 in Jordan; and 8,749,111 in Türkiye.

5. Egypt: Registered Population (Refugees and Asylum Seekers) as of 30 June 2026 - https://data.unhcr.org/en/documents/details/123166

6. Document - Egypt: New Arrivals from Sudan as of 02 July 2026 - https://data.unhcr.org/en/documents/details/123167

7. Sudan | Displacement Tracking Matrix - https://dtm.iom.int/sudan

8. Document - Population Figures of Registered Refugees and Asylum Seekers as of 30 June 2026 - https://data.unhcr.org/en/documents/details/123165

9. Ibid

10. UNRWA Registered Population Dashboard, (Q1) 2026.

11. Population Figures of Registered Refugees and Asylum Seekers as of 30 June 2026 - https://data.unhcr.org/en/documents/details/123165

12. UNHCR Jordan: Year-End Analysis On Returns To Syria (08 December 2024 – 31 December 2025 - https://data.unhcr.org/en/documents/details/121098

13. Enhanced Regional Survey on Syrian Refugees Perceptions and Intentions on Return to Syria eRPIS wave2 | UNHCR - https://www.unhcr.org/media/enhanced-regional-survey-syrian-refugees-perceptions-and-intentions-return-syria-erpis-wave2

14. 2026 Vaf Socio-Economic Survey on refugees in Jordan - https://www.unhcr.org/sites/default/files/2026-06/2026-vaf-socio-economic-survey-on-refugees-in-Jordan.pdf

15. The hexavalent vaccine is a combination shot given to infants to protect them against diphtheria, tetanus, and pertussis (whooping cough). It also covers polio, Haemophilus influenzae type b (Hib), and hepatitis B.

16. This number includes children reached with community-based child protection through the Makani programme. To note that the number of children reached with CBCP through the Makani programme is also reported under the paragraph on Social Protection and Social Policy, below

17. Makani ("My Space" in Arabic) is a UNICEF-led initiative in Jordan launched in 2015. It operates through a network of community centres providing an integrated package of services including learning support, child protection, and life skills to vulnerable children and youth, including Syrian refugees and host community members.

18. IBVs (Incentive-Based Volunteers): IBVs are Syrian refugees engaged by UNICEF and its partners to support the delivery of humanitarian and development programmes through short-term, incentive-based arrangements. They support activities such as outreach, community mobilization, service delivery, awareness-raising, and referrals, particularly in refugee camps and host communities.

19. This figure excludes double counting for children receiving RRP, MAP, and ALP learning services.

20. The "Healthy Minds, Bright Futures" initiative is a joint program launched by the Ministry of Youth, the Ministry of Health, and UNICEF in Jordan. It aims to improve mental health literacy among young people and provide them with accessible mental health support.

21. Hajati is UNICEF Jordan's child-focused cash transfer programme, providing targeted cash assistance to vulnerable children and families to reduce financial barriers to education, support school participation, and promote child wellbeing.

22. Presidency of Migration Management, Temporary Protection Statistics as of 7 June 2026, available at https://goc.gov.tr/gecici-koruma5638 (accessed on 14 July 2026).

23. International Protection: UNHCR Türkiye - Annual Overview – 2025, https://data.unhcr.org/en/documents/details/120539 (accessed on 2 June 2026)

24. Presidency of Migration Management, News, Minister of Interior interview, available at https://goc.gov.tr/icisleri-bakani-mustafa-ciftci-suriyelilerin-geri-donus-surecine-iliskin-aciklamalarda-bulundu (accessed on 15 July 2026).

25. UNHCR-led Iter-Agency Community Pulse Analysis October 2025, available at https://data.unhcr.org/en/documents/details/122668 (accessed on 14 July 2026).

26. Ibid.

27. Education Sector Working Group, May 2026, available at https://okuladonus.org/documents/bts-parents-survey-report-may-2026.pdf

28. Ibid.

29. The underachievement is expected to be addressed through the vaccination campaign planned for October-November 2026.

30. The underachievement is due to the phased expansion of services with the MoHP and NGO partners, which began in April. The annual target is expected to be achieved by December 2026.

