

Zambia Country Office Humanitarian Situation Report - 2025

Situation Overview & Humanitarian Needs

The lingering impacts of the 2023/24 El Niño-induced drought that hit Zambia continued to push millions of people to the edge. The drought, which was declared a national disaster in February 2024, affected over 9 million people in more than 70 per cent of the country's 117 districts, and rendering over 3 million children food insecure, and more than 51,000 at risk of severe wasting, with limited water access to further heightening vulnerability to malnutrition, diarrheal diseases, and cholera. Zambia experienced a record-breaking maize harvest in the 2024/2025 agricultural season, with projections reaching over 3.6 million tonnes, resulting in a significant surplus and improved national food security after the previous year's drought.

Cholera outbreaks that began in December 2024 affected 18 districts and resulted in 490 cases and 9 deaths by early 2025; despite the outbreak being declared closed in May, a second wave of transmission was recorded in 17 districts affecting 617 and causing 9 deaths (CFR = 1.46%) as at the end of December 2025. At the same time, Zambia was responding to a Mpox outbreak declared in October 2024, which had since spread to nine of the ten provinces. By December 2025, there had been 378 cumulative confirmed cases reported with a CFR of 1.1%. Of all the confirmed cases, 374 (98.9%) were reported in 2025. Zambia has isolated the clade 1b of Mpox virus and shares a porous border with the DRC where, clade 1b overwhelmed health systems before, thus Mpox remains a public health concern in Zambia. On the other hand, Zambia had been facing sporadic measles outbreaks since January 2025, across all ten provinces. As of end December 2025, the country had recorded 2,488 suspected cases, tested 1,088 suspected cases, of which 234 were confirmed as Measles. Most affected individuals were children under five years old, 89% of whom were either unvaccinated or had an unknown measles vaccination status, significantly increasing their vulnerability. Overall, this pattern highlights significant immunity gaps and underscores the need for enhanced, targeted outbreak response in high-burden and high-positivity provinces, alongside sustained, high-quality surveillance nationwide. Persistent heavy rainfall in late December 2025 caused widespread flooding across several parts of Zambia, resulting in significant damage to infrastructure in some districts, displacement of communities and loss of 3 lives and disruption to livelihoods.

Summary Analysis of Programme Response

Nutrition

In 2025, UNICEF contributed to improved early identification and management of acute malnutrition through expanded screening and treatment of wasting among children aged 6–59 months and pregnant and breastfeeding women. This resulted in an average monthly screening of 1,147,659 children, representing 32 per cent of eligible under-five children, up from 860,888 in 2024 and reflecting a 33 per cent increase. Additionally, 85,000 pregnant and breastfeeding women were screened, strengthening early detection among vulnerable groups. This expanded screening led to the enrolment of 26,376 children for treatment of Severe Acute Malnutrition (SAM), below the target of 38,211 but higher than 2024 coverage of 25,380 children. This represents 49 per cent of the estimated caseload by October 2025, compared to 45 per cent in 2024. In addition, 64,965 children were treated for Moderate Acute Malnutrition (MAM), and 16,875 pregnant and breastfeeding women received acute malnutrition treatment using CSB+. To ensure uninterrupted access to life-saving treatment, UNICEF complemented Government procurement by supplying 27,069 cartons of Ready-to-Use Therapeutic Food (RUTF), bringing the total to 54,138 cartons through the Child Nutrition Fund. UNICEF further strengthened commodity availability through direct procurement and distribution of therapeutic and supplementary supplies, including 5,331 cartons of RUTF, 300 cartons of F-75, 252 cartons of F-100, 69 cartons of ReSoMal, and 147 cartons of Combined Mineral and Vitamin Mix (CMV). While these quantities were sufficient to treat all SAM cases nationally, service delivery remained constrained by last-mile distribution gaps and delayed identification, particularly in districts without partner support. UNICEF enhanced health-facility capacity by procuring 260 Seca scales and 260 height boards for 200 facilities, and by printing and distributing IMAM job aids, SAM/MAM registers, and Nutrition Information System tools across all 10 provinces, in line with national protocols developed in 2024. These investments increased the number of facilities treating SAM to 1,523, exceeding the target of 1,280. To stabilize the supply chain, UNICEF supported pre-positioning and last-mile delivery of 12,356 cartons of Government-procured RUTF to 55 districts, including direct delivery support in 22 districts, ensuring Primary Health Centres maintained adequate stocks and responded effectively to increased caseloads during peak emergency periods.

