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Etleva Kadilli, UNICEF Regional Director for the ESA region, with children benefiting from the water system supported by the European Union, Dalay-Af village, Obock region, Djibouti.

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for every child

Humanitarian Situation Report No. 1

Reporting Period
1 January to 30 June 2026

Eastern and Southern Africa Region

HIGHLIGHTS

- Eastern and Southern Africa continues to face overlapping, life-threatening shocks, including conflict, displacement, escalating malnutrition, recurrent cholera and measles outbreaks, climate-related droughts and floods, severe food insecurity, and fragile health systems.
- UNICEF delivered integrated life-saving services to millions of people, including vaccination campaigns, treatment for severe wasting, safe water and sanitation support, nutrition screening among other interventions.
- Public health emergencies remain a major regional concern, with cholera, mpox, measles, cVDPV2 and Ebola/Bundibugyo Virus Disease preparedness requiring sustained surveillance, infection prevention and control, community engagement, cross-border coordination and pre-positioned supplies.
- Climate risks are intensifying across the region, with a heightened risk of El Niño-related shocks in 2026/27 expected to further compound food insecurity, child wasting, water scarcity, flooding and disease outbreaks, particularly in climate-vulnerable and displacement-affected communities.

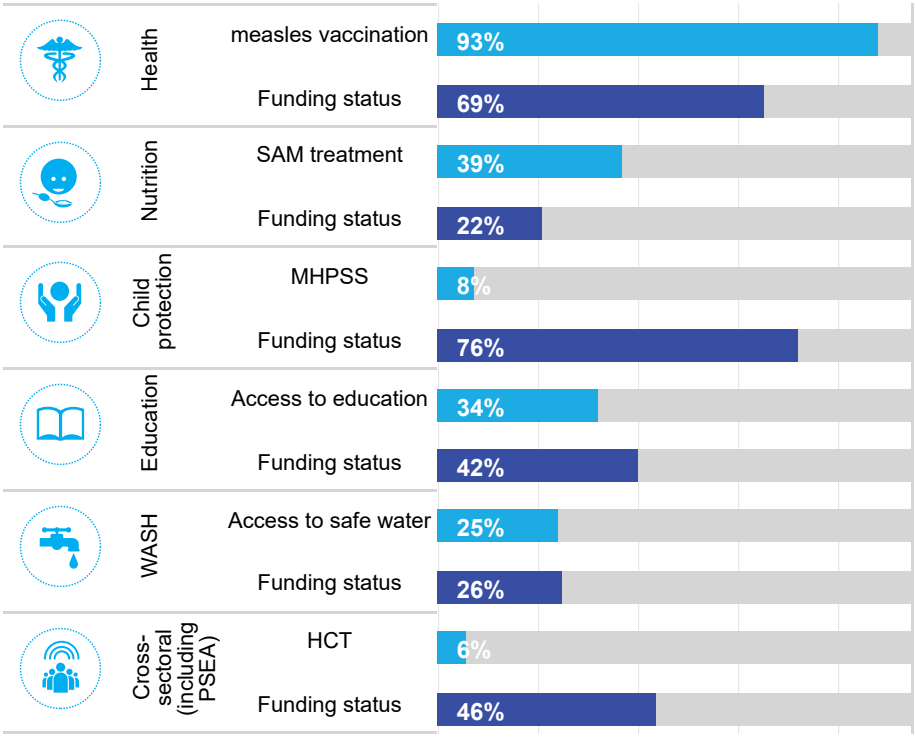
SITUATION IN NUMBERS[1]

20,000,000
Children in need of humanitarian assistance

38,000,000
People in need of humanitarian assistance

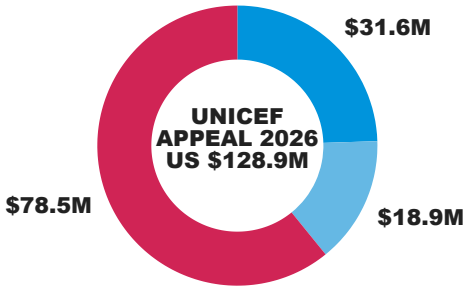
5,000,000
# of pending and registered refugees

UNICEF RESPONSE AND FUNDING STATUS*



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

FUNDING STATUS (IN US$)**



Humanitarian Resources
2025 carry over
Funding gap

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

REGIONAL OVERVIEW

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

The humanitarian situation across Eastern and Southern Africa in the first half of 2026 has been marked by overlapping and compounding crises. Widespread disease outbreaks, including cholera, mpox and other epidemic threats, continue to place pressure on public health systems, while recurrent drought, floods and other climate-related shocks are deepening food insecurity, acute malnutrition and livelihood losses. Displacement linked to floods, conflict and fragile socio-economic conditions has left many households without adequate shelter, safe water, sanitation, education and protection services, with children and women bearing the greatest burden. Without urgent, coordinated and sustained support, humanitarian needs are expected to intensify, further worsening child health and nutrition outcomes and increasing exposure to protection risks, particularly in hard-to-reach and displacement-affected communities.

Forecasts indicate a heightened risk of El Niño-related shocks across the region during the 2026/27 season, potentially placing millions more people at risk of acute food insecurity while increasing flooding, drought and disease outbreak risks. Djibouti, Eritrea, Kenya, Malawi and Zambia are prioritizing anticipatory action frameworks, climate-resilient WASH infrastructure and pre-positioning of supplies ahead of the lean season. Continued Ebola/BVD transmission in the Democratic Republic of the Congo underscores the need to sustain preparedness across bordering and transit countries. UNICEF and partners will prioritize closing critical funding gaps for child protection, social protection and nutrition screening, while strengthening anticipatory, climate-resilient and cross-border systems to protect vulnerable children and communities region-wide.