31. The underachievement is due to delays in receiving partner reports. UNICEF anticipates achieving the annual target by the end of 2026 through implementation of planned activities such as the national measles and rubella campaign, delivery of remaining equipment, and completion of capacity building sessions and outreach activities.

32. This indicator is on track and the target is expected to be reached by the end of 2026.

33. The underachievement is due to funding shortfalls that constrained programme implementation.

34. The underachievement is due to operational challenges, including administrative constraints affecting beneficiary access, staff turnover, information management requirements, and limited implementation capacity among eligible local partners.

35. The indicator is on track, and the annual target is expected to be achieved by the end of 2026.

36. The overachievement is due to higher-than-anticipated demand, which prompted UNICEF to expand community-based prevention and awareness activities.

37. This activity is on track, and the annual target is expected to be achieved by the end of 2026.

38. This indicator is on track and the target is expected to be reached by the end of 2026.

39. The underachievement is due to a lack of available funding for cash assistance.

40. The high percentage achieved is due to the selection criteria for the Community Inclusion Programme, which prioritises schools with a high proportion of children with disabilities and refugee and migrant children, resulting in higher participation and outreach to children with disabilities.

41. The underachievement is due to access constraints and funding shortfalls.

42. The underachievement is due to access constraints and funding shortfalls. The reported achievement comprises 180,000 people reached through school WASH awareness activities under the inclusive education programme, 53,553 through hygiene promotion delivered by community health workers and ERC volunteers, and 5,000 through hygiene promotion sessions conducted by national NGOs.

43. The underachievement is due to delays in contracting the financial service provider and implementing partner, as well as delays in obtaining the necessary approvals. The first cash disbursement is now scheduled for mid-July 2026 and is expected to reach 2,000-2,200 displaced households with children aged 0-6 years, benefiting approximately 4,000 children.

44. This activity is on track, and the annual target is expected to be achieved by the end of 2026. Phase 1 focuses exclusively on Alexandria, with a target of 20,000 people by mid-September 2026. The overall target of 70,000 people will be achieved through the phased expansion of the programme to five additional governorates during the remainder of the year.

45. The indicator is on track, and the annual target is expected to be achieved by the end of 2026. A total of 434 individuals were reached through the MOHP hotline, supported by five trained responders with migrant backgrounds. Given the limited uptake, the referral pathway for migrant families is being redesigned through a participatory process that actively engages migrant communities, as detailed in the narrative. In addition, 88,622 people were reached through Child Protection interventions, including 27,735 affected people who received timely, life-saving information through NGO partners between January and March 2026, and 60,887 people reached through Primary Health Units (PHUs) between January and May 2026. Furthermore, 40,000 individuals were reached through hygiene promotion activities delivered as part of WASH interventions.

46. The underachievement reflects an overestimated target based on the original planning assumptions. The target is being revised to account for the anticipated reduction in the population of both camps.

47. Adequate funding during the first half of the year enabled community-based programmes to continue, encouraging families to access health services as needed. This resulted in slightly higher beneficiary reach than originally projected in the HAC.

48. The high achievement is attributed to the inclusion of all nationalities vaccinated with UNICEF support as part of the measles outbreak response following the increase in measles cases across the country.

49. The underachievement is due to funding shortfalls that limited programme implementation and beneficiary reach.

50. The underachievement is due to funding shortfalls that limited programme implementation and beneficiary reach.

51. The underachievement is due to funding shortfalls that limited programme implementation and beneficiary reach.

52. The target was revised in July to reflect updated levels of need, the 3RP revision, and changes in the context. In light of the revised target, the indicator is on track.

53. The high achievement reflects the completion of most assessments in May 2026 to identify children requiring reading support for enrolment in the 2026/2027 academic year. Additional mathematics assessments planned for September and October 2026 will identify further beneficiaries, enabling the programme to reach its annual target.