Health

UNICEF, with the Ministry of Health and ZNPHI, supported cholera and Mpox outbreak responses alongside primary healthcare services. In 14 districts, UNICEF and Zambia Red Cross set up 20 Oral Rehydration Corners and supplied 40 AWD kits for cholera and 30 interagency emergency health kits (IEHKs), and 14 high-performance tents. In the 14 districts that had Cholera outbreaks, an estimated 250,000 were reached with services. Mpox interventions in 19 districts focused on community surveillance, house-to-house communication, and case management. Across 81 facilities, 790 CBHVs and 172 health workers were trained, reaching 258,121 people with Mpox prevention and control messages; identifying 2,534 suspected Mpox cases through community surveillance, with 2,310 showing symptoms; referring 877 symptomatic cases to health facilities (of which three were admitted for treatment) supporting or monitoring 1,360 people with suspected

Mpox who were isolated at home. Further, 56,608 children under five were screened for measles; 964 showed symptoms, and 956 were referred for further management. And 1,800 children up to 15 years old were identified with suspected acute flaccid paralysis (AFP); 42% of whom were under five and 801 were referred for assessment. Across the country, 1,406,702 children under the age of five years were vaccinated against Measles through the routine system as opposed to a Supplementary Immunization Activity (SIA) or a campaign, thus the underperformance.. This multi-pronged approach strengthened outbreak control and community resilience.

WASH

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

Social Protection

In 2025, UNICEF support continued for drought-affected populations through the Drought Emergency Cash Transfer (DECT) response, which was implemented using Zambia's Social Cash Transfer (SCT) system. Over 2.2 million households in drought-affected districts were assisted, including both SCT beneficiaries and non-SCT households targeted for the emergency response period. Under the DECT, beneficiaries received cash transfers to meet urgent household needs such as food, nutrition, and school-related expenses. This intervention helped families avoid harmful coping strategies, such as selling household assets like livestock, to meet basic needs. The Government, through the Ministry of Community Development and Social Services (MCDSS), led the implementation and coordination of the DECT, ensuring effective delivery through existing district and community-level systems. Cash transfers were paid bimonthly, with beneficiaries receiving K400 per month—an increase from the regular SCT amount of K200. Non-SCT households received K800 per payment cycle, while SCT beneficiaries received a K200 top-up, bringing the payment amount to K800 and K1200 for households without a member with a disability and households with members with disabilities respectively. All payments were successfully completed by June 2025 as planned. UNICEF supported the rollout of the Prevention of Sexual Exploitation and Abuse (PSEA) by strengthening community-level structures to safeguard vulnerable individuals. Over 10,000 Pay Point Managers (PPMs) involved in cash transfer delivery were trained, and awareness materials were distributed with clear messages on beneficiaries' rights and reporting channels for abuse. Strong collaboration among the Government, UNICEF, the World Bank, and other partners enabled this expanded response to reach all 1.3 million SCT households plus 952,570 additional households in a record time of two months. This was a testament to the enhanced system built with support from the World Bank, UNICEF and cooperating partners

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

In 2025, UNICEF scaled up integrated RCCE activities nationwide, implementing a multi-sectoral, community-based RCCE package for cholera and Mpox in seven provinces (Muchinga, Central, Copperbelt, Lusaka, North-Western, Northern and Southern), and integrating RCCE within Nutrition and WASH interventions in the remaining three provinces (Western, Luapula and Eastern). Overall, these interventions reached 2,025,953 people affected by cholera, Mpox and drought. Contingency partnerships with CSOs and NGOs, including the Zambia Red Cross Society and Plan International, alongside the integration of RCCE into Nutrition in Emergencies partner PDs with Save the Children, World Vision, Catholic Relief Services and Plan International Zambia, enabled timely and cost-effective RCCE and SBC delivery. Through these efforts, 1,892 community-based volunteers received multisectoral training and were deployed to support integrated RCCE responses. A total of 113,100 IEC materials and job aids, including disability-inclusive tools on drought, Mpox and cholera, were distributed, while mass media campaigns reached 11 million people nationwide. UNICEF strengthened systematic RCCE evidence generation and use in collaboration with the University of Zambia, the Ministry of Health and the Zambia National Public Health Institute (ZNPHI) through Rapid Qualitative Assessments (RQAs) and Community Feedback Mechanisms (CFM), which were institutionalized to inform response design. Four rounds of RQAs covering cholera, Mpox, drought and measles were conducted to generate actionable insights for improving multisectoral response activities. In parallel, CFM capacity building among partners, health care workers and community-based volunteers across 21 districts resulted in the collection of 43,000 community feedback entries, which were systematically analysed and used to inform response adjustments. By collecting and responding to community feedback, UNICEF strengthened community trust and participation and reinforced evidence-driven RCCE and multisectoral response actions, as validated by an RCCE Retrospective Study conducted with the Collective Service (ZCO and ESARO and IFRC) and

