At the Nafana Health Centre in northern Côte d'Ivoire, a child receives vitamin A supplementation as part of integrated child health services.

unicef
for every child

Humanitarian Situation Report No. 1

Reporting Period
1 January to 30 June 2026

West and Central Africa Region

HIGHLIGHTS

- The first half of 2026 was marked by multiple public health emergencies across West and Central Africa (WCA), including mpox, cholera, measles, polio, yellow fever and Lassa fever. Cholera resurged in the Republic of Congo, mpox spread across several countries, and the Ebola outbreak in the Democratic Republic of the Congo triggered heightened preparedness, surveillance and cross-border coordination.
- Persistent insecurity in Burkina Faso, Mali and Niger continued to drive large-scale displacement, with nearly 575,000 refugees, asylum seekers and internally displaced persons hosted in neighboring and coastal countries by mid-2026.
- UNICEF humanitarian interventions admitted 15,000 children aged 6–59 months with severe wasting, provided supplemental measles vaccination to 187,192 children, safe water to 115,800 people, and enabled 131,100 children to access education.
- UNICEF's 2026 Humanitarian Action for Children (HAC) appeal for WCA remains only 31 per cent funded, with US$28.2 million available against requirements of US$92.6 million, limiting life-saving assistance across the region.

SITUATION IN NUMBERS

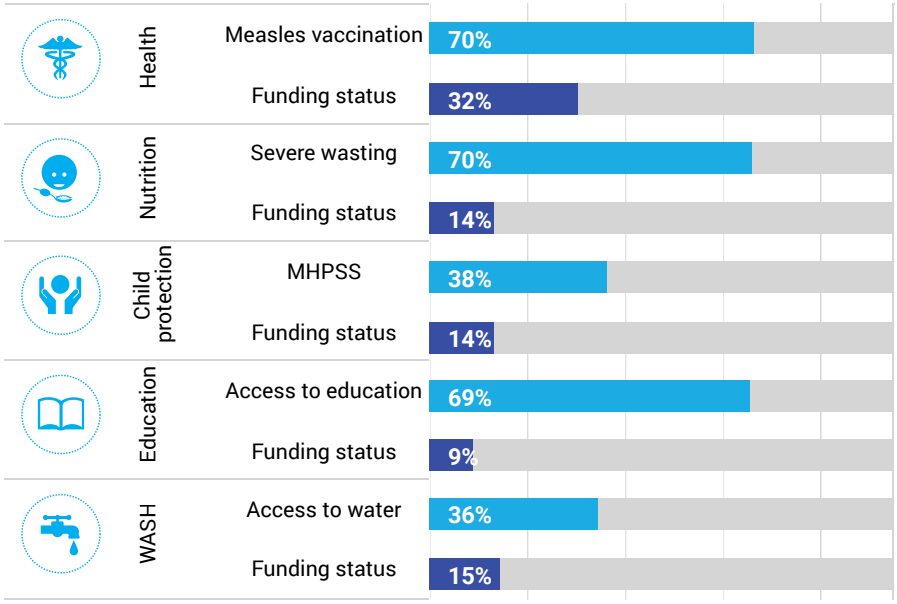
1,037,000
Children in need of education support[1]

1,885,000
Children in need of protection services[2]

785,000
People in need nutrition assistance[3]

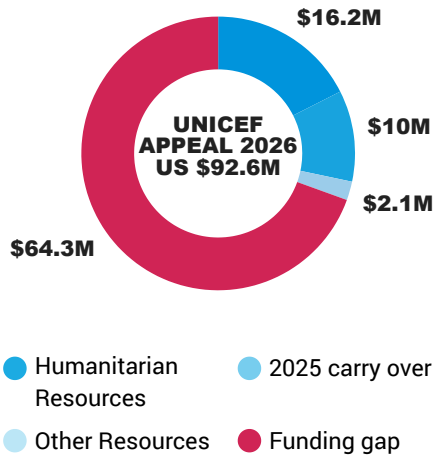
575,000
Forcibly displaced[4,5]

UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING STATUS (IN US$)**



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

SITUATION OVERVIEW & HUMANITARIAN NEEDS

In 2026, the humanitarian situation across West and Central Africa was increasingly shaped by the combined effects of displacement, disease outbreaks, climate-related shocks and chronic vulnerabilities, with children and women bearing the greatest burden.

The continued deterioration of the security situation in Burkina Faso, Mali and Niger continued to drive cross-border displacement, increasing humanitarian needs in neighbouring and coastal countries. By mid-2026, Benin, Côte d'Ivoire, Ghana, Togo, and Mauritania collectively hosted nearly 575,000 refugees, asylum seekers and internally displaced persons, including more than 309,000 in Mauritania alone, highlighting the growing regionalization of the Sahel crisis. Refugees and displaced populations increasingly settled in already vulnerable host communities, placing additional strain on health, education, WASH, nutrition, and child protection services. Across most displacement affected countries, women and children represented the majority of those uprooted, facing heightened risks of violence, exploitation, family separation, school disruption and reduced access to essential services. As population movements continue, humanitarian needs are increasingly concentrated in border areas and host communities where limited resources and fragile service delivery systems are struggling to keep pace with rising demand.

Public health emergencies remained a major driver of humanitarian needs across West and Central Africa. Multiple countries faced outbreaks of mpox, cholera, measles, poliovirus, yellow fever, Lassa fever, meningitis, dengue, and Rift Valley fever, exposing persistent gaps in disease surveillance, immunization coverage, laboratory capacity, risk communication and community engagement. Cholera re-emerged as a major public health emergency in the Republic of the Congo, with more than 1,000 reported cases and dozens of deaths, particularly among vulnerable riverine communities with limited access to safe water and health services. Mpox continued to affect several countries, including Côte d'Ivoire, Ghana, Liberia, and the Republic of the Congo, while large measles outbreaks were reported in Liberia and remained a concern in Gabon and Equatorial Guinea. Togo also faced outbreaks of measles and circulating vaccine-derived poliovirus, highlighting the fragility of routine immunisation systems.

In addition, the Ebola outbreak in the Democratic Republic of the Congo heightened regional alert levels, prompting countries across West and Central Africa to strengthen surveillance, border screening, preparedness, and response capacities to prevent cross-border transmission that could rapidly overwhelm already fragile health systems. Together, these recurrent and simultaneous health emergencies underscored the growing need for strengthened public health preparedness, resilient health systems and sustained investment in epidemic prevention and response.

At the same time, recurrent flooding and extreme weather events affected communities across Ghana, Senegal, Togo, Guinea, Liberia, Mauritania, and the Republic of the Congo. Floods caused displacement, damage to infrastructure and livelihoods, disruption of education and health services, and increased risks of waterborne diseases. Climate shocks also compounded food insecurity and malnutrition, particularly in vulnerable and displacement-affected areas.

Across the region, humanitarian needs were increasingly concentrated in communities facing multiple overlapping shocks. Refugee hosting and flood prone areas experienced mounting strain on basic services, while poverty, malnutrition, limited access to safe water and inadequate social protection continued to undermine resilience. Despite significant preparedness and response efforts by governments and partners, funding gaps and overstretched national systems constrained the scale of humanitarian action, underscoring the need for sustained investment in lifesaving assistance, preparedness, and resilience-building.

KEY TRENDS AND STRATEGIC ANALYSIS

Three major trends defined the humanitarian landscape in West and Central Africa during 2026.

First, the regionalisation of the Sahel crisis continued to reshape humanitarian needs across West Africa. As insecurity in Burkina Faso, Mali and Niger drove sustained displacement, neighbouring and coastal countries experienced increasing pressure on health, education, WASH and protection systems, particularly in border areas hosting large numbers of refugees and asylum seekers. This evolving context calls for greater investment in sustainable, resilience-oriented approaches that support both displaced populations and host communities. At the same time, emergency response remains critical, as humanitarian needs continue to be acute and substantial requirement sustained life saving assistance alongside longer term solutions.

Second, public health emergencies became more frequent and complex. Simultaneous outbreaks of cholera, mpox, measles, polio and other epidemic-prone diseases highlighted structural weaknesses in health systems and reinforced the importance of preparedness, surveillance, immunisation, and community engagement as humanitarian priorities.

Third, climate shocks emerged as a major humanitarian risk multiplier. Recurrent flooding not only generated new humanitarian needs but also intensified existing vulnerabilities by accelerating displacement, disrupting services, increasing disease transmission, and worsening food insecurity and malnutrition.

These trends demonstrate that displacement, Public Health Emergencies, and climate-related hazards are increasingly interconnected. As a result, humanitarian action must move beyond reactive response towards anticipatory, risk-informed, and resilience-focused approaches. Strategic priorities include strengthening climate-resilient and shock-responsive basic services, investing in preparedness and public health security, and expanding integrated programmes that simultaneously address humanitarian needs, resilience, and social cohesion. Sustained and flexible funding will be critical to protect vulnerable children and families and prevent recurrent shocks from evolving into deeper and more protracted crises.

PREPAREDNESS & ANTICIPATORY ACTION

Across West and Central Africa, UNICEF and partners strengthened preparedness and anticipatory action to reduce the impact of conflict,

displacement, disease outbreaks and climate-related shocks on children and families. Key achievements included the revision of multi-hazard contingency plans, expansion of early warning and risk monitoring systems, conduct of simulation exercises, and pre-positioning of emergency supplies in high-risk areas. Governments and partners improved readiness for floods, refugee influxes and public health emergencies, while reinforcing national and local coordination mechanisms.

Several countries recorded notable advances. In Côte d'Ivoire, UNICEF supported the revision of the national multi-hazard contingency plan, strengthened infection prevention and control measures, and enhanced preparedness in northern refugee-hosting areas. In Ghana, UNICEF contributed to the revision of the National WASH Emergency Preparedness and Response Plan, supported flood-risk assessments and disaster simulations through the National Disaster Management Organization (NADMO), and promoted disability-inclusive disaster risk management in six regions. In Mauritania, UNICEF advanced anticipatory action through a CERF-supported initiative in Guidimakha, supporting the institutionalization of a government led anticipatory action mechanism, strengthening preparedness planning, and improving coordination among national and humanitarian actors. Senegal expanded anticipatory action for seasonal floods through decentralized preparedness workshops, contingency planning and early warning systems in high-risk regions, while Guinea developed a municipal Flood Risk Reduction Plan for Koyah and pre-positioned emergency supplies sufficient to support approximately 7,500 people in the event of flooding.

Preparedness for public health emergencies was also strengthened across the region. Liberia, Sierra Leone, Republic of the Congo, Equatorial Guinea, Cabo Verde and São Tomé and Príncipe reinforced readiness for cholera, mpox, measles, and other epidemic-prone diseases through enhanced surveillance, RCCE, infection prevention and control measures, emergency logistics and contingency planning. In the Republic of the Congo, UNICEF pre-positioned cholera supplies and supported community-based outbreak preparedness in high-risk riverine areas, while Equatorial Guinea and Cabo Verde strengthened Ebola preparedness and border surveillance capacities. In São Tomé and Príncipe, UNICEF supported the validation of a child-centred National Contingency Plan and strengthened emergency preparedness, business continuity planning and emergency coordination systems.

At the community level, UNICEF invested in localization and frontline preparedness. In Benin, collaboration with the Civil Protection Agency and community volunteer networks strengthened early warning, rapid assessments and emergency response capacities in insecurity-affected areas. In The Gambia, UNICEF reinforced localized early warning systems, equipped the National Disaster Management Agency with communication technology, and strengthened child protection preparedness through standardized referral systems and training for social workers in border regions. Across the region, investments in local authorities, civil protection institutions, health workers, teachers, social workers and community volunteers improved the capacity to detect risks early, maintain essential services during crises, and deliver timely, accountable and child-centred responses.

Collectively, these efforts strengthened national and sub-national readiness, improved the timeliness of emergency response, enhanced local ownership, and helped safeguard essential services for vulnerable children and families facing increasingly frequent and interconnected humanitarian shocks.

COUNTRY CONTRIBUTIONS INDEX

The page numbers below indicate the starting page of each country contribution in this SitRep.

BENIN

SITUATION OVERVIEW & HUMANITARIAN NEEDS

In 2026, nearly 2 million people[6] in northern Benin faced heightened humanitarian risks linked to the spillover effects of the Sahel crisis, recurrent epidemics, and seasonal flooding. The departments of Alibori, Atacora, Donga, and Borgou continued to experience attacks by non-state armed groups (NSAGs), contributing to a deteriorating protection environment, increased insecurity, and large-scale displacement. As of 30 June 2026, Benin hosted 42,409 internally displaced persons (IDPs), 30,406 registered refugees and asylum seekers, and 12,434 asylum seekers awaiting registration[7] , bringing the total number of forcibly displaced people to more than 85,000. More than 70 per cent of those affected are women and children, who remain the most vulnerable to the consequences of the crisis.

Between January and June 2026, 36 security incidents, including armed attacks, clashes, riots, and explosions, were reported[8] , with Alibori and Atacora remaining the most affected departments. These incidents resulted in 53 deaths, including four civilians and 49 members of the defence and security forces. Intensified insecurity along the borders with Burkina Faso, Niger, and Nigeria has further increased protection risks and forced displacement, while the growing presence and activities of NSAGs, including attacks, intimidation, and threats against civilians, have heightened fear and insecurity among communities.

The continued deterioration of the security situation has significantly disrupted access to essential services and livelihoods, particularly in the communes of Ségbana and Karimama (Alibori), Kalalé (Borgou), and Kouandé, Kérou, and Toucountouna (Atacora). Education and healthcare services have been repeatedly interrupted, while economic opportunities have been constrained by insecurity and population movements. Children and women are disproportionately affected, facing heightened protection risks, reduced access to basic services, and increased vulnerability to economic and social shocks.

This complex and protracted crisis continues to strain local capacities and humanitarian resources, underscoring the need for sustained humanitarian assistance, protection interventions, and resilience-building efforts in the most affected communities.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian access in northern Benin remained severely constrained during the reporting period due to the expansion and increased activities of non-state armed groups (NSAGs) and the deteriorating security situation, particularly in the departments of Atacora and Alibori, as well as parts of Borgou bordering Nigeria. Civilians, along with critical infrastructure used by UNICEF and its partners to deliver humanitarian assistance, were affected by attacks, threats, and insecurity. Schools and health facilities were among the most affected structures, disrupting access to essential services, limiting humanitarian operations, and increasing protection risks for vulnerable populations, particularly women and children. These repeated incidents further undermined communities' access to education, healthcare, and other basic services, exacerbating existing humanitarian needs in already fragile and hard-to-reach areas.

The growing use of improvised explosive devices (IEDs) by NSAGs further heightened security risks and restricted the movement of humanitarian personnel and supplies. Operational challenges were compounded by poor road conditions, the remoteness of affected communities, and the widespread dispersion of displaced populations across multiple villages, often in relatively small numbers. These factors complicated needs assessments, service delivery, and response planning, reducing the timeliness, coverage, and continuity of humanitarian assistance for populations most in need. Despite these constraints, UNICEF and its partners continued to adapt response modalities to sustain access to essential services and life-saving assistance in affected areas.

To strengthen the effectiveness, sustainability, and community ownership of the humanitarian response, UNICEF continued to expand its engagement with local actors and institutions. Increased collaboration with national and community-based organizations enhanced the delivery of humanitarian assistance in hard-to-reach areas while strengthening local capacities to prepare for and respond to emerging shocks.

UNICEF further reinforced the capacities of the Beninese Civil Protection Agency (ABPC) to enhance the functioning of the national risk and disaster management platform. Through its network of local focal points, ABPC played a critical role in early warning, rapid needs assessments, coordination, and the initial response to population movements and emergency incidents.

At community level, UNICEF strengthened collaboration with existing community health structures and networks of community volunteers, providing technical support to improve preparedness, outreach, and service delivery. These community-based actors were instrumental in identifying vulnerable households, disseminating critical information, supporting referrals, and facilitating access to essential services. By investing in local capacities and leadership, UNICEF contributed to a more timely, accountable, and resilient humanitarian response, while improving coordination and service continuity for affected children, families, and communities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

Between January and June 2026, 533,098 people[9] in conflict-affected areas of northern Benin, including 150,293 women and 288,569 children, accessed integrated primary healthcare services across 17 municipalities. Among them, 53,110 people directly affected by forced displacement, including 27,086 women and 23,900 children, received essential health services.

During the same period, 112,434 children (58,465 girls and 53,969 boys) were vaccinated against measles and rubella in the targeted hotspot municipalities. This included 11,043 children aged 0-59 months (5,631 girls and 5,412 boys) directly affected by forced displacement.

In line with UNICEF's Core Commitments for Children (CCCs), UNICEF designed and advanced integrated health interventions to address the needs of populations affected by insecurity. These interventions included free medical consultations and the provision of essential medicines, with a particular focus on women and children. The programme was implemented in Malanville and Karimama during the first half of 2026 and is planned to expand in the next quarter to Kandi, Gogounou, Ségbana, Nikki, Kalalé, and Pèrèrè, strengthening access to quality healthcare services in some of the most vulnerable and crisis-affected communities.

NUTRITION

Between January and May 2026, UNICEF supported the Ministry of Health in strengthening nutrition services across the 27 municipalities of northern Benin. A total of 7,808 children with severe wasting were admitted for treatment, including 4,098 girls and 3,710 boys.

Preventive nutrition services were also strengthened, reaching 58,858 caregivers of children aged 0-23 months with infant and young child

feeding (IYCF) counselling, surpassing the target of 48,015. This increase was driven by new arrivals of internally displaced populations in Ségbana and Kalalé. In addition, 92,682 children aged 6-59 months received vitamin A supplementation, while 221,127 pregnant women received iron and folic acid supplements.

The eight communes most affected by the spillover of the Sahel crisis (Banikoara, Ségbana, Karimama, Kérou, Tanguiéta, Matéri, Toucountouna, and Kalalé) accounted for a significant share of nutrition needs and service delivery in northern Benin. These communes represented 28 per cent of all admissions for severe wasting treatment (2,200 children), 25 per cent of caregivers reached with infant and young child feeding (IYCF) counselling (14,768 caregivers), 24 per cent of pregnant women receiving iron and folic acid supplementation (51,863 women), and 25 per cent of children receiving vitamin A supplementation (22,698 children).

To ensure the continuity of life-saving nutrition services in insecure and hard-to-reach areas, UNICEF pre-positioned essential nutrition supplies, including 2,135 cartons of ready-to-use therapeutic food (RUTF), 223 cartons of F-75 and F-100 therapeutic milk, 4,980 boxes of amoxicillin, 1,940 boxes of albendazole, and 1,885 boxes of vitamin A supplements. Through the Family MUAC approach[10] , 17,009 mothers were trained to screen their children for acute malnutrition and facilitate early referral for treatment. In addition, a satellite inpatient therapeutic care unit was established in Kalalé to improve access to treatment for severe cases, while a second unit is planned for Ségbana.

CHILD PROTECTION

From January to June 2026, UNICEF and its partners continued to strengthen child protection systems in the departments of Alibori, Atacora, and Borgou, helping to protect vulnerable children and families affected by insecurity and displacement. Interventions focused on expanding access to mental health and psychosocial support (MHPSS), strengthening gender-based violence (GBV) prevention and response, enhancing case management services, and reinforcing community-based protection mechanisms.

Key results achieved during the reporting period include:

- Mental health and psychosocial support (MHPSS): A total of 25,984 people, including 12,225 adults and 13,759 children (8,157 girls), as well as 166 persons with disabilities, accessed community-based psychosocial support services through child-friendly spaces (CFS), peer support groups, and community dialogue platforms. To expand access in underserved areas, 19 new child-friendly spaces were established and 48 community volunteers, including one refugee volunteer, were trained.
- Gender-based violence (GBV) prevention and response: UNICEF and partners reached 151,682 people, including 107,468 adults (89,781 women) and 44,214 children (24,043 girls), with GBV risk mitigation, prevention, and response services.
- Safe reporting mechanisms for sexual exploitation and abuse (SEA): A total of 161,842 people, including 117,303 adults (71,535 women) and 44,539 children (23,684 girls), gained access to safe, confidential, and survivor-centred reporting channels for sexual exploitation and abuse.
- Child protection case management: 1,985 vulnerable children, including 1,183 girls, 18 children with disabilities, and 1,631 displaced and asylum-seeking children (508 girls), received individualized case management services. Among them, 129 unaccompanied children and 144 separated children were identified and provided with appropriate care and support.
- Local emergency coordination: Child protection coordination was strengthened through 14 Child Protection Sub-Committee meetings held in Alibori and Atacora. In addition, two joint rapid assessments were conducted in Kérou, Banikoara, Ségbana, and Kalalé to inform evidence-based humanitarian programming and response planning.
- Emergency assistance: In Atacora, 77 displaced households, comprising 396 people, including 230 children (119 girls), 83 women, and 83 men, received psychosocial support. Essential household items were also distributed through district-level coordination mechanisms in partnership with Solidarité Internationale.
- Explosive Ordnance Risk Education (EORE): 10,618 people, including 5,353 adults (2,406 women) and 5,265 children (2,447 girls), were reached with explosive ordnance risk education sessions in the departments of Atacora and Alibori, helping communities reduce exposure to explosive hazards and adopt safer behaviours.

These interventions contributed to strengthening community-based protection systems, improving access to critical services, and enhancing the safety, well-being, and resilience of children and families affected by the ongoing security crisis in northern Benin.

EDUCATION

To ensure equitable access to learning for children affected by insecurity and displacement, UNICEF supported the enrolment and reintegration of 10,085 refugee and internally displaced children, including 4,903 girls, into formal education across 47 schools in 13 municipalities (Toucountouna, Kouandé, Kérou, Matéri, Natitingou, Péhunco, Tanguiéta, Gogounou, Ségbana, Kandi, Malanville, Banikoara and Karimama). Of these, 9,668 children were enrolled in primary education and 417 in secondary education. All children received emergency school kits for the 2025–2026 academic year, helping to reduce barriers to enrolment, attendance, and retention, particularly for the most vulnerable children. These interventions strengthened learning continuity, reduced the risk of school dropout and supported UNICEF's objective of ensuring uninterrupted access to quality education in humanitarian settings.

To further promote learning continuity and child well-being in crisis-affected areas, 6,783 children, including 3,449 girls, benefited from educational and psychosocial support activities through Child-Friendly Spaces (CFS) in Alibori and Atacora. In line with Education in Emergencies (EiE) standards, these spaces provided safe learning environments where children could maintain learning routines, strengthen resilience, and access psychosocial support while facilitating their transition or reintegration into formal schooling.

UNICEF's advocacy with local and municipal authorities in Karimama, Toucountouna, Kouandé, Kérou and Péhunco resulted in the transfer of 154 students from insecure schools to safer lower secondary schools (CEGs) and the relocation of four public primary schools in Kouandé and Karimama to secure locations. These measures reduced children's exposure to protection risks, safeguarded access to education, and prevented prolonged interruptions to learning.

As part of efforts to mitigate the impact of insecurity and learning disruptions on educational outcomes, UNICEF provided remedial classes for 1,139 CEP candidates and 432 BEPC candidates, contributing to improved CEP success rates in Alibori (88.02 per cent vs 85.61 per

cent) and Atacora (83 per cent vs 80.20 per cent), thereby enhancing learners' progression opportunities and reducing the risk of school dropout in a highly challenging operating environment.

Through its leadership of the Education in Emergencies Sub-Working Group, UNICEF continued to strengthen coordination among government and humanitarian partners to ensure equitable access to quality education for crisis-affected children. Ongoing advocacy and coordination efforts are also supporting the identification of sustainable education solutions for more than 400 refugee children from Nigeria, helping to safeguard their right to education and prevent long-term disruptions to learning.

WASH

Access to safe drinking water

During the first half of 2026, UNICEF-supported WASH interventions improved access to safe drinking water for 30,619 people, including 17,289 women, 13,330 men, including 13,779 children, across the municipalities of Tanguiéta, Toucountouna, Matéri, and Kérou. Beneficiaries included 10,002 people in Tanguiéta, 5,543 in Toucountouna, 4,580 in Matéri, and 10,494 in Kérou. By increasing access to reliable and safe water sources in communities affected by insecurity, displacement, and recurrent climate-related shocks, these interventions helped reduce the risk of waterborne diseases, improve public health and hygiene conditions, and strengthen the resilience of vulnerable populations. Improved access to safe water also contributed to reducing protection risks, easing the burden on women and children, and supporting the continuity of essential services in crisis-affected areas.

Distribution of essential WASH supplies

In addition, 3,073 people, including 1,383 children, received emergency WASH and hygiene kits in Tanguiéta (1,653 people), Toucountouna (895 people), and Ségbana (525 people). Targeting displaced households and other vulnerable populations, the kits included essential items such as soap, water treatment products, water storage containers, menstrual hygiene materials, hygiene promotion materials, and solar lamps with phone chargers.

The distribution enabled affected households to meet their immediate hygiene and basic household needs, strengthen safe hygiene practices, and reduce the risk of waterborne disease outbreaks in areas facing heightened humanitarian pressures due to insecurity and displacement. Each distribution was accompanied by hygiene promotion sessions and practical demonstrations on the correct use of the supplies provided, helping to reinforce positive hygiene behaviours and maximize the impact of the intervention.

Coordination and Systems Strengthening

UNICEF continued to strengthen emergency WASH coordination through technical support to national and sub-national coordination platforms. Regular coordination meetings (one national level and two at sub-national level), contingency planning, capacity strengthening and improved information sharing mechanisms enhanced stakeholder alignment, reduced response times and clarified roles and responsibilities among partners. These efforts strengthened preparedness and response capacities at both national and decentralized levels while supporting government leadership of emergency WASH coordination mechanisms, contributing to a more effective, coordinated and sustainable emergency WASH response.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

During the first half of 2026, UNICEF continued to support communities across Benin's four northern departments, with a particular focus on populations affected by insecurity and displacement in Atacora, Borgou, and Alibori.

To strengthen community resilience and promote the uptake of essential services, UNICEF implemented integrated Social and Behaviour Change (SBC) and community engagement interventions. Through partnerships with local radio stations, information on the availability of basic social services and modalities for accessing them reached an estimated 2,377,337 people, including 755,420 men, 746,580 women, 423,856 girls, and 446,985 boys. Radio programmes were broadcast across the municipalities of Boukoumbé, Natitingou, Toucountouna, Kérou, Tanguiéta, Cobly, Matéri, Banikoara, Ségbana, Parakou, N'Dali, Pèrèrè, Tchaourou, Bembèrèkè, Sinendé, Nikki, and Kalalé, helping to improve awareness and encourage the adoption of essential family practices.

As part of its Accountability to Affected Populations (AAP) approach, UNICEF also strengthened community engagement mechanisms by supporting community health workers, local leaders, civil society organizations, and partner NGOs. Through community dialogue platforms, 194,982 people, including 30,654 women, 32,352 men, and 131,976 children and adolescents (77,047 girls and 54,929 boys), participated in discussions on social cohesion, essential family practices, gender-based violence prevention, school enrolment and retention, and access to basic services. These dialogues fostered community ownership, strengthened social cohesion, and promoted positive behavioural change.

UNICEF continued to reinforce two-way communication with affected communities through existing feedback and complaint mechanisms. During the reporting period, 583 individuals, including 119 women, 232 men, and 232 children, shared concerns, needs, and suggestions regarding the humanitarian response. This feedback provided valuable insights to adapt interventions, enhance accountability, and improve the relevance and quality of programme delivery across sectors.

Overall, SBC and AAP interventions contributed to strengthening trust between communities, service providers, and local authorities; increasing informed use of essential services; and ensuring that community perspectives and feedback were systematically integrated into response planning, implementation, and adaptation.

HUMANITARIAN CASH TRANSFERS

Under the leadership of the Beninese Civil Protection Agency (ABPC), UNICEF and WFP signed a partnership agreement in July 2025 to provide coordinated cash assistance to populations affected by displacement and insecurity in northern Benin. During the first half of 2026, the programme was implemented in the districts of Ségbana and Kalalé, combining support to both displaced households and host

communities to strengthen resilience, social cohesion, and social stability in areas impacted by the Sahel crisis spillover.

Under this joint response, WFP provided cash assistance to displaced households, while UNICEF supported vulnerable host families through unconditional cash transfers to help meet basic needs, reduce economic pressures associated with hosting displaced populations, and reinforce community solidarity.

A total of 529 host households in Ségbana and Kalalé were enrolled in the programme, benefiting 3,174 individuals, of whom approximately 70 per cent were women and children. Each household receives 30,000 CFA francs (approximately US$50) per month for three months, for a total transfer value of 90,000 CFA francs (approximately US$150) per household. The first cash distribution was completed in May 2026, with subsequent payments successfully completed in July and the third and final distribution is scheduled for August 2026.

By supporting both displaced and host populations through a harmonized approach, the programme has contributed to reducing socioeconomic vulnerabilities, improving households' capacity to meet essential needs, and mitigating potential tensions between communities. The intervention is implemented by WFP under the coordination of ABPC, with UNICEF providing strategic and financial support to host families as part of its broader humanitarian cash transfer response.

FUNDING OVERVIEW

In 2026, UNICEF launched a Humanitarian Action for Children (HAC) appeal of US$20.5 million to support the Government of Benin in delivering life-saving assistance and essential services to 708,268 people, including 318,548 children and 361,217 women affected by the spillover of the Sahel crisis, Public Health Emergencies and floods. As of June 2026, UNICEF had mobilized US$3.9 million, including humanitarian and other resources allocated to support the response. While these contributions have enabled the continuation of critical interventions for children and families available funding remains insufficient to meet the scale of humanitarian needs. Despite ongoing resource mobilization efforts, the 2026 HAC appeal remains 81 per cent underfunded, significantly constraining UNICEF's ability to sustain and expand essential services in the most affected areas.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

A. Human Interest Stories

The story highlights the resilience and solidarity of families in Kalalé, northern Benin, who are bearing the impacts of the Sahel security crisis. Despite facing their own economic hardships, host families such as Idrissou Bio and Alassane Safoura have opened their homes to relatives and displaced people fleeing insecurity and violence in neighbouring Nigeria, demonstrating remarkable generosity and community support.