ANGOLA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Angola is facing a compounding humanitarian crisis. A cholera outbreak declared in January 2025 has spread to 18 of 21 provinces, with over 41,000 cases and 1,000 deaths recorded, disproportionately affecting children and adolescents. In Benguela province, severe flooding following the Cavaco River overflow on 12 April displaced thousands of households and destroyed livelihoods. Rising acute malnutrition among young children, overcrowding, and gaps in shelter, water, sanitation, education, primary health care and protection services continue to threaten the most vulnerable. Angola is also preparing for potential Bundibugyo Virus Disease spillover from the Democratic Republic of the Congo and developing an Anticipatory Action Plan for the upcoming El Niño. Without urgent, coordinated support, the situation risks further straining an already fragile public health system.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

WASH : 25,000 households reached with hygiene kits, including bleach, soap, jerrycans, buckets and water purification tablets, across Benguela, Luanda, Icolo e Bengo, Malanje, Uíge, Cuanza Sul, Namibe and Cubango. In Benguela, UNICEF supported treatment of 22.7 million litres of water across eight water points and trained 488 people on water-quality monitoring; additional training for water managers remains a priority.

Nutrition: UNICEF supported MUAC screening for 236,442 children aged 6–59 months and treatment for 18,936 children with severe acute malnutrition. In flood-affected sites in Benguela, GAM rates of 15 and 18 per cent highlight continued nutrition risks.

Health: UNICEF-supported facilities provided primary health care to 101,268 women and children, treated 8,500 childhood illnesses and 3,830 cholera/AWD cases, and vaccinated 49,947 children against measles, while oral cholera vaccination reached nearly 3 million people.

Child protection interventions reached 6,319 children and adolescents with psychosocial support, including 940 girls with GBV-related sessions; birth registration and camp security remain in gaps.

Education: 13,649 children reached through 34 “school-in-a-box” kits and temporary tents; ten additional tents still required.

RCCE: 59,310 people reached with combined cholera-prevention and PSEA messaging, supported by reactivated coordination mechanisms.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Mapping of Water Systems and Points at the Municipal level. A Decisive Step to Bring Water to the Communities
- Traditional Therapists of Cuanza Norte unite to strengthen vaccination and health promotion.

COMOROS

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Comoros continues to face overlapping humanitarian risks driven by epidemic threats, climate shocks and structural vulnerabilities. The mpox outbreak declared on 23 January 2026 marked a shift from preparedness to active transmission: as of 28 January, seven confirmed cases had been reported, including two locally transmitted, with no deaths, four recoveries and three patients under care. Sixty-one contacts were under follow-up and 2,884 passengers had been screened at points of entry, reflecting high cross-border risk linked to movements with Madagascar and Mayotte. The country also remains exposed to cholera and other waterborne disease risks; recent response planning targeted 34,481 people, including 9,655 women and 7,586 girls. As a small island developing state exposed to cyclones, sea-level rise, droughts and extreme rainfall, priority needs include epidemic preparedness, climate-resilient WASH, primary health care, nutrition surveillance and community-based surveillance.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- UNICEF supported the Government of Comoros to strengthen preparedness and response to epidemic-prone diseases, particularly mpox, cholera and other public health emergencies. Following confirmation of seven mpox cases, national coordination was activated through daily multisectoral meetings, reinforced point-of-entry surveillance, contact tracing and local PCR testing.
- **Health**: UNICEF supported RCCE, community-based surveillance and IPC in health facilities, contributing to the follow-up of 61 contacts and screening of 2,884 incoming passengers.
- **WASH**: Building on cholera lessons, UNICEF and partners maintained Case Area Targeted Intervention (CATI) capacity, active case finding, community surveillance, household decontamination, water chlorination, hygiene promotion and pre-positioned WASH/cholera supplies, while strengthening integrated community-based surveillance and district readiness.
- Preparedness was reinforced through community engagement, surveillance and coordination, but gaps remain in financing, water-quality monitoring, IPC supplies and cross-border surveillance. Priorities for the rest of 2026 are to maintain CATI capacity, scale community-based surveillance nationwide, strengthen climate-resilient WASH and pre-position emergency supplies.

DJIBOUTI

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Djibouti faces overlapping climate, health, displacement and socio-economic pressures. Recurring drought since 2020 is compounded by the risk of a severe 2026/27 El Niño-related shock, combining extreme heat, water scarcity, flash-flood risk, malnutrition, cholera risk and school dropout. Food insecurity is worsening, with IPC Phase 3+ needs projected to rise from 16 per cent in May–June 2026 to 25 per cent in July–December 2026, surpassing the 2025 peak of 20 per cent. This includes 29,538 people in Emergency (Phase 4) and 36,000 children with acute malnutrition. Rural Tadjourah and Obock are projected to reach Phase 4, while refugee camps remain highly exposed. Regional conflict has disrupted Red Sea shipping, while Djibouti remains a transit hub on the Eastern Route from the Horn of Africa to Yemen and Gulf States and hosts 35,040 refugees amid a major reduction in UNHCR capacity.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- Health: UNICEF supported the Ministry of Health to reach 138,151 under- five children through Polio National Immunization Days (89% coverage).
- Nutrition: 4,392 severe acute malnutrition admissions were recorded (50% of sector target) and 26,700 children screened at community level.
- **Nutrition:** 4,392 severe acute malnutrition admissions were recorded (50% of sector target) and 26,700 children screened at community level.
- **WASH:** UNICEF targeted infrastructure in rural drought-affected areas plus rehabilitation extended safe water access to over 3,300 people.
- **Education:** enabled 781 children to access Accelerated Learning in non-formal centres (14% of sector target), including 5% with disability.
- **SBC/AAP:** 24 government staff were trained and 388 community mobilizers reached 110,503 households during the polio campaign.
- UNICEF led sectoral coordination groups and launched an ECHO-funded DRR consortium with IOM/WFP/Red Cross.
- The most severe gap is the absence of humanitarian funding for Child Protection and Social Protection, leaving 15,139 targeted children unaddressed amid rising migration. Health and Nutrition remain only 15% funded, with over 16,000 children unvaccinated in Balbala and Djibouti City alongside a seasonal AWD/cholera rise. WASH and Education remain far below target scale relative to need.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Djibouti hosted Etleva Kadilli, the UNICEF Regional Director, and Alison Parker, the Deputy Regional Director for East and Southern Africa.