Anthrologica, which confirmed the critical role of RCCE evidence generation in Zambia's public health emergency response. Additionally, ZCO supported the development and finalization of key strategic RCCE frameworks, including the RCCE Multi-Hazard Plan, Cholera SBC Plan, and Community Feedback Mechanism Standard Operating Procedures.

Child Protection

During the reporting period, UNICEF supported the Ministry of Community Development and Social Services (MCDSS) in responding to drought and cholera emergencies. Using IEC materials, ZANIS, CWACs and community engagement, 611,343 people (including children) were reached with messages on gender-based risk mitigation, PSEA, GBV, and child protection. Community Welfare Assistant Committees (CWACs) reached 88,224 individuals (50,334 children; 37,890). Among those reached through case management, a total of 21,930 individuals were referred to and benefited from various protection services. Of these, 9,893 people—including 5,144 girls and women—out of a target of 10,000 accessed the Public Welfare Assistance Scheme (PWAS). The scheme provided essential material and financial support to address urgent protection needs, particularly those arising from drought impacts across eight districts. And 8,962 individuals accessed GBV, child labour and educational services, through referrals. A further 3,075 people, including children returning from Namibia, received family reunification support and were successfully reunited with their families in Shangombo. Through enhanced referral services. A Protection Rapid Assessment (PRA) and post-response monitoring survey with UNZA showed that most respondents felt humanitarian aid met their needs (67%), addressed risks of violence (69%), provided clear information (72%), and ensured safety and dignity (90%). A conducted service mapping showed limited-service providers, especially in Lunga, where government presence is minimal. Government services remained the most available, though under-resourced and fragmented. Poor infrastructure further limited NGO presence. District Protection Preparedness and Response Plans were developed to feed into a National Preparedness, Response, and Recovery Plan in July 2025. Through Child Helpline Zambia, 16,745 people (7,589 female and 9,156 male) accessed Mental Health and Psychosocial support (MHPSS) services. In partnership with Plan International, UNICEF also strengthened MCDSS capacity to monitor cholera in Lusaka and Kabwe, reaching 3,075 children and families with psychosocial and family support services. Additionally, Child Helpline received 26,406 calls, including 11,167 from children, on humanitarian response issues. Through the Protection Cluster, the Protection Mainstreaming Guide for Zambia: Practical Guidance for Development and Multi-Hazard Response was developed to strengthen the integration of protection principles across all emergency sector clusters. The guide provides practical tools and guidance to ensure that protection considerations are systematically mainstreamed throughout preparedness, response, and recovery efforts.