To help vulnerable households meet their basic needs and ease the pressure on host communities, UNICEF and the World Food Programme (WFP), under the leadership of the Beninese Civil Protection Agency (ABPC) and within the framework of the One UN approach, are providing coordinated cash assistance to crisis-affected populations. While WFP supports internally displaced households, UNICEF provides cash transfers to host families, and the International Organization for Migration (IOM) complements the response through the distribution of protection kits and other essential assistance.

Now expanded to the communes of Kalalé and Ségbana, the programme strengthens household resilience, helps families cover essential expenses, and promotes social cohesion between displaced and host communities. By giving families the flexibility to prioritize their most urgent needs, cash assistance preserves dignity and supports local recovery efforts. The story also illustrates the critical role of host communities whose solidarity continues to protect vulnerable families and foster hope in the face of the ongoing humanitarian crisis.

Read the full story: Familles déplacées et ménages hôtes tentent de se reconstruire après les violences subies | UNICEF

To address the impact of the Sahel security crisis on children, UNICEF, with financial support from the Government of Canada, is supporting the Government of Benin through the Ministry of Social Affairs and Microfinance, its departmental directorates, and the Guichets Uniques de Protection Sociale (GUPS) to establish and operate Child-Friendly Spaces (CFS) in crisis-affected communes of Atacora and Donga.

These spaces provide children with safe, structured environments where they can learn, play, receive psychosocial support, and regain a sense of normalcy amid displacement and insecurity. Facilitated by trained community volunteers, CFS offer recreational, educational, cultural, and life-skills activities that promote children's well-being, strengthen resilience, and support social cohesion. For children such as Anne Marie Tokouto, traditional dance has become a source of joy, healing, and cultural identity, while Iréné Ouro uses the space to nurture his dream of becoming a professional footballer.

To ensure that vulnerable children living in remote and underserved communities are not left behind, UNICEF and its partners have also deployed Mobile Child-Friendly Spaces, bringing psychosocial support, recreational activities, and referral services directly to displaced and refugee families. These mobile teams play a critical role in identifying vulnerable children, preventing protection risks, and facilitating access to essential health, education, hygiene, and child protection services.

Despite challenging operational conditions, facilitators and community volunteers remain committed to protecting children affected by the crisis and ensuring continuity of support services. Through Canada's support under the Elimination of Violence and Promotion of Gender Programme (EVIPROG), 46 Child-Friendly Spaces have been established across Atacora and Donga, reaching 30,375 children, including 15,284 girls, with psychosocial support and child protection services.

Beyond direct service delivery, the programme contributes to strengthening local child protection systems by enhancing the identification, reporting, referral, and case management of children exposed to violence, abuse, exploitation, and neglect. It also builds the capacity of institutional and community actors to provide safer, more protective, and child-centred environments, helping ensure that crisis-affected children can recover, develop, and thrive despite the challenges they face.

Read the full story: Chaque enfant a droit à la protection, à l'apprentissage et à l'espoir. | UNICEF

In Malanville, northern Benin, agriculture is being leveraged not only as a source of food production, but also as a strategic entry point for improving child nutrition and strengthening community resilience. To address the persistently high prevalence of chronic malnutrition in Alibori Department, where stunting affects 41.5 per cent of children according to the 2023 SMART-SENS survey, UNICEF and the World Food Programme (WFP), with financial support from the Kingdom of the Netherlands, are implementing an integrated, community-based programme that combines nutrition, health, WASH, and women's economic empowerment interventions.

The initiative strengthens Mother-to-Mother Support Groups on Infant and Young Child Feeding (IYCF), Village Savings and Loan Associations (VSLAs), and Women's Groups for Self-Promotion, Sanitation and Nutrition (GFAAN). Through these platforms, women are organized into cooperatives to produce affordable, locally sourced fortified complementary foods using nutrient-rich ingredients such as fish, meat, and legumes. These products help improve the diets of children aged 6 to 23 months during the critical first 1,000 days of life, a period that is essential for healthy growth and development. At the same time, access to savings and small loans enables women to generate income, strengthen household livelihoods, and invest in improved nutrition and well-being for their families.

The programme relies on strong collaboration with local authorities, health services, and agricultural extension agencies to promote sustainable food systems, support fruit tree cultivation, and encourage climate-resilient agricultural practices. By linking nutrition objectives with local agricultural production and income-generating activities, the initiative contributes to both improved dietary diversity and longer-term community resilience.

Beyond food production, the programme brings integrated nutrition, health, and WASH services closer to communities through 90 community gathering sites. These platforms serve as hubs for nutrition education, cooking demonstrations, child growth monitoring, hygiene promotion, and community meal preparation. Through these activities, caregivers gain practical knowledge and skills to adopt improved feeding, care, and hygiene practices, while reinforcing social cohesion and mutual support within their communities.

To date, the initiative has reached 26,772 children under five years of age and 10,900 adults, including parents, pregnant women, community leaders, and members of community support groups, in Malanville. By improving access to nutritious foods, strengthening local production capacities, and promoting positive nutrition practices, the programme is helping reduce the risk of malnutrition and improve child well-being. By the end of 2026, it aims to establish a sustainable financing mechanism for local producers and food processors, ensuring long-term improvements in child nutrition, household resilience, and food system sustainability.

Read the full story : À Malanville, l'assiette des enfants se transforme grâce à la force des coopératives féminines | UNICEF

B. UNICEF website

- Distribution of NFI kits

https://www.unicef.org/benin/recits/travailler-tous-ensemble-pour-ne-laisser-personne-de-c%C3%B4t%C3%A9

C. External Media

- Education

(Article) Cérémonie de remise de salles numériques au CEG Yimporima à Natitingou, (Delegation of European Union in Benin)

(Article) Introduction du numérique dans l'enseignement: Vers l'opérationnalisation des salles connectées, (La Nation)

(Article) Disponibilité d'une salle de classe numérique au ceg Banikoara: les élèves préparés aux défis technologiques (Daabaaru)

- Fight against child marriage

(Article) Lutte contre le mariage des enfants: Une discipline de groupe à Donwari peulh (La Nation)

(Article) Lutte contre le mariage précoce à Donwari Peul: Les filles peuvent rêver grand (Fraternité)

(Article) Lutte contre le mariage des enfants: Donwari Peul, un exemple de réussite qui fait cas d'école (Matin Libre)

(Article) À kandi dans le village de donwari peulh: le comité de veille villageoise fait échouer un mariage de fille mineure (Daabaaru)

- Health

(video) Amélioration des services de santé au nord du Bénin: l'UNICEF et le Japon font don de mobiles mobiles et intrants nutritionnels (Le Journal 20H)

(video) Cérémonie de remise de matériel roulant et d'intrants au Ministère de la Santé (Canal3 Bénin)

(Article) Amélioration des services de santé au Nord du Bénin: L'Unicef et le Japon font don de cliniques mobiles et intrants nutritionnels (Le Matin Libre)

(Article) Don de 196 millions CFA en matériel: Le Japon et L'Unicef renforcent le système sanitaire du Nord-Bénin (La Nation)

(Article) Don de matériels roulants et d'équipements sanitaires : Le Japon et l'Unicef renforcent le système de santé du Bénin (Le Matinal)

(Article) Politique nationale de santé communautaire à Banikoara: les retombées salutaires d'un projet qui impacte les communautés (Daabaaru)

(Article) Sensibilisation sur les enjeux liés à l'eau: L'INE et l'UNICEF se donnent la main (Matin Libre)

- Management of menstrual hygiene

(Article) Tabou autour de la Gestion de l'hygiène menstruelle: Les enfants Pairs éducateurs, comme fil d'Ariane à Banikoara (Matin Libre)

CABO VERDE

SITUATION OVERVIEW & HUMANITARIAN NEEDS

As of July 2026, Cabo Verde had reported no active, suspected, or confirmed Ebola cases. Following the World Health Organization's declaration of the international Ebola outbreak as a Public Health Emergency of International Concern (PHEIC) on 17 May 2026, the Government shifted its focus to preventing disease importation through maritime and airport points of entry. In response, the National Institute of Public Health (INSP), the Ministry of Health (MoH), and the United Nations Joint Office, including UNICEF and WHO, strengthened preparedness measures and established a multi-sectoral technical team on 27 May 2026 to enhance border surveillance and coordination. Travel advisories were issued, recommending against non-essential travel to affected areas and requiring health self-monitoring for arriving passengers. Building on the successful management of a localized respiratory disease outbreak aboard an international cruise ship off Praia in early May 2026, national authorities prioritized the rapid training of frontline personnel to identify, isolate, and manage suspected cases.

During the reporting period, the public health response was characterized by a strategic shift toward strengthening institutional health security and border-defence capacities. UNICEF supported national prevention and preparedness efforts by reinforcing surveillance and response systems at points of entry, enhancing multi-sectoral coordination, and providing technical assistance to strengthen national capacities. This preventive approach aims to protect children and families by reducing the risk of disease importation and limiting potential disruptions to essential services and community well-being.

PREPAREDNESS & ANTICIPATORY ACTION

At the request of the Government of Cabo Verde, UNICEF Cabo Verde, WHO, and the United Nations Joint Office provided targeted technical support for the development and structuring of the national preparedness plans. This collaboration was driven through joint coordination meetings and follow-up assessments conducted between May and June 2026, with the objective of aligning the national framework with current pre-crisis prevention needs. UNICEF's contributions focused on ensuring that the national plans incorporate robust risk communication strategies and child-centred components, while supporting partners in reviewing community preparedness and hospital isolation mechanisms ahead of any potential local detection.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

During the reporting period, UNICEF's support was primarily focused on strengthening national preparedness and prevention capacities in response to the international Ebola outbreak risk. In collaboration with the National Institute of Public Health (INSP), the Ministry of Health (MoH), and the United Nations Joint Office, UNICEF supported the coordination and development of national preparedness and response plans across all sectors, including nutrition, child protection, PSEA, education, WASH, social protection, and humanitarian access. To operationalize preventive measures, the INSP led by President Maria da Luz Lima, organized an intensive workshop in Praia from 30 June to 3 July 2026 on the management of high-risk biological events at points of entry, training airport, port, customs, and health officials on surveillance, isolation, and response protocols with technical and logistical support from UN agencies.

UNICEF also provided technical support for Risk Communication and Community Engagement (RCCE), helping national authorities develop and disseminate preventive health messages targeting travellers and the general public, with a strong emphasis on awareness-raising, health self-monitoring, and rumour management. Public advisories instruct travelers arriving from broad risk areas to monitor their health status for 21 days. Throughout the response, localisation and national ownership remained central, with UNICEF and the United Nations Joint Office providing direct technical assistance to the leadership of the INSP and MoH to strengthen institutional capacities and ensure a nationally led preparedness approach.

FUNDING OVERVIEW

The preventive response was operationalized through internal budget realignments and collaborative technical allocations with United Nations Joint Office partners, while a funding gap remains for comprehensive nationwide implementation. UNICEF has mobilized the necessary support resources exclusively to ensure the continuity of national institutional preparedness planning, technical coordination meetings, and follow-up assessment mechanisms. This emergency preparedness window is integrated within the 2026 Humanitarian Action for Children (HAC) regional appeal, which remains severely underfunded and calls for urgent donor support to secure the procurement of essential equipment and the implementation of localized simulation exercises

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Local media coverage from the Expresso das Ilhas Homepage featured the government's response, detailing the formation of a multi-sectoral technical team, the activation of preventive alerts, travel advisories, and the reinforcement of border surveillance. Reports explicitly highlighted how the technical response integrates the thematic preparedness expertise and direct supportive inputs of UNICEF Cabo Verde and WHO to update and implement national contingency plans. Regional broadcasts and updates, such as the regional audio statement on RTP África - Cabo Verde Ebola Contingency Plan Activation , verified how the multisectoral technical body functions under shared national

institutional leadership with direct agency backup.

Click here to read the initial team assessment: Expresso das Ilhas - Technical Team Meeting Report

Click here to read the full border firewall announcement: Expresso das Ilhas - Preventive Team and Alerts Article

Click here to read the extended national advisory notice: Expresso das Ilhas - Surveillance and Isolation Workflows Update

CONGO, REPUBLIC OF

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During January to June 2026, humanitarian needs in the Republic of the Congo were driven by the resurgence of cholera, ongoing mpox risks, recurrent flooding, climate-related vulnerabilities, cross-border population movements along the Congo River corridor, and persistent malnutrition. Following its re-emergence in February 2026, cholera spread across several hotspots, including Mbamou Island, Mossaka-Lokolela, Liranga, Impfondo, and Makotimpoko, resulting in 1,074 reported cases and 91 deaths (Case Fatality Rate 8.5 per cent). Children and families living in vulnerable riverine communities were disproportionately affected due to limited access to safe water, sanitation, and healthcare services. At the same time, mpox remained a public health concern, with 35 confirmed cases reported in early 2026, primarily in Brazzaville and Pointe-Noire, amid recurrent outbreaks since 2024.

Heavy rainfall, recurrent flooding, poor WASH conditions, and population movements along the Congo River corridor contributed to disease transmission and heightened the risk of waterborne diseases and malnutrition, particularly among children and women in hard-to-reach areas. In response, UNICEF prioritized cholera preparedness and response, WASH interventions, disease surveillance, nutrition support, community engagement, and support for vulnerable children and families. Advocacy efforts focused on strengthening access to safe water and sanitation, promoting climate-resilient services, and enhancing outbreak preparedness. However, response efforts continued to face significant challenges, including limited funding, inadequate infrastructure, difficult access to remote riverine communities, and the simultaneous management of cholera and mpox outbreaks.

PREPAREDNESS & ANTICIPATORY ACTION

Between January and June 2026, UNICEF strengthened preparedness and anticipatory action measures to mitigate cholera risks and improve outbreak readiness in high-risk areas. This included prepositioning WASH supplies in cholera-prone communities in collaboration with the Ministry of Health, producing and disseminating risk communication and hygiene promotion materials, and training community health workers on cholera prevention, early detection, community engagement, and rapid response. UNICEF also enhanced local capacities for water treatment, sanitation interventions, and outbreak management in hard-to-reach riverine communities, while strengthening WASH preparedness in health facilities and schools. In addition, UNICEF supported the implementation of the Case Area Targeted Intervention (CATI) approach, enabling rapid, community-based responses around reported cholera cases. Collectively, these efforts strengthened local preparedness and contributed to a more timely, effective, and child-focused response to disease outbreaks.

HUMANITARIAN ACCESS AND LOCALISATION

During the reporting period, field access and operational movements were temporarily affected by security measures associated with the March 2026 presidential elections, particularly in the weeks preceding the vote, resulting in some limitations to field deployments and supervision missions. Programme implementation was further challenged by poor road infrastructure, remote riverine settings, seasonal flooding, and high transportation costs, especially in Congo-Oubangui, Likouala, and other hard-to-reach areas, leading to delays in the delivery of supplies and services.

To address these constraints, UNICEF and its partners adopted context-specific operational measures, including the prepositioning of critical supplies, local procurement and direct delivery mechanisms, and the strengthening of community-based networks. Trained community health workers and community relays played a key role in maintaining disease surveillance, risk communication, and the delivery of essential services in areas with limited access, helping to ensure continuity of WASH and health interventions.

UNICEF also advanced localisation by working closely with national NGOs, government services, community health workers, and local volunteer networks, enabling response activities to be led by actors with strong knowledge of local contexts and community dynamics. Through the community-based Case Area Targeted Intervention (CATI) approach, trained frontline workers were able to implement rapid response measures within 72 hours of identifying suspected cholera cases, including household sensitization, surveillance, disinfection, water treatment, and the distribution of WASH supplies. This locally led model strengthened community ownership and acceptance, improved the timeliness and effectiveness of interventions, and contributed to more sustainable outbreak prevention and control efforts in affected communities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF supported the national Mpox response by strengthening disease surveillance, case management, and community-level prevention capacities. A total of 133 health professionals and hygienists (29 women and 104 men) were trained across eight departments on surveillance, diagnosis, case management, and infection prevention and control (IPC), exceeding the target of 80 participants. In addition, 214 community and point-of-entry agents, including 47 women, were trained and deployed to support active Mpox surveillance, expanding early detection, alert, and referral capacities at the community level. UNICEF also procured and distributed essential medicines and medical supplies to nine hospitals managing Mpox cases and equipped 12 health facilities with IPC materials, personal protective equipment (PPE), chlorine, handwashing stations, and healthcare waste-management supplies. These interventions enhanced preparedness and response capacities, strengthened early detection and case management, reduced the risk of healthcare-associated transmission, and helped ensure the continuity of quality health services nationwide.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

UNICEF trained 75 frontline workers on PSEA, including 45 community health workers (22 women, 23 men) and 30 partner staff (15 women, 15 men). Additionally, 2,500 IEC materials on PSEA were produced and distributed through health facilities, schools, and community outreach activities. PSEA messages were integrated into cholera awareness and hygiene promotion campaigns.

Limited funding, difficult access to remote riverine communities, and low awareness of reporting mechanisms constrained the scale-up of PSEA activities. UNICEF mitigated these challenges by integrating PSEA into ongoing health and WASH interventions and strengthening referral capacities among frontline workers and partners.

EDUCATION

UNICEF supported 20 schools in cholera-affected areas with hygiene supplies and cholera prevention activities. A total of 4,500 children (2,250 girls and 2,250 boys) received hygiene promotion messages, while 120 teachers (50 women and 70 men) were oriented on infection prevention and control (IPC), risk communication, and school-based outbreak preparedness. Awareness campaigns promoted handwashing, safe water use, and key disease prevention practices. Through an integrated Education-WASH approach within the public health emergency response, UNICEF strengthened school preparedness for cholera outbreaks by promoting safer learning environments, enhancing teachers' capacity to deliver prevention messages and reinforce positive hygiene behaviours, and supporting learning continuity during periods of increased health risk. These efforts helped reduce the potential impact of outbreaks on education and contributed to building resilience among children and school communities in high-risk areas.

Limited funding, inadequate WASH infrastructure in schools, and gaps in nutrition response capacity and supplies constrained the scale and coverage of interventions. Service delivery was further affected by difficult access to remote riverine communities, limited preparedness resources, and insufficient coverage of schools in high-risk areas. The completion of 70 sanitation facilities against a target of 200 underscores the operational and logistical challenges of improving environmental sanitation in remote settings and highlights persistent barriers to sustainably reducing cholera risks. To maximize available resources, UNICEF prioritized the most vulnerable schools and integrated education interventions with WASH, health, and nutrition programmes, strengthening teacher capacity, promoting preventive behaviours, and supporting the continuity of learning during disease outbreaks.

WASH

UNICEF's WASH response to the cholera outbreak exceeded its target, reaching 42,008 people (9,662 women, 12,182 girls, 8,822 men and 11,342 boys), including 96 persons with disabilities, through safe water interventions and the construction or rehabilitation of 34 water points. In addition, 101,941 people were reached with risk communication and community engagement activities, 89,450 people received hygiene promotion messages, and 20,863 people were provided with critical WASH supplies and emergency sanitation support. These interventions contributed to reducing cholera transmission risks, improving access to safe drinking water, strengthening hygiene practices, and enhancing the resilience of vulnerable riverine communities affected by recurrent flooding and other climate-related shocks.

As part of the Mpox response, UNICEF strengthened community-based surveillance by training 214 agents, including 174 community volunteers and 40 points-of-entry officers, of whom 47 were women. These efforts enhanced early detection, reporting, and referral capacities in high-risk areas. UNICEF also supported rapid response mechanisms through the implementation of Case Area Targeted Interventions (CATI), community surveillance, and rapid disinfection activities around suspected and confirmed cases.

Despite these achievements, significant challenges remained. Sanitation infrastructure targets were only partially achieved, with 70 of the planned 200 facilities completed, reflecting persistent logistical barriers, difficult access to remote riverine communities, and high transportation costs. Nevertheless, UNICEF's adaptive approach, combining community-based surveillance, CATI implementation, prepositioning of supplies, and local partnerships, helped sustain essential WASH services and outbreak response efforts under challenging operational conditions. These results are particularly noteworthy given the access constraints in hard-to-reach areas and the simultaneous demands of responding to both cholera and Mpox outbreaks.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF's Social and Behaviour Change (SBC) and Accountability to Affected Populations (AAP) interventions played a critical role in outbreak prevention and response by combining community engagement, behaviour change approaches, risk communication, and feedback mechanisms to strengthen trust, promote protective practices, and ensure that interventions were responsive to community needs and concerns. As part of the cholera response, 89,450 people (21,468 women, 25,941 girls, 17,890 men and 24,151 boys) were reached with hygiene promotion messages, while 63 community feedback mechanisms were established to facilitate two-way communication and support community-informed action. For the Mpox response, 1,685,375 people were reached through community dialogues, mass media, and digital campaigns, complemented by the deployment of 174 trained community relays who supported prevention, risk communication, surveillance, referral, and response activities at the community level.

Programme implementation faced challenges related to limited access to remote riverine communities and temporary movement restrictions during the electoral period. To mitigate these constraints, UNICEF expanded its network of community relays and leveraged the community-based Case Area Targeted Intervention (CATI) approach, enabling rapid response actions within 72 hours of identifying suspected cases. This approach helped sustain community engagement, strengthen surveillance and referral pathways, and ensure the timely delivery of prevention and awareness activities in hard-to-reach areas, contributing to more effective and locally owned outbreak control efforts.

FUNDING OVERVIEW

UNICEF mobilized approximately US$626,000 to support cholera and Mpox preparedness and response activities. Of this amount, US$102,255 remained committed and US$524,500 had been utilized, leaving limited flexible resources to address emerging needs and sustain response operations. While these contributions enabled critical interventions across health, WASH, surveillance, risk communication, and community engagement, funding levels remained insufficient to meet the growing needs of vulnerable populations.

Persistent funding gaps continue to constrain the expansion of safe water infrastructure, the completion of sanitation facilities, and the scale-up of Case Area Targeted Interventions (CATI) in cholera-prone areas. Limited resources have also affected efforts to strengthen preparedness and resilience in high-risk and hard-to-reach communities, particularly along the Congo River corridor. As a result, the coverage of essential services, including WASH interventions, disease surveillance, case management, infection prevention and control (IPC), and community-based engagement, remains below identified needs.

Additional donor support is urgently required to sustain life-saving outbreak response activities, maintain rapid response capacity, and strengthen preparedness, resilience, and continuity of essential services for children and families in vulnerable communities. Increased investment will be critical to reducing the risk of future outbreaks, improving access to basic services, and ensuring a timely and effective response to recurring public health emergencies.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Flomy on the Frontline of the Fight Against Cholera on Mbamou Island

On the remote island of Mbamou, Flomy and his team work every day to fight cholera and protect their community.

A Constant Fight

At the heart of Mbamou Island is the Mbamou Centre Integrated Health Centre, which Flomy has managed since February 2025. The facility serves three villages, Moutou ya Ngombe, Likouala and Mbamou, where more than 3,000 people rely on the centre for healthcare.

Home to around 15,000 people, the island is difficult to reach. It is not connected to the electricity grid and has no road access. Reaching Lissanga, the capital of the health district, requires a one-hour journey by motorized canoe, followed by another two and a half hours to reach Mbamou Centre.

“Here, every medical intervention comes with challenges,” says Flomy.

The health centre operates with a single solar panel, which often breaks down. It has only three beds, one consultation room, a maternity unit and a small pharmacy.

Responding to the Cholera Outbreak

On 2 July 2025, the first cholera case was reported on the island. Less than a month later, the Government officially declared an outbreak in the health district. Since then, Flomy and his team have been on the front line of the response.

“We have treated 173 cases, with only one death that was not directly linked to cholera,” he explains. “The situation is improving, but the risk remains.”

With support from the NGO Water and Sanitation for Africa (EAA) and UNICEF, part of the health centre was completely reorganized to receive and treat cholera patients. Safe pathways were established for patient care, handwashing and the disinfection of equipment.

Community Engagement: A Key Part of the Response

Flomy’s days begin at dawn. Together with his colleagues, he provides healthcare services, conducts disease surveillance and leads community awareness activities.

“With support from UNICEF and EAA, we go door to door to share information with families,” he says. “Wherever people gather, we spread the message: wash your hands, treat drinking water and report suspected cases.”

Courage in the Service of Life

Flomy’s dedication reflects the quiet courage of hundreds of Congolese health workers responding to cholera across the country.

“We cannot give up,” he says. “As long as there is a risk, we will be here to protect our community.”

Thanks to the commitment of Flomy and his team, and the joint efforts of the Government, UNICEF and partners, thousands of lives are being protected on Mbamou Island.

COTE D'IVOIRE

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2026, the humanitarian situation in Côte d'Ivoire continued to be shaped by the spillover effects of the Sahel crisis, public health emergencies, and climate-related shocks. As of 30 of June 2026, the country hosted an estimated 93,266 forcibly displaced people, including 80,162 refugees, 3,443 asylum seekers, and 9,661 individuals awaiting registration, primarily in the northern regions of Bounkani and Tchologo . Children accounted for 55 per cent of the displaced population, while women and children together represented 79 per cent, placing additional pressure on already stretched education, health, nutrition, WASH, and child protection services in host communities. Meanwhile, seasonal heavy rains and localized flooding have heightened the risk of water contamination, waterborne diseases, and disruptions to essential services, further exacerbating vulnerabilities among affected populations.

The country also continued to respond to the mpox outbreak declared in July 2024. As of June 2026, 1,114 suspected cases had been reported, including 170 cases notified in 2026, with 269 confirmed cases across 48 health districts. At the same time, climate-related hazards continued to affect vulnerable communities. Heavy rainfall and strong winds damaged homes and livelihoods in Téhini Prefecture, affecting more than 120 households, while urban eviction operations in Abidjan displaced over 4,600 households, creating urgent needs for shelter, WASH, health, protection, and livelihood support.

Persistent information gaps, misinformation, protection concerns, and limited access to safe and accessible feedback mechanisms continued to hinder affected populations' access to services and their meaningful participation in the humanitarian response.

In response, UNICEF continued to support the Government of Côte d'Ivoire in strengthening preparedness and delivering integrated humanitarian assistance for vulnerable populations, with a particular focus on children, women, and displaced communities. Efforts focused on maintaining access to essential services, reinforcing local response capacities, and supporting social cohesion in areas hosting refugees and asylum seekers. However, humanitarian operations continued to be affected by seasonal access constraints, limited funding, and growing pressure on local service delivery systems, highlighting the need for sustained investment in both emergency response and resilience-building measures.

PREPAREDNESS & ANTICIPATORY ACTION

Throughout the reporting period, UNICEF supported the Government of Côte d'Ivoire in strengthening preparedness and response capacities for a range of humanitarian risks, including public health emergencies, refugee influxes, and seasonal flooding. Key achievements included the revision of the national multi-hazard contingency plan, the reinforcement of Infection Prevention and Control (IPC) measures in health facilities, the pre-positioning of critical medical supplies, and the strengthening of sector coordination mechanisms.

UNICEF also supported early warning systems and emergency preparedness planning in high-risk northern regions, helping national and local authorities anticipate, prepare for, and respond more effectively to emerging shocks. These efforts enhanced the readiness of government institutions and partners to deliver timely, coordinated, and life-saving assistance while minimizing disruptions to essential services for vulnerable populations, particularly children and women.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian access remained generally favourable during the reporting period, enabling humanitarian actors to sustain assistance to vulnerable populations across most of the country. However, access to some communities in the Bounkani region remained constrained during the first months of 2026 due to security measures introduced following a series of incidents along the border with Burkina Faso in 2025, including incursions by non-state armed groups (NSAGs) and armed forces into villages in the departments of Téhini and Doropo. These measures restricted access to several border localities and temporarily limited the delivery of humanitarian assistance. Since June 2026, restrictions have gradually been lifted, allowing humanitarian partners to resume field missions and expand service delivery in previously inaccessible areas. Seasonal heavy rains and localized damage to road infrastructure continued to create logistical challenges, particularly in remote locations. In response, UNICEF and its partners adapted operational modalities through close coordination with local authorities, decentralized field monitoring, and engagement with community-based actors to ensure continuity of assistance and access to essential services.

Localisation remained a central pillar of UNICEF's humanitarian response. UNICEF continued to work closely with government institutions, national NGOs, community-based organisations, and local service providers to strengthen the delivery of humanitarian and resilience-building interventions. Capacity-building efforts targeted frontline actors, including social workers, health personnel, teachers, and community volunteers, enhancing their ability to identify needs, deliver services, and respond rapidly to emerging shocks. By investing in local capacities and systems, UNICEF helped strengthen community ownership, improve the sustainability of interventions, and ensure timelier, context-specific assistance, particularly in refugee-hosting and other vulnerable communities. These partnerships also contributed to reinforcing local preparedness and resilience while improving access to essential services for affected children and families.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

To address the needs of displaced populations and strengthen preparedness for infectious disease outbreaks, including mpox, UNICEF

supported the Government of Côte d'Ivoire in enhancing public health emergency response capacities. Infection Prevention and Control (IPC) supplies and other essential medical consumables were provided to five health facilities in the districts of Boundiali, Korhogo, Ferkessédougou, Bouna, and Ouangolodougou. These supplies helped reduce the risk of disease transmission within healthcare settings, improve infection prevention and hygiene practices, and enhance the safety of healthcare workers providing frontline services.