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Moussa, a nurse at Obock Hospital,Djiouti provides a medical consultation to young Hasna, held by her mother, Zeinaba. Hasna is receiving treatment for acute malnutrition through RUTF.

ERITREA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Climate-induced shocks are driving urgent humanitarian needs in Eritrea following failed ‘Bahri’ rains from November 2025 to February 2026 and animal disease outbreaks in coastal areas, causing water scarcity and livelihood losses among vulnerable agropastoral communities. The delayed onset of the main rainy season from June to September has further intensified water scarcity and threatens the main harvest. Evolving El Niño-related anomalies may exacerbate vulnerabilities, with forecasts indicating rainfall deficits and higher temperatures persisting through the rainy season. Above-average rains expected in the last quarter may allow localized water recharge and pasture regeneration but fall outside the main growing season and offer limited benefit to key cropping areas, while increasing risks of crop damage, flooding, soil erosion, water contamination, disease outbreaks and favourable conditions for desert locust breeding.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- UNICEF, with Government counterparts, delivered multisectoral assistance to vulnerable children and communities in Anseba, Gash Barka, Northern and Southern Red Sea, scaling up services in coastal areas to mitigate water scarcity, livelihood loss and malnutrition risks from failed 'Bahri' rains. Through routine and outreach platforms,
- **Health:** UNICEF and partners reached 83,365 children and women with primary healthcare and delivered Vitamin A supplementation to 81,774 children aged 6–59 months.
- **Nutrition:** 5,044 children with acute malnutrition were treated and 45,135 caregivers received IYCF+ counselling.
- **WASH:** UNICEF supported activities such as borehole drilling, water system rehabilitation and hygiene promotion in shock-affected coastal regions will start in the second half of 2026.
- **Child Protection:** Social workers provided MHPSS to 10,770 children, adolescents and caregivers, while 5,320 vulnerable people benefited from social protection assistance.
- **Education:** 2,000 girls from vulnerable communities received cash-based incentives to sustain access to education.
- Offshore procurement faced longer lead times due to global shipping disruptions, delaying essential supplies, including nutrition commodities, while fuel shortages disrupted transportation for WASH and social protection activities in remote areas. Persistent underfunding, especially in health, child protection and social protection, further constrained delivery.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Child's Strength Rebuilt Through Nutrition and Care at Mendefera Referral Hospital



@UNICEF/2026/Redie

Child receives Vitamin A supplementation in Elabered health facility, Anseba region

KENYA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Kenya's humanitarian situation remains complex, driven by recurrent climate shocks, disease outbreaks and pressure on refugee-hosting areas. An estimated 3.5 million people require humanitarian food assistance following consecutive poor rainfall seasons, which have deepened food insecurity, malnutrition and livelihood losses across ASAL counties. More than 850,000 children under five are affected by acute wasting. Flash floods have displaced communities, damaged infrastructure and increased the risk of waterborne and vector-borne diseases. Concurrent outbreaks of cholera, dengue fever, mpox and other communicable diseases continue to strain health systems. Refugee camps and host communities face mounting pressure, with approximately 843,000 refugees and asylum seekers in Kenya and declining humanitarian funding reducing access to essential services. Kenya also remains vulnerable to cross-border Ebola risks and severe El Niño-related flooding, further stretching response capacities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- UNICEF continued to support an integrated humanitarian response across health, nutrition, WASH, education, child protection, SBC/AAP and refugee response, prioritizing drought- and flood-affected ASAL counties, outbreak-affected communities, and refugee-hosting areas.
- **Health:** UNICEF supported 88,070 women and children to access primary health care through health facilities and community outreach.
- **Nutrition:** UNICEF supported admission and treatment of 16,007 children aged 6–59 months with severe acute malnutrition.
- **WASH:** 96,935 people gained access to safe water for drinking and domestic use.
- **Child protection:** 26,571 children, adolescents and caregivers provided with community-based MHPSS, while 5,150 women, girls and boys benefited from GBV risk mitigation, prevention and response services.
- **Education:** 88,728 children accessed formal and non-formal learning, exceeding the annual target.
- **SBC/AAP:** 100,000 people reached with life-saving disease prevention and behaviour-change messages. In refugee settings, expanded information management systems strengthened case management, referral pathways and access to MHPSS.
- Reduced humanitarian funding and declining partner capacity continue to constrain specialized protection services, referral systems and planned social protection assistance. Investments in preparedness, disease surveillance, emergency referral systems and community resilience remain insufficient to meet rising needs.