Education

To ensure continuity of learning, UNICEF continued to support the MoE to convene and co-lead the Education in Emergency Working Group (EIE-WG) meetings with partners. For Cholera the response targeted Chililabombwe, Chingola, Kabwe, Kitwe, Lusaka, Mbala, Nsama, Nsenga Hill, Mpulungu, Nakonde and Ndola districts. On the other hand, the drought response targeted 43 districts across 6 provinces with IPC 3 and 4. The Cholera response focused more on building the capacity of School Epidemic Committees in Cholera hotspot areas. The Epidemic Committees supported disease prevention efforts by ensuring that school environments were clean, learners had access to clean and safe drinking water and acted as surveillance team at school level. The School Epidemic Committees also made referrals of diarrhoea cases to health facilities. A total of 264 teachers were trained and a total of 135 epidemic committees established in schools. UNICEF working with Plan International and CBVs also provided health education to 34,621 pupils in Kabwe, bring the total number of learners reached with Cholera and Mpox messages to 39,341. To ensure quality data reporting by partners, UNICEF collaborated with the MoE to ensure that the 5Ws were updated monthly and submitted to government through the Disaster Management and Mitigation Unit (DMMU). UNICEF through the EIE-WG also continued to advocate for the delivery of continued multisectoral activities including risk communication and community engagement (RCCE) for school-based social behaviour change in response to the Cholera, Mpox and drought. UNICEF continued to monitor potential child protection issues faced by learners during the cholera/drought and provision of onsite linkages to social welfare and psychosocial services through toll-free Child Helplines and Lifelines 116 and 933 to school headteachers for learners to access support and referral services. UNICEF provided two tents to UNHCR to set-up child-friendly learning spaces for the refugee response in Mantapala, Luapula Province.

Cluster Leadership, Coordination and Strategies

The United Nations in Zambia continued to convene periodic emergency response coordination meetings to support effective inter-agency coordination. The frequency of these meetings was determined by the UN Country Team in consultation with UN sector lead agencies and partners, including international and national NGOs. UN sector lead agencies coordinated sector-specific responses in collaboration with the Disaster Management and Mitigation Unit (DMMU), line ministries and implementing partners. UNICEF played a central coordination and leadership role in Zambia's

humanitarian architecture by co-leading the WASH, Nutrition and Education clusters in close collaboration with Government and humanitarian partners. SBC/RCCE, Protection and Health are also very active members of their respective clusters' groups. Through this role, UNICEF supported strategic planning, joint needs assessments, harmonization of standards, and coordinated implementation to ensure timely, effective, and accountable responses for children and affected communities. UNICEF also strengthened government leadership, information management, and partner capacity to enhance preparedness, response quality, and resilience across sectors.

Human Interest Stories and External Media

Throughout 2025, UNICEF Zambia used its website and social media platforms to communicate emergency response actions, results and the impact of partnerships across Education, SBC/RCCE, Health, WASH, Nutrition and Protection. Cholera Rapid Response activities were featured through targeted multimedia content, including videos with UNICEF Ambassadors, field updates from Rapid response operations, WASH supply handovers to government counterparts, and testimonies from community volunteers and affected populations. Press coverage highlighted the delivery of life-saving WASH supplies to priority districts, reinforcing cholera prevention efforts ahead of the rainy season. Human-interest content showcased mothers' experiences in cholera hotspots and the critical role of frontline health workers in protecting communities. Additional content demonstrated the benefits of improved access to clean water in schools and health facilities, including increased learner attendance and improved protection of mothers and newborns. Visibility of partnerships was strengthened through coverage of support from the Republic of Korea, illustrating how WASH and health interventions enhanced infection prevention, expanded access to safe water in health facilities and reinforced the role of community-based volunteers in emergency preparedness and response. To address drought-related malnutrition, UNICEF implemented the Nyamuka Advocacy Campaign, featuring cooking demonstrations, radio and digital messaging, jingles and co-creation activities with influencers and youth under the SUN II platform, in partnership with TEDxLusakaWomen. Human-interest coverage also featured children recovering from malnutrition in Gwembe District and testimonies from caregivers in Zambezi and Kazungula, highlighting the impact of early detection, fortified foods and community outreach. UNICEF further communicated results from emergency social cash transfers and resilience-building interventions for families affected by El Niño-related shocks. The contributions of community-based volunteers were highlighted alongside emergency health campaigns in Central Province. Mpox prevention messaging, including activities in Lusaka and Kabwe and vaccine awareness during World Immunization Week, supported sustained public awareness and prevention efforts.