UNICEF also procured and distributed 3,000 intravenous infusion sets and 2,500 HIV self-testing kits to the Regional Health Directorates of Tchologo and Bounkani, strengthening the availability of essential health services and improving access to care for vulnerable populations, including refugees and host communities.

In response to a request from the Bounkani Regional Health Directorate, UNICEF provided a medical tent to the health post serving the Timalah refugee transit site. The tent has been established as a dedicated wound care and dressing unit, expanding the facility's consultation capacity, improving patient confidentiality, and ensuring greater privacy and dignity during service provision. This support has contributed to strengthening the continuity and quality of healthcare services for refugees and host populations.

UNICEF also supported routine immunization activities in refugee-hosting areas, resulting in 23,810 children aged 9 to 23 months receiving measles vaccination in Bounkani and Tchologo. This contributed to maintaining immunization coverage, reducing the risk of vaccine-preventable disease outbreaks, and protecting children in areas vulnerable to population movements and public health emergencies.

Despite these achievements, access to primary healthcare for vulnerable populations remains constrained by limited funding and increasing humanitarian needs.

NUTRITION

UNICEF continued supporting preventive and curative nutrition services in refugee-hosting and vulnerable communities through community-based screening, management of severe wasting, and large-scale micronutrient supplementation. Between January and June 2026, 8,958 children under five years of age were screened for acute malnutrition, while 496 children with severe wasting were admitted and treated in accordance with national treatment protocols, contributing to the reduction of nutrition-related morbidity and mortality among the most vulnerable children.

To prevent micronutrient deficiencies and strengthen child survival outcomes, UNICEF supported the May 2026 nationwide vitamin A supplementation campaign, through which 178,640 children received vitamin A supplements. The high number of children reached reflects the broad geographical coverage of the national campaign, including the refugee-hosting regions of Bounkani and Tchologo, which contributed significantly to overall coverage and helped protect children from preventable illnesses associated with vitamin A deficiency.

However, continued refugee arrivals and widespread food insecurity maintain high nutrition risks among children under five and pregnant and lactating women. Community-based nutrition surveillance and caregiver awareness activities further strengthened early detection and prevention of child wasting. More than 7,200 people from 720 households were reached. Caregiver counselling, family MUAC, community dialogue and promotion of improved household practices were used as behaviour-change interventions to support early detection, timely referral, treatment adherence and prevention of child wasting.

CHILD PROTECTION

During the first half of 2026, UNICEF strengthened child protection systems and emergency response capacities across Côte d'Ivoire, with a particular focus on refugee-hosting and vulnerable communities in the northern regions. To enhance the availability and quality of protection services, UNICEF provided protection response kits to three social centres in Tchologo, improving the capacity of frontline services to support vulnerable children and survivors of violence.

In partnership with Save the Children, UNICEF strengthened case management systems for children at risk by training 38 “Best Interests Determination” (BID) panel members, including 10 women, and supporting the establishment of a BID Committee in Tchologo. These efforts improved the identification, assessment, and referral of refugee and other vulnerable children requiring specialized protection services.

UNICEF also invested in strengthening community-based child protection mechanisms. Through support to 67 social workers and psychologists, the programme enabled the establishment or revitalization of 135 Child Protection Committees, 135 children's groups, and 70 Child-Friendly Spaces. These community structures expanded access to protection services, promoted early identification of protection risks, and provided safe environments where children could learn, play, and receive psychosocial support.

Capacity-building initiatives reached more than 3,000 people, including 1,500 children, 765 women, and 735 men, who participated in sessions on the prevention, identification, and referral of child protection concerns. These efforts contributed to stronger community awareness, increased reporting of protection risks, and improved access to support services for vulnerable children and families.

UNICEF also responded to emerging humanitarian needs linked to climate-related shocks and forced evictions. Following severe windstorms in Bounkani, UNICEF supported rapid protection assessments to identify priority needs and inform the response. In Abidjan, UNICEF provided protection kits to 400 households affected by eviction operations, assisting approximately 2,400 people with essential relief items and helping mitigate protection risks among displaced families.

©UNICEF Côte d'Ivoire/2026/Frank Dejongh

Affected households with NFI kits through the support of UNICEF and Ministry of Solidarity, helping meet their immediate needs and strengthen their resilience (Koumassi, Abidjan).

Together, these interventions strengthened child protection systems at both community and institutional levels, improved access to protective services, and enhanced the resilience of children and families affected by displacement, violence, and other humanitarian shocks.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

During the reporting period, UNICEF continued to strengthen the prevention of and response to sexual exploitation and abuse (PSEA) in areas affected by cross-border forced displacement. Through the deployment of 67 social workers and psychologists across northern regions, over 3,000 members of community-based child protection mechanisms received awareness-raising and capacity-strengthening support on expected staff and partner conduct, survivors' rights, and safe, confidential, accessible, and survivor-centred reporting channels. These efforts strengthened accountability to affected populations by promoting the use of survivor-centred reporting mechanisms.

UNICEF also strengthened the capacities of implementing partners, government counterparts, and frontline service providers on PSEA minimum standards, safeguarding principles, and accountability to affected populations (AAP). These efforts enhanced the ability of duty bearers to prevent misconduct, identify and respond appropriately to allegations, and ensure that affected populations have access to trusted reporting channels and quality support services.

By reinforcing community awareness, strengthening local protection systems, and promoting a culture of accountability and safeguarding, UNICEF contributed to reducing protection risks and fostering safer environments for children, women, and vulnerable populations. Continued investment in community engagement and capacity development remains essential to strengthening local ownership, increasing trust in humanitarian actors, and ensuring that humanitarian and resilience-building interventions are delivered in a safe, inclusive, and accountable manner.

EDUCATION

During the reporting period, UNICEF, in partnership with the Ministry of Education, continued to support safe, inclusive and uninterrupted learning opportunities for refugee children from Burkina Faso and Mali residing in the Timalah and Nioronigué transit sites. A total of 973 refugee children, including 503 girls, accessed education through Temporary Learning Spaces, helping prevent learning disruptions, maintain educational continuity during displacement, and provide a protective environment where children could continue learning and developing essential skills.

To further strengthen learning recovery and resilience among vulnerable children, UNICEF supported the implementation of the Preschool on Wednesdays and Saturdays (PréMS) programme[11] , reaching an additional 763 children, including 441 girls, in refugee-hosting and vulnerable communities. By expanding access to early learning opportunities and supporting school readiness, the programme contributed to reducing the risk of exclusion and promoting equitable access to education for children affected by humanitarian shocks.

As part of the implementation of UNICEF's Digital Education Strategy, a pilot initiative was launched to strengthen foundational reading skills among refugee children enrolled in Temporary Learning Spaces (TLS) through the use of digital learning solutions. In this context, a Digibox equipped with 30 tablets was delivered to the Nioronigué learning site, contributing to improved access to interactive, child-friendly and quality learning opportunities in emergency settings.

In parallel, two coordination meetings of the Regional Education in Emergencies Cell (CRESU)[12] were held to review the performance and functioning of the Temporary Learning Spaces. These discussions helped identify key operational and pedagogical improvements to enhance the quality, relevance, and effectiveness of the education response. The digital learning pilot is expected to improve learner engagement, support foundational reading skills, and generate evidence to inform the scale-up of technology-enabled learning approaches in emergency settings.

Overall, 1,736 children accessed non-formal education opportunities during the reporting period. These interventions contributed to learning continuity, inclusion, and resilience by providing refugee and vulnerable children with safe, structured, and flexible learning opportunities despite displacement and increasing pressure on local education systems.

To further strengthen access to education, consultations were conducted in the Timalah and Nioronigué transit sites to identify barriers

affecting the enrolment and retention of refugee children in school. Findings from these assessments are informing targeted interventions aimed at addressing access constraints and improving educational outcomes for refugee children and their host communities.

WASH

During the reporting period, UNICEF expanded access to safe, climate-resilient water services while responding to the immediate humanitarian needs of refugees, host communities, and other vulnerable populations affected by the Sahel crisis in northern Côte d'Ivoire. Investments were designed to benefit both displaced and host populations, contributing to social cohesion, strengthening local service delivery systems, and reducing pressure on scarce water resources in regions hosting growing numbers of refugees and asylum seekers.

As part of these efforts, UNICEF completed two solar-powered water supply systems in Bounkani Region and replaced 40 obsolete hand pumps across the regions of Bounkani and Tchologo. By improving the reliability and sustainability of water services, these interventions reduced communities' reliance on unsafe water sources, strengthened resilience to seasonal water shortages, and enhanced access to safe drinking water for populations living in vulnerable border areas. During the first semester, 17,760 people, including 8,730 children, 4,466 women, and 4,564 men, gained access to safe drinking water. The installation of solar-powered systems also helped reduce operating costs, improve service continuity, and strengthen the long-term sustainability of local water infrastructure.

In response to the humanitarian consequences of the Abidjan eviction operations, UNICEF provided hygiene kits to 400 vulnerable households, benefiting approximately 2,400 people, including 545 women and girls who received menstrual hygiene supplies. The response prioritized the rapid restoration of basic hygiene conditions for displaced families whose access to water, sanitation facilities, and essential household items had been disrupted. By addressing immediate hygiene and dignity needs, particularly for women and adolescent girls, the intervention helped reduce health and protection risks among affected populations.

Complementing infrastructure investments and emergency distributions, UNICEF supported community engagement and hygiene promotion activities to strengthen public health outcomes. Awareness-raising efforts reinforced key practices such as handwashing, safe water handling, environmental sanitation, and infection prevention measures, contributing to disease prevention in areas affected by population movements and public health risks, including the ongoing mpox outbreak.

UNICEF also continued to strengthen emergency WASH preparedness and coordination through support to sub-national coordination mechanisms and local authorities. These efforts enhanced collaboration among humanitarian and government actors, improved response planning, and reinforced the capacity of local systems to deliver sustainable WASH services. Together, these interventions contributed not only to meeting immediate humanitarian needs but also to strengthening the resilience of refugee-hosting communities and supporting longer-term recovery and stability in regions affected by the Sahel crisis.

SOCIAL AND BEHAVIOUR CHANGE (SBC), YOUTH ENGAGEMENT AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF strengthened community engagement and social cohesion by mobilizing more than 800 adolescents and young people through the U-Report and Youth Peace Ambassador networks. Young people played an active role in promoting peaceful coexistence, preventing violence, and strengthening community resilience in regions affected by displacement and the spillover of the Sahel crisis.

Through these networks, more than 20 community-led initiatives were implemented to promote social cohesion, improve awareness and access to basic services, and foster dialogue between refugees, host communities, and local authorities. The establishment of new U-Report clubs further expanded meaningful youth participation in emergency preparedness, community engagement, and initiatives aimed at strengthening social cohesion, resilience, and peaceful coexistence, empowering young people to become agents of positive change within their communities.

Beyond peacebuilding, UNICEF leveraged these youth and community platforms to support nutrition promotion, hygiene awareness, and accountability to affected populations (AAP). Community engagement activities facilitated the dissemination of life-saving information, encouraged positive health and hygiene behaviours, strengthened feedback mechanisms, and increased community ownership of humanitarian interventions. By placing young people at the centre of local solutions, these efforts contributed to stronger social cohesion, improved resilience, and more inclusive and responsive humanitarian action.

SOCIAL PROTECTION

UNICEF continued collaborating with government institutions to strengthen shock-responsive social protection systems and improve coordination for vulnerable populations affected by displacement, climate shocks, and urban emergencies. While humanitarian cash transfers had not yet been implemented during the reporting period, UNICEF provided technical support and advocacy to promote child-sensitive approaches within government and partner-supported social assistance programmes. This included encouraging the use of vulnerability criteria that prioritize children, displaced households, female-headed households, and other at-risk groups, helping to ensure that assistance better addresses the needs of the most vulnerable populations. These efforts contributed to strengthening the link between humanitarian action, social protection systems, and longer-term resilience-building initiatives integrating social protection considerations into the broader humanitarian response.

FUNDING OVERVIEW

As of 30 June 2026, UNICEF had mobilized and utilized US$1.98 million against the US$13.5 million required under the 2026 Humanitarian Action for Children (HAC) appeal, leaving a funding gap of approximately US$11.47 million (85 per cent). Available humanitarian funding enabled UNICEF to sustain life-saving assistance for refugees, asylum seekers, vulnerable host communities, and populations affected by climate-related shocks and disease outbreaks.

In addition to humanitarian funding, resources mobilized through resilience and development-focused programmes supported efforts to strengthen community resilience, local systems, and social cohesion in northern Côte d'Ivoire. These investments reinforced the humanitarian-development-peace nexus by improving the capacity of institutions and communities to prepare for, withstand, and recover from recurrent shocks. As a result, UNICEF expanded access to safe water and sanitation services, nutrition interventions, community-based mental health and psychosocial support, education, healthcare, and essential relief assistance for refugees, host communities, and other vulnerable populations.

Despite these achievements, significant funding shortfalls continue to limit the scale, coverage, and sustainability of humanitarian interventions. The current funding gap constrains UNICEF's ability to address growing needs arising from continued refugee arrivals, climate-related emergencies, the ongoing mpox outbreak, and increasing pressure on basic services in vulnerable host communities, particularly in northern Côte d'Ivoire. Additional resources are urgently needed to sustain and expand interventions in health, nutrition, WASH, child protection, education, emergency preparedness, and emergency response capacity strengthening, while supporting national and local systems to better anticipate and manage future shocks.

UNICEF remains grateful for the support received to date and calls for additional funding to help protect the most vulnerable children and families, sustain essential services, and strengthen the resilience of communities affected by displacement, disease outbreaks, and climate-related crises.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

In Dinandidouo (Bounkani, Northeast Cote d'Ivoire), the "Foyer de Renforcement des Activités de Nutrition (FRANC) / Community centres for reinforcement of nutrition" provides a safe space for children aged 2 to 5 while their parents work in the fields. Supported by UNICEF and its partner KfW, the FRANC combines early childhood stimulation, socialization, and nutrition, contributing to improved child development and the adoption of good nutrition practices at the community level.

UNICEF/2025/Lydia Kouadio

A mother uses the Family MUAC approach to assess her child's nutritional status at home, helping detect malnutrition early and ensure timely care (Bidjebdouo, Bouna, Côte d'Ivoire).

The family MUAC approach enabled a child in Bidjebdouo, Northeastern Côte d'Ivoire, to recover from malnutrition and regain good health

In Bidjebdouo (Bouna, north eastern Côte d'Ivoire), the fight against child malnutrition relies on the Family MUAC approach, which enables mothers to screen for malnutrition early at home with the support of community health workers. This community mobilization has strengthened prevention and rapid treatment, as illustrated by the recovery of Fatoumata Diallo's child thanks to the support of UNICEF and KfW.

Solidarity for Evicted Families Through UNICEF and the Ministry of Solidarity. In addition to the Government's support, UNICEF provided affected families with essential relief items to help meet their immediate needs. The assistance included thousands of critical supplies, such as 800 plastic mats, 700 dignity kits for women and adolescent girls, 400 solar lamps, as well as cooking pots, buckets, kettles, soap, and other essential household items, contributing to the protection, dignity, and well-being of vulnerable families affected by the recent eviction operations.

EQUATORIAL GUINEA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Between January and June 2026, Equatorial Guinea faced growing humanitarian and public health risks driven by economic challenges, population movements and increasing exposure to regional outbreaks of epidemic-prone diseases. According to the 2025 State Parties Self-Assessment Annual Report (SPAR), significant gaps persist in health emergency preparedness, including weaknesses in multisectoral coordination, surveillance and early warning systems, epidemic detection and response capacities, infection prevention and control (IPC), risk communication and community engagement (RCCE), mental health and psychosocial support, and emergency preparedness protocols.

These vulnerabilities are further compounded by inadequate WASH conditions in health facilities and public institutions, as well as limited cross-border health monitoring and travel coordination mechanisms, increasing the risk of disease transmission from neighbouring countries affected by yellow fever, measles, cholera and other outbreaks.

Against this backdrop, the continued risk of vaccine-preventable and other epidemic-prone diseases remained the country's main humanitarian concern. Measles and yellow fever vaccination coverage remained below WHO-recommended levels in several districts, while seven confirmed measles cases were reported in April 2026. Following regional alerts, including the Bundibugyo Ebola outbreak in Africa, the Government strengthened preparedness measures through enhanced surveillance, cross-border screening and laboratory readiness. As of 10 July 2026, no Ebola cases had been reported in Equatorial Guinea. UNICEF continued to support Ministry of Health-led preparedness efforts through a One Health approach, strengthening RCCE, IPC-WASH, MHPSS and PSEA/AAP systems, while supporting immunization, cold-chain strengthening and community engagement. Community-based outbreak response interventions implemented by district health teams with UNICEF support successfully interrupted measles transmission, with no new cases reported since April in the previously affected districts of Bata and Ebibeyín. These developments underscore both the country's continued vulnerability to public health emergencies and the importance of sustained investments in preparedness, surveillance and health system resilience.

PREPAREDNESS & ANTICIPATORY ACTION

The country’s proximity to neighbouring countries affected by recurrent outbreaks of epidemic-prone diseases, coupled with significant cross-border population movements, underscores the need for sustained preparedness and surveillance efforts. In response, UNICEF, with support from the Regional Emergency Team, contributed to the development of a sub-regional Ebola preparedness plan and supported the strengthening of emergency logistics and response capacities, including transportation and supply chain systems, to facilitate the rapid deployment of personnel, medical supplies and emergency assistance. Although the Ebola preparedness plan and its associated budget have been approved by the Government, funding for implementation remains pending. These efforts aim to enhance national readiness, strengthen health security and improve access to life-saving services, particularly for vulnerable populations living in hard-to-reach areas.

In partnership with WHO, Africa CDC, FRS, MCD and other stakeholders, UNICEF strengthened national health security capacities through participation in Joint External Evaluation (JEE) processes and continued resource mobilization to address public health emergency risks. UNICEF also supported health system resilience through the procurement of essential vaccines, medical equipment and supplies, the establishment of strategic storage and logistics infrastructure, and the provision of ambulances and boats to improve access to life-saving services, particularly in hard-to-reach areas. In addition, UNICEF and the Ministry of Health trained health workers to provide mental health and psychosocial support services during public health emergencies, further strengthening the country's preparedness and response capacities.

HUMANITARIAN ACCESS AND LOCALISATION

Equatorial Guinea continues to face humanitarian access challenges related to its unique geography, with populations dispersed across mainland and island territories and many communities located in remote areas with limited transport connectivity. These constraints can hinder the timely delivery of essential health, nutrition and protection services, particularly during public health emergencies and disease outbreaks.

UNICEF continued to advance localization by strengthening the capacities of District Development Committees, which are led by Government Delegates and serve as the principal multisectoral coordination platforms at district level. Through targeted technical assistance and capacity-building workshops, UNICEF supported these committees in developing annual workplans, strengthening coordination with government sectors, civil society organizations, development partners, community and religious leaders, and improving monitoring and oversight of local interventions.

Strengthening District Development Committees has enhanced decentralized planning, community engagement and accountability, while supporting the promotion of positive social and behavioural change. As representatives of the central government at district level, Government Delegates play a critical role in coordinating public services, mobilizing communities and partners, and leading preparedness and response efforts. By reinforcing these local governance structures, UNICEF has helped strengthen locally led coordination mechanisms, improve the identification and escalation of community needs, and support more effective preparedness and response to both development and humanitarian challenges.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

As of June 2026, UNICEF-supported interventions in Equatorial Guinea improved access to essential services for vulnerable children, adolescents and women across health, nutrition, child protection, education, social and behaviour change (SBC), accountability to affected populations (AAP), and emergency preparedness. A total of 44,523 children and women accessed primary health-care services, while immunization efforts reached children with measles, polio and pentavalent (Penta3) vaccines. However, vaccination coverage remained below target levels, leaving many children vulnerable to vaccine-preventable diseases.

UNICEF also strengthened national preparedness and resilience through support to Ebola readiness, health logistics, school health and nutrition programmes, mental health and psychosocial support services, child protection systems, PSEA mechanisms and community engagement initiatives. Key achievements included reaching more than 100,000 children, adolescents and women with gender-based violence prevention and response services, providing community-based mental health and psychosocial support to over 24,000 children, adolescents and caregivers across 18 districts, and delivering vitamin A supplementation to 11,714 preschool-aged children. Despite these achievements, significant gaps remain in immunization, nutrition and emergency preparedness, underscoring the need for sustained

investments to protect recent gains and expand access to life-saving services for the most vulnerable populations.

HEALTH

As of June 2026, UNICEF-supported interventions enabled 44,523 children and women to access primary health-care services. Immunization efforts reached 8,872 children with the first dose of the measles vaccine, representing 62 per cent coverage, 11,937 children with polio vaccines, and 7,183 children with the third dose of the pentavalent vaccine (Penta3), equivalent to 74 per cent coverage. While these achievements contributed to protecting children from vaccine-preventable diseases, coverage levels remained below planned targets, leaving significant immunity gaps in several districts.

In response to the elevated risk of Ebola and other epidemic-prone diseases in the sub-region, UNICEF supported national preparedness efforts through active participation in the National Technical Committee for Health Emergencies and the development of key preparedness documents, including the National Preparedness Plan, the Risk Communication and Community Engagement (RCCE) Plan, and the Logistics Plan. UNICEF also collaborated with WHO, Africa CDC, FRS, MCD and other partners through Joint External Evaluation (JEE) processes under the International Health Regulations framework to strengthen health security capacities and emergency readiness.

Significant investments were also made to strengthen health logistics and service delivery. Through the joint health system strengthening programme, UNICEF supported the construction of two central warehouses in Bata and Malabo, four logistics bases in key hospitals, the acquisition of four advanced life-support ambulances and two motorized boats equipped as basic-support ambulances, and the procurement of vaccines sufficient to cover national needs for one year. These investments are improving emergency response capacity, expanding access to health services in hard-to-reach areas, and reducing the risk of vaccine-preventable disease outbreaks. UNICEF continues to advocate for and provide technical support to the Ministry of Health in the development of a multi-year immunization plan (2026–2030) to strengthen vaccination coverage and ensure sustainable financing and delivery of immunization services. In parallel, UNICEF is pursuing resource mobilization through multiple funding channels to address remaining preparedness and health system gaps and sustain progress in emergency preparedness and service delivery.

NUTRITION

UNICEF, in partnership with the Ministries of Health and Education, continued to strengthen nutrition services between January and June 2026 through integrated community- and school-based interventions. A total of 12,785 children aged 0–23 months benefited from infant and young child feeding (IYCF) counselling, 6,709 pregnant women received preventive iron supplementation, and 20,922 children aged 6–59 months were reached with vitamin A supplementation. These interventions contributed to improving maternal and child nutrition, preventing malnutrition and micronutrient deficiencies, and promoting healthier growth and development among vulnerable women and children.

CHILD PROTECTION

During the first half of 2026, UNICEF and national partners strengthened the readiness of Equatorial Guinea's child protection system to prevent and respond to protection risks in both development and emergency contexts. Key achievements included the presentation of the regulatory framework for the National Commission for Children and Adolescents (CONAPIA), the approval of guidance for prosecutors and judicial personnel, the inauguration of the country's first child-friendly interview room in Malabo, and continued development of the national case management information system. These efforts contributed to stronger governance, coordination and child-sensitive justice mechanisms, while enhancing preparedness to respond to child protection concerns during emergencies.

UNICEF also supported four specialized training sessions in Malabo and Bata, reaching 137 prosecutors and judicial personnel and 15 representatives from six civil society organizations operating across all 19 districts. The trainings strengthened capacities on child-sensitive interviewing techniques, mental health and psychosocial considerations in judicial proceedings, and the application of national multisectoral protocols for responding to sexual violence and cases involving children deprived of parental care. In parallel, UNICEF continued to strengthen the professionalization of the social service workforce through the UNGE-UNICEF Specialized Course on Child Protection and partnerships with civil society organizations, improving referral pathways, decentralized case management and access to child-friendly services.

As a result, 24,000 children, adolescents and caregivers were reached with community-based mental health and psychosocial support services across 18 districts, 100,000 women, girls and boys benefited from gender-based violence risk mitigation, prevention and response interventions, and 1,000 vulnerable children received individualized case management support. These investments have helped strengthen national and local capacities to deliver timely, coordinated and child-centred protection services, while improving the resilience of communities and systems to future humanitarian shocks.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

During the reporting period, UNICEF strengthened the integration of Protection from Sexual Exploitation and Abuse (PSEA) into humanitarian preparedness, accountability to affected populations (AAP) and safe programming. This was achieved through targeted capacity-building for implementing partners and active engagement in the UN PSEA Network, which enhanced inter-agency coordination and supported UN agencies in translating PSEA commitments into sector-specific prevention, reporting and response measures.

While a nationwide PSEA reporting mechanism has not yet been established, UNICEF supported efforts to strengthen existing reporting and referral pathways through specialized civil society organizations, social welfare services and prosecutors' offices, which provide social, legal and psychosocial support to survivors. UNICEF's interventions focused on improving safe and accessible reporting channels, strengthening referral mechanisms for survivor assistance, raising awareness among communities and frontline workers, and reinforcing accountability and safeguarding standards among implementing partners and service providers. These efforts contribute to a more protective environment for affected populations and strengthen preparedness to prevent and respond to sexual exploitation and abuse in emergency and development settings.

UNICEF also supported the institutional strengthening of nine civil society organizations, enabling them to adopt safeguarding protocols and policies aligned with United Nations PSEA standards. These organizations are among the principal actors providing community-based child protection services in Equatorial Guinea and are estimated to deliver nearly half of all child protection interventions at community level. To facilitate the practical application of PSEA principles, UNICEF developed and disseminated user-friendly tools and guidance for NGOs, social welfare professionals, mental health practitioners and prosecutors, strengthening capacities for prevention, safe identification, referral and survivor-centred response. Through close collaboration with organizations such as Biria Elat, FRS and Aldeas Infantiles SOS, UNICEF continued to advance a coordinated approach to PSEA, gender-based violence prevention and mental health and psychosocial support, contributing to safer, more accessible and accountable services for children, adolescents and affected communities.

EDUCATION

During the reporting period, UNICEF supported the strengthening of the School Health Programme to expand access to essential health, nutrition and psychosocial support services for children. A total of 1,046 first aid kits were distributed to 1,045 public schools across all 18 districts, enhancing schools' capacity to respond to health emergencies and support student well-being. The distribution was accompanied by training for 830 education and health personnel, including school directors, inspectors, preschool coordinators, district primary health-care focal points and district medical officers, on the effective use and management of first aid kits. The training also reinforced key messages on oral hygiene, nutrition and menstrual hygiene management.

To further improve child health outcomes, UNICEF supported a vitamin A supplementation campaign in preschools and daycare centres across three districts of Litoral Province, reaching 11,714 children, including 10,558 in Bata, 600 in Mbini and 556 in Kogo. Building on lessons learned following the COVID-19 pandemic, UNICEF continued to promote integrated school health approaches that link health, nutrition, mental health and emergency preparedness to strengthen children's well-being, learning outcomes and resilience.

As part of broader mental health and psychosocial support (MHPSS) efforts, school-based awareness and promotion sessions were conducted in all 18 districts using the On My Mind podcast, available in Spanish and two local languages. The initiative reached 4,184 adolescents, creating safe spaces for dialogue on mental health and emotional well-being. By integrating school health, MHPSS and emergency preparedness measures into schools, UNICEF contributed to safer and more resilient learning environments and helped reduce the risk of educational disruption during public health emergencies.

WASH

Due to resource limitations, no dedicated single WASH interventions were implemented during the reporting period. However, WASH remains a critical component of public health emergency preparedness and an identified funding priority. UNICEF supported IPC-WASH preparedness efforts through technical assistance and the development of key preparedness and response plans, including costed strategies for risk communication, community engagement and logistics. The organization also contributed to capacity-building and coordination initiatives aimed at improving water, sanitation and hygiene conditions in health facilities and strengthening infection prevention and control measures as part of Ebola preparedness.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF applied a multisectoral Social and Behaviour Change (SBC) approach to strengthen community engagement, disease prevention and emergency preparedness. In partnership with the Ministries of Health and Interior, UNICEF provided technical assistance to support community-based interventions promoting positive health behaviours and the prevention of common and epidemic-prone diseases. Capacity-building workshops were conducted nationwide for District Health Teams, strengthening skills in social and behaviour change, interpersonal and crisis communication, rumour management, community feedback and community participation. To enhance real-time monitoring and adaptive programming, District Health Teams established a WhatsApp-based coordination platform that facilitates rapid information-sharing, reporting and analysis of community feedback to inform routine health programmes and emergency preparedness efforts.

UNICEF also strengthened the operational capacity of the Ministry of Health's Health Education, Communication and Social Mobilization Programme through the provision of two fully equipped all-terrain vehicles for community outreach in both insular and continental regions. These resources have expanded the reach of health promotion activities, improved community feedback collection and monitoring, and reinforced preparedness and response capacities in remote and underserved communities.

A key milestone during the reporting period was the approval by the Ministry of Health's Technical Committee of the National Risk Communication and Community Engagement Plan for Public Health Emergencies and Disasters and the accompanying RCCE Protocol, both developed with UNICEF's technical and financial support. These tools provide a standardized framework for community engagement and risk communication before, during and after public health emergencies.

SOCIAL PROTECTION

During the first semester of 2026, UNICEF agreed with the National Institute for Statistics to conduct a multidimensional poverty analysis for the population below 19 years old, based on the results of the most recent national household survey (2024). This analysis will provide sound evidence for advocacy and enabled technical assistance aimed at supporting Equatorial Guinea's government in setting the ground for the creation of a socio-economic characterization system, required to put in place the first ever national targeting system for a non-contributory, shock-responsive, and child-sensitive social protection system.