@UNICEF Kenya/2026/Lucas Odhiambo

Integrated Health Outreach Site in Garissa County, Kenya

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- In Gunjiya village, in arid northeastern Kenya, water was once a daily struggle. Today, water is reliable and accessible, bringing new life to the community.
- Walking Towards Hope: Mobile Nutrition Services Bring Hope to Families Facing Drought in Garissa - Bringing lifesaving nutrition services closer to children in drought-affected communities

MADAGASCAR

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Madagascar faced multiple overlapping emergencies during the first half of 2026, including an mpox outbreak, two cyclones and prolonged drought in the south. The mpox outbreak, declared on 30 December 2025, continued to expand, with 2,409 confirmed cases across 21 of 24 regions and 14 deaths reported as of 28 June 2026. Cyclone FYTIA struck Boeny region on 31 January, affecting more than 203,000 people and damaging over 20,000 homes, while Cyclone GEZANI made landfall in Atsinanana on 10 February, affecting approximately 478,000 people and damaging more than 102,000 homes. Remote communities in Soalala and Mitsinjo districts continue to face damaged infrastructure, disrupted services and constrained humanitarian access. In the south, recurrent drought, saline water and worsening food insecurity are increasing nutrition and WASH needs. The June 2026 IPC analysis projected seven southern districts to reach Phase 4 (Emergency) during the October lean season, with El Niño expected to further aggravate conditions.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- **WASH:** Over 12,500 people gained access to safe water and 8,245 to emergency sanitation post-cyclone; 63,909 people received WASH supplies. In drought areas, 13,115 people accessed safe water and 6,627 sanitation. For mpox, 20 volunteers were trained on IPC and 50 schools/two public spaces equipped with handwashing facilities.
- **Nutrition:** 150,530 children screened post-cyclone with 788 severe cases admitted; in the south, 28,985 children admitted for severe acute malnutrition, with mass screening reaching over 660,000 children.
- **Health:** 29 mobile clinics reached 31,273 children/pregnant women post-cyclone; 13 mobile clinics reached 63,864 in drought areas; 30,000 mpox vaccine doses procured, vaccinating 3,864 people.
- **Education:** 65,960 children received learning materials and 22,320 accessed temporary learning spaces post-cyclone; 2,720 children supported in drought areas.
- **Child protection:** UNICEF-supported services reached 411 children and 31 GBV survivors in cyclone-affected areas, while 20,369 people accessed MHPSS and 149 children received support in drought-affected areas. A regional PSEA task force comprising 15 organizations was established to strengthen prevention and response capacity. 411 children and 31 GBV survivors supported post-cyclone; 20,369 people reached with MHPSS; 149 children supported in drought areas. A regional PSEA task force of 15 organizations was established.
- **Social Protection:** 4,985 households received emergency cash top-ups
- **SBC/AAP:** UNICEF reached 1.8 million people with cyclone safety, prevention and preparedness messages, strengthening community awareness and access to life-saving information.



@UNICEF/UN938873/Andrianantenaina

At 22 months old, Angela was screened using an upper arm circumference tape measure. Her measurement, which fell between the red and yellow zones, indicated that prompt intervention was required.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- UNICEF and its partners to carry out mass screening for malnutrition in regions facing a humanitarian crisis.
- Despite the numerous interruptions to classes, we are doubling our efforts this year. We are intensifying remedial lessons and providing close follow-up to each student to help ensure their success

MALAWI

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Malawi continued to face a complex humanitarian situation driven by the convergence of climate-related shocks, disease outbreaks, food insecurity and population movements. During the 2025/26 rainy season, flooding affected nearly 140,000 people, causing displacement and damage to infrastructure and services. Nutrition needs remainedacute, with more than 26,000 children admitted for treatment of severe wasting by June 2026, while approximately 4 million people experienced high acute food insecurity during the 2025/26 consumption year. Conditions are expected to deteriorate further during the lean season, with 2.6 million people likely to need food assistance, compounded by the risk of a severe El Niño shock in 2026/27 that could place over 6 million people at risk. Cholera transmission persisted, with 3,808 cases across 24 districts as of July 2026, while returns from South Africa added pressure to already overstretched services.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- UNICEF supported the Government of Malawi in a coordinated, multi-sectoral response to food insecurity, climate shocks, cholera and population movements, including returnees from South Africa, across nutrition, WASH, health, education, child protection, social protection and community engagement.
- **Nutrition:** UNICEF supported screening of 233,771 children under five and treatment of 26,103 children with severe acute malnutrition, achieving a 93% recovery rate. 136,000 caregivers received IYCF counselling. Through shock-responsive social protection, 5,841 households received cash assistance worth US$331,047, combined with nutrition services.
- **WASH:** Services across 11 affected districts enabled more than 300,000 people to access safe water, 30,000 sanitation, and 7,960 hygiene supplies, including 30,000 returnees. Water quality monitoring covered over 500 sites.
- **Health:** UNICEF-supported health services reached 410,000 children and women. Cholera and acute watery diarrhoea response efforts remained strong, with 8,058 people receiving treatment in UNICEF-supported facilities.
- **Child Protection:** UNICEF reached 40,300 people with protection services and reunified 15 unaccompanied and separated children
- **Education:** Approximately 56,000 children accessed learning opportunities during emergencies
- **SBC/AAP:** 2.9 million people accessed life-saving information, and accountability mechanisms reached 1.37 million people.



@UNICEF Malawi/2026

Children received oral cholera vaccine following the death of a three-year-old boy at Chileka Health Centre, Blantyre, Malawi in January 2026

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- The sound systems leading the charge against cholera Music powered “edutainment” trucks are helping Mwanza reach thousands with life-saving cholera vaccines.