Human Interest Stories

- [Protecting Zambia's children: UNICEF's Zambia rapid response to Cholera Outbreak](#)
- [Cholera at Kasumbalesa: A mother's fight to keep her family safe and still make ends meet](#)
- [UNICEF's water systems support Congolese refugees in Zambia](#)
- [The journey of a malnourished child's road to recovery: Hope in the face of drought](#)
- [Rain didn't come, but hope did: How one family in Hinjali village is turning Emergency Social Cash transfer support into a brighter future](#)
- [Luckson's Journey: A Mother's Hope and the Power of Support: How the European Union and UNICEF Zambia are Transforming lives of Malnourished Children in Zambezi District](#)
- [Francis' battle with malnutrition: How UNICEF's Zambia support helped one child crawl towards a brighter future](#)
- [A mother's fear for her child's survival amid never-ending food insecurity: How the European Union Civil Protection and Humanitarian Aid Operations \(ECHO\) and UNICEF Zambia are supporting children, pregnant and breastfeeding mothers](#)
- <https://www.unicef.org/zambia/stories/listening-voices-affected-populations>

Press Releases

- [UNICEF Hands Over WASH Supplies to the Ministry of Water Development and Sanitation in efforts to strengthen the Government of the Republic of Zambia's cholera response](#)
- [UNICEF Boosts Zambia's Cholera Response with Lifesaving WASH supplies](#)
- [ECHO Partners with UNICEF and WFP to Mitigate the Impact of Niño-Driven Drought in Zambia](#)
- [UNICEF and GIZ Join Hands to Scale up Response to the Ongoing Nutrition Crisis Due to the El Niño -Driven Drought in Zambia](#)

Annex A;
Summary of Programme Results

Annex A: Year 2025

Sector Indicators	UNICEF and IPs Response		
	2025 target	Total results	% Achieved
Health			
Number of children vaccinated against measles	4,100,000	1,406,702	34
Number of children and women accessing primary healthcare in UNICEF supported facilities	554,693	508,121	91.6
Nutrition			
Number of pregnant women receiving preventative iron-containing supplements	125,955	138,583	110
Number of children 6-59 months screened for wasting	554,593	779,867	141
Number of children aged 6 to 59 months with severe wasting admitted for treatment	2,000	1,469	73
Child Protection & GBV			
Number of women, girls and boys provided with risk mitigation, prevention and/or response interventions to address gender- based violence	48,000	39,961	83
Number of people, including girls and boys in humanitarian contexts who have received individual case management and/or referrals to address severe protection risks	48,000	88,224	184
Number of children and adults who have access to a safe and accessible channel to report sexual exploitation and abuse by humanitarian, development, protection and/or other personnel who aid affected populations	748,000	611,343	82
Number of people accessing protection referral mechanisms and/or pathways	24,562	21,930	89
Number of UASC provided with alternative care and/or reunified	21,412	3,075	14
Education			
# Children accessing formal or non-formal education, including early learning	TBD	39,341	0
# Teachers/educators trained in MHPSS	3,000	264	8.8
# Schools supported to implement safe school protocols (IPC) through the provision of soap and buckets	141	135	96
# Schools reached with hygiene awareness campaigns in schools and surrounding communities	141	135	96
# Schools provided with hygiene-related IEC materials and messages for schools	141	135	96
# Teachers trained on infection prevention, Cholera response and management at the school level	264	264	100
WASH			

Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	38,000	21,500	56
Number of people reached with critical WASH supplies	50,000	516,902	1034
Social Protection			
Number of households reached with vertical cash transfer expansion with UNICEF technical assistance	75,000	1,311,101	1748
Number of households reached with horizontal cash transfer expansion with UNICEF technical assistance	75,000	952,570	1,270
Social Behaviour Change			
Number of affected people (children, caregivers, community members) reached with timely and life-saving information on how and where to access available services	13,600,000	13,025,953	96
Number of people engaged in reflective dialogue through community platforms	6,869	2,025,953	295
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	16,000	43,000	269

Annex B Funding Status

Annex B: year 2025					
Sector	Requirements	Funds available		Funding gap	
		Other resources received in 2025	Humanitarian resources received in 2025	\$	%
Health	4,032,011	250,000	20, 000	3,762,011	93
Nutrition	1,375,000	5,287,798	2,053,878	(5,966,676)	(434)
Child Protection/GBViE/PSEA	250,000	150,000	633,494	(533,494)	(213)
Education	1,795,415	19,610	0	1,775,805	99
WASH	3,000,000	30,000	1,634,020	1,335,980	45
Social Protection	0	150,000	0	(150,000)	0
SBC/Advocacy	500,000	88,509	75,777	335,714	67
Total	10,452,426	5,975,917	4,417,169	59,340	1

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