FUNDING OVERVIEW

During the reporting period, the Country Office had a total funding requirement of US$4.97 million, supported by a combination of humanitarian and development resources. A total of US$247,000 in humanitarian funding was received in 2026 through the Multi-Partner Trust Fund (MPTF) for the Towards an Accelerated Immunization Programme Against COVID-19 initiative, which was subsequently reoriented to support broader health system strengthening. In addition, the Country Office mobilized US$542,292 in other resources, including funding for mental health programming, HIV thematic activities, the 7 per cent HIV Set-Aside allocation for adolescents, and CIK funding for the procurement and distribution of vitamin A. These resources were complemented by US$4.47 million carried forward from 2025, comprising US$3.49 million in humanitarian funding and US$978,528 in other resources.

Despite these contributions, significant funding gaps persist and continue to limit the Country Office's capacity to fully address priority needs and achieve planned results. UNICEF is actively engaging existing and prospective donors through targeted resource mobilization efforts and the development of funding proposals that leverage the integrated and multisectoral nature of its programme response. However, critical sectors remain severely underfunded, particularly immunization, nutrition, emergency preparedness and response, and adolescent engagement and participation.

To date, no additional funding has been secured for these priority areas in 2026. Without increased investment, UNICEF's ability to expand coverage, strengthen preparedness capacities, sustain essential services and reach the most vulnerable children and adolescents will remain constrained. Additional resources are urgently needed to consolidate recent gains, close persistent service gaps and strengthen the resilience of communities and systems facing growing public health and humanitarian risks.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

https://www.instagram.com/reel/DaLnu0Rh38O/?igsh=OW1oaGphbDZhbnl1

GAMBIA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2026, The Gambia faced interconnected humanitarian challenges driven by irregular maritime migration, regional displacement and persistent gaps in essential services. The capsizing of a vessel off Jinack Island on 31 December 2025, carrying an estimated 225 to 230 migrants, resulted in 43 confirmed deaths and 43 injuries, while 100 people remained missing at sea and 102 survivors required immediate shelter, medical care and protection assistance. The wider emergency affected an estimated 1,745 people, including 1,617 displaced individuals, prompting a rapid response.

At the same time, insecurity in neighbouring Casamance continued to displace families into the West Coast Region, while unaccompanied and stranded children moving along northern border routes faced heightened risks of violence, exploitation and family separation. These shocks compounded existing vulnerabilities, particularly in the Upper River, Central River and West Coast regions, where child wasting, unsafe water, inadequate sanitation and outbreaks of scabies threatened children's health and well-being.

An estimated 2,500 children required life-saving treatment for wasting, while 5,000 needed preventive micronutrient supplementation. Infrastructure gaps, growing pressure on services and limited digital connectivity also restricted access to safe, inclusive and continuous education, particularly for children with disabilities.

In response, UNICEF supported rapid multisectoral assistance, survivor-centred protection, frontline worker capacity-building and strengthened case management, alongside integrated health, nutrition and WASH interventions to address the scabies outbreak. UNICEF also expanded adaptive digital learning and early warning systems to monitor attendance, identify children at risk of dropping out and inform timely, targeted support, thereby strengthening accountability and longer-term community and national resilience.

PREPAREDNESS & ANTICIPATORY ACTION

To enhance readiness for predictable shocks and ensure timely, child-focused responses, UNICEF Gambia strengthened localised early warning systems, reinforced partner preparedness capacities and pre-positioned critical supplies to support the continuity of essential services, including education. These efforts included the provision of WASH services to 1,362 children living in majalis and equipping the National Disaster Management Agency (NDMA) with information technology and communication equipment to improve real-time coordination, information management and emergency response.

UNICEF also strengthened anticipatory child protection capacities by supporting the validation of standardized case management and referral procedures and training regional social workers and frontline personnel in border areas. These investments improved preparedness to identify, refer and respond to highly vulnerable children, including unaccompanied and separated children, while enhancing the ability of local actors to respond rapidly and effectively to future humanitarian shocks.

LOCALISATION

UNICEF Gambia advanced localisation by working through and strengthening national and community-based systems, including the National Disaster Management Agency (NDMA), the Gambia Red Cross Society, the Ministry of Health and local government structures. These partnerships enabled national actors to lead emergency preparedness and response efforts while ensuring that interventions were tailored to local contexts and needs. UNICEF further invested in local capacity by equipping the NDMA with essential communication equipment and strengthening the skills of regional social workers and frontline personnel in child protection case management and emergency response.

Community engagement remained central to the response. UNICEF supported the mobilisation of local volunteers, community protection structures and youth-led Change Makers Clubs to promote awareness, prevention and community participation. By strengthening local leadership, community feedback mechanisms and decentralized service delivery systems, UNICEF contributed to more sustainable, accountable and locally owned humanitarian action while enhancing the resilience of vulnerable communities to future shocks.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF Gambia, in collaboration with government authorities, Community Child Protection Committees, Village Support Groups and community partners, strengthened the response to a scabies outbreak affecting vulnerable children in the West Coast, Upper River and Central River regions. Building on emergency interventions initiated in 2025, the response targeted children living in overcrowded and underserved settings, including majalis where limited access to hygiene and sanitation services heightened the risk of transmission. UNICEF supported an integrated response focused on case identification and management, psychosocial support, health promotion and community engagement, while reinforcing preventive measures to reduce the risk of future outbreaks. The intervention also strengthened coordination between the health, WASH, nutrition and child protection sectors to address underlying vulnerabilities and improve the health and well-being of affected children.

To mitigate future risks, assessments were conducted in 90 high-risk majalis and border communities near key points of entry, reaching 8,289 children and adolescents. Findings highlighted overcrowding, inadequate sleeping conditions and weak infection prevention measures as key drivers of disease transmission. In response, UNICEF supported strengthened disease surveillance, hygiene promotion, health worker training, provision of essential medicines, and improved environmental sanitation, including targeted fumigation in high-risk locations.

NUTRITION

UNICEF Gambia, in partnership with the National Nutrition Agency and the Ministry of Health, strengthened the prevention and treatment of child wasting in the high-burden Upper River and Central River regions. To support early identification and timely treatment, 28,235 children aged 6 to 59 months (14,824 girls and 13,411 boys) were screened for wasting, leading to the admission of 744 children (386 girls and 358 boys) with severe wasting into treatment programmes. The programme maintained a high quality of care, achieving an 88.6 per cent recovery rate while keeping mortality below 1 per cent (0.6 per cent) as of May 2026.

Preventive nutrition interventions were also scaled up, with 106,569 children aged 6 to 59 months (56,481 girls and 50,088 boys) receiving vitamin A supplementation to reduce the risk of micronutrient deficiencies and strengthen child health. Together, these interventions contributed to improved nutrition outcomes and enhanced the resilience of vulnerable children in affected communities.

CHILD PROTECTION

In the first half of 2026, UNICEF Gambia supported the Ministry of Gender, Children and Social Welfare in strengthening the child protection case management system by validating its Standard Operating Procedures and forms. A validation workshop brought together 28 (12 female and 16 male) key stakeholders from the ministry, police, and civil society organizations specialising in children on the move and alternative care. Additionally, lead Regional Social Workers completed Training of Trainers to facilitate step-down training on the six-step child protection case management process, from initial identification to final case closure.

This capacity-building initiative provides timely, essential preparation for frontline social workers handling highly vulnerable cases across critical areas. It directly empowers caseworkers to deliver urgent intervention services to children affected by displacement to the West Coast Region, particularly those coming from Casamance. Furthermore, it enhances protection services for unaccompanied or stranded children on the move intercepted in the North Bank Region who face severe risks while traveling alone.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

Following an irregular migration incident in late December 2025, UNICEF Gambia and the interagency PSEA Network led PSEA efforts at the Tanji migrant shelter. Activated under an emergency response by the National Disaster Management Agency, the shelter hosted 1,706 migrants requiring humanitarian assistance, including 1,053 females and 653 males. To support services, 50 responders, comprising 30 males and 20 females, including volunteers, were deployed to the facility.

Led by UNICEF Gambia and UNFPA PSEA focal points, these 50 responders completed vital orientations on Sexual Exploitation, Abuse, and Harassment (SEAH). The training focused on understanding power dynamics, distinguishing between SEA and gender-based violence, and prioritizing survivor-centred assistance, confidentiality, and consent. Responders were equipped with clear reporting protocols, safe referral pathways, and PSEA ‘passports’ containing essential contact details for all UN agency focal points to ensure safe humanitarian delivery and reinforce accountability to affected population.

EDUCATION

During the first half of 2026, UNICEF Gambia and its partners expanded access to inclusive, quality education through digital learning and system-strengthening interventions. In the Lower River and Central River regions, 23,802 learners (14,116 girls and 9,686 boys) regularly accessed digital learning content, while more than 24,000 learners received digital learning supplies. An additional 15,927 children (9,482 girls and 6,445 boys) benefited from the provision of teaching and learning materials, and 1,362 children (636 girls and 726 boys) in alternative learning centres received WASH support to improve their learning environment. To promote inclusion, the Ministry of Basic and

Secondary Education finalized a unified sign language, benefiting 9,386 children with disabilities (4,783 girls and 4,603 boys).

To improve learning outcomes and strengthen system resilience, UNICEF supported the establishment of 20 Change Makers Clubs, engaging 500 adolescents in peer learning, student leadership, school retention and community awareness activities. In addition, 166 teachers were trained in structured pedagogy to improve foundational learning, while 246 teachers strengthened their capacity to integrate digital tools and content into teaching, enhancing continuity of learning during disruptions. Despite persistent infrastructure gaps, growing demand and limited connectivity, UNICEF reinforced education system preparedness through adaptive approaches, including strengthened early warning mechanisms, pre-positioning of learning supplies and enhanced partner readiness, helping ensure uninterrupted access to learning for vulnerable children.

WASH

Following the capsizing of two irregular migrant boats near Jinack Village in December 2025, the National Disaster Management Agency (NDMA) coordinated a rapid multi-sectoral response for affected survivors from The Gambia and neighbouring West African countries. UNICEF, in partnership with the Gambia Red Cross Society, provided lifesaving WASH assistance to 1,706 affected people (1,053 females and 653 males) accommodated at the Gambia Immigration Department premises. Support included the distribution of 1,033 dignity kits, expansion of water storage capacity from 5,000 to 15,000 litres, installation of mobile toilets, rehabilitation of sanitation facilities, and hygiene promotion activities to reduce public health risks in overcrowded conditions. UNICEF also supported waste management, handwashing promotion and community awareness activities, while plans are underway to construct durable sanitation facilities to strengthen the sustainability of the response.

To strengthen emergency preparedness and response capacity, UNICEF provided the NDMA with essential information and communication technology equipment, including laptops, GPS devices and satellite phones, to improve real-time reporting, coordination and decision-making during emergencies. Beyond the immediate response, UNICEF continued to support vulnerable communities in the North Bank and Central River regions through investments in climate-resilient WASH services. This included support for 101 VIP latrines benefiting 1,696 people, the construction and rehabilitation of solar-powered water systems serving approximately 1,500 people, and routine water quality monitoring and chlorination of 250 community water points. These interventions contributed to safer drinking water, improved sanitation and reduced exposure to waterborne diseases in vulnerable communities.

FUNDING OVERVIEW

In 2026, UNICEF received US$ 617,283 in funding. Including the US$ 695,128 carry-over from 2025, total funding available amounted to US$ 1,312,412.

GHANA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The reporting period was marked by multiple hazards, including flooding, displacements and public health emergencies. Public health concerns remained significant, with the Ghana Health Service (GHS) issuing a public alert in January on the heightened risk of meningitis outbreaks during the dry/Harmattan season, particularly in the northern meningitis belt. This triggered preparedness measures and strengthened disease surveillance nationwide. Mpox also remained a public health concern, with 1,075 confirmed cases and eight deaths reported as of 5 June 2026.

Ghana continued to host a growing number of refugees and asylum seekers. An estimated 32,636 forcibly displaced persons were recorded as of 30 of June 2026[13] , including 21,351 registered refugees and 11,285 asylum seekers. Women and children accounted for 72 per cent of the displaced population. Northern Ghana remained the most affected area, hosting 13,356 registered refugees and asylum seekers across 4,206 households, while an estimated 10,858 individuals were awaiting registration. The sustained influx of displaced populations arriving from central Sahel countries mainly Burkina Faso, continued to place additional pressure on already overstretched basic services, including water, sanitation, education, health and child protection systems, particularly in refugee-hosting communities.

On 29 June, heavy rainfall triggered widespread flooding across the Greater Accra, Western North, Central and Volta regions. Preliminary data from the National Disaster Management Organization (NADMO) indicated that 221,813 people were affected, including 91,989 internally displaced persons, among them 598 persons with disabilities. The floods also resulted in 29 confirmed deaths, with additional individuals reported missing. Children represented approximately 45 per cent of those displaced. A multisectoral rapid assessment coordinated by the Inter-Agency Working Group on Emergencies (IAWGE) across 29 affected districts identified urgent needs for emergency shelter, non-food items, safe drinking water and sanitation. The assessment further revealed widespread livelihood disruptions, with 43 per cent of schools either closed or partially operational and nearly one-third of affected households reporting no remaining food stocks. The floods significantly increased the risk of water source contamination, damage to sanitation infrastructure and the disruption of essential hygiene practices in affected communities.

In this increasingly complex humanitarian context, UNICEF continued to support intersectoral coordination, preparedness and emergency response efforts. However, significant funding shortfalls constrained the scale and timeliness of interventions. While national and local systems remained engaged, their response capacities continued to face considerable limitations. Additional resources are required to strengthen preparedness, enhance emergency response mechanisms and build more resilient service delivery systems capable of providing timely, dignified and child-centred support to affected populations, particularly in refugee-hosting, flood-prone and other vulnerable communities.

PREPAREDNESS & ANTICIPATORY ACTION

UNICEF strengthened emergency preparedness and anticipatory action efforts to mitigate the impact of predictable humanitarian shocks on children and their families. Support focused on contingency planning, risk monitoring, early warning systems, partner coordination, and preparedness for disease outbreaks, population displacement and seasonal flooding. UNICEF supported the revision of the National WASH Emergency Preparedness and Response Plan (EPRP) and enhanced sector readiness at national and subnational levels, enabling timelier, coordinated and child-centred responses to emerging humanitarian needs. The updated WASH EPRP provides a framework for clarifying roles, responsibilities and response actions to mitigate public health risks associated with hazards such as flooding through coordinated infection prevention and control measures, hygiene promotion, and the protection of water supply systems.

Working closely with the Inter-Agency Working Group on Emergencies (IAWGE), UNICEF contributed to the finalization of the 2026 National Disaster Management Organization (NADMO) workplan. Priority actions included the review of national standard operating procedures, assessments of existing safe havens and identification of additional sites, flood risk assessments, and disaster simulation exercises in selected high-risk communities. Preparedness efforts also strengthened readiness for emergency WASH responses in flood-prone areas through improved coordination mechanisms and the integration of WASH considerations into broader preparedness planning.

UNICEF further advanced disability-inclusive disaster risk management. With funding from the Foreign, Commonwealth and Development Office (FCDO), and in partnership with NADMO and the National Council on Persons with Disability, UNICEF supported the sensitization of key stakeholders in six of Ghana's twelve regions on the National Disability-Inclusive Disaster Risk Management Guidelines, promoting more inclusive preparedness and response approaches.

Despite these achievements, significant funding constraints limited the implementation and scale-up of planned activities. UNICEF continues to engage with government counterparts and partners to prioritize critical preparedness actions and explore resource mobilization opportunities to strengthen national and subnational readiness for future emergencies.

With funding from the European Union, UNICEF continued to provide essential healthcare services to refugees in the Tarikom and Zini communities and host communities in the Bawku West and Sissala West districts, as well as internally displaced persons in the Sawla-Tuna-Kalba District affected by tribal conflict. During the reporting period, 47,735 women and children accessed primary health care services in the supported health facilities, representing 49% of the annual target. A total of 7,552 children aged 0–11 months received the third dose of the pentavalent vaccine (33% of target), while 6,672 live births were delivered in supported facilities, achieving 57% of the annual target.

To strengthen service delivery, UNICEF procured and delivered essential medical equipment including delivery beds, delivery trays, thermometers, pulse oximeters, dressing sets, patient screens, and blood pressure apparatus to the Upper East and Upper West Regions for onward distribution to Zini and Tarikom CHPS compounds. Three motorbikes were provided to the Zini and Tarikom CHPS compounds to improve outreach and service delivery, while 40 community health volunteers received bicycles, Wellington boots, torchlights, and vests to support their work and enhance their visibility within communities.

UNICEF continued to support coordination, risk communication and behaviour change communication interventions and vaccination for public health emergencies including MPox, working closely with the GHS, WHO and other partners. Vaccination coverage for Mpox in the three targeted hotspot regions was above 90% as of February 2026. UNICEF will seek to mobilize the required resources to support the country's prioritized actions for 2026, including the development of a fractional-doses vaccination strategy, cold chain expansion in the Western North region, and the development of tailored SBC materials for mining communities and key populations.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian access remained largely stable during the reporting period. However, localized insecurity linked to intercommunal tensions in Bawku West and Sawla-Tuna-Kalba districts continued to affect movement, community outreach and service delivery in some locations. In late June, heavy rainfall and widespread flooding across parts of the Greater Accra, Central and Volta regions further disrupted access to affected communities and required the rapid deployment of assessment teams to identify priority humanitarian needs and inform response actions. UNICEF and its partners leveraged existing government and community structures and strengthened inter-agency coordination mechanisms to maintain service delivery and support timely, effective responses in affected areas.

UNICEF continued to advance localisation as a core pillar of its humanitarian response by working closely with national and local actors, including government institutions, civil society organizations, community-based organizations and traditional structures. Throughout the reporting period, UNICEF supported local partners in programme implementation, coordination and community engagement, while investing in capacity strengthening to enhance the quality, accountability and sustainability of humanitarian interventions. These efforts contributed to strengthening local ownership, improving the contextual relevance of responses, and expanding the reach of essential services, particularly in areas where local actors were best positioned to access and support affected populations.

A key feature of UNICEF's localisation approach was the engagement of traditional, religious and community leaders in refugee-hosting communities. In Zini, Tarikom and surrounding areas, leaders previously trained on protection from sexual exploitation and abuse (PSEA), child protection in emergencies (CPiE), and mental health and psychosocial support (MHPSS) led community dialogues and awareness-raising activities targeting refugees and host communities, with a particular focus on women and children. These locally led initiatives strengthened community ownership, promoted social cohesion and safer community norms, and enhanced accountability to affected populations by bringing information, referral pathways and protection services closer to those most in need.

UNICEF also worked to strengthen equitable partnerships by ensuring that local knowledge, perspectives and capacities informed planning, implementation and monitoring processes. During the reporting period, UNICEF further expanded its collaboration with the University for Development Studies (UDS) under a Memorandum of Understanding signed in December 2025. Through this partnership, UNICEF provided

technical guidance to UDS students undertaking field-based practical training in refugee-hosting communities, including 10 communities in the Sissala West District. Over an eight-week period, students engaged directly with community members, generating valuable insights into community perceptions, needs, barriers and service experiences.

The partnership contributed to building local capacity in data collection, analysis and community engagement while generating evidence to inform more adaptive and people-centred programming. By leveraging local academic expertise, UNICEF strengthened community-level monitoring, enhanced the use of locally generated evidence in decision-making, and reinforced collaboration between humanitarian, development and academic actors. These efforts demonstrate how investing in local institutions and capacities can contribute to more sustainable, accountable and context-responsive humanitarian action.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF continued to support the delivery of essential health services to refugees in the Tarikom and Zini settlements and surrounding host communities in Bawku West and Sissala West districts, as well as internally displaced populations affected by intercommunal conflict in the Sawla-Tuna-Kalba District. During the reporting period, 47,735 women and children accessed primary health-care services through supported health facilities, representing 49 per cent of the annual target. In addition, 7,552 children aged 0–11 months received the third dose of the pentavalent vaccine, achieving 33 per cent of the annual target, while 6,672 live births were attended by skilled health personnel in supported facilities, reaching 57 per cent of the target.

To strengthen the quality and accessibility of health services, UNICEF procured and delivered essential medical equipment to health facilities in the Upper East and Upper West regions for onward distribution to the Zini and Tarikom Community-based Health Planning and Services (CHPS) compounds. The equipment included delivery beds, delivery trays, thermometers, pulse oximeters, dressing sets, patient screens and blood pressure monitors. To improve outreach and last-mile service delivery, three motorbikes were provided to the Zini and Tarikom CHPS compounds. In addition, 40 community health volunteers received bicycles, Wellington boots, torchlights and visibility vests, enhancing their ability to reach vulnerable populations and support community-based health interventions.

UNICEF also continued to support coordination, risk communication and community engagement (RCCE), social and behaviour change (SBC) interventions, and vaccination efforts in response to public health emergencies, including mpox, in close collaboration with the Ghana Health Service (GHS), WHO and other partners. As of February 2026, mpox vaccination coverage exceeded 90 per cent across the three targeted hotspot regions. Building on these achievements, UNICEF will continue to advocate for and mobilize resources to support priority actions identified by the Government for 2026, including the development of a fractional-dose vaccination strategy, expansion of cold-chain capacity in the Western North Region, and the production of tailored SBC materials for mining communities and other high-risk population groups.

NUTRITION

UNICEF continued to support the prevention, early detection, and treatment of acute malnutrition among women and children asylum seekers, internally displaced persons, and host communities in the Bawku West, Sissala East, Sissala West, and Sawla-Tuna-Kalba districts. A total of 19,091 children aged 6–59 months were screened for wasting through Child Welfare Clinics, home visits, and other community-based platforms, with 225 children with severe wasting admitted for treatment. Also, 5,142 caregivers of children aged 0–23 months received Infant and Young Child Feeding (IYCF) counselling, representing 13 per cent of the annual target. Preventive iron supplementation was provided to 5,813 pregnant women, while 5,813 children aged 6–23 months received micronutrient powder for optimal growth and development. Furthermore, 31,002 children aged 6–59 months, representing 59 per cent of the annual target, received life-saving Vitamin A supplementation.

CHILD PROTECTION

UNICEF strengthened child protection emergency preparedness and response through government-led systems and frontline service delivery. During the reporting period, the National Child Protection in Emergencies (CPiE) Contingency Plan, together with regional contingency plans for all 16 regions, was developed and validated through the Child Protection in Emergencies Working Groups, bringing together government institutions, United Nations agencies, civil society and faith-based organizations. These plans enhance coordinated preparedness and response capacities for floods, droughts, wildfires, cross-border population movements, internal conflict, and public health emergencies, while systematically integrating mental health and psychosocial support (MHPSS), gender-based violence in emergencies (GBViE), and protection from sexual exploitation and abuse (PSEA).

Through the European Union-funded UNITE project, UNICEF supported the delivery of integrated social services and the dissemination of victim support information packages in two districts. A total of 94 individuals (27 women, 30 girls, 8 men and 29 boys) accessed case management and referral services, while 5,961 people (1,772 women, 1,775 girls, 1,038 men and 1,376 boys) were reached with CPiE, GBViE and PSEA awareness and prevention messages through the rollout of Child Protection Toolkits.

UNICEF also continued to monitor districts affected by localized conflict in Sawla-Tuna-Kalba and by seasonal flooding, while strengthening local preparedness, coordination mechanisms and response capacities. These efforts aimed to ensure timely, coordinated and child-centred protection interventions for vulnerable children and families affected by humanitarian shocks.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

UNICEF continued to strengthen the prevention of and response to sexual exploitation and abuse (PSEA) across humanitarian and development contexts in line with organizational commitments and inter-agency standards. During the reporting period, UNICEF supported

government and implementing partners to strengthen PSEA preparedness through dissemination of the national Standard Operating Procedures and awareness-raising activities. PSEA was integrated into the curriculum development process for Ghana Police Service training schools to equip police instructors to deliver sustained training on the prevention, identification and response to sexual exploitation and abuse among future recruits.

EDUCATION

UNICEF, in partnership with the Ministry of Education and the UNESCO International Institute for Educational Planning (UNESCO-IIEP), continued to strengthen crisis-sensitive education planning in Ghana. Through a national technical working group, 80 district planning and statistics officers from 10 emergency-prone regions were trained and subsequently supported the capacity building of 545 teachers, including 289 women. These efforts are contributing to sustained learning opportunities for more than 65,000 learners, while over 19,000 children continue to benefit from UNICEF-supported emergency education supplies.

To support learning continuity for refugee and vulnerable children in the Tarikom and Zini settlements and surrounding host communities, UNICEF partnered with the Ministry of Education, the Complementary Education Agency (CEA), the Ghana Education Service (GES), UNHCR, local authorities and community stakeholders to conduct a three-day Quick Scan Assessment of out-of-school children. The assessment profiled 3,164 refugees and identified approximately 1,485 out-of-school children and youth in neighbouring host communities, confirming a strong demand for age-appropriate Complementary Basic Education (CBE) programmes.

Findings highlighted several barriers to learning, including limited school infrastructure, inadequate teaching and learning materials, insufficient learning spaces, and language challenges among learners and facilitators. In response, UNICEF and partners strengthened coordination with district authorities and community representatives, mapping 85 community learning spaces and identifying more than 10 local facilitators across Tarikom and Zini. These arrangements enabled the launch of CBE classes for over 400 out-of-school children aged 8–16 years, beginning in July 2026 and continuing over a nine-month learning cycle.

Complementing these efforts, the Ghana Education Service, through its Early Childhood Education Unit, continued to promote the enrolment of children aged 2 to 7 years into the formal education system. To enhance sustainability and local ownership, the CEA Regional and District Directorates engaged key stakeholders, including District Assemblies, the Department of Social Welfare and Community Development, and the Ghana Education Service, through review meetings, community mobilisation activities, and the training and orientation of facilitators. This collaborative approach strengthened community engagement, institutional ownership, and support for the effective delivery of education programmes in refugee-hosting and displacement-affected communities.

WASH

During the reporting period, UNICEF continued to work with partners and stakeholders to respond to WASH needs in host communities. UNICEF and the Rural Water Development Programme (RWDP) improved WASH services at Widnaba CHPS in Bawku West District and Tiwii CHPS in Sissala West District, enhancing healthcare and WASH access for 4,450 persons. UNICEF also expanded climate-resilient, integrated water services in Widnaba and Tiwii communities, reaching 4,173 people. To promote hygiene, prevent disease outbreaks, and improve learning environments, WASH facilities were provided in three schools in Widnaba, Tiwii, and Zini communities, reaching 1,778 children. These interventions strengthened community resilience, improved access to safe WASH services, and reduced public health risks. Improved school WASH facilities created safer, healthier, and more inclusive learning environments, enhancing student attendance, well-being, and dignity, particularly for girls through improved privacy and support for menstrual hygiene management.

Additionally, heavy rains on 29 June 2026 caused extensive flooding in Greater Accra, Central, and Volta Regions, prompting rapid multisectoral needs assessments, including WASH. UNICEF demonstrated leadership in the flood response by convening WASH sector partners to develop a coordinated 30-day emergency response plan addressing the impacts of the flooding. In addition, UNICEF provided technical support to the Environmental Health and Sanitation Directorate (EHSD), leading to issuance of a public advisory to water service providers, emphasizing the maintenance of adequate residual chlorine levels to ensure safe water quality and prevent waterborne disease outbreaks in affected communities.

SOCIAL AND BEHAVIOUR CHANGE (SBC), YOUTH ENGAGEMENT AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF strengthened Social and Behaviour Change (SBC), Youth Engagement, and Accountability to Affected Populations (AAP) in emergencies by enhancing systems for community engagement, feedback collection and evidence-informed programming. In partnership with FACTSPACE West Africa, UNICEF supported the development of a Community Feedback Mechanism (CFM) to systematically capture perceptions, complaints, information needs and service experiences among refugees and host communities in Zini and Tarikom. Beyond strengthening accountability and trust, the mechanism is designed to generate actionable insights to inform programme adaptation, including improved targeting of vulnerable populations, refinement of communication and community engagement strategies, strengthening of referral pathways, and enhancements in WASH, health, nutrition, child protection, social protection and education service delivery. During the reporting period, feedback collectors were trained, and CFM promotion materials were developed and pre-tested for dissemination through community radio stations and community-level engagement platforms. Data collection is scheduled to commence in August 2026.

Rapid assessments conducted following the June floods highlighted the need to further strengthen government capacity on AAP to support more people-centred emergency responses. In this context, UNICEF continued to support the National Disaster Management Organization (NADMO) in strengthening its complaints and feedback mechanisms to ensure affected populations can safely access information, raise concerns and influence response actions.

UNICEF also contributed to strengthening national Risk Communication and Community Engagement (RCCE) systems through its support to the RCCE Coordination and Misinformation Management Task Force. These efforts enhanced coordination of communication activities during public health emergencies, including the mpox outbreak response and Ebola preparedness, and supported the development of the

National Ebola RCCE Strategy.

To expand the reach and credibility of emergency communication efforts, UNICEF continued to engage traditional and religious leaders as trusted community influencers. Through established faith-based networks, key risk communication messages were disseminated widely to support informed decision-making and community engagement during emergencies. UNICEF also leveraged AGOO, its digital youth engagement platform, to ensure young people had access to timely and lifesaving information during public health emergencies. During the reporting period, 1,131 adolescents and young people (575 females and 556 males) accessed mpox-related information through the platform.

These investments are contributing to stronger community engagement, greater accountability, and more responsive humanitarian programming by ensuring that the voices, concerns and priorities of affected populations inform preparedness and response efforts.