ZAMBIA

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Zambia faced overlapping climate, public health and food security shocks during the first half of 2026, as the country transitioned from a historic El Niño-induced drought to severe flooding and renewed disease outbreaks. While agricultural recovery is underway, supported by a record 4.9 million tonne maize harvest, a forecast return of El Niño conditions threatens the 2026/27 outlook. Flooding in Southern and Eastern provinces displaced thousands of people, while the Lundazi dam breach disrupted water access for approximately 50,000 people. Floods also compounded a cholera resurgence, with 1,627 cases and 26 deaths reported by 16 July 2026. Zambia is concurrently responding to mpox across nine provinces, with 367 confirmed cases; a measles outbreak with 119 cases and four deaths; and cVDPV2 detected from an environmental sample in Lusaka District in January. Five suspected Ebola alerts were investigated, with no positive case confirmed. These concurrent shocks are increasing risks for children, particularly in flood-affected, outbreak-prone and climate-vulnerable communities.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- UNICEF supported a multisectoral humanitarian response while strengthening preparedness and resilience across floods, cholera, mpox, cVDPV2, measles, Ebola preparedness and drought-related risks.
- **Nutrition:** programmes screened 6.29 million children, treating 11,741 with severe and 27,499 with moderate acute malnutrition, maintaining an 85% cure rate.

- **Health:** UNICEF supported three polio vaccination rounds, delivering 4.4 million doses and achieving more than 95 per cent coverage. The measles response in Western Province also exceeded 95 per cent coverage.
- **SBC/RCCE:** UNICEF reached approximately 12 million people with polio campaign messages, with similar reach achieved through Ebola preparedness communication.
- Strategic progress included strengthened anticipatory action through the National Anticipatory Action Framework and pre-positioning of supplies in 77 hard-to-reach areas; improved climate resilience through solar-powered water systems and groundwater monitoring; and systems strengthening through the National Social Registry and eLMIS orientation for 232 district officers. Cross-sectoral integration also improved through protection mainstreaming in nutrition and school-based preparedness reaching more than 93,000 learners.
- Key challenges include low nutrition screening coverage (25 per cent), dependence on short-cycle external financing, and the need to fully fund trigger-based anticipatory action mechanisms.



@UNICEF Zambia/2026/Njovu

Lottie Nkhata measures Agness's mid-upper arm circumference to assess her nutritional status in Lundazi.

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- UNICEF hands over emergency supplies to DMMU to strengthen Zambia's cholera response More than a million Kwacha in critical supplies will help protect families in cholera affected communities
- As Lundazi rebuilds from the floods, Lottie goes door to door protecting children supported by FCDO, Community-based Volunteers support early detection and prevention of malnutrition and waterborne diseases in flood-affected areas in Zambia

ZIMBABWE

SITUATION OVERVIEW AND HUMANITARIAN NEEDS

Zimbabwe continues to face a complex humanitarian situation driven by food insecurity, malnutrition, water scarcity, migration and protection risks, with children among the most affected. Recurrent cholera outbreaks remain a concern, with 276 hotspot wards placing approximately 3.15 million people at elevated risk. Between January and April 2026, 36 cholera cases and two deaths were reported, alongside 3,526 diarrhoeal cases and four deaths. Malaria also remains a major public health threat, with 76,708 cases and 200 deaths recorded. Zimbabwe faces additional cross-border disease transmission risks, including Ebola and cVDPV2. During the 2025/26 rainy season, floods affected more than 250,000 people, caused over 130 deaths, and damaged 236 schools and 15 health facilities. In the first quarter of 2026, 7,436 children were admitted for acute malnutrition treatment.

SUMMARY ANALYSIS OF PROGRAMME RESPONSE

- UNICEF strengthened emergency preparedness and response across health, nutrition, WASH, child protection, education, social protection and SBC/RCCE, with a focus on outbreak-prone, flood-affected and high-risk communities.
- **Health:** A total of 935,422 children were vaccinated during Polio Round 1, achieving 98.3% coverage.
- **Nutrition:** 754,442 children were screened for wasting across 38 districts, with 5,863 treated; the Global Action Plan on Child Wasting was endorsed by Government.
- **WASH:** UNICEF-supported WASH interventions reached 95,726 people, including 55,285 people with improved access to safe water and 1,117 people with sanitation support. Hygiene promotion reached 39,540 people and contributed to containment of cross-border cholera risk in Nyanga.
- **Child protection:** UNICEF-supported services reached 8,190 returnees, including 5,616 children, through the Beitbridge Reception Centre. In addition, 420 children on the move were reunified or placed in alternative care, and 468 frontline workers were trained.
- **Education:** Interventions trained 1,057 teachers and distributed climate change education modules benefiting 36,995 children.
- **SBC/RCCE:** UNICEF reached 850,000 people with flood and cholera prevention information, while 150,000 children received preparedness information through schools.
- **Social Protection:** Progress on shock-responsive social protection included completion of the Social Registry, Grievance Redress Mechanism and National Social Protection Policy.



@UNICEF Zimbabwe/2026/John Mokwetsi

ZimLAC assessment in Pangete Village, Mutasa District, an enumerator measures a child's height to help gather vital nutrition data that informs policies and programmes aimed at improving

HUMAN INTEREST STORIES AND EXTERNAL MEDIA

- Walking the dusty tracks of Mutasa, ZimLAC leader Clarissa Muzenda turns lived realities into data, guiding policy to deliver vital food and nutrition where it is needed most

- In Gatu Township, Senzeni Wayela, a Village Health Worker (VHW), walks from house to house, calling out to caregivers to bring their children for polio vaccination. She has no megaphone, just her voice and determination

HAC APPEALS AND SITREPS

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

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

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

NEXT SITREP: 31 JANUARY 2027

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	-	1.3 million	1.2 million	▲ 93%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	16,000	11,888	▲ 74%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	444,942	173,492	▲ 39%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1.7 million	129,692	▲ 8%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	745,140	252,443	▲ 34%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	3.2 million	806,180	▲ 25%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	277,974	16,146	▲ 6%
People reached with timely and life-saving information on how and where to access available services	Total	-	16.8 million	17.4 million	▲ 103%