54. The high achievement is primarily due to the inclusion of annual enrolment data, which is recorded at the start of the school year and remains relatively stable throughout the year. As a result, a substantial proportion of the annual target is achieved early in the reporting period.

55. The activity is on track and expected to achieve its annual target by the end of the year.

56. The beneficiary target for refugee camps is reported as nearly fully achieved at mid-year because WASH services are provided continuously throughout the year to the same target population. As a result, beneficiary numbers are not expected to change significantly by year-end.

57. This activity is nearly fully achieved at mid-year because WASH services are provided continuously throughout the year to the same target population. As a result, beneficiary numbers are not expected to change significantly by year-end.

58. Reported achievement reflects only beneficiaries reached under this HAC. Additional beneficiaries were reached through complementary funding sources and are therefore not included in this indicator.

59. Reported achievement reflects only beneficiaries reached under this HAC. Additional beneficiaries were reached through complementary funding sources and are therefore not included in this indicator.

60. The underachievement is due to funding shortfalls that limited programme implementation and beneficiary reach.

61. The underachievement is due to funding shortfalls that limited programme implementation and beneficiary reach.

62. The underachievement is due to funding shortfalls that limited programme implementation and beneficiary reach.

63. Helpline underachievement is primarily due to reduced funding and the resulting decrease in the humanitarian cash transfer caseload. Coupled with stable programme implementation and minimal payment-related issues, this led to a lower volume of beneficiary enquiries through the cross-sectoral helpline. The achievement includes 5,547 incoming and outgoing calls through the cross-sectoral helpline, providing information, referrals, and complaint resolution support, as well as 21,421 caregivers reached through RCCE programming.

64. The underachievement is due to delays in the submission of partner data. The annual target is expected to be achieved by the end of 2026.

65. The underachievement is due to funding constraints, which affected the scale of implementation during the reporting period.

66. In line with the training schedule agreed with partners, the majority of trainings will be conducted during the second half of the year.

67. The number of individuals requiring acute interventions has decreased over time. While the number of people benefiting from specialised MHPSS services has gradually increased, it remains below the target set during the acute phase of the response. At the same time, the duration and frequency of specialised MHPSS services have increased, indicating more intensive and sustained support for beneficiaries.

68. The target was revised in July to reflect updated levels of need, the 3RP revision, and changes in the context. In light of the revised target, the indicator is on track.

69. The target was revised in July to reflect updated levels of need, the 3RP revision, and changes in the context. In light of the revised target, the indicator is on track.

70. The indicator was discontinued as part of the July HAC revision, reflecting changes in programme scope and context.

71. The indicator is on track and the annual target is expected to be achieved by the end of 2026. The revised HAC target has been reduced to 30,100. This achievement includes activities under both the Education and the Adolescent Development and Participation programmes.

72. The indicator is on track and the annual target is expected to be achieved by the end of 2026. The revised HAC target has been reduced to 404,750.

73. The indicator is on track and the annual target is expected to be achieved by the end of 2026.

74. The indicator was discontinued as part of the July HAC revision, reflecting changes in programme scope and context.

75. The indicator was discontinued as part of the July HAC revision, reflecting changes in programme scope and context.

76. In line with available funding, implementation has been phased accordingly, and only kits delivered to date are reported. A new mass distribution is currently underway, while a third round is under procurement. The second and third rounds of distribution will be reported in the End-Year SitRep.

77. Reported achievement is lower than expected due to delays in data reporting resulting from the administrative leave of relevant ministries. The missing data will be incorporated into the End of Year SitRep.

78. The target was revised in July to reflect updated levels of need, the 3RP revision, and changes in the context. In light of the revised target, the indicator is on track.

79. The indicator is on track and the annual target is expected to be achieved by the end of 2026.

80. The overachievement is due to additional community engagement activities implemented by partners during the reporting period.

81. The overachievement is due to increased promotion of established feedback and complaint mechanisms, as well as newly developed feedback modalities.