SOCIAL PROTECTION

UNICEF continued to strengthen shock-responsive social protection systems as a key component of humanitarian preparedness and response, recognizing the critical role of predictable assistance in helping vulnerable households cope with crises. During the reporting period, UNICEF worked closely with government counterparts and development partners to strengthen the integration of social protection into emergency response mechanisms and explore opportunities to expand adaptive social assistance programmes. This included assessing the feasibility of cash-based interventions and other scalable support mechanisms to help crisis-affected families meet their essential needs, protect their well-being, and reduce reliance on negative coping strategies. These efforts contributed to advancing more resilient and responsive social protection systems capable of addressing the needs of children and families affected by shocks and humanitarian emergencies.

FUNDING OVERVIEW

Severe funding constraints continued to undermine preparedness, coordination and emergency response efforts during the reporting period. Humanitarian activities were largely financed through carry-over resources from the European Union-funded UNITE project, supplemented by regular resources to address critical education and child protection needs in refugee-hosting communities in the Upper West Region. Funding gaps remain acute, exceeding 85 per cent across seven of the nine sectors included in the 2026 Humanitarian Action for Children (HAC), significantly limiting the scale and effectiveness of interventions.

The most critical gaps persist in the WASH sector, where needs have increased substantially following the June floods. Limited resources have constrained emergency WASH response capacity, preparedness activities in high-risk areas, and investments in climate-resilient water infrastructure and institutional WASH services. As a result, opportunities to strengthen resilience and build back better following humanitarian shocks remain largely unrealized.

Funding shortages have also affected the implementation of key national preparedness priorities led by the National Disaster Management Organization (NADMO) and the Inter-Agency Working Group on Emergencies (IAWGE), including the revision of standard operating procedures, flood risk assessments, simulation exercises, and the identification and assessment of safe havens. While coordination structures remain functional, limited resources have restricted the operationalization of preparedness measures and local response capacities ahead of peak flood periods.

Overall, funding gaps risk leaving Ghana's humanitarian architecture active but under-resourced: coordination mechanisms are in place, assessments are conducted, and priorities are identified, yet implementation falls short of the scale required to address growing humanitarian needs. Additional flexible and earmarked funding is urgently needed to strengthen preparedness and response capacities, preposition emergency supplies, support safe haven assessments and upgrades, expand climate-resilient WASH services, and ensure that schools, health facilities and other essential services in high-risk areas remain safe, functional and responsive to the needs of children and families.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Amina’s New Beginning: From Fear to Hope in Ghana

When the gunfire began creeping closer to Laroho in Burkina Faso, Amina knew she could no longer wait. A mother of six, she gathered her children — the oldest just 16, the youngest barely 15 months — and joined other families fleeing the uncertainty of the escalating attacks. Though the violence had not yet reached her community, it was near enough to force her to make the difficult decision of leaving everything familiar behind before it was too late.

Their journey by road into Ghana’s Upper West Region was long, frightening .... read more https://www.unicef.org/ghana/stories/aminas-new-beginning-fear-hope-ghana

GUINEA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

Guinea continues to face recurrent humanitarian challenges driven by climate-related shocks, public health risks and chronic vulnerabilities. The severe flooding experienced in 2025 affected more than 35,000 people and resulted in 59 deaths, highlighting the country's continued

exposure to seasonal floods and the need to strengthen preparedness, anticipatory action and early response capacities. Recurrent flooding damages infrastructure, disrupts access to essential services, contaminates water sources and increases the risk of diarrhoeal and other waterborne diseases. These impacts disproportionately affect children and vulnerable households, exacerbating existing health and nutrition challenges in underserved communities.

At the same time, Guinea remains vulnerable to epidemic-prone diseases, particularly polio, due to the continued circulation of poliovirus in neighbouring countries and the associated risk of cross-border transmission. In response, the Government, with support from UNICEF, WHO and partners, has intensified immunisation activities, community mobilisation efforts and disease surveillance in high-risk areas. However, significant gaps remain in epidemiological surveillance, risk communication, community engagement and the capacity of community health systems to detect and respond to public health threats in a timely manner.

Acute malnutrition remains a major concern, driven by household vulnerability, recurrent climate shocks, food insecurity and limited access to basic social services. In response to these interconnected risks, UNICEF is prioritising an integrated approach that combines immunisation, nutrition, WASH, community engagement and disaster preparedness interventions. Strengthening the integration of nutrition and WASH services is essential to preventing malnutrition, reducing the burden of waterborne and communicable diseases, and improving child survival outcomes. This multisectoral strategy aims to strengthen community resilience while ensuring the continuity of essential services for vulnerable children and families in flood-prone and high-risk areas.

PREPAREDNESS & ANTICIPATORY ACTION

UNICEF supported national flood preparedness efforts by assisting in the development of the Flood Risk Reduction Plan (FRRP) for the municipality of Koyah through a participatory process involving local authorities, community leaders, schools and vulnerable households. The plan strengthened local capacities to anticipate, prepare for and respond to flood-related risks while promoting community ownership of preparedness measures.

To enhance rapid response capacity, UNICEF procured, and pre-positioned emergency supplies sufficient to meet the needs of approximately 7,500 people, including 4,125 children, in the event of flooding. Preparedness measures included the identification and protection of safe water sources, the readiness of sanitation facilities, the pre-positioning of hygiene supplies, and the strengthening of community-based response mechanisms. Particular emphasis was placed on ensuring access to safe drinking water, strengthening water quality monitoring, and improving WASH preparedness in schools, health facilities and potential evacuation sites. These actions have strengthened the preparedness of local authorities and communities, enabling a more timely and effective response to flood-related emergencies and helping to safeguard the continuity of essential services for affected populations.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian access in Guinea remains generally stable, although service delivery can be constrained by the isolation of some communities, limited road infrastructure and seasonal disruptions caused by heavy rainfall. Population mobility in certain mining and rural areas also presents challenges for the continuity of health services, disease surveillance and community monitoring. To mitigate these constraints, UNICEF and its partners have strengthened community-based delivery mechanisms, ensuring that essential health, nutrition, surveillance and risk communication activities continue to reach vulnerable populations, including in hard-to-reach areas.

A strong localisation approach underpins these efforts. UNICEF works closely with administrative authorities, local governments, community-based organizations, religious leaders, teachers, community health workers and local partner organisations to strengthen preparedness and response capacities at the local level. Community health workers and volunteers play a key role in awareness-raising, early warning dissemination, disease surveillance, preparedness activities and the identification of vulnerable households. Local authorities have also taken ownership of the Flood Risk Reduction Plan, leading coordination and preparedness efforts within their communities. Through participatory risk analyses, communities identified flood-prone areas and priority mitigation measures, informing targeted preparedness and response interventions. This locally led approach has strengthened community ownership, improved acceptance of interventions and enabled more context-specific and sustainable humanitarian action.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

As part of the polio response, two phases of the immunization campaign were implemented in high-risk areas. During the first phase, 1,822,238 children aged 0 to 59 months were vaccinated, exceeding the initial target of 1,598,086 children. The second phase resulted in the vaccination of 2,113,762 children, reflecting a significant improvement in vaccination coverage. Community mobilization activities supported this response.

NUTRITION

The Ministry of Health, with support from UNICEF and partners, continued to strengthen nutrition services through routine programmes and integrated child health campaigns. During the June 2026 integrated campaign, 4,300,894 children received vitamin A supplementation, contributing to the prevention of micronutrient deficiencies and improved child health outcomes. In addition, 3,438,703 children were screened for wasting, leading to the identification and referral of 17,145 children with severe wasting for life-saving treatment.

Despite these significant results, nutrition needs remain high in vulnerable communities affected by food insecurity, recurrent climate shocks and limited access to health services. The integration of nutrition services into public health campaigns has proven to be an effective strategy

for expanding coverage, strengthening early detection of malnutrition and ensuring timely referral and treatment of children at risk. Continued investment in integrated health and nutrition interventions remains critical to addressing persistent vulnerabilities and improving child survival and well-being.

CHILD PROTECTION

No specific information was reported during this period. However, multisectoral interventions carried out in affected communities helped reduce the risks to which children are exposed during emergencies, particularly by maintaining access to essential services, strengthening community resilience, and mitigating the consequences of natural disasters.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

Community accountability mechanisms and awareness-raising activities carried out as part of community campaigns have incorporated messages on preventing sexual exploitation and abuse. UNICEF has continued to promote safe, survivor-centred approaches through its implementing partners

EDUCATION

As part of the development of the Koyah Flood Risk Reduction Plan, 1,000 primary and secondary school students actively participated in awareness-raising, risk mapping and flood preparedness activities. Through school-based sessions, children and adolescents helped identify local flood risks, disseminate key prevention messages and promote risk-informed behaviours among their peers, families and communities. This participatory approach strengthened children's knowledge and capacities in disaster risk reduction and climate adaptation while recognizing their role as agents of change within their communities.

The initiative also contributed to strengthening school and community preparedness by promoting safer learning environments and supporting education continuity in flood-prone areas. Beyond schools, the interventions enhanced community resilience through improved flood preparedness, increased access to safe drinking water, reduced public health risks and strengthened local capacities to anticipate and respond to recurrent climate shocks.

WASH

UNICEF supported the development of the Flood Risk Reduction Plan (FRRP) for the municipality of Koyah through a participatory process involving 350 prefectural and municipal authorities, 475 local officials and community leaders, 1,000 students, and 675 community members from vulnerable households. The planning process strengthened local preparedness and placed particular emphasis on protecting critical infrastructure and essential services, including schools and health facilities, to help ensure the continuity of water, sanitation and hygiene (WASH) services during flood-related emergencies.

In Siguiri, UNICEF supported an integrated community campaign combining flood risk awareness, environmental protection and vaccination promotion, reaching approximately 9,100 people from 1,300 households, including 5,460 women and 1,092 children. These activities helped strengthen community preparedness, promote preventive behaviours and reduce the risk of waterborne diseases and other climate-related health threats.

To enhance emergency readiness, UNICEF pre-positioned emergency supplies sufficient to support 7,500 people, including 4,125 children, in the event of a disaster. Contingency planning incorporated key WASH preparedness measures, including arrangements for emergency water supply, water quality monitoring and chlorination, hygiene promotion, and emergency sanitation in flood-prone communities. In addition, three improved water points were constructed in the Nzérékoré region, providing 6,030 people with access to safe drinking water. These investments support climate-resilient service delivery, strengthen water security and increase community resilience to recurrent flooding and other climate-related shocks.

Despite these achievements, significant challenges remain. Sanitation coverage continues to be inadequate in many vulnerable and flood-prone communities, where infrastructure is often insufficient or highly vulnerable to damage during emergencies. The high cost of resilient infrastructure, limited availability of climate-adapted sanitation solutions and growing needs linked to climate change continue to constrain efforts to expand access to sustainable WASH services.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Polio vaccination campaigns were accompanied by intensive face-to-face communication and social mobilization activities in all regions. More than 7 million cumulative community contacts were made during the two phases through home visits and the engagement of community health workers.

The integration of messages on health, the environment, flood prevention, and vaccination helped build public trust and sustain demand for essential services.

SOCIAL PROTECTION

While no dedicated social protection interventions were reported under this programme during the reporting period, UNICEF-supported preparedness and resilience-building activities helped strengthen the coping capacities of vulnerable households exposed to flooding and other climate-related risks, thereby contributing to reduced vulnerability and improved community resilience

FUNDING OVERVIEW

Funding remains a major challenge for the humanitarian response in Guinea. Growing climate, health and nutrition risks require additional resources to strengthen preparedness, resilience and the continuity of essential services. Current funding gaps limit the implementation of Flood Risk Reduction Plans, community preparedness activities and emergency WASH interventions, reducing the ability of vulnerable communities to anticipate and respond to floods and other shocks.

Insufficient funding also constrains investments in climate-resilient water and sanitation infrastructure, as well as preparedness measures in schools and health facilities. Additional resources are urgently needed to strengthen emergency preparedness, sustain immunization efforts, prevent and treat acute malnutrition, expand access to safe drinking water, and ensure that vulnerable children and families continue to receive essential services in high-risk areas.

LIBERIA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2026, Liberia faced multiple overlapping humanitarian and public health challenges that threatened gains in child health, nutrition, education, and protection. Concurrent outbreaks of measles, mpox, yellow fever, and Lassa fever occurred against a backdrop of persistent health system weaknesses, socioeconomic pressures, and a global funding crisis. Heavy seasonal rains and localized flooding further compounded vulnerabilities, causing displacement, damaging infrastructure, disrupting access to services, contaminating water sources, and increasing the risk of waterborne diseases, particularly among children in vulnerable urban and rural communities.

Between January and June, Liberia recorded 5,071 confirmed measles cases and 21 deaths, 168 confirmed mpox cases and one death, and 241 confirmed Lassa fever cases with 10 deaths. The response was constrained by shortages of essential medicines, vaccines, diagnostics, and operational resources, as well as limited access to remote communities, insufficient human resources, misinformation, and vaccine hesitancy. These factors, combined with the effects of flooding, heightened the risk of disease transmission and further strained already fragile health and community systems.

The combined effects of recurrent disease outbreaks, flooding, poverty, and chronic weaknesses in public services also affected education and child protection outcomes. School attendance remained hindered by the cost of schooling, flood-related disruptions, and protection risks, including gender-based violence and sexual exploitation, increasing the likelihood of vulnerable children dropping out of school.

In response, UNICEF supported an integrated, child-centred and multisectoral response aligned with national preparedness and response plans. Priorities included outbreak response and preparedness, risk communication and community engagement, routine immunization, nutrition, WASH, child protection, education, and health system strengthening. Particular emphasis was placed on community-based disease prevention, addressing misinformation, strengthening resilience to climate-related shocks, and ensuring that community feedback informed programme adaptation and decision-making.

The reporting period also marked an important shift towards decentralized and localized programming following the launch of the United Nations Cooperation Framework 2026-2030 and UNICEF's county-level planning process. Aligned with the Government's ARREST Agenda for Inclusive Development, this approach seeks to bring resources and decision-making closer to vulnerable communities. UNICEF's support was concentrated in five convergence counties (Grand Bassa, Gbarpolu, Montserrado, Grand Gedeh, and River Cess), combining emergency response with longer-term efforts to strengthen resilient systems capable of withstanding public health and climate-related shocks.

PREPAREDNESS & ANTICIPATORY ACTION

UNICEF strengthened preparedness for disease outbreaks and seasonal flooding by reinforcing Social Behavioural Change (SBC) and Risk Communication and Community Engagement (RCCE) coordination mechanisms at national and county levels, ensuring alignment among partners on preparedness and response priorities. Preparedness efforts included the development of a national WASH contingency plan, flood risk mapping, health facility assessments, and the prepositioning of critical supplies to enable rapid response. As WASH remains central to outbreak preparedness in Liberia, interventions also supported infection prevention and control, community hygiene promotion, and the continuity of essential health services.

Early warning data, community feedback, and social listening were systematically analysed to identify emerging risks, rumours, misinformation, and public concerns. These insights informed the adaptation of communication strategies, community engagement approaches, and vaccine uptake efforts, while highlighting the importance of engaging trusted local influencers, including traditional and religious leaders, women and youth leaders, and other community gatekeepers. Together, these measures strengthened government and partner readiness, enhanced community trust, and improved the ability to rapidly activate child-focused responses to public health emergencies and climate-related shocks.

To safeguard learning continuity, UNICEF supported the Government's Back-to-My-Classroom (BTMC) campaign, which aims to return 250,000 children to school by 2029. Beyond enrolment and retention, the campaign links children and families to essential services, including healthcare, immunization, birth registration, child protection, and social welfare support. UNICEF also expanded school WASH interventions and promoted shock-responsive learning through digital education platforms, educational radio programming, and the Learning Passport, helping strengthen the resilience of Liberia's education system to recurrent crises.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian access during the reporting period was affected by poor road infrastructure, heavy seasonal rains, and localized flooding, which restricted access to several remote communities. Flooded roads, damaged bridges, and obstructed waterways delayed the delivery of essential supplies, limited supervision missions, and disrupted outreach services. Global funding constraints further affected the availability of critical commodities and operational resources.

To mitigate these challenges, UNICEF worked with government counterparts and implementing partners to pre-position supplies, deploy mobile outreach teams, strengthen community-based service delivery through community health workers and volunteers, and enhance coordination at county level. These measures helped sustain essential health, nutrition, WASH, child protection, and RCCE services, ensuring continued support to vulnerable children and communities despite operational constraints.

UNICEF advanced localisation by strengthening the leadership and capacities of national and county institutions, community structures, and local civil society organizations to lead preparedness and response efforts. Through partnerships with county health teams, community health workers, traditional and religious leaders, youth and women's groups, and local media, UNICEF supported the design and implementation of locally driven SBC and RCCE interventions tailored to community needs.

This approach strengthened community trust, improved the relevance and acceptance of humanitarian interventions, and enhanced the sustainability of preparedness and response efforts by embedding coordination, community engagement, and response capacities within existing government and community systems.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

Health sector activities focused on laying the foundation for the digital transformation of health service delivery. During the reporting period, technical specifications for Electronic Medical Record (EMR) systems were finalized in collaboration with the Ministry of Health (MoH), a nationwide readiness assessment covering 21 public hospitals across all 15 counties was completed, and a phased implementation roadmap was developed. Consultations were also conducted to ensure alignment with national health information systems, while procurement processes for EMR infrastructure and solar power solutions were initiated. These efforts are expected to strengthen real-time health information management, improve data quality, support continuity of services in low-resource settings, and enhance evidence-based decision-making in the health sector. The digital health platform will also strengthen risk communication and community engagement (RCCE) by enabling timely reporting of priority diseases, facilitating feedback from communities through frontline health workers, and supporting targeted outreach and demand generation for essential health services, including immunization and maternal and child health services.

NUTRITION

A total of 5,629 children received treatment for severe acute malnutrition (SAM) during the reporting period. Of the 4,023 children discharged, 2,434 were cured (60.5 per cent), 1,498 defaulted (37.2 per cent), 76 were non-responders (2.0 per cent), and 15 died (0.3 per cent).

Programme performance remained below Sphere standards, with a cure rate of 60.5 per cent, compared with the recommended minimum of 75 per cent, and a defaulter rate of 37.2 per cent, significantly exceeding the acceptable threshold of less than 15 per cent. The poor performance of these key indicators was largely attributed to prolonged stock-outs of nutrition commodities, which disrupted service delivery, compromised treatment continuity, and adversely affected treatment outcomes.

As part of integrated nutrition service delivery, 265,109 children were screened for malnutrition, while 309,384 caregivers received counselling and key messages on Infant and Young Child Feeding (IYCF) practices. Nutrition messaging, caregiver counselling, community-based screening, and referral mechanisms were integrated into social and behaviour change and risk communication platforms to promote early identification of malnutrition, improve treatment uptake, and strengthen childcare and feeding practices.

CHILD PROTECTION

To strengthen protection outcomes within humanitarian preparedness and response, UNICEF initiated the recruitment of a consultant, funded through two emergency grants, to support the integration of gender-based violence (GBV) and protection risk mitigation measures into WASH policies, strategies, and operational frameworks, including those used in humanitarian settings. This initiative seeks to ensure that WASH interventions are more child- and survivor-sensitive, promoting safer access to services and reducing protection risks, particularly for children, women, and adolescent girls. The work is especially relevant in Liberia, where recurrent flooding and climate-related shocks increase vulnerabilities and protection concerns.

Following recent flooding in Montserrado and Grand Cape Mount counties, 9,186 children (4,466 girls and 4,720 boys) from 4,838 affected households were identified and referred by the Liberia National Red Cross Society (LNRCS) and the National Disaster Management Agency (NDMA) to the Ministry of Gender, Children and Social Protection (MoGCSP) for protection support. MoGCSP social workers have been deployed to the affected communities and are conducting follow-up visits and individual assessments to identify immediate protection and psychosocial needs. Based on these assessments, affected children and families are being linked to appropriate case management, referral pathways, and support services.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

UNICEF continued to strengthen the prevention of and response to sexual exploitation and abuse (SEA). During the reporting period, PSEA assessments were conducted for three civil society partners, followed by the development of corrective action plans to address identified compliance gaps.

To ensure continuity of leadership and coordination, a new PSEA focal point was appointed following the departure of the previous incumbent. UNICEF also initiated a review of its internal PSEA Cell and coordination mechanisms to address capacity gaps resulting from staff departures under the UNICEF restructuration.

As Chair of the UN PSEA Network in Liberia, UNICEF is leading efforts to strengthen collaboration with the National Gender-Based Violence Taskforce to improve prevention, reporting, and survivor support mechanisms. Under UNICEF's leadership, the UN Country Team is also exploring the establishment of dedicated PSEA coordination capacity within the Resident Coordinator's Office and planning a One UN staff townhall to reinforce awareness of SEA standards, reporting procedures, and accountability measures.

Key next steps include finalizing the 2026 PSEA Action Plan, updating PSEA Cell membership, providing staff refresher training, disseminating key PSEA messages, and continuing discussions on a potential shared PSEA capacity arrangement with UNICEF Guinea.

EDUCATION

More than two decades after the civil war, Liberia continues its recovery, with UNICEF actively supporting the government's Back-to-My-Classroom Campaign. The initiative aims to address severe learning loss by mobilizing 250,000 out-of-school children to return to the education system. To date, UNICEF supported expanded access to education and strengthened retention for 87,600 children and adolescents through successful enrolment into the formal education system, including 1,400 vulnerable street-connected children. This was achieved by supporting 160 schools to meet the National School Quality Package standards. In addition, to tackle the diverse needs of these children, a multi-sectoral team, comprised of the Ministry of Education (MoE), the Ministry of Gender, Children and Social Protection (MoGCSP), and the Ministry of Health, has commenced targeted mobilization interventions across seven counties. These integrated field activities include conducting birth registrations, integrating street children back into formal schooling, and administering HPV vaccinations.

UNICEF strengthened the education sector's preparedness and resilience to emergencies and climate-related shocks by supporting the MoE in the development of a Disaster Risk Management Policy, aimed at enhancing the sector's capacity to anticipate, prepare for, and respond to emergencies while ensuring continuity of learning. In parallel, through World Bank's EXCEL Project, UNICEF's coordinating role advocated for and supported the construction of climate-resilient schools and the integration of disaster risk reduction and climate adaptation measures into school infrastructure, particularly in vulnerable and flood-prone communities.

To strengthen learning continuity and expand access to education, UNICEF supported the operationalization of the dedicated Education Radio Station, originally established during the COVID-19 pandemic through the Global Partnership for Education (GPE) financing. This support included the solarization of the MoE's base station and eight relay stations, enhancing the reliability, sustainability, and reach of educational broadcasting, particularly in remote and underserved communities. UNICEF further advanced the rollout of digital education platforms, including the development of an online and offline Learning Passport through the procurement of an institutional contract to develop the software, digitize 9,000 scripted lessons, and procure the necessary equipment for implementation. Together, these interventions are expanding access to digital learning resources and strengthening the education system's capacity to deliver equitable and quality learning opportunities in both regular and emergency contexts particularly for vulnerable and remote learners.

WASH

UNICEF strengthened emergency WASH preparedness in flood and outbreak prone areas through the development of a national WASH Disaster Contingency Plan and collaboration with the National Disaster Management Agency (NDMA) and the Liberia Institute of Statistics and Geo-Information Services (LISGIS) to develop flood-risk maps for Monrovia, supporting early warning and preparedness efforts. These interventions enhanced readiness for climate-related emergencies while strengthening infection prevention and control (IPC), safe hygiene practices, and the resilience of schools and health facilities serving vulnerable populations.

Risk assessments conducted in 60 health facilities identified critical IPC and WASH gaps, informing targeted improvements expected to benefit approximately 100,000 people. Based on these findings, two health facilities in flood-prone areas have been selected for upgrades to ensure continuity of safe water, sanitation, waste management, and IPC services during flood events. In addition, sanitation assessments in vulnerable urban settlements identified priority investments, including the construction of three climate-resilient community latrines and climate-resilient water and sanitation facilities in three flood-prone schools. These interventions will be complemented by school disaster risk reduction plans and preparedness training in 10 schools, contributing to safer and more resilient learning environments. Construction is expected to begin in the third quarter of 2026.

UNICEF is also finalizing the provision of emergency WASH supplies for 50 health facilities and 100 schools, alongside the establishment of community-based early warning systems and emergency WASH preparedness training in 10 high-risk communities. Information will be disseminated through community volunteers, local radio, mobile alerts, and community meetings, while community feedback mechanisms will help refine anticipatory action triggers, evacuation messaging, and the pre-positioning of supplies ahead of forecasted flood events. Given the heightened risk of water contamination during floods, preparedness activities will also promote water quality monitoring, household water treatment, and other measures to safeguard drinking water sources.

Hygiene promotion efforts included training more than 200 adolescent girls on menstrual hygiene management and the production of reusable sanitary pads, supporting healthier and more sustainable menstrual practices.

In the second half of 2026, UNICEF will expand climate-resilient WASH interventions through the construction of three community latrines and three water kiosks in flood-prone areas, the rehabilitation of two health facilities with integrated WASH infrastructure, and the installation

of climate-resilient WASH facilities in three schools. Together, these investments will strengthen the resilience of essential services, reduce flood-related risks, and enhance communities' capacity to withstand future climate shocks.

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE)

UNICEF's RCCE support remained central to Liberia's response to concurrent mpox, measles, and Lassa fever outbreaks, while also strengthening community preparedness for flooding and other climate-related shocks. Working closely with government authorities, county health teams, civil society organizations, community leaders, and local media, UNICEF implemented a child-centred, evidence-based RCCE strategy across its five convergence counties.

The response focused on building trust, addressing misinformation, promoting protective behaviours, and strengthening community participation in outbreak prevention and response. UNICEF engaged traditional and religious leaders, community health workers, youth networks, women's groups, and other trusted influencers to deliver culturally appropriate messages and encourage vaccination, infection prevention practices, early reporting of suspected cases, and timely care-seeking.

These efforts contributed to the successful vaccination of 14,068 contacts of confirmed mpox cases through mobile vaccination teams. By disseminating credible information through trusted community structures, UNICEF helped reduce rumours and vaccine hesitancy and strengthen acceptance of public health interventions.

Integrated RCCE activities reached more than 100,000 people, including 40,500 children, with life-saving information on mpox, measles, Lassa fever, and flood-related risks. More than 25,000 community members also participated in community dialogue sessions, providing valuable feedback that informed response strategies and service delivery.

To strengthen coordination and implementation, UNICEF deployed three national SBC consultants to support RCCE planning, monitoring, supervision, and partner coordination at national and county levels. UNICEF also supported the development and dissemination of context-specific messages in 16 local languages through radio, social media, community dialogues, interpersonal communication, and local information networks, helping ensure that risk information was accessible and inclusive.

SOCIAL PROTECTION

As highlighted under the Child Protection component, social workers are conducting needs assessments of the 4,838 households affected by flooding in Montserrado and Grand Cape Mount counties. Upon completion, affected families will be systematically referred to appropriate service providers to address both immediate and longer-term needs. This will include access to social protection assistance, such as cash transfers, alongside child protection and psychosocial support services for vulnerable children. Coordination mechanisms have already been established with key partners, including the Liberia National Red Cross Society (LNRCS) and the National Disaster Management Agency (NDMA), to ensure that social protection and child protection interventions are delivered in a complementary and integrated manner.

FUNDING OVERVIEW

UNICEF secured USD 5.3 million for emergency response through strategic partnerships with National Committees and the Government of Japan, fully funding the 2026 Humanitarian Action for Children (HAC) appeal and enabling the timely implementation of critical preparedness and multisectoral response activities. This funding has allowed UNICEF to maintain progress across all target sectors while strengthening readiness for disease outbreaks and climate-related shocks. Looking ahead, these resources will support the scale-up of priority interventions, including the treatment of child wasting, climate-resilient WASH infrastructure in flood-prone areas, and digital learning solutions to safeguard education continuity during emergencies.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

On 27 April, the 2026 Japan Supplementary Budget Projects were officially launched. The high-level event convened senior government officials, heads of UN agencies, development partners, and members of the diplomatic corps to inaugurate this new phase of collaboration focused on human capital development.

While field-level activities are gearing up to commence, the launch established the strategic framework for upcoming interventions. The initiative is closely aligned with Pillar 6 of Liberia’s ARREST Agenda for Inclusive Development, which coordinates multi-sectoral efforts across education, health, gender protection, and sanitation. Key speakers—including Minister of Education Dr. Jaso Jallah, UN Resident Coordinator Christine Umutoni, and Japanese Ambassador to Liberia H.E. Mr. Hiroshi Yoshimoto—emphasized a community-focused approach. Initial project phases will focus on establishing sustainable national systems, such as digital school monitoring and a specialized biomedical technician training programme.

Social Media Coverage :

- UNICEF Liberia Facebook
- UNICEF Liberia X
- UNICEF Liberia Representative LinkedIn post

MAURITANIA

SITUATION OVERVIEW & HUMANITARIAN NEEDS

The humanitarian situation in Mauritania continues to be driven by the combined effects of climate-related shocks, chronic food insecurity and the sustained influx of refugees fleeing insecurity in Mali. As the largest host of Malian refugees in West Africa, Mauritania was home to nearly 309,000 refugees and asylum seekers as of May 2026, including approximately 115,000 refugees in the M'bera camp and 14,402 new arrivals recorded in Hodh Chargui (HEC) between October 2025 and May 2026[14] . Children account for an estimated 68 per cent of the refugee population, while women represent around 20 per cent. Continued population movements, coupled with recurrent flooding, are placing increasing pressure on already overstretched water, sanitation, health, education and protection services in refugee-hosting and vulnerable communities.