ANGOLA Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	250,000	101,268	▲ 41%
Children vaccinated against measles, supplemental dose	Total	-	120,000	49,947	▲ 42%
Nutrition					
Children 6-59 months screened for wasting	Total	-	470,000	236,443	▲ 50%
Children 6-59 months with severe wasting admitted for treatment	Total	-	40,000[2]	18,936	▲ 47%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	30,437	6,317	▲ 21%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	300	100	▲ 33%
Children who have received individual case management	Total	-	500	250	▲ 50%
Education					
Children receiving individual learning materials	Total	-	100,000	13,649	▲ 14%
Children accessing formal or non-formal education, including early learning	Total	-	100,000	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	946,700	16,814	▲ 2%
People reached with critical WASH supplies	Total	-	298,000	153,096	▲ 51%
Cross-sectoral (including PSEA)					
People reached with timely and life-saving information on how and where to access available services	Total	-	500,000	363,154	▲ 73%
People engaged in reflective dialogue through community platforms	Total	-	150,000	83,343	▲ 56%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	500	500	▲ 100%

COMOROS Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Education					
Children receiving individual learning materials	Total	-	60,000	1,462	▲ 2%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	300,000	159,984	▲ 53%

DJIBOUTI Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	89,913	40,435	▲ 45%
Children vaccinated against measles, supplemental dose	Total	-	155,218	138,151	▲ 89%
Nutrition					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children 6-59 months with severe wasting admitted for treatment	Total	-	8,784	4,392	▲ 50%
Water, sanitation and hygiene					
People reached with hand-washing behaviour-change programmes	Total	-	12,000	3,300	▲ 28%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	6,930	-	0%

ERITREA Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	188,528	83,365	▲ 44%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	45,100	5,044	▲ 11%
Children 6-59 months receiving Vitamin A supplementation	Total	-	297,366	81,774	▲ 27%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	184,500	45,135	▲ 24%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	30,000	10,770	▲ 36%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	5,000	2,000	▲ 40%
Children receiving individual learning materials	Total	-	1,000	-	0%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	24,147	-	0%
People reached with hand-washing behaviour-change programmes	Total	-	100,000	-	0%
People accessing appropriate sanitation services	Total	-	40,000	-	0%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	15,000	5,320	▲ 35%
People reached with timely and life-saving information on how and where to access available services	Total	-	735,354	-	0%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
People engaged in reflective dialogue through community platforms	Total	-	166,680	-	0%

KENYA Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	329,918	88,070	▲ 27%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	109,650	72,428	▲ 66%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	104,348	26,571	▲ 25%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	104,348	5,150	▲ 5%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	76,755	88,728	▲ 116%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	212,000	96,935	▲ 46%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	17,646	-	0%
People reached with timely and life-saving information on how and where to access available services	Total	-	212,000	100,000	▲ 47%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	104,348	2,168	▲ 2%

MADAGASCAR Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	177,700	91,223	▲ 51%
Nutrition					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children 6-59 months with severe wasting admitted for treatment	Total	-	155,565	28,985	▲ 19%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	277,796	169,701	▲ 61%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	176,800	20,369	▲ 12%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	331,100	33,776	▲ 10%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	27,960	25,040	▲ 90%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	431,500	25,772	▲ 6%
People accessing appropriate sanitation services	Total	-	150,990	14,872	▲ 10%
People reached with critical WASH supplies	Total	-	74,000	79,975	▲ 108%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	52,800	4,985	▲ 9%
People reached with timely and life-saving information on how and where to access available services	Total	-	1.2 million	1.8 million	▲ 150%

MALAWI Summary of Programme Results

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Health (including public health emergencies)					
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	540,000	410,000	▲ 76%
Individuals receiving treatment for cholera/acute watery diarrhoea in UNICEF-supported facilities	Total	-	10,000	8,058	▲ 81%
Children vaccinated against measles, supplemental dose	Total	-	200,000	-	0%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	56,644	26,103	▲ 46%
Children 6-59 months screened for wasting	Total	-	602,000	233,771	▲ 39%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	254,000	136,000	▲ 54%
Child protection and GBViE					

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	1.3 million	15,830	▲ 1%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	90,000	4,196	▲ 5%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	800,000	40,300	▲ 5%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	15	15	▲ 100%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	80,000	6,000	▲ 8%
Children receiving individual learning materials	Total	-	80,000	6,000	▲ 8%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	882,500	300,000	▲ 34%
People accessing appropriate sanitation services	Total	-	882,500	30,000	▲ 3%
People reached with critical WASH supplies	Total	-	882,500	7,960	▲ 1%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	200,000	121,000	▲ 61%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	9,000	5,841	▲ 65%
People reached with timely and life-saving information on how and where to access available services	Total	-	5.3 million	2.3 million	▲ 43%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	795,000	120,000	▲ 15%
People engaged in reflective dialogue through community platforms	Total	-	1.1 million	450,000	▲ 42%

ZAMBIA Summary of 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	-	6.2 million	52,053	▲ 1%
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	942,778	201,679	▲ 21%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Nutrition					
Pregnant women receiving preventative iron supplementation	Total	-	401,724	210,529	▲ 52%
Children 6-59 months screened for wasting	Total	-	216,929	54,232	▲ 25%
Children 6-59 months with severe wasting admitted for treatment	Total	-	18,081	11,741	▲ 65%
Child protection and GBViE					
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	157,129	74,461	▲ 47%
Children who have received individual case management	Total	-	87,130	9,031	▲ 10%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	70,000	63,701	▲ 91%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	186,293	93,680	▲ 50%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	314,239	151,390	▲ 48%
People reached with critical WASH supplies	Total	-	250,000	60,000	▲ 24%
Social protection					
Households benefitting from social assistance from government funded programmes with UNICEF technical assistance	Total	-	166,728	1.6 million	▲ 933%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	166,728	-	0%
People reached with timely and life-saving information on how and where to access available services	Total	-	7.9 million	12 million	▲ 152%
People engaged in reflective dialogue through community platforms	Total	-	1,000	4,460	▲ 446%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	6,000	10,000	▲ 167%