Humanitarian needs remain particularly acute in Hodh Chargui, where Global Acute Malnutrition (GAM) and Severe Acute Malnutrition (SAM) rates stand at 14.31 per cent and 2.66 per cent respectively, both exceeding national averages. Nationally, an estimated 179,971 children aged 6–59 months and 71,000 pregnant and breastfeeding women are projected to suffer from acute malnutrition between November 2025 and October 2026. Climate-related shocks, reduced agricultural and pastoral production, the closure of the Malian border to Mauritanian herders, and rising food prices continue to erode household purchasing power and increase vulnerability among both refugee and host populations. While the Government has expanded social safety net programmes, current support remains insufficient to meet growing humanitarian needs.

Access to safe water, sanitation and hygiene remains a critical concern, particularly in flood-prone areas and refugee-hosting communities. Flooding, infrastructure damage, poor drainage and overcrowded living conditions increase the risk of water contamination and disease outbreaks, disproportionately affecting children and pregnant and breastfeeding women. In response, WASH interventions are increasingly integrated with nutrition and health programmes, including emergency operations in Hodh Chargui and resilience-focused initiatives supported through the Sahel Resilience programme. These integrated approaches combine access to safe water and sanitation services, hygiene promotion and essential WASH supplies with community-based nutrition and health services to strengthen public health outcomes and resilience.

Looking ahead, further refugee arrivals are expected as the security situation in Mali remains volatile. Sustaining humanitarian assistance while preserving social cohesion between refugees and host communities is becoming increasingly challenging in the context of limited resources and growing pressure on natural resources and basic services. Addressing these challenges will require strengthened coordination among national and international actors, enhanced cross-border collaboration, innovative operational approaches and sustained investment in resilience-building. Given the regional nature of displacement and climate-related risks, responses should be framed within the broader Sahel context rather than through a solely country-specific lens. Continued coordination with government and security authorities will remain essential to ensure humanitarian access and the continuity of assistance for vulnerable populations.

PREPAREDNESS & ANTICIPATORY ACTION

UNICEF has adopted a child-centred approach to disaster preparedness that strengthens Government leadership while drawing on global expertise in emergency preparedness and anticipatory action. Through joint training, simulations, and planning exercises in Mauritania's most disaster-prone regions, UNICEF and Government counterparts have identified critical gaps in preparedness, early warning, and response capacity.

Efforts are underway to address these gaps through targeted capacity strengthening, the prepositioning of essential supplies, and the enhancement of early warning and monitoring systems. Continued collaboration between UNICEF and the Government is expected to support more timely decision-making and enable faster, more effective responses when disasters occur.

The CERF-funded anticipatory action initiative in Guidimakha illustrates the progress achieved in strengthening emergency readiness and coordination. The establishment and formal institutionalization of the Specialized Working Group on Anticipatory Action through a Government decree has reinforced collaboration among the Directorate of Civil Protection and Humanitarian Action (DCAN), United Nations agencies, and other humanitarian actors. Led by UNHCR and co-led by the Government through DCAN, the mechanism actively engages local authorities, elected representatives, and affected communities.

A series of workshops and training sessions on anticipatory action planning, activation, and monitoring have further strengthened community-centred preparedness in Guidimakha. This coordinated framework enabled the rapid activation and implementation of the CERF-supported response within a particularly short timeframe, demonstrating improved readiness and operational efficiency. The mechanism currently covers the three departments prioritized under the CERF-funded programme in Guidimakha.

To further strengthen preparedness, WASH considerations should be systematically integrated into contingency planning, including the assessment of safe havens, arrangements for emergency water supply and sanitation services, and measures to mitigate public health risks associated with flooding and population displacement.

HUMANITARIAN ACCESS AND LOCALISATION

The Government of Mauritania remains supportive of humanitarian action and continues to make efforts to preserve humanitarian access. UNICEF maintains constructive and collaborative relationships with local government and military authorities in its areas of intervention, which facilitates dialogue and coordination on access-related matters. Any precautionary measures affecting access are generally temporary and are most often linked to the intensity and scale of Malian military operations on the other side of the border.

UNICEF's localisation efforts are anchored in strong partnerships with national NGOs, decentralized government entities and municipalities.

Of the NGOs partnering with UNICEF in Hodh Chargui, 50 per cent (5 NGOs) are national NGOs, UNICEF provides technical assistance and field-level guidance to strengthen local ownership, institutional capacity and the sustainability of interventions.

UNICEF's support to government health systems, particularly through immunization services and the treatment of malnutrition, further contributes to localization by reinforcing national systems and government leadership. In addition, UNICEF's Approche Commune, which channels UNICEF funded activities through municipalities, represents an important mechanism for strengthening local governance and ensuring that interventions are locally led and coordinated.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

Between January and June 2026, UNICEF supported the provision of integrated primary health care services in Hodh Chargui through a network of health facilities, mobile clinics, and outreach services, in partnership with the Ministry of Health, WHO, and implementing partners including ALIMA, ADICOR, COOPI, MauriSanté, ACF, and the French Red Cross. These interventions helped sustain access to essential health services for vulnerable populations, particularly refugees and host communities in underserved areas. As a result, 129,437 people, including 85,308 women and 44,129 children, accessed primary health care services during the reporting period.

To strengthen protection against vaccine-preventable diseases, UNICEF also supported measles vaccination activities that provided a supplemental dose of measles vaccine to 27,287 children, including 18,139 children during the first round (RR1) and 9,148 children during the second round (RR2), contributing to increased immunity and reduced outbreak risk among vulnerable children.

NUTRITION

UNICEF continued to support the prevention, early detection and treatment of acute malnutrition across Hodh Chargui through integrated facility and community-based nutrition services delivered in collaboration with the Ministry of Health and implementing partners. Between January and June 2026, 63,556 children aged 6–59 months were screened for wasting, enabling the early identification and referral of malnourished children. During the same period, 4,165 children with severe wasting were admitted for treatment, reaching 63.3 per cent of the annual target of 6,579 children. In addition, 13,321 primary caregivers of children aged 0–23 months received infant and young child feeding (IYCF) counselling to promote optimal feeding practices and help prevent malnutrition.

CHILD PROTECTION

Child protection services in Hodh Chargui were strengthened through an integrated, community-based approach designed to address the needs of vulnerable refugee and host community children. With UNICEF support, comprehensive protection services were delivered in Fassala, Megve and M'bera Camp, expanding access to safe and child-friendly environments. Ten Child-Friendly Spaces (CFS) were equipped with recreational, educational and dignity kits, while two additional CFS were constructed in Mansour and Lebreini, enhancing both the quality and geographical coverage of services.

During the reporting period, 748 vulnerable children were identified and supported, including adolescent girls aged 9-14, children affected by gender-based violence (GBV), and children with disabilities. A total of 47 girls affected by GBV, including cases of child marriage, received psychosocial support, medical referrals and confidential case management services. In addition, 42 children with disabilities benefited from tailored assistance adapted to their specific needs, helping to improve their access to protection and support services.

Community engagement remained central to the response. A total of 550 community members were reached through awareness-raising activities on child protection, harmful practices, GBV prevention and referral pathways. To promote positive social norms and strengthen community-level protection, 95 men and community leaders participated in positive masculinity sessions aimed at preventing violence and fostering protective behaviours toward children and women.

Progress was also achieved in strengthening community-based child protection committees and municipal child protection mechanisms, contributing to improved local coordination and case identification. Continued technical support and capacity development will be required, however, to ensure these structures become fully operational, locally owned and sustainable over the long term.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

In parallel, UNICEF strengthened Protection from Sexual Exploitation and Abuse (PSEA) measures by enhancing awareness, visibility, and access to reporting mechanisms among partners and affected communities. Large-format PSEA posters were produced and distributed to partners, accompanied by follow-up efforts to ensure their display in prominent and accessible locations. Through community awareness sessions and routine field outreach, implementing partners, community mobilizers, child-friendly space facilitators, and community protection committees regularly informed refugees and host communities about prohibited conduct, available feedback and complaint mechanisms, and safe and confidential reporting channels.

Child-friendly spaces also served as accessible and child-sensitive entry points for identifying protection concerns and facilitating referrals to specialized services when needed. To strengthen the quality of the response, frontline workers and PSEA focal points received capacity-building support on survivor-centred approaches, safe complaint handling, confidentiality, informed consent, and referral pathways.

These efforts have contributed to increased community awareness and strengthened safeguarding practices across programme interventions. However, continued investment is needed to ensure that PSEA mechanisms are consistently accessible, trusted, and understood by all community members, particularly women, children, persons with disabilities, and other vulnerable groups.

EDUCATION

To support equitable access to quality and inclusive learning opportunities, UNICEF provided assistance across the education continuum, spanning pre-primary, primary, secondary, and alternative learning pathways. In total, 10,938 children aged 5 to 18 years benefited from targeted education interventions during the reporting period.

At the pre-primary level, UNICEF supported the rehabilitation and renovation of 40 preschool centres, benefiting 2,000 children and 40 preschool teachers and facilitators. These investments contributed to safer, more stimulating, and age-appropriate learning environments, enhancing children's readiness for primary education.

At the primary level, 8,700 children, including 51 per cent girls, received individual school kits containing essential learning materials such as notebooks, pens, and backpacks. This support helped reduce barriers to school attendance and improved learning conditions for vulnerable children. At the secondary level, UNICEF facilitated access to certification exams for 238 Malian refugee students, enabling them to sit for the *Diplôme d'Études Fondamentales (DEF)* and *Baccalauréatt (BAC)* examinations in collaboration with Mauritanian and Malian education authorities.

UNICEF also expanded access to non-formal and alternative learning opportunities. Through the M'bera Camp Connectivity Centre, 180 primary and secondary school aged children, including 90 girls, benefited from French and Arabic language instruction through the Akelius digital learning programme. In addition, UNICEF supported 50 Mahadras (religious schools) through teacher training designed to strengthen foundational literacy and numeracy skills. This intervention reached 3,600 children across pre-primary, primary, and secondary age groups and contributed to stronger linkages between non-formal and formal education systems. Efforts included improved coordination with education authorities and support for the school registration of children attending Mahadras, facilitating their transition into formal education pathways.

These combined interventions have strengthened learning continuity, promoted inclusion, and expanded access to education for refugee children and other vulnerable groups.

To further improve the learning environment, UNICEF distributed 100 recreational and School in a Box kits through the Regional Directorate of Education in Hodh Chargui. The supplies benefited 12,300 children, including 6,700 girls, across 30 schools, comprising 10 schools in M'bera Camp and 20 schools in host community areas, helping create more engaging, child-friendly, and resilient learning spaces.

WASH

From January to June 2026, UNICEF's emergency WASH interventions reached approximately 35,900 people across 30 localities in Hodh Chargui, Guidimakha and Gorgol. In Hodh Chargui, 27,500 refugees and host community members benefited from WASH assistance in 27 localities, including 24,000 people reached through the ongoing African Development Bank-funded project in Adel Bagrou, Amourj, Timbédra and Djiguéni, and 3,500 Malian refugees supported through the emergency response in Douekara, Fassala commune. In Guidimakha and Gorgol, UNICEF continued assistance initiated following the floods of late 2025, reaching 1,200 households (approximately 8,400 people) across three displacement sites: Khabou and Diaguily in Guidimakha and Ndaw in Gorgol.

The response was informed by rapid assessments conducted following the October 2025 floods in Guidimakha and the large influx of Malian refugees into Hodh Chargui during the same period. These assessments highlighted urgent needs related to access to safe drinking water, sanitation, hygiene promotion and drainage management, and helped guide response priorities and preparedness planning for the second half of 2026.

To strengthen evidence-based programming, UNICEF also conducted a formative study on handwashing and hygiene practices across 11 localities in Guidimakha and Assaba, collecting information from 344 respondents. The findings provided valuable insights into social norms, behaviours and barriers influencing hygiene practices and supported the co-creation of locally appropriate behaviour-change interventions with communities to promote healthier and safer living environments.

Implementation was carried out in close coordination with regional water and sanitation authorities, relevant United Nations agencies, particularly UNHCR and IOM, and affected communities. Community committees played an important role in supporting implementation, monitoring activities and providing feedback to ensure that assistance remained responsive to the needs of both refugees and host populations. Under the African Development Bank-funded programme, UNICEF also operationalized an Environmental and Social Impact Notice, a Stakeholder Engagement Plan and a Grievance Redress Mechanism, strengthening accountability, community participation and the safe management of complaints.

Overall, the response resulted in the construction of more than 350 semi-emergency latrines, providing improved sanitation services to approximately 12,500 people. More than 4,220 hygiene kits were distributed and prepositioned, while hygiene promotion activities reached all 35,900 beneficiaries. These interventions enhanced access to safe water and sanitation services, strengthened infection prevention and control measures in health facilities, contributed to safer and healthier learning environments for children, and increased the resilience of vulnerable communities to climate-related shocks.

To further strengthen emergency preparedness, UNICEF and its partners prepositioned emergency WASH supplies sufficient to support approximately 3,000 households, or 21,000 people, across Hodh Chargui, Assaba and Guidimakha, improving readiness and enabling a more rapid response to future emergencies.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF strengthened community engagement and participatory planning mechanisms to ensure that communities play an active role in identifying local challenges and shaping appropriate solutions. During the reporting period, 81 Participatory Community Planning Plus (PCP+) sessions were conducted across 276 villages in 30 municipalities in Hodh Chargui, Assaba and Guidimakha. These consultations

provided a platform for communities, local authorities and other stakeholders to jointly analyse vulnerabilities and priorities, leading to the development of locally owned action plans.

The PCP+ process identified a range of pressing challenges, including the deterioration of education and health infrastructure, increasing exposure to climate-related hazards, limited access to water resources, and other factors affecting community resilience and well-being. The findings are informing programming priorities and helping to ensure that interventions are responsive to locally identified needs.

Building on these efforts, UNICEF continues to support the identification and implementation of effective community engagement mechanisms and Social and Behaviour Change (SBC) interventions tailored to local contexts. Through close collaboration with communities and local authorities, these initiatives aim to strengthen participatory governance, promote positive behaviours, and enhance communities' capacity to plan, implement and monitor solutions that address local priorities and build resilience to future shocks.

FUNDING OVERVIEW

Between January and June 2026, UNICEF Mauritania received contributions from the Central Emergency Response Fund (CERF), the Government of Japan, the African Development Bank through a tripartite agreement with the Government of Mauritania, and the Government of Cyprus. During the same period, UNICEF continued implementing activities funded through contributions received in 2025 from the Spanish Agency for International Development Cooperation (AECID), the Government of the United Kingdom, and the French Committee for UNICEF.

Despite this support, funding levels remain critically insufficient. Against a total humanitarian appeal of US$ 8.7 million, UNICEF has mobilized only US$ 2 million, leaving a funding gap of US$ 6.7 million, equivalent to 77 per cent of requirements. This substantial shortfall is already limiting the continuation and expansion of life-saving services and reducing UNICEF's ability to respond to growing humanitarian needs.

Funding gaps are particularly severe in the Health and Nutrition and Education sectors, where resource constraints are affecting the scale and quality of programme delivery. While important contributions have been secured for WASH, increasing needs driven by the continued arrival of refugees are outpacing available resources. Significant gaps remain in critical areas such as access to safe drinking water, sanitation services for refugees and host communities, and WASH support in schools and learning spaces.

Without additional funding, UNICEF will face increasing challenges in sustaining essential services and meeting the needs of vulnerable children and families. Urgent donor support is therefore required to maintain and expand life-saving interventions across priority sectors.

Flexible and unearmarked funding, including through the Humanitarian Thematic Fund, remains particularly valuable. Such resources enable UNICEF to respond rapidly to emerging needs, adapt programming as situations evolve, and sustain critical cross-sectoral functions such as Social and Behaviour Change (SBC) and Accountability to Affected Populations (AAP). These investments strengthen community engagement, risk communication, feedback and complaint mechanisms, and other accountability processes that are essential to ensuring effective, inclusive and people-centred humanitarian action.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

At Mbera School No. 3, headteacher Mohamed El Faki supports the pupils in their learning journey every day. In class, Lalli and Zeina study attentively, each harbouring the dream of one day contributing to the future of their community
(20+) 🌟 **À Mbera, l'école fait briller l'espoir** À... - UNICEF Mauritanie | Facebook

In Bassikounou and Fassala, children with disabilities and their families are being introduced to and provided with assistive technology tailored to their needs. Wheelchairs, school kits and other equipment help them to become more independent and make it easier for them to take part in everyday life. (20+) 🎥 **Retour en images | Accès aux aides**... - UNICEF Mauritanie | Facebook

At the M'bera camp, 70 young refugees are sitting their A-level exams today. Focused and determined, they are taking an important step in their educational journey, with the hope of continuing their studies and building a future for themselves. With the support of the Mauritanian and Malian education authorities, UNICEF, UNHCR and CIAUD, this exam session is opening up new opportunities for them. (20+) 🎓 **Aujourd'hui, au camp de M'bera, 70 candidats**... - UNICEF Mauritanie | Facebook

From 18 to 23 June, United Nations agencies travelled through Hodh Chargui, from Nema to Bassikounou, to meet with the authorities, partners and local communities. This 'One UN' mission aimed to take stock of the progress made and strengthen coordination to support the most vulnerable people.

(20+) 🤝 **Du 18 au 23 juin, une mission conjointe de**... - UNICEF Mauritanie | Facebook

From the M'bera camp to Aghor, World Refugee Day brought together refugees, host communities, authorities and partners yesterday for a moment of sharing and solidarity. The celebration was held under the theme 'Until everyone is protected', to remind us that protection and dignity must be accessible to everyone.

(20+) 🎉 Du camp de M'bera à Aghor, **la Journée**... - UNICEF Mauritanie | Facebook

SAO TOME AND PRINCIPE

.

During the first half of 2026, São Tomé and Príncipe did not experience a large-scale humanitarian emergency; however, the country continued to face multiple risks associated with recurrent climate-related hazards, economic fragility, fuel shortages, and public health threats. Floods, droughts, coastal erosion, fires, and disease outbreaks continued to affect vulnerable communities, while reduced purchasing power and dependence on external financing placed additional strain on households and essential services. The increase in malaria cases and the re-emergence of COVID-19 further highlighted the importance of maintaining strong preparedness, surveillance, and response capacities to protect children and vulnerable families.

Against this backdrop, UNICEF supported national efforts to strengthen resilience, preparedness, and the continuity of essential social services. In the health sector, UNICEF contributed to epidemic preparedness and disease surveillance, including the development of a multisectoral Mpox preparedness plan and strengthened contingency planning mechanisms. Nutrition interventions helped address persistent food insecurity and malnutrition through the provision of therapeutic nutrition supplies, vitamin A supplementation, and the promotion of breastfeeding and optimal infant and young child feeding practices.

UNICEF also strengthened child protection services, including mental health and psychosocial support, and supported the establishment of an integrated care facility for child survivors of violence on Príncipe Island. In education, UNICEF successfully advocated for the integration of climate resilience considerations into the new Education Policy Charter 2026–2030, helping to improve the sector's preparedness for climate-related disruptions. In the WASH sector, UNICEF continued to support climate-resilient water, sanitation and hygiene services, while promoting community engagement and behaviour change to address persistent gaps in access to safely managed water and sanitation.

Preparedness remained at the centre of UNICEF's humanitarian action throughout the reporting period. Working closely with Government counterparts and the Regional Office, UNICEF advanced a comprehensive preparedness agenda aimed at strengthening national readiness for climate-related disasters, public health emergencies and potential supply disruptions linked to the fuel crisis. Key achievements included the updating of risk and scenario analyses, strengthening of the Emergency Preparedness Platform (EPP), advancement of Business Continuity Planning processes, and delivery of capacity-building sessions on emergency preparedness, coordination mechanisms, the Core Commitments for Children (CCCs), and the Humanitarian-Development-Peace Nexus.

A major milestone was the validation of the child-centred National Contingency Plan in April 2026, reinforcing national disaster risk management systems while ensuring that children's needs are systematically integrated into preparedness and response planning. UNICEF also supported efforts to anticipate supply chain disruptions, strengthen coordination mechanisms, improve emergency WASH preparedness, enhance adaptive social protection systems, and leverage Social and Behaviour Change approaches to increase community awareness, preparedness and resilience. Collectively, these investments have strengthened the country's capacity to anticipate, prepare for and respond to future shocks while safeguarding critical services for children and families.

SENEGAL

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2026, Senegal maintained a relatively stable humanitarian situation while facing recurrent climate and public health risks. In anticipation of the annual rainy season, the Government, with support from OCHA, UNICEF and IOM, strengthened preparedness measures through decentralized planning processes, contingency planning and early warning systems in high-risk regions. Health authorities also maintained enhanced surveillance for epidemic-prone diseases, particularly following the dengue fever and Rift Valley fever outbreaks reported in 2025. Looking ahead, heavy rainfall and river flooding expected during August and September could affect an estimated 200,000 people, including 75,000 children, particularly in Matam, Saint-Louis, Diourbel, Tambacounda, Kédougou and Dakar. Flooding may damage water and sanitation infrastructure, contaminate water sources, disrupt essential services and increase the risk of diarrhoeal diseases, malaria, respiratory infections and skin diseases, especially among children and other vulnerable groups

PREPAREDNESS & ANTICIPATORY ACTION

UNICEF, in collaboration with OCHA and government counterparts, is supporting the operationalization of the national contingency plan through decentralized preparedness, anticipatory action and response workshops in high-risk regions. Working with the ministries responsible for health, WASH, education and child protection, UNICEF is supporting the development of an integrated multi-hazard preparedness and response plan aimed at strengthening coordination and ensuring continuity of essential services during emergencies. Key anticipatory actions include the development of multisectoral risk communication materials, the pre-positioning of critical WASH supplies, strengthened water quality monitoring, improved preparedness of community water systems, and enhanced WASH readiness in schools, health facilities and temporary shelters. These measures are designed to reduce the impact of flooding, prevent disease outbreaks and minimize disruptions to essential services for vulnerable children and families.

COORDINATION AND LOCALISATION

UNICEF's support to the Government-led planning process helps strengthen preparedness and response capacities by clarifying coordination roles and responsibilities, identifying safe relocation sites for affected populations and establishing alternative access arrangements in the event of flooding. A strong localization approach underpins these efforts, with preparedness and response activities implemented through existing national and decentralized coordination mechanisms. Government authorities decentralized technical services,

municipalities, civil society organizations and community-based groups are actively engaged in planning and implementation. Through the Child-Friendly Municipalities approach , preparedness, anticipatory action and community feedback mechanisms are being integrated into at-risk municipalities, strengthening local capacities and ensuring that the national contingency plan is adapted to local realities and led by regional and local authorities, including Governors, Préfets and municipal governments.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

UNICEF supports health sector coordination under the leadership of the Ministry of Health and Public Hygiene, working closely with the Centre des Opérations d'Urgence Sanitaire (COUS), WHO, regional health authorities and other partners through established emergency coordination mechanisms and the One Health approach. UNICEF is strengthening preparedness and response capacities for flood-related and other public health emergencies through enhanced disease surveillance, pre-positioning of essential medicines and health supplies, outbreak prevention and response activities, and support to the continuity of primary health care, maternal, newborn and child health, and immunization services. Risk communication and community engagement activities are also being reinforced to promote preventive behaviours and early care-seeking. These efforts aim to reduce morbidity and mortality among vulnerable populations and prevent outbreaks of diarrhoeal, waterborne, vector-borne and other epidemic-prone diseases.

NUTRITION

UNICEF is working closely with the Ministry of Health and the National Council for Nutrition Development to strengthen preparedness and response capacities in nutrition, particularly in the high-risk regions of Matam and Tambacounda. Support includes training frontline workers, strengthening community-based screening for wasting, pre-positioning life-saving nutrition supplies, and conducting community outreach and awareness activities. These efforts aim to ensure the early identification, referral and treatment of children at risk of acute malnutrition during and after emergencies.

CHILD PROTECTION

UNICEF supported national and local child protection actors in developing prevention, preparedness and response measures as part of the multi-risk contingency plan. Interventions are expected to reach 20,000 children and caregivers with psychosocial support and services aimed at preventing family separation, violence, abuse, exploitation and neglect during emergencies. Activities will be implemented in close coordination with the Health, WASH and Education sectors to ensure an integrated response to the protection needs of affected children.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

During the reporting period, UNICEF supported the integration of PSEA considerations into the national and decentralized contingency planning processes, ensuring that PSEA is embedded within preparedness, anticipatory action and response measures. Planned activities include community awareness-raising, including with children and adolescents, strengthening safe reporting and referral mechanisms, and building the capacities of government counterparts and implementing partners to prevent and respond to sexual exploitation and abuse in emergency settings.

EDUCATION

To support learning continuity during emergencies, UNICEF is strengthening preparedness measures in schools located in flood-prone areas. This includes improving WASH conditions, supporting local authorities with the cleaning and disinfection of schools following flooding, and promoting safe hygiene practices through training and awareness-raising activities. UNICEF is also supporting measures to minimize disruptions to education and facilitate the rapid resumption of learning for affected children.

WASH

UNICEF supported the decentralized rollout of the national multi-risk contingency plan in three regions, with a focus on preparedness, anticipatory action and emergency response. Critical WASH supplies were pre-positioned across all 14 regions of Senegal, with priority given to areas most vulnerable to flooding, including Tambacounda, Matam, Saint-Louis, Diourbel, Thiès and Kédougou. These supplies will enable a rapid response through the provision of safe drinking water, emergency sanitation facilities, hygiene kits and community hygiene promotion activities. To complement these efforts, UNICEF supported the development of multisectoral communication materials and key preparedness messages to promote preventive behaviours and reduce public health risks among affected communities, particularly children and vulnerable households.

FUNDING OVERVIEW

UNICEF recently secured US$45,310 to strengthen community preparedness and risk communication, support nutrition screening and case management, and pre-position essential supplies in flood-prone regions. However, current funding falls far short of anticipated needs. Without additional resources, UNICEF will be unable to scale up its multisectoral response to reach the most vulnerable children and families at risk of flooding and disease outbreaks. Critical interventions to ensure safe water, prevent malnutrition, sustain access to health care and education, and provide child protection and psychosocial support will remain limited in both scope and geographic coverage. Immediate additional funding is urgently required to expand anticipatory action, protect essential services, and mitigate the humanitarian impact of the upcoming floods on vulnerable communities.

SIERRA LEONE

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2026, Sierra Leone's humanitarian situation was shaped by the combined effects of recurrent disease outbreaks, persistent food insecurity, economic pressures, and seasonal flooding. Mpox and measles outbreaks, alongside the continued risk of cholera and other epidemic-prone diseases, placed sustained pressure on already constrained health and WASH systems. The regional threat of cross-border disease transmission further underscored the need for strengthened surveillance, infection prevention and control, emergency preparedness, and risk communication and community engagement (RCCE).

Children remained particularly vulnerable in a context where more than 60 per cent live in poverty. High food prices and economic hardship continued to drive food insecurity and malnutrition, with 426,998 children aged 6-59 months screened for wasting and 12,767 children with severe acute malnutrition admitted for treatment during the reporting period. Seasonal flooding further exacerbated risks by contaminating water sources, damaging sanitation infrastructure, disrupting access to safe water and hygiene services, and increasing the likelihood of cholera and other waterborne diseases, particularly in densely populated urban settlements and underserved rural communities.

The education sector also faced localized shocks, including two fire incidents at a girls' boarding school in Kenema District that affected 453 students and required emergency education and WASH support to restore safe learning conditions.

In response, UNICEF prioritized integrated, climate-resilient preparedness and response across health, nutrition, WASH, education, and child protection sectors. Key priorities included the treatment of child wasting, epidemic preparedness and response, safe water and sanitation services, continuity of learning, mental health and psychosocial support, and protection services for vulnerable children. Social and Behaviour Change (SBC), Accountability to Affected Populations (AAP), and RCCE served as critical cross-cutting approaches, using community feedback, social listening, and trusted communication channels to strengthen preparedness, guide response actions, and improve service uptake. Despite these efforts, limited fiscal space, fragile service delivery systems, logistics constraints, and severe underfunding continued to challenge humanitarian action and highlight the need for sustained investment in preparedness and resilience.

PREPAREDNESS & ANTICIPATORY ACTION

During the reporting period, UNICEF strengthened preparedness and anticipatory action through updated risk analyses in the Emergency Preparedness Platform (EPP), the review of contingency plans for floods, disease outbreaks, and other priority hazards, and active participation in coordination mechanisms led by the National Disaster Management Agency (NDMA), the Ministry of Health, and the National Public Health Agency (NPHA). Preparedness measures included monitoring seasonal forecasts and early warning information, reviewing readiness for measles, Ebola, cholera, and flood risks, pre-positioning emergency supplies, and planning training and simulation exercises for staff and partners.

WASH remained a central pillar of preparedness and outbreak response, with interventions focused on emergency supply planning, identification of high-risk flood-prone communities, cholera preparedness, water quality monitoring, and strengthening infection prevention and control capacities in health facilities, schools, and communities. These efforts aimed to ensure continued access to safe water, sanitation, and hygiene services during public health emergencies and climate-related shocks.

Community feedback, social listening, and two-way communication mechanisms were also used to inform preparedness priorities, risk communication strategies, and partner coordination. Together, these actions strengthened cross-sectoral readiness and enhanced the capacity of government and partners to deliver timely, child-focused responses across health, nutrition, WASH, education, child protection, and RCCE.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian access in Sierra Leone remained largely unhindered by insecurity during the reporting period. However, poor road infrastructure, difficult terrain, seasonal flooding, and logistical constraints affected access to some rural and riverine communities, slowing the movement of personnel and supplies. Limited service coverage and resource constraints also posed challenges to reaching the most vulnerable children and families in underserved areas.

UNICEF and its partners mitigated these constraints through decentralized implementation arrangements that relied on national and district coordination platforms, local authorities, frontline government service providers, community structures, and local partners. Advance planning, pre-positioning of essential supplies, use of locally based personnel, and community-supported identification of alternative delivery routes helped maintain programme continuity and emergency readiness. These approaches reduced response times, strengthened last-mile delivery, and ensured continued access to essential services for vulnerable populations in hard-to-reach locations.

UNICEF advanced localisation by strengthening partnerships with national and district government institutions, including the NDMA, NPHA, and district health and education authorities, as well as local civil society organizations, community-based groups, community health workers, traditional and religious leaders, school management structures, and community representatives.

These local actors played a central role in risk analysis, preparedness planning, community outreach, referral services, emergency response, monitoring, and last-mile delivery. Their proximity to affected populations improved access to underserved communities and enabled more timely and context-specific responses.

Localisation also strengthened Accountability to Affected Populations (AAP). Community-based partners facilitated two-way communication,

social listening, feedback collection, and referral of concerns, enabling UNICEF and government counterparts to adapt messaging, service delivery, and response priorities based on community needs. Continued investments in local capacity, coordination, and shared decision-making reinforced local leadership, ownership, and the sustainability of child-focused humanitarian action.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH AND NUTRITION

From January to June 2026, UNICEF Sierra Leone supported national outbreak preparedness and response in partnership with the Ministry of Health, the National Public Health Agency (NPHA), WHO, Africa CDC, Gavi, and other partners. During the measles outbreak, 1,074 children received a supplementary dose of measles vaccine. UNICEF also supported vaccine procurement and delivery, cold chain and vaccine management systems, the provision of vaccination supplies, infection prevention and control measures, and risk communication and community engagement (RCCE) activities to strengthen outbreak response and increase vaccine uptake.

No additional results were reported under the nutrition indicators during the reporting period.

CHILD PROTECTION

The Government of Sierra Leone is planning a review of the national Mental Health and Psychosocial Support (MHPSS) Strategy to strengthen preparedness and response capacities across the social service sector. The process will include the rollout of MHPSS training for at least 50 existing and newly recruited social workers, as well as education personnel, to improve the availability and quality of psychosocial support services. Discussions will also focus on strengthening the practicum component of social work training programmes to ensure that future social workers gain practical experience in delivering MHPSS interventions.

In addition, the Government is prioritizing the expansion of community-based MHPSS approaches to improve access to localized and inclusive psychosocial support services. Although no public health emergency response was required during the reporting period, efforts continued to strengthen the social service workforce and enhance national MHPSS capacities, recognizing their critical role in preparedness, emergency response, and long-term community resilience.

EDUCATION

Following two fire incidents at the Nyapui Secondary School of Excellence, an all-girls boarding school in Kenema District, in February 2026, UNICEF provided emergency education and WASH support to restore safe learning conditions and minimize disruption to education. The incidents affected 453 girls, representing more than 80 per cent of the school's total enrolment of 563 students.

To support continuity of learning, UNICEF supplied 40 School-in-a-Box kits, enabling teachers to resume classroom instruction while longer-term recovery efforts are underway. UNICEF also provided 400 covered 10-litre buckets to improve safe water storage and promote hygiene within the school environment.

The response was informed by needs identified through consultations with district education authorities, school leadership, and community representatives, and was implemented through a coordinated handover process that reinforced local ownership and recovery efforts. These interventions helped rapidly restore access to learning and improve safety and well-being for affected students, demonstrating the value of integrated education and WASH support in emergency situations.

In parallel, UNICEF supported the validation of the National Education Sector Disaster Risk Management (DRM) Strategy, revised School-Based DRM Guidelines, and updated Education in Emergencies (EiE) preparedness and response protocols, including standard operating procedures for incident reporting, verification, coordination, and emergency response. Together, these tools provide a stronger framework for risk-informed planning, improved sector coordination, and more timely responses to emergencies affecting schools and learners across Sierra Leone.

Following their validation, efforts will focus on finalizing, disseminating, and operationalizing these frameworks through capacity-building at national and district levels. The EiE Technical Working Group has also been revitalized, with monthly coordination meetings reinstated for the remainder of 2026. In addition, education partners and the Environmental Protection Agency's Directorate of Climate Change will convene to review the education components of Sierra Leone's Nationally Determined Contributions (NDC 3.0) and strengthen the integration of climate resilience within the education sector.

WASH

The WASH programme continued to support emergency preparedness and response efforts throughout the reporting period. Key emergency WASH supplies were pre-positioned to strengthen government readiness for disease outbreaks and other emergencies. UNICEF is also supporting the Ministry of Water Resources and Sanitation in the development of a National Cholera Preparedness Plan, which will outline priority interventions, resource requirements, and partnership arrangements needed to prevent and respond effectively to cholera outbreaks.

To strengthen response capacity, the WASH section identified three NGO partners for emergency interventions and initiated two Programme Documents (PDs) to support the implementation of WASH emergency preparedness and response activities. These efforts will enhance the timely delivery of safe water, sanitation, hygiene promotion, and infection prevention and control measures in affected communities.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

UNICEF continued to support the Government of Sierra Leone and the National Public Health Agency (NPHA) in strengthening Social and Behaviour Change (SBC), Risk Communication and Community Engagement (RCCE), and Accountability to Affected Populations (AAP) for Ebola and flood preparedness across all 16 districts. Information, Education and Communication (IEC) materials were distributed at major points of entry, while radio jingles and interactive programmes broadcast in 11 local languages through 48 radio stations reached 226,812 people with key preparedness and prevention messages.

UNICEF also leveraged U-Report, social listening, and community feedback mechanisms to engage communities, address concerns and misinformation, strengthen trust, and promote the adoption of preventive health behaviours. These efforts positioned SBC, RCCE, and AAP as core components of preparedness by ensuring that community perceptions, questions, and feedback informed risk communication strategies, partner coordination, and preparedness planning, ultimately supporting more responsive and people-centred emergency preparedness and response efforts.

FUNDING OVERVIEW

UNICEF Sierra Leone requires USD 3.15 million to implement its 2026 Humanitarian Action for Children (HAC) response. To date, the appeal remains critically underfunded, with a 99.6 per cent funding gap. The limited funding received so far (USD 12,414) has supported only Health and Nutrition and Social Transformation activities, while Child Protection, Education, WASH, and Social Policy remain entirely unfunded.

The absence of funding, particularly for WASH, significantly constrains preparedness and response capacity for cholera, flooding, and other public health emergencies. Critical readiness activities, including preparedness planning in high-risk communities, pre-positioning of emergency supplies, strengthening of WASH and infection prevention and control (IPC) services in health facilities, emergency support to schools and vulnerable communities, and implementation of flood mitigation measures, remain at risk. These gaps will severely limit the ability to provide safe water, sanitation, and hygiene services during emergencies and to respond rapidly to disease outbreaks.

Urgent additional funding is needed to sustain life-saving interventions, strengthen preparedness and resilience, and ensure that vulnerable children, women, and communities continue to access essential services across all sectors.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Community Outreach Bringing Nutrition and Hope to Children in Moyamba

- https://www.unicef.org/sierraleone/stories/community-outreach-bringing-nutrition-and-hope-children-moyamba
- https://www.facebook.com/unicefsierraleone/posts/pfbid023Meu5eudC5DKPWmfySBciU533yASAoa7yBr4eAi3uCfq2Hjy8hngnq7kxRKX5x

Kangaroo Mother Care Saving Newborn Lives in Sierra Leone

- https://www.unicef.org/sierraleone/stories/kangaroo-mother-care-saving-newborn-lives-sierra-leone
- https://www.facebook.com/unicefsierraleone/posts/pfbid05ro6JDrGRka5UhqBRi9mybuAKT3ib3UUs1VwrQ8Q2J2CcbQTV5M7CWqy2oh2l

Adolescents Leading Change for Better Health and Nutrition in Sierra Leone

- https://www.unicef.org/sierraleone/stories/adolescents-leading-change-better-health-and-nutrition-sierra-leone
- https://x.com/UNICEFSL/status/2046640316313112751?s=20

Riding for life: GAVI-supported DRIVE Initiative brings vaccines to the doors of remote communities

- https://www.unicef.org/sierraleone/stories/riding-life-gavi-supported-drive-initiative-brings-vaccines-doors-remote-communities
- https://x.com/UNICEFSL/status/2032079560393601525?s=20

Integration of COVID-19 Vaccination into Routine Health Services Increases Vaccination Rate

- https://www.unicef.org/sierraleone/stories/integration-covid-19-vaccination-routine-health-services-increases-vaccination-rate
- https://x.com/UNICEFSL/status/2031778495597097256?s=20

From stream to safe supply, Iceland support brings clean water to Sierra Leone's coastal communities

- https://www.unicef.org/sierraleone/stories/stream-safe-supply-iceland-support-brings-clean-water-sierra-leones-coastal-communities
- https://www.facebook.com/unicefsierraleone/posts/pfbid02RsG6WYmHrCKnuyfiW6F8fNBUDqn7i2LjKkC2Lwzw96jYuNGTWfiH8euxovotEl

From a cooking pot to the mouths of infants, communities are working together to fight malnutrition

- https://www.unicef.org/sierraleone/stories/cooking-pot-mouths-infants-communities-are-working-together-fight-malnutrition

In Rokonta, parents learn how Vitamin A boosts immunity and prevents illness in children

- https://www.unicef.org/sierraleone/stories/rokonta-parents-learn-how-vitamin-boosts-immunity-and-prevents-illness-children
- https://www.instagram.com/p/DUiPpuOkrj1/

Access to clean water could improve children's health and education

- https://www.unicef.org/sierraleone/stories/access-clean-water-could-improve-childrens-health-and-education
- https://www.facebook.com/unicefsierraleone/posts/pfbid02JUHQrUAZDRdBL5jDoJokLgweqQ5thDykeDkFgbhBDBsqvK42vmGs7kRv4P5p

Tackling malnutrition through community care

- https://www.unicef.org/sierraleone/stories/tackling-malnutrition-through-community-care
- https://www.instagram.com/p/DUWCuqtkty8/

Other Social Media Posts

The Day of the African Child 2026

- https://www.unicef.org/sierraleone/stories/day-african-child-2026-ensuring-safe-water-and-sanitation-every-child-sierra-leone
- https://x.com/UNICEFSL/status/2066851154957377997?s=20

Nutrition Supply Accountability Matrix Validation Workshop

- https://www.facebook.com/unicefsierraleone/posts/pfbid0cBBpqNqY6z2ko9dBGKZuhJyfFjsxPL1JB6fybrDhAT8cfHyyaJprzqoy7EJaYKENl

The China–UNICEF–Government of Sierra Leone partnership is building on existing investments to improve newborn and child health

- https://www.facebook.com/unicefsierraleone/posts/pfbid02JWaRtj1pi2pYbiwBf1wj2h8YQNjwdFLZUpfwJuBZMr9dX1mnkb23fiQoRuwDTrjN

The Visit of UNICEF Ireland Goodwill Ambassador Donncha O'Callaghan

- https://www.facebook.com/reel/1569009060934409
- https://www.facebook.com/unicefsierraleone/posts/pfbid0uKYbGfhWumAQszeR2WdbLsJkoVcm3jEUtM4vX72r3ateKHr5u6juGFoRZQ1VU

On RUTF

- https://www.facebook.com/unicefsierraleone/posts/pfbid02JjuE2gjRow9rPjKPZBYUjHLfGgP25oNPBNCPG5AkE6w3dp1eiqW1crB6Z7Je9

Mpox Sign Language Educational Video (YouTube)

- https://youtu.be/fN0ZKcxk1q0?si=bzB7klxzAWWVqiPG

The Launch of the China Global Development and South-South Cooperation Fund Project

- https://x.com/UNICEFSL/status/2049917732129296599?s=20

The World Malaria Day 2026

- https://x.com/UNICEFSL/status/2047977909671911441?s=20

The World Water Day

https://x.com/UNICEFSL/status/2036050210451808329?s=20

The Visit of the Ambassador of Turkiye in Sierra Leone

- https://www.facebook.com/unicefsierraleone/posts/pfbid0pBqaJxenLJVoyr6oUJn6wGPs9GuLrBT4VfBm26QUBamYGyHiqrzFcFdHMrwuvH

On the Contribution from Mastercard Foundation

- https://www.facebook.com/unicefsierraleone/posts/pfbid0edhxq6QXU325sBjL8icWqXauE67DW2RHBxwfRPF1tCmpu3DEK72RZ8CZGktP

The World Water Day

- https://youtu.be/Vjaq5cu3Mc0?si=DTqCC1Zz94Jo928m
- https://www.facebook.com/reel/1468303437989950
- https://www.instagram.com/p/DWOiU_9iU0f/

Community Health Workers Empowered with Basic Skills of Controlling Pandemic Diseases (YouTube)

- https://youtu.be/jaCryonx9GE?si=NWHx81Pre6k0vd37

The Launch of the Joint Nutrition Programme (2025-2029)

- https://www.facebook.com/unicefsierraleone/posts/pfbid0TXUaEKauB24bk6VJ9xuybZmD4qsm9eLyVwMLYDaAr76Ud55xKVJbYCLwQJW

On the Community Health Workers by the Support from the Republic of Korea (video)

- https://www.facebook.com/reel/811663891893794

TOGO

SITUATION OVERVIEW & HUMANITARIAN NEEDS

During the first half of 2026, the humanitarian situation in Togo remained fragile, particularly in the Savanes Region, where the continued spillover effects of the Sahel crisis, recurrent climate-related shocks, population displacement and persistent economic pressures compounded existing vulnerabilities. As of June 2026, the Savanes Region hosted 61,322 forcibly displaced people, including 10,171 IDPs and 51,151 refugees and asylum seekers, reflecting a 4 per cent increase since November 2025. Women (31,178) and children (31,202) remained disproportionately affected, representing the majority of the displaced population.

The growing displacement burden, combined with recurrent flooding, placed additional pressure on already overstretched basic services, particularly water, sanitation and hygiene (WASH) infrastructure. Communities hosting refugees and displaced populations faced increasing challenges in ensuring equitable access to safe drinking water, sanitation facilities and hygiene services, heightening the risk of water contamination, disease outbreaks and protection concerns.

Public health risks also intensified during the reporting period. Togo confirmed three cases of circulating vaccine-derived poliovirus (cVDPV), prompting a nationwide two-round vaccination campaign targeting children under five years of age. In addition, a measles outbreak was declared in the prefectures of Cinkassé, Kpendjal Ouest and Oti Sud, with 11 confirmed cases reported, underscoring the need to strengthen routine immunization, disease surveillance and outbreak preparedness.

At the end of June 2026, severe flooding affected all 13 municipalities of the Greater Lomé Autonomous District as well as parts of the Maritime and Plateaux regions. The floods resulted in four fatalities, disrupted transportation networks, damaged infrastructure and increased the risk of waterborne diseases, further exacerbating humanitarian needs among vulnerable populations.

In response to this evolving context, UNICEF prioritized an integrated humanitarian approach focused on strengthening community-based surveillance, protecting children and women, ensuring continuity of essential social services, and reinforcing preparedness and rapid response capacities for health and humanitarian emergencies. Particular emphasis was placed on improving access to safe water, sanitation and hygiene services as a critical element of disease prevention and outbreak response. These efforts were implemented through coordinated interventions across health, nutrition, WASH, education and child protection sectors, while community engagement, social listening and feedback mechanisms informed the prioritization of activities and ensured that responses remained responsive to the needs and concerns of affected communities.

PREPAREDNESS & ANTICIPATORY ACTION

During the reporting period, UNICEF and its partners strengthened preparedness for security, climate and public health shocks. Key measures included multi-hazard contingency planning, pre-positioning of essential supplies (WASH kits, nutritional inputs, vaccines, NFIs), The assessment of drinking water needs, the development of modern and resilient WASH infrastructure, the planning of emergency interventions in areas at high risk of flooding capacity building for community health workers, risk analysis and establishment of early warning mechanisms. These key measures took into account the needs of the population and feedback gathered from communities to adapt interventions to the realities and priorities identified.

These efforts enabled timely and context-specific responses to the needs of children and families, including rapid deployment of vaccination campaigns, continuity of essential social services during flooding, and stronger community engagement in early detection and response. UNICEF also supported the revitalization of the regional disaster risk reduction platform and contributed to the organization of a large-scale emergency simulation exercise led by the National Civil Protection Agency on June 15 to 18, 2026.

HUMANITARIAN ACCESS AND LOCALISATION

Humanitarian operations in Togo faced significant access challenges, particularly in the border prefectures of Kpendjal and Kpendjal-Ouest, where insecurity linked to the spillover effects of the Sahel crisis, poor road conditions, and the presence of improvised explosive devices (IEDs) along certain rural routes limited access to vulnerable communities. These constraints affected the ability of humanitarian actors, including UNICEF and its partners, to regularly reach some remote and high-risk areas.

To address these challenges, UNICEF strengthened community-based monitoring and engagement mechanisms, leveraging local networks, community volunteers, and feedback systems to maintain regular communication with hard-to-reach populations. These approaches facilitated the timely identification of emerging needs, enhanced situational monitoring, and enabled programmes to adapt service delivery modalities to changing access conditions and community priorities. UNICEF and its partners also prepositioned essential supplies and worked through local structures and implementing partners to ensure the continuity of critical services. These measures helped sustain access to vulnerable children and families and supported the delivery of life-saving assistance despite a complex and constrained operating environment.

UNICEF Togo further advanced the localization of its humanitarian response by strengthening partnerships with decentralized government services, local authorities, civil society organizations, national NGOs and community-based structures. These actors played a key role in implementing and monitoring interventions, particularly in areas affected by access constraints, while supporting community mobilization, needs identification and referrals to essential services.

UNICEF continued to strengthen the technical and institutional capacities of local partners and actively involved them in planning, monitoring and feedback mechanisms. This approach reinforced local leadership, community ownership and accountability to affected populations.

By building on local capacities and knowledge, UNICEF improved access to vulnerable communities and delivered more responsive, context-specific and sustainable interventions tailored to local priorities and needs.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

HEALTH

During the first half of 2026, 16,136 children, including 9,842 girls, and 2,643 women accessed primary health-care services through 80 UNICEF-supported health facilities in the Savanes Region. To strengthen the quality and reach of community-based health services, UNICEF trained 80 health managers (40 health facility managers and 40 maternity unit managers), as well as 510 community health workers and focal points from the prefectures of Kpendjal, Kpendjal-Ouest and Oti Sud, on the Integrated Management of Childhood Illnesses (IMCI-C) and Child-Friendly Communities/Real-Time Monitoring (CFC/RTM) digital approaches, including community-based monitoring through the SanteComTogo application.

These capacity-building efforts enhanced the management of common childhood illnesses and strengthened community-level monitoring and response systems. As a result, community-based interventions supported the treatment of 22,927 cases of malaria, 3,079 cases of pneumonia, and 995 cases of diarrhoea among children under five years of age.

Implemented across all districts of the Savanes and Kara regions, the Child-Friendly Communities/Real-Time Monitoring (CFC/RTM) approach uses digital technology to collect and analyse data generated by community health workers. The information is used by local authorities and communities to inform decision-making and improve the delivery of integrated basic social services, including health and immunization, nutrition, water, sanitation and hygiene, and child protection, while strengthening social and behaviour change and accountability at the community level.

The confirmation of three human cases of circulating vaccine-derived poliovirus (cVDPV2) prompted the implementation of two nationwide polio vaccination campaigns targeting children under five years of age. In addition, 47 pregnant and breastfeeding women living with HIV were enrolled on antiretroviral treatment to support the prevention of mother-to-child transmission of HIV.

NUTRITION

As of June 2026, UNICEF strengthened community-based nutrition services in the Savanes Region, expanding access to preventive and life-saving nutrition interventions. The establishment of 40 additional Infant and Young Child Feeding (IYCF) support groups in the Tône and Oti Sud districts increased the total number of functional groups in the region to 80, extending the reach of community-based nutrition services and promoting optimal feeding practices for young children.

Through community dialogue sessions, cooking demonstrations, home visits, and nutrition counselling delivered both in communities and health facilities, 69,707 caregivers of children aged 0-23 months, including 53,443 women and 16,264 men, received information and support on optimal infant and young child feeding practices. These interventions contributed to positive behaviour change by improving caregivers' knowledge, strengthening household decision-making related to child nutrition, and encouraging greater participation of men in the care and nutrition of young children.

UNICEF also supported the continuity and quality of services for the prevention and treatment of child wasting through the provision of therapeutic nutrition supplies and anthropometric equipment, as well as supportive supervision of Nutrition Rehabilitation and Education Centres and community health workers. During the reporting period, 3,108 children were screened for wasting through routine facility- and community-based screening activities. Among them, 1,658 children with severe wasting (865 girls and 793 boys) were admitted and treated in accordance with national treatment protocols.

Given the fragile humanitarian context and persistent nutrition risks in the Savanes Region, UNICEF will further strengthen active community screening during the lean season, particularly in the frontline districts of Tône, Cinkassé, Kpendjal, Kpendjal Ouest and Tandjouaré, to enable the early detection and timely treatment of children affected by wasting and prevent further deterioration of their nutritional status.

CHILD PROTECTION

UNICEF, in collaboration with implementing partners, strengthened child protection services for vulnerable children affected by displacement, violence and other protection risks. During the reporting period, 173 unaccompanied and separated children, including 88 girls, received appropriate alternative care and protection services tailored to their individual needs, representing 58 per cent of the annual target. In addition, 294 vulnerable children and survivors of violence, including 154 girls, benefited from individualized case management and follow-up support, achieving 20 per cent of the annual target of 1,500 children.

UNICEF and its partners also expanded access to gender-based violence (GBV) prevention and response services. A total of 37,515 people, including 10,288 women, and 19,631 children, of whom 9,637 were girls, benefited from interventions aimed at preventing, mitigating or responding to GBV risks, reaching 60 per cent of the annual target. These interventions included awareness-raising activities, psychosocial support, referrals and community-based prevention initiatives.

In parallel, 17,316 people, including 15,937 children (9,037 girls), received mental health and psychosocial support through Child-Friendly Spaces and other community-based platforms. This represents 67 per cent of the annual target of 25,772 beneficiaries and contributed to improving the well-being, resilience and recovery of children affected by displacement, insecurity and other shocks.

Despite these achievements, programme implementation faced several challenges. Limited funding, access constraints linked to insecurity in certain localities, continued population movements, and the limited capacity of some community actors to identify and manage protection cases affected the scale and reach of interventions. Persistent sociocultural barriers and the low utilization of protection services, particularly GBV-related services, also continued to limit demand for and access to available support, highlighting the need for sustained community engagement, capacity strengthening and investment in protection systems.

PROTECTION FROM SEXUAL EXPLOITATION AND ABUSE (PSEA)

UNICEF Togo continued its efforts to prevent and address sexual exploitation and abuse (SEA) as part of its humanitarian response. During the first half of the year, 111,667 people had access to safe reporting mechanisms out of a target of 137,363 people, representing an 81 per cent achievement rate. Among the beneficiaries were 49,767 women and 10,989 children (9,231 girls) Interventions focused on strengthening frontline workers capacity, raising community awareness of expected standards of conduct for humanitarian staff, and promoting available complaint and reporting mechanisms. Communication materials on the prevention, reporting, and management of SEA cases were shared with implementing partners, service providers, and communities at prefectural, community, and school levels These efforts contributed to improved awareness of reporting mechanisms, strengthened accountability to affected populations.

EDUCATION

To improve access to safe, inclusive and quality learning opportunities, UNICEF, in collaboration with its implementing partners and local stakeholders, including parents, teachers and community leaders, completed the construction of six classrooms across three public kindergartens (JEPs) between January and June 2026. Located in Malgbangou (Kpendjal Ouest), Tchamonga (Oti Sud) and Koudjokponkpon (Dankpen), these new learning spaces expanded access to quality early childhood education for 356 children, including 183 girls, across the Savanes and Kara regions.

The selection of beneficiary schools was informed by consultations with education authorities, school management committees and community representatives, helping ensure that investments responded to locally identified priorities and addressed barriers to enrolment and regular attendance. The improved infrastructure provides children with safer, more conducive and child-friendly learning environments, supporting their participation and retention in pre-primary education.

In addition, following a request from the Regional Directorate of Education of the Savanes Region, UNICEF provided school supplies to 11 refugee students, including four girls, enrolled in four schools in the prefectures of Cinkassé and Tône. This targeted support helped address material barriers to education, promote school retention, and ensure continuity of learning for refugee children, contributing to their inclusion within the national education system.

WASH

As of July 2026, 19,616 people (5,200 women, 5,001 men, 4,804 girls and 4,611 boys) gained access to safe drinking water through the distribution of chlorine tablets for household water treatment. Of these beneficiaries, 11,306 people were affected by the spillover effects of the Sahel crisis in the Savanes Region, while 8,310 people lived in flood and cholera prone areas of Greater Lomé. These interventions helped reduce the risk of waterborne diseases and strengthened household resilience to health emergencies.

To promote menstrual health and hygiene, 9,702 vulnerable women and girls received menstrual hygiene kits and participated in awareness-raising sessions on menstrual hygiene management. This support contributed to safer, more inclusive and dignified environments, particularly for adolescent girls, while helping to improve school attendance and participation.

UNICEF also supported the expansion of access to improved sanitation through the implementation of the Community-Led Total Sanitation (CLTS) approach[15] , complemented by a revolving fund mechanism. As a result, 180,437 people (47,817 women, 46,013 men, 44,206 girls and 42,401 boys) gained access to improved sanitation services. Among them, 128,291 people (31,432 women, 30,148 men, 33,997 girls and 32,714 boys) now live in communities that have been officially declared open-defecation-free.

These interventions improved access to safe water, sanitation and hygiene services, including menstrual hygiene management, strengthened public health outcomes, enhanced learning environments, and increased the resilience of displaced populations and host communities to climate-related and public health shocks.

SOCIAL AND BEHAVIOUR CHANGE (SBC) AND ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Social and Behaviour Change (SBC) and Accountability to Affected Populations (AAP) continued to serve as critical cross-cutting functions during the first half of 2026, enhancing the effectiveness, relevance and responsiveness of interventions across sectors. By strengthening two-way communication between communities and service providers, these approaches helped identify behavioural, social and cultural barriers affecting access to and utilization of essential services, enabling programmes to adapt interventions to local needs, priorities and perceptions.

SBC interventions focused on strengthening community resilience to public health threats, including cholera, measles, meningitis and Ebola Virus Disease, as well as to the humanitarian impacts of the Sahel crisis. During the reporting period, 1,596,495 people, including 1,119,981 women and 105,923 children, were reached with messages promoting the uptake of essential social services through community mobilization and engagement activities, representing 79 per cent of the annual target of 2 million people.

In addition, 598 community actors, including 292 women, facilitated participatory dialogue sessions through community platforms. These sessions engaged 524,940 people, including 260,369 women and 85,801 children, in discussions related to emergency preparedness, response and resilience-building. Community diagnostic exercises further enabled communities to identify and analyse the underlying drivers of vulnerability affecting children and families and to develop locally led action plans aimed at improving demand for, access to, and utilization of essential social services.

To enhance the quality, effectiveness and sustainability of community engagement efforts, UNICEF continued to strengthen the capacities of community mobilizers and members of community platforms through regular training, coaching and field-based technical support.

AAP mechanisms were also reinforced to promote community participation and accountability. Between January and June 2026, 163 people, including 56 women, used available feedback and complaints mechanisms to raise concerns, seek information or provide feedback on humanitarian interventions. Through these mechanisms, communities received timely responses and support, helping strengthen transparency and trust between service providers and affected populations.

While the utilization of AAP mechanisms remained below the annual target of 4,050 users, community consultations suggest that this may be partly explained by limited awareness of available channels, perceptions regarding their usefulness, and a preference for seeking assistance directly through trusted community leaders, volunteers and frontline workers. Continued efforts will therefore focus on increasing awareness, accessibility and confidence in feedback mechanisms while maintaining strong community engagement and dialogue at the local level.

SOCIAL PROTECTION

During the reporting period, the Social Policy Section did not provide direct technical support to government-funded social assistance programmes. However, UNICEF continued to work closely with national authorities and partners to strengthen shock- responsive social protection systems.

FUNDING OVERVIEW

According to the 2026 Humanitarian Action for Children (HAC) appeal, UNICEF Togo requires US$ 11.8 million to address the humanitarian needs of vulnerable children and families. However, as of June 2026, only US$ 1.2 million had been received, representing just 10 per cent of the total funding requirement. This leaves a funding gap of more than US$ 10.6 million, significantly limiting UNICEF’s capacity to sustain and scale up humanitarian interventions in priority areas.

The funding shortfall has particularly affected emergency preparedness and response efforts, including preparedness for flooding and disease outbreaks. Limited resources have constrained contingency planning, water quality monitoring, early warning and response capacities, and the prepositioning of emergency supplies. The ability to respond to urgent WASH needs, including access to safe drinking water, sanitation facilities, hygiene kits, and hygiene promotion activities, has also been reduced, particularly in high-risk and disaster-prone areas.

Underfunding has further affected UNICEF’s ability to deliver essential services across the health, nutrition, WASH, education, and child protection sectors. Displaced children, refugees, and vulnerable host communities have faced increased barriers to accessing quality basic social services. Resource constraints have also limited investments in the assessment, rehabilitation and equipping of WASH infrastructure, as well as the development of climate-resilient water systems needed to strengthen resilience to recurrent shocks.

Without additional resources, UNICEF's capacity to address growing humanitarian needs and protect development gains will remain severely constrained. Increased and sustained donor support is urgently needed to strengthen preparedness, ensure timely emergency response, and maintain equitable access to life-saving and essential services for children, women, displaced populations and host communities. Flexible funding is particularly critical to enable UNICEF to respond rapidly to evolving needs and address emerging crises as they arise.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

Awa has left everything behind but continues to hope for her children

June 2026, Cinkassé, more than 650 km north of Lomé – Originally from Burkina Faso, Awa MARKOUMA now lives in Cinkassé, in the Savanes Region of northern Togo, where she found refuge about three years ago. Awa, 47, is the mother of six children and currently lives with five of them- four daughters and one son. She is among more than 2,000 highly vulnerable households, affected by multiple shocks and hazards, that have received food and non-food items, including hygiene kits.