ZIMBABWE Summary of 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	-	1.1 million	935,422	▲ 86%

Sector			UNICEF and IPs response		
Indicator	Disaggregation	Total needs	2026 targets	Total results	Progress*
Children and women accessing primary healthcare in UNICEF-supported facilities	Total	-	2.1 million	1.5 million	▲ 68%
Nutrition					
Children 6-59 months with severe wasting admitted for treatment	Total	-	11,118	5,863	▲ 53%
Primary caregivers of children 0-23 months receiving infant and young child feeding counselling	Total	-	92,009	20,266	▲ 22%
Child protection and GBViE					
Children, adolescents and caregivers accessing community-based mental health and psychosocial support	Total	-	80,000	49,835	▲ 62%
Women, girls and boys accessing gender-based violence risk mitigation, prevention and/or response interventions	Total	-	60,000	36,196	▲ 60%
People with safe and accessible channels to report sexual exploitation and abuse by personnel who provide assistance to affected populations	Total	-	80,000	26,100	▲ 33%
Unaccompanied and separated children provided with alternative care and/or reunified	Total	-	2,000	420	▲ 21%
Education					
Children accessing formal or non-formal education, including early learning	Total	-	269,132	36,995	▲ 14%
Water, sanitation and hygiene					
People accessing a sufficient quantity and quality of water for drinking and domestic needs	Total	-	88,898	55,285	▲ 62%
People accessing appropriate sanitation services	Total	-	88,898	1,117	▲ 1%
People reached with critical WASH supplies	Total	-	88,898	9,250	▲ 10%
Cross-sectoral (including PSEA)					
Households reached with UNICEF-funded humanitarian cash transfers (including for social protection and other sectors)	Total	-	16,800	-	0%
People reached with timely and life-saving information on how and where to access available services	Total	-	1 million	850,000	▲ 85%
People engaged in reflective dialogue through community platforms	Total	-	10,000	2,228	▲ 22%
People sharing their concerns and asking questions through established feedback mechanisms	Total	-	10,000	2,228	▲ 22%

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

ANNEX B — FUNDING STATUS

Consolidated funding by sector

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	27,567,284	10,830,807	8,323,191	8,413,286	31%
Nutrition	39,848,690	5,714,517	3,098,970	31,035,203	78%
Child protection and GBViE	9,594,567	6,109,355	1,137,313	2,347,899	24%
Education	8,835,497	2,942,774	742,667	5,150,056	58%
WASH	21,354,815	3,696,000	1,907,063	15,751,752	74%
Social protection	7,764,854	-	1,304,408	6,460,446	83%
Cross-sectoral	10,276,248	2,289,295	2,387,263	5,599,690	54%
Regional office technical capacity	3,700,000	-	-	3,700,000	100%
Total	**128,941,955**	**31,582,748**	**18,900,875**	**78,458,332**	**61%**

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

Angola

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	3,521,534	29,416	114,197	3,377,921	96%
Nutrition	3,964,702	498,852	687,915	2,777,935	70%
Child protection, GBViE and PSEA	201,527	28,000	13,004	160,523	80%
Education	429,135	20,000	-	409,135	95%
Water, sanitation and hygiene	3,402,585	183,344	305,272	2,913,969	86%
Cross-sectoral (HCT, C4D, RCCE and AAP)	680,517	33,850[3]	172,452	474,215	70%
Total	**12,200,000**	**793,462**	**1,292,840**	**10,113,698**	**83%**

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

Comoros

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	233,310	41,879	-	191,431	82%
Education	125,000	41,809	-	83,191	67%
Water, sanitation and hygiene	986,568	398,222	-	588,346	60%
Cross-sectoral (HCT, C4D, RCCE and AAP)	266,640	266,640	-	-	0%
Child protection and GBViE	30,000	-	-	30,000	100%
Total	**1,641,518**	**748,550**	**-**	**892,968**	**54%**

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

Djibouti

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and nutrition	2,400,000	68,500	286,123	2,045,377	85%
Child protection and GBViE	550,000	-	-	550,000	100%
Education	350,000	-	-	350,000	100%
Water, sanitation and hygiene	900,000	65,500	183,817	650,683	72%
Social protection	800,000	-	-	800,000	100%
Cross-sectoral (including PSEA)	200,000	-	74,829	125,171	63%
Total	**5,200,000**	**134,000**	**544,769**	**4,521,231**	**87%**

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

Eritrea

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	1,500,000	180,000	264,184	1,055,816	70%
Nutrition	3,000,000	1,161,753	603,638	1,234,609	41%
Child protection and GBViE	1,740,000	646,677	50,000	1,043,323	60%
Education	1,200,000	708,000	492,000	-	0%
Water, sanitation and hygiene	1,500,000	764,000	247,828	488,172	33%
Cross-sectoral (including PSEA)	200,000	80,000	-	120,000	60%
Total	**9,140,000**	**3,540,430**	**1,657,650**	**3,941,920**	**43%**

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

Kenya

		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)	6,298,570	3,212,052	-	6,771,648	-	0%
Nutrition	4,453,890	757,087	-	321,327	3,375,476	76%
Education	2,086,960	1,175,962	-	-	910,998	44%
Water, sanitation and hygiene	320,000	-	-	485,790	-	0%
Social protection	2,937,854	-	-	-	2,937,854	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	800,000	601,517	-	591,761	-	0%
Child protection and GBViE	3,034,038	4,186,157	-	700,392	-	0%