In a context where meeting basic needs remains a daily challenge for many families, any assistance received provides immediate relief and restores a measure of hope for their children’s well-being. « I’m very happy with the food and kits I received today. This help is a great relief and allows me to feed my children», she says gratefully.

Before violence disrupted her life, Awa lived a peaceful life in her village in Burkina Faso. Through her small business, she was able to support her family and make plans for the future. “Together with other women, we had started a tontine and contributed money every market day. Little by little, we were able to save some money,” she explains. However, the security crisis shattered all of this. Like many other families, Awa had to flee in haste to save her life and those of her children. “When the attacks began, we fled without taking anything with us. We even left behind the box containing our tontine savings.”

© UNICEF/2025/Togo

Awa MARKOUMA, 47, originally from Burkina Faso and the mother of six children, holds her little girl in her arms at the kit distribution site in Cinkassé, in the Savanes region

Forced to leave everything behind, Awa had to flee in haste, with no opportunity to retrieve her belongings or essential documents, including birth certificates. Today, she is trying to rebuild her life and that of her children from almost nothing. Despite numerous challenges, she remains determined to secure her children's future. Education remains a priority for her, even though resources are limited. Currently, two of her children are attending school, while another is enrolled in an apprenticeship programme.

Another painful uncertainty remains: the disappearance of her husband. Since they fled, she has had no news of him. "When the crisis began, my husband fled. I haven't seen him since that day, and I don't know where he is. But I hold on to the hope that he is still alive. Deep down, something tells me he is not dead," she says.

Despite her hardships, Awa continues to believe in better days ahead. The support she has received in Togo and the humanitarian assistance provided are helping her gradually regain hope and continue striving for her children's well-being.

As part of efforts to strengthen the resilience of vulnerable populations, the National Civil Protection Agency (ANPC), with support from the United Nations Children's Fund (UNICEF), implemented a targeted humanitarian assistance operation in the region. This response was carried out in collaboration with the World Food Programme (WFP), enabling households to benefit from food assistance provided by WFP and non-food items supported by UNICEF.

During distribution operations, a mechanism for listening to and addressing feedback from beneficiaries is put in place to quickly identify and resolve any difficulties encountered. Special attention is given to people with specific needs, particularly those facing difficulties related to their identification documents, people with disabilities, pregnant women, and people who have trouble accessing the distribution site. Their concerns are gathered directly on the ground so that, whenever possible, immediate responses can be provided, and assistance can be tailored to their needs. This approach, based on listening, dignity, and the participation of affected populations, helps make aid more accessible, more appropriate, and more respectful of each beneficiary's situation.

Like Awa, many displaced families in the Savanes Region are striving to rebuild their lives with limited resources. Humanitarian assistance remains a critical lifeline, supporting stability and recovery for families who, despite the challenges, continue to hope for a better future. In this context, sustained support from national authorities and humanitarian partners is essential to strengthening the resilience of the most vulnerable populations and promoting longer-term recovery in a region severely affected by security and socioeconomic crises.

UNICEF Togo extends its sincere gratitude to its donors and partners whose generous support makes this assistance possible. Their continued commitment is helping protect children and families, restore hope, and lay the foundations for a more resilient and prosperous future for the communities of the Savanes Region.

UNICEF/TOGO

Awa MARKOUMA, 47, a native of Burkina Faso and mother of six, receives the kits from UNICEF's emergency program manager in Togo at the kit distribution site in Cinkassé in the Savanes region.

LINKS TO SOCIAL MEDIA POSTS

X

- https://x.com/Unicef_Togo/status/2028822876279718058?s=20
- https://x.com/Unicef_Togo/status/2029469052427526244?s=20
- https://x.com/Unicef_Togo/status/2037103815401345402?s=20
- https://x.com/Unicef_Togo/status/2038963984401932724?s=20
- https://x.com/Unicef_Togo/status/2040025405105553844?s=20
- https://x.com/Unicef_Togo/status/2043679804046680281?s=20

Telegram

- https://t.me/uniceftogo/1609 https://t.me/uniceftogo/1286
- https://t.me/uniceftogo/1618
- https://t.me/uniceftogo/1648
- https://t.me/uniceftogo/1656
- https://t.me/uniceftogo/1659
- https://t.me/uniceftogo/1666

Instagram

- https://www.instagram.com/p/DVbNDReDDyM/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==
- https://www.instagram.com/p/DVfuwAkDCRM/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==
- https://www.instagram.com/reel/DWV8ShljgEK/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==
- https://www.instagram.com/p/DWjMXeZjCdu/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==
- https://www.instagram.com/reel/DWqsUwnDjGf/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==
- https://www.instagram.com/p/DXEnNj_DAgA/?utm_source=ig_web_copy_link&igsh=MzRlODBiNWFlZA==

LinkedIn

- https://www.linkedin.com/feed/update/urn:li:activity:7434588958241751041
- https://www.linkedin.com/feed/update/urn:li:activity:7435236210341662720
- https://www.linkedin.com/feed/update/urn:li:activity:7442863827181805570
- https://www.linkedin.com/feed/update/urn:li:activity:7444731478015606785
- https://www.linkedin.com/feed/update/urn:li:activity:7445789054018818048
- https://www.linkedin.com/feed/update/urn:li:activity:7449438946947735553

Facebook

- https://www.facebook.com/share/p/1C8aM397CU/
- https://www.facebook.com/share/p/1D7dTXsZ9S/
- https://www.facebook.com/share/v/14coxnddki1/
- https://www.facebook.com/share/p/1EPCisLC28/
- https://www.facebook.com/share/v/197ciN4L2K/
- https://www.facebook.com/share/p/1Bp2pwUC9k/

Tiktok

- https://www.tiktok.com/@uniceftogo/photo/7613145975204465940?is_from_webapp=1&sender_device=pc
- https://www.tiktok.com/@uniceftogo/video/7621529082655706389?is_from_webapp=1&sender_device=pc

HAC APPEALS AND SITREPS

- West and Central Africa Region Appeals
  https://www.unicef.org/appeals/wca
- West and Central Africa Region Situation Reports
  https://www.unicef.org/appeals/wca/situation-reports
- All Humanitarian Action for Children Appeals
  https://www.unicef.org/appeals
- All Situation Reports
  https://www.unicef.org/appeals/situation-reports

NEXT SITREP: 31 DECEMBER 2026

ANNEX A - PROGRAMME RESULTS

Consolidated Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	266,471	187,192	▲ 70%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	645,687	955,854	▲ 148%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	21,253	44,364	[16] ▲ 209%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	1.8 million	2.2 million	[17] ▲ 122%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	49,410	25,522	▲ 52%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	35,155	53,035	[18] ▲ 151%
People receiving insecticide treated nets	Total	-	-	24,342	-
Nutrition					
Children 6-59 months screened for wasting	Total	-	315,399	220,251	▲ 70%
Children 6-59 months with severe wasting admitted for treatment	Total	-	37,495	15,152	▲ 40%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	171,404	159,883	▲ 93%
Children 6-59 months receiving micronutrient powder	Total	-	60,313	6,503	▲ 11%
Children 6-59 months receiving Vitamin A supplementation	Total	-	272,245	240,564	▲ 88%
Pregnant women receiving preventative iron supplementation	Total	-	34,906	12,522	▲ 36%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	231,557	88,899	▲ 38%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	512,777	313,772	▲ 61%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	350	232	▲ 66%
Children who have received individual case management	Total	-	33,214	4,217	▲ 13%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	8,000	128	▲ 2%
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	-	-	-
Education					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children accessing formal or non-formal education, including early learning	Total	-	189,862	131,140	▲ 69%
Children receiving individual learning materials	Total	-	186,560	64,371	▲ 35%
Teachers and facilitators trained in basic pedagogy	Total	-	1,199	1,030	▲ 86%
Children and adolescents accessing skills development programmes	Total	-	14,240	13,284	▲ 93%
Schools implementing safe school protocols (infection prevention and control)	Total	-	50	6,407	▲ 12814%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	319,928	115,757	▲ 36%
People accessing appropriate sanitation services	Total	-	74,476	230,847	19 ▲ 310%
People reached with critical WASH supplies	Total	-	614,976	93,245	▲ 15%
Women and girls accessing menstrual hygiene management services	Total	-	12,500	4,895	▲ 39%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	40,500	10,403	▲ 26%
People reached with hand-washing behaviour-change programmes	Total	-	65,000	132,048	20 ▲ 203%
Children accessing mental health and psychosocial support programmes and services in their schools/learning programmes	Total	-	300	180	▲ 60%
People reached with hygiene promotion sessions	Total	-	125,000	-	0%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	211,762	11,606	▲ 5%
Cross-sectoral (including PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	1.1 million	309,676	▲ 29%
People reached with timely and life-saving information on how and where to access available services	Total	-	2.6 million	5.8 million	21 ▲ 224%
People engaged in reflective dialogue through community platforms	Total	-	259,057	296,268	▲ 114%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	254,990	26,267	▲ 10%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	16,000	3,174	▲ 20%
Adolescents and young people who participate in or lead civic engagement initiatives	Total	-	200	125	▲ 63%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
People engaged in reflective dialogue through social media and digital platforms	Total	-	-	122,713	-

TOGO

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	72,285	33,470	▲ 46%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	309,994	70,108	▲ 23%
Nutrition					
Children 6-59 months screened for wasting	Total	-	10,000	3,108	▲ 31%
Children 6-59 months with severe wasting admitted for treatment	Total	-	4,975	1,658	▲ 33%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	52,000	69,707	▲ 134%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	25,771	17,316	▲ 67%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	57,312	7,727	▲ 13%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	300	173	▲ 58%
Children who have received individual case management	Total	-	1,500	294	▲ 20%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	1,200	356	▲ 30%
Children receiving individual learning materials	Total	-	71,161	11	0%
Teachers and facilitators trained in basic pedagogy	Total	-	709	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	198,928	11,306	▲ 6%
People accessing appropriate sanitation services	Total	-	57,976	180,437	▲ 311%
People reached with critical WASH supplies	Total	-	72,976	29,788	▲ 41%
Cross-sectoral (including PSEA)					

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	-	137,362	111,667	81%
People reached with timely and life-saving information on how and where to access available services	Total	-	2 million	1.6 million	80%
People engaged in reflective dialogue through community platforms	Total	-	2,400	598	25%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	4,050	163	4%

MAURITANIA

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	11,614	-	0%
Children vaccinated against measles, supplemental dose	Total	-	53,362	27,287	51%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	157,619	375	0%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	26,681	10,787	40%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	23,542	6,736	29%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	201,116	129,437	64%
Nutrition					
Children 6-59 months screened for wasting	Total	-	129,360	63,556	49%
Children 6-59 months with severe wasting admitted for treatment	Total	-	10,515	4,165	40%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	31,389	13,321	42%
Children 6-59 months receiving micronutrient powder	Total	-	20,313	3,804	19%
Children 6-59 months receiving Vitamin A supplementation	Total	-	129,360	-	0%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	33,786	12,423	37%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	73,200	41,871	57%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	50	-	0%
Children who have received individual case management	Total	-	24,214	237	▲ 1%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	92,400	14,718	▲ 16%
Children receiving individual learning materials	Total	-	50,820	8,700	▲ 17%
Children and adolescents accessing skills development programmes	Total	-	9,240	6,700	▲ 73%
Schools implementing safe school protocols (infection prevention and control)	Total	-	50	30	▲ 60%
Teachers and facilitators trained in basic pedagogy	Total	-	300	300	▲ 100%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	40,000	3,990	▲ 10%
People accessing appropriate sanitation services	Total	-	15,000	5,000	▲ 33%
Women and girls accessing menstrual hygiene management services	Total	-	8,000	4,000	▲ 50%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	8,000	4,038	▲ 50%
People reached with hand-washing behaviour-change programmes	Total	-	15,000	35,900	▲ 239%
People reached with critical WASH supplies	Total	-	15,000	30,415	▲ 203%
Children accessing mental health and psychosocial support programmes and services in their schools/learning programmes	Total	-	300	180	▲ 60%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	10,762	-	0%
Cross-sectoral (including PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	137,626	26,000	▲ 19%
People engaged in reflective dialogue through community platforms	Total	-	50,000	-	0%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	137,626	26,000	▲ 19%

GHANA

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	9,039	920	▲ 10%
Children vaccinated against measles, supplemental dose	Total	-	57,101	6,826	▲ 12%
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	69,515	7,482	▲ 11%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	22,729	7,552	▲ 33%
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	11,613	6,672	▲ 57%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	98,000	47,735	▲ 49%
Nutrition					
Children 6-59 months screened for wasting	Total	-	50,000	19,091	▲ 38%
Children 6-59 months with severe wasting admitted for treatment	Total	-	3,000	225	▲ 8%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	40,000	5,142	▲ 13%
Children 6-59 months receiving micronutrient powder	Total	-	20,000	2,699	▲ 13%
Pregnant women receiving preventative iron supplementation	Total	-	34,906	5,813	▲ 17%
Children 6-59 months receiving Vitamin A supplementation	Total	-	52,885	31,002	▲ 59%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	16,000	5,570	▲ 35%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	80,000	5,961	▲ 7%
Children who have received individual case management	Total	-	4,000	94	▲ 2%
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	8,000	128	▲ 2%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	65,262	12,675	▲ 19%
Children receiving individual learning materials	Total	-	19,579	1,320	▲ 7%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	6,000	4,173	▲ 70%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
People accessing appropriate sanitation services	Total	-	1,500	-	0%
Women and girls accessing menstrual hygiene management services	Total	-	3,000	350	▲ 12%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	2,500	1,778	▲ 71%
People reached with hand-washing behaviour-change programmes	Total	-	50,000	-	0%
People reached with critical WASH supplies	Total	-	15,000	-	0%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	200,000	-	0%
Cross-sectoral (including PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	80,000	5,961	▲ 7%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	10,000	-	0%

COTE D'IVOIRE

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	600	-	0%
Children vaccinated against measles, supplemental dose	Total	-	70,000	23,810	▲ 34%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	15,000	-	0%
Nutrition					
Children 6-59 months screened for wasting	Total	-	70,000	8,958	▲ 13%
Children 6-59 months with severe wasting admitted for treatment	Total	-	3,000	496	▲ 17%
Children 6-59 months receiving micronutrient powder	Total	-	20,000	-	0%
Children 6-59 months receiving Vitamin A supplementation	Total	-	90,000	178,640	▲ 198%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	36,000	-	0%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	2,265	2,265	▲ 100%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children who have received individual case management	Total	-	500	-	0%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	6,000	1,736	▲ 29%
Children receiving individual learning materials	Total	-	25,000	-	0%
Children and adolescents accessing skills development programmes	Total	-	4,000	-	0%
Teachers and facilitators trained in basic pedagogy	Total	-	190	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	25,000	17,760	▲ 71%
Women and girls accessing menstrual hygiene management services	Total	-	1,500	545	▲ 36%
People reached with critical WASH supplies	Total	-	12,000	2,400	▲ 20%
People reached with hygiene promotion sessions	Total	-	125,000	-	0%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	1,000	-	0%
Cross-sectoral (including PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	125,000	-	0%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	1,000	-	0%
Adolescents and young people who participate in or lead civic engagement initiatives	Total	-	200	15	▲ 8%
People engaged in reflective dialogue through community platforms	Total	-	150,000	800	▲ 1%

BENIN

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children vaccinated against measles, supplemental dose	Total	-	13,723	11,043	▲ 80%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	21,577	53,110	▲ 246%
Nutrition					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children 6-59 months screened for wasting	Total	-	56,039	77,968	▲ 139%
Children 6-59 months with severe wasting admitted for treatment	Total	-	16,005	7,808	▲ 49%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	48,015	58,858	▲ 123%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	120,000	25,984	▲ 22%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	300,000	151,682	▲ 51%
Children who have received individual case management	Total	-	3,000	1,985	▲ 66%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	25,000	16,592	▲ 66%
Children receiving individual learning materials	Total	-	20,000	10,085	▲ 50%
Children and adolescents accessing skills development programmes	Total	-	1,000	400	▲ 40%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	50,000	30,619	▲ 61%
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	30,000	-	0%
People reached with critical WASH supplies	Total	-	500,000	3,073	▲ 1%
Cross-sectoral (including PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	600,000	161,842	▲ 27%
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	5,000	3,174	▲ 63%
People reached with timely and life-saving information on how and where to access available services	Total	-	566,573	2.4 million	▲ 420%
People engaged in reflective dialogue through community platforms	Total	-	56,657	194,982	▲ 344%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	113,314	104	0%

Other countries (CONGO, EQUATORIAL GUINEA, GAMBIA, GUINEA, LIBERIA, SENEGAL and SIERRA LEONE

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	-	43,444	-
Children vaccinated against measles, supplemental dose	Total	-	-	84,756	-
Children 0-59 months vaccinated against polio, supplemental dose	Total	-	1.6 million	2.2 million	▲ 139%
Children 0-11 months receiving pentavalent 3 vaccine	Total	-	-	7,183	-
Live births that were delivered in health facilities in UNICEF-supported areas	Total	-	-	39,627	-
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	-	655,464	-
People receiving insecticide treated nets	Total	-	-	24,342	-
Nutrition					
Children 6-59 months screened for wasting	Total	-	-	47,570	-
Children 6-59 months with severe wasting admitted for treatment	Total	-	-	800	-
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	-	12,855	-
Children 6-59 months receiving micronutrient powder	Total	-	-	-	-
Pregnant women receiving preventative iron supplementation	Total	-	-	6,709	-
Children 6-59 months receiving Vitamin A supplementation	Total	-	-	30,922	-
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	-	27,606	-
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	-	104,266	-
Children who have exited an armed force and groups provided with protection or reintegration support	Total	-	-	-	-
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	-	59	-
Children who have received individual case management	Total	-	-	1,607	-
Children provided with landmine or other explosive weapons prevention and/or survivor assistance interventions	Total	-	-	-	-
Education					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children accessing formal or non-formal education, including early learning	Total	-	-	85,063	-
Children receiving individual learning materials	Total	-	-	44,255	-
Children and adolescents accessing skills development programmes	Total	-	-	6,184	-
Teachers and facilitators trained in basic pedagogy	Total	-	-	730	-
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	-	47,909	-
People accessing appropriate sanitation services	Total	-	-	45,410	-
Women and girls accessing menstrual hygiene management services	Total	-	-	-	-
Children using safe and appropriate WASH facilities and hygiene services in learning facilities and safe spaces	Total	-	-	4,587	-
People reached with hand-washing behaviour-change programmes	Total	-	-	96,148	-
People reached with critical WASH supplies	Total	-	-	27,569	-
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	-	11,606	-
Cross-sectoral (including PSEA)					
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	-	4,206	-
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	-	-	-
Adolescents and young people who participate in or lead civic engagement initiatives	Total	-	-	110	-
People reached with timely and life-saving information on how and where to access available services	Total	-	-	1.8 million	-
People engaged in reflective dialogue through community platforms	Total	-	-	99,888	-
People engaged in reflective dialogue through social media and digital platforms	Total	-	-	122,713	-
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	-	-	-

**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	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health	8,710,849	2,399,373	2,300	367,486	5,941,688	68%
Nutrition	10,584,804	1,450,311	-	-	9,134,492	86%
Child protection	6,458,810	319,004	20,484	588,468	5,530,852	86%
Education	9,021,412	125,000	261,882	397,093	8,237,436	91%
WASH	14,408,209	1,926,845	169,089	87,038	12,225,235	85%
Social protection	975,000	17,198	70,504	-	887,297	91%
Cross-sectoral	12,532,505	764,094	144,811	427,397	11,196,202	89%
Prepardness/anticipatory actions for humanitarian action	1,110,000	242,140	163,448	55,311	649,100	58%
Rapid response	641,152	53,044	-	1,399,351	-	0%
Emergency response	20,000,000	5,856,912	1,125,613	6,654,473	6,363,000	32%
Regional Office Technical Capacity and Prepardness	8,150,417	3,084,919	93,018	-	4,972,478	61%
Total	**92,593,160**	**16,238,843**	**2,051,153**	**9,976,620**	**64,326,542**	**69%**

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

BENIN

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	1,125,888	2,027,069	2,300	102,045	-	0%
Nutrition	5,210,562	120,000	-	-	5,090,562	98%
Child protection and GBViE	1,440,000	129,710	20,484	11,145	1,278,659	89%
Education	2,345,000	75,000	26,106	-	2,243,893	96%
Water, sanitation and hygiene	2,300,000	525,395	169,089	104,842	1,500,672	65%

Cross-sectoral (including PSEA)	7,798,600	512,202	49,977	22,264	7,214,155	93%
Prepardness/anticipatory actions for humanitarian action*	300,000	-	-	-	300,000	100%
Total	**20,520,050**	**3,389,377**	**267,958**	**240,298**	**16,622,415**	**81%**

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

COTE D'IVOIRE

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	1,620,000	-	-	27,685	1,592,314	98%
Nutrition	1,450,000	5,361	-	40,131	1,404,508	97%
Child protection and GBViE	1,600,000	-	-	164,370	1,435,629	90%
Education	2,100,000	-	-	116,522	1,983,477	94%
Water, sanitation and hygiene	2,950,000	-	-	1,049,312	1,900,687	64%
Social protection	300,000	-	-	-	300,000	100%
Prepardness/anticipatory actions for humanitarian action*	250,000	242,140	-	55,311	-	0%
Cross-sectoral (including PSEA)	3,178,000	-	-	276,346	2,901,653	91%
Total	**13,448,000**	**247,501**	**0**	**1,729,679**	**11,470,819**	**85%**

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

GHANA

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	2,685,693	-	-	60,693	2,625,000	98%

Nutrition	1,438,955	-	-	6,907	1,432,048	100%
Child protection and GBViE	1,100,000	-	-	330,742	769,257	70%
Education	1,425,002	-	235,776	174,857	1,014,368	71%
Water, sanitation and hygiene	1,525,000	-	-	20,083	1,504,916	99%
Social protection	500,000	-	70,504	-	429,496	86%
Cross-sectoral (including PSEA)	1,000,000	-	94,834	109,314	795,852	80%
Prepardness/anticipatory actions for humanitarian action*	200,000	-	-	-	200,000	100%
Rapid Response	100,000	-	-	-	100,000	100%
Total	**9,974,650**	**0**	**401,114**	**702,596**	**8,870,939**	**89%**

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

MAURITANIA

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	2,480,358	174,700	-	177,063	2,128,595	86%
Nutrition	1,682,287	913,370	-	40,000	728,917	43%
Child protection and GBViE	640,000	90,334	-	82,210	467,456	73%
Education	1,848,000	50,000	-	105,714	1,692,286	92%
Water, sanitation and hygiene	1,400,000	1,221,106	-	225,113	-	0%
Social protection	175,000	17,198	-	-	157,802	90%
Cross-sectoral (including PSEA)	150,000	111,749	-	19,472	18,779	13%
Prepardness/anticipatory actions for humanitarian action*	300,000	-	-	-	300,000	100%
Rapid Response	50,000	-	-	-	50,000	100%

Total	**8,725,645**	**2,578,457**	**0**	**649,572**	**5,497,616**	**63%**

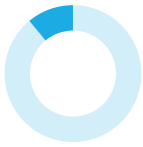
Funding available - funding available in the current appeal year to respond in line with the current HAC appeal.
Humanitarian resources– humanitarian funding commitments received from donors in the current appeal year.
Other resources– non-humanitarian funding commitments received from donors and/or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

TOGO

		Funding available			Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Other resources used in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	798,910	197,604	-	-	601,306	75%
Nutrition	803,000	411,580	-	-	391,419	49%
Child protection and GBViE	1,678,810	98,960	-	-	1,579,850	94%
Education	1,303,410	-	-	-	1,303,410	100%
Water, sanitation and hygiene	6,233,209	180,344	-	-	6,052,865	97%
Rapid Response	491,152	53,044	-	-	438,107	89%
Cross-sectoral (including PSEA)	405,905	140,142	-	-	265,763	65%
Prepardness/anticipatory actions for humanitarian action*	60,000	-	-	163,448	-	0%
Total	**11,774,398**	**1,081,675**	**0**	**163,448**	**10,529,274**	**89%**

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

ANNEX C — FUNDING GAP BY OFFICE AND SECTOR

% GAP (APPEAL SECTOR)					
% GAP (TOTAL)	HEALTH	NUTRITION	CHILD PROTECTION AND GBVIE	EDUCATION	WATER, SANITATION AND HYGIENE
BENIN  **81% gap** $16.6M	 **-89% gap** $1.1M	 **98% gap** $5.2M	 **89% gap** $1.4M	 **96% gap** $2.3M	 **65% gap** $2.3M
COTE D'IVOIRE  **85% gap** $11.5M	 **98% gap** $1.6M	 **97% gap** $1.5M	 **90% gap** $1.6M	 **94% gap** $2.1M	 **64% gap** $3M
GHANA  **89% gap** $8.9M	 **98% gap** $2.7M	 **100% gap** $1.4M	 **70% gap** $1.1M	 **71% gap** $1.4M	 **99% gap** $1.5M
MAURITANIA  **63% gap** $5.5M	 **86% gap** $2.5M	 **43% gap** $1.7M	 **73% gap** $640K	 **92% gap** $1.8M	 **-3% gap** $1.4M
TOGO  **89% gap** $10.5M	 **75% gap** $798.9K	 **49% gap** $803K	 **94% gap** $1.7M	 **100% gap** $1.3M	 **97% gap** $6.2M

Who to contact for further information:

Gilles Fagninou
Regional Director, West and Central Africa
T +221783792740
gfagninou@unicef.org

Cecilia Sanchez-Bodas
Regional Chief of Emergency
T +221789351964
csanchezbodas@unicef.org

Christophe Verhellen
Communicatioin Specialist
T +221 78 700 35 59
cverhellen@unicef.org

ENDNOTES

1. This is the estimated number of children in need in 5 countries: Coastal countries (Benin, Cote d'Ivoire, Ghana and Togo) and Mauritania

2. Ibid

3. Ibid

4. https://data.unhcr.org/en/documents/details/123917

5. Benin, Congo, Cote d'Ivoire, Equatorial Guinea, The Gambia, Gabon, Ghana, Guinea, Guinea-Bissau, Liberia, Lauritania, Togo, Senegal, and Sierra Leone.

6. Intersectoral Analysis Regional Group (GRANIT) Data https://dtm.iom.int/fr/reports/afrique-de-louest-et-du-centre-groupe-regional-danalyse-intersectorielle-granit-rapport-15

7. Monthly Statistics Dashboard BENIN June 2026. https://data.unhcr.org/en/documents/details/123433

8. ACLED (Armed Conflict Location and Event Data)

9. It is important to mention that these data represent the collective achievements of all stakeholders operating in the affected areas, as the government reporting platform does not provide a breakdown of results by implementing organization.

10. Family MUAC (Family Mid-Upper Arm Circumference) is a community-based nutrition approach that trains parents, caregivers, and other family members to detect acute malnutrition in children aged 6-59 months using a simple MUAC tape and by checking for bilateral pitting oedema. This allows families to identify malnutrition early and seek treatment promptly.

11. The Preschool on Wednesdays and Saturdays (PréMS) project is a non-formal preschool education model developed by the Government of Côte d'Ivoire, through the Ministry of National Education and Literacy (MENA), with support from UNICEF. It aims to provide an initial educational experience for children aged 4 to 5 living in areas where there are no traditional preschool facilities.

12. The Cellule Régionale de l'Éducation en Situation d'Urgence (CRESU) is a regional coordination mechanism established in Côte d'Ivoire in 2023 by the Ministry of National Education and Literacy, with UNICEF support, to strengthen preparedness, coordination and response for education in emergencies. CRESU brings together regional education authorities, humanitarian partners, NGOs and community representatives to support emergency education interventions, coordinate Temporary Learning Spaces, develop contingency plans, strengthen local capacities and ensure continuity of learning for crisis-affected children, particularly in regions affected by population displacement and other emergencies.

13. United Nations High Commissioner for Refugees (UNHCR) and Ghana Refugee Board (GRB), Ghana Monthly Statistics Dashboard, June 2026, updated 14 July 2026. https://reliefweb.int/report/ghana/coastal-countries-ghana-monthly-statistics-31-jul-2026

14. According to data from UNHCR dashboard : Country - Mauritania

15. Community-Led Total Sanitation (CLTS) is a participatory approach that empowers communities to eliminate open defecation and improve sanitation and hygiene practices through collective behaviour change rather than through the construction of toilets alone. The approach focuses on mobilizing communities to analyse their own sanitation situation, recognize the health risks associated with open defecation, and take ownership of identifying and implementing local solutions.

16. The target largely reached following the cholera outbreak in Congo

17. In Guinea, two rounds of the polio immunization campaign were conducted in high-risk areas. The figure reported after the second round represents the cumulative number of children vaccinated across both rounds, rather than the number reached during the second round alone.

18. Some countries reported results under this indicator without having selected it in their planned results framework. As no target was set, these achievements are reported without a corresponding denominator, which may affect performance interpretation.

19. The overachievement is largely attributable to the cholera outbreak in Congo, which required the scale-up of response interventions and resulted in a higher number of people reached than initially targeted

20. The overachievement is largely attributable to the cholera outbreak in Congo, which required the scale-up of response interventions and resulted in a higher number of people reached than initially targeted

21. The overachievement is largely attributable to the cholera outbreak in Congo, which required the scale-up of response interventions and resulted in a higher number of people reached than initially targeted