Total	**19,931,312**	**9,932,775**	**0**	**8,870,918**	**1,127,619**	**6%**

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

Madagascar

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	6,875,000	903,018	112,619	5,859,363	85%
Nutrition	17,300,000	1,285,274	3,603,961	12,410,765	72%
Education	2,135,000	973,860	191,941	969,199	45%
Water, sanitation and hygiene	6,040,000	1,778,798	824,765	3,436,437	57%
Social protection	5,880,000	-	7,997	5,872,003	100%
Cross-sectoral (HCT, C4D, RCCE and AAP)	925,000	1,010,450	583,879	-	0%
Child protection and GBViE	3,000,000	1,078,022	177,969	1,744,009	58%
Total	**42,155,000**	**7,029,422**	**5,503,131**	**29,622,447**	**70%**

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

Malawi

		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health and HIV/AIDS	1,400,000	235,359	410,027	754,614	54%
Nutrition	3,500,000	1,544,555	657,107	1,298,338	37%
Child protection, GBViE and PSEA	800,000	-	42,838	757,162	95%
Education	860,000	-	25,138	834,862	97%
Water, sanitation and hygiene	2,500,000	289,761	545,428	1,664,811	67%
Social protection	840,000	-	37	839,963	100%

Cross-sectoral (HCT, C4D, RCCE and AAP)	740,000	77,982	683,679	-	0%
Total	**10,640,000**	**2,147,657**	**2,364,254**	**6,128,089**	**58%**

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

Zambia

		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)	3,200,000	60,000	298,000	-	2,842,000	89%
Nutrition	1,394,080	209,373	160,000	-	1,024,707	74%
Child protection, GBViE and PSEA	2,115,223	128,000	12,000	-	1,975,223	93%
Education	1,862,930	23,143	-	-	1,839,787	99%
Water, sanitation and hygiene	1,702,603	104,096	-	-	1,598,507	94%
Social protection	520,000	-	623,952	-	-	0%
Cross-sectoral (HCT, C4D, RCCE and AAP)	410,000	97,417	27,622	-	284,961	70%
Total	**11,204,836**	**622,029**	**1,121,574**	**0**	**9,461,233**	**84%**

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

Zimbabwe

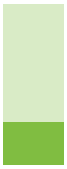
		Funding available		Funding gap	
Sector	Requirements	Humanitarian resources received in 2026	Resources available from 2025 (carry over)	Funding gap (US$)	Funding gap (%)
Health (including public health emergencies)	5,483,550	128,601	179,012	5,175,937	94%
Nutrition	2,170,195	257,623	668,983	1,243,589	57%
Child protection, GBViE and PSEA	1,242,000	42,499	25,109	1,174,392	95%
Education	1,353,432	-	10,445	1,342,987	99%

Water, sanitation and hygiene	1,289,021	112,250	138,928	1,037,843	81%
Social protection	812,000	-	680,418	131,582	16%
Cross-sectoral (HCT, C4D, RCCE and AAP)	579,091	137,660	183,245	258,186	45%
Total	**12,929,289**	**678,633**	**1,886,140**	**10,364,516**	**80%**

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

ANNEX C — FUNDING GAP BY OFFICE AND SECTOR

% GAP (APPEAL SECTOR)						
% GAP (TOTAL)	HEALTH	NUTRITION	CHILD PROTECTION, GBVIE, AND PSEA	EDUCATION	WATER, SANITATION AND HYGIENE	SOCIAL PROTECTION (
ANGOLA **83% gap** $10.1M	**96% gap** $3.5M	**70% gap** $4M	**80% gap** $201.5K	**95% gap** $429.1K	**86% gap** $3.4M	-
COMOROS **54% gap** $893K	**82% gap** $233.3K	-	-	**67% gap** $125K	**60% gap** $986.6K	-
DJIBOUTI **87% gap** $4.5M	-	-	**100% gap** $550K	**100% gap** $350K	**72% gap** $900K	**100% gap** $800K
ERITREA **43% gap** $3.9M	**70% gap** $1.5M	**41% gap** $3M	**60% gap** $1.7M	**0% gap** $1.2M	**33% gap** $1.5M	-
KENYA **6% gap** $1.1M	**-59% gap** $6.3M	**76% gap** $4.5M	-	**44% gap** $2.1M	**-52% gap** $320K	**100% gap** $2.9M
MADAGASCAR **70% gap** $29.6M	**85% gap** $6.9M	**72% gap** $17.3M	-	**45% gap** $2.1M	**57% gap** $6M	**100% gap** $5.9M

MALAWI  **58% gap** $6.1M	-	 **37% gap** $3.5M	**95% gap** $800K	**97% gap** $860K	 **67% gap** $2.5M	 **100% gap** $840K
ZAMBIA  **84% gap** $9.5M	 **89% gap** $3.2M	 **74% gap** $1.4M	**93% gap** $2.1M	**99% gap** $1.9M	**94% gap** $1.7M	 **-20% gap** $520K
ZIMBABWE  **80% gap** $10.4M	**94% gap** $5.5M	 **57% gap** $2.2M	**95% gap** $1.2M	**99% gap** $1.4M	 **81% gap** $1.3M	 **16% gap** $812K

Who to contact for further information:

Etleva Kadilli
Regional Director
T 0207622226
ekadilli@unicef.org

Typhaine Gendron
Regional Emergency Advisor, UNICEF ESA Regional Office
T +254715391398
tgendron@unicef.org

Jelena Jovanovic
Regional Adviser, Private and Public Partnerships
T +254207628587
jjovanovic@unicef.org

ENDNOTES

1. Figures are for the whole Eastern and Southern African region based on the Humanitarian Appeal for Children for 2026

2. The target was previously 20,000 corresponding to the six provinces with activities. The target was adjusted to include the six supported provinces with IMAM.

3. Coordination resources ($16,221) added to cross sectors as the line is not available from the previous template