



Reporting Period: January to June 2026

ZAMBIA Country Office Humanitarian Situation Report No. 2

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for every child

Highlights

- 6.3 million children screened for acute malnutrition, with over 39,000 children enrolled for SAM and MAM treatment and an 85% cure rate.
- 4.4 million nOPV doses delivered across five provinces, achieving at least 95% vaccination coverage following the detection of cVDPV2.
- 13,140 people gained access to safe water through climate-resilient water systems, while cholera prevention activities reached 138,250 people through the chlorination of 553 water sources.
- Millions of people reached with emergency risk communication and community engagement, including 2.8 million through flood-related radio programming, 1.4 million through cholera RCCE, and approximately 6 million through Ebola preparedness SMS messaging.
- 321 recorded returnees from South Africa
- National systems for shock-responsive programming strengthened through support to the National Social Registry, National Anticipatory Action Framework, Protection Mainstreaming Guidelines, and coordinated humanitarian leadership across key clusters

Situation in Numbers

 **776,221**
children in need of humanitarian assistance

 **1,552,441**
people in need



Country Situation Overview and Humanitarian Needs

Zambia navigated a complex, multi-hazard humanitarian crisis from January to June 2026 while transitioning from a historic El Niño-induced drought into severe flooding and renewed disease outbreaks. Agricultural recovery is underway, with the 2025/26 season delivering a record maize harvest of 4.9 million tonnes, though a forecast El Niño return threatens 2026/27. The current rainy season triggered widespread flooding in Southern and Eastern provinces, displacing thousands; the Lundazi dam breach disrupted water for around 50,000 people. Floods

compounded a cholera resurgence with over 1,627 cases and 26 deaths recorded as at the end of the outbreak on 16 July 2026. Zambia is also managing an Mpox outbreak across nine provinces with 367 confirmed cases and a measles outbreak that has produced 119 confirmed cases and 4 deaths. In January, government confirmed the detection of Circulating Vaccine-Derived Poliovirus Type 2 (cVDPV2) from an environmental sample collected in Lusaka District in December 2025. Though Zambia has had 5 suspected alerts Ebola, the country is yet to record any positive case. These overlapping shocks expose deep systemic vulnerabilities, leaving children most exposed and reinforcing the need for anticipatory, climate-resilient programming.

Sections Summary Analysis of Programme Response

Nutrition

From January to June 2026, UNICEF supported the Government to strengthen the delivery of essential nutrition services, focusing on supply chain and last-mile distribution of commodities, enhancing climate-resilient services, capacity building, and emergency responses to floods, cholera, and anticipatory action. Between January and May 2026, 6,293,166 children were screened for acute malnutrition (averaging 1,048,861 monthly) and an estimated 25 per cent screening coverage. Of these, 11,741 children were admitted for severe acute malnutrition (SAM) treatment and 27,499 for moderate acute malnutrition (MAM), achieving an 85 per cent cure rate. Flood response in eastern Zambia screened 15,626 children, with commodities pre-positioned in 77 hard-to-reach zones. The Family MUAC approach oriented 3,260 caregivers, who screened 3,281 children. Cholera response screened 51,381 children. UNICEF also oriented 232 district nutritionists and pharmacists on eLMIS to strengthen forecasting and supply chain management, supported the Nutrition Cluster to develop anticipatory actions, and procured 49,000 bottles of maternal micronutrient supplements for pregnant women across 10 districts.

Health

From January to June 2026, UNICEF Zambia supported the government in responding to and preparing for major public health emergencies, including Cholera, Mpox, Ebola, Polio and Measles. For Cholera, across 5 districts, 155 community-based volunteers (CBVs) and 40 health workers were trained in surveillance, case management and infection prevention and control. CBVs identified 368 diarrhoea cases, gave ORS to 108, and referred 91 to treatment centres; 6 tested positive and 7 were admitted. For Mpox, 400 CBVs and 50 digital mobilizers were capacity-built in Southern Province, referring 46 people for assessment and collecting 19 samples; in Luapula, 300 CBVs and 30 health workers supported surveillance, referral and home isolation. Following cVDPV2 detection, UNICEF supported three polio vaccination rounds across five provinces, distributing 4.4 million nOPV doses and achieving ≥95% coverage. Measles response in Western Province reached >95% coverage. After the May 2026 Ebola declaration, UNICEF procured PPE for national preparedness.

WASH

UNICEF continued supporting the Ministry of Water and Sanitation's sector leadership by convening six monthly WASH cluster meetings, updating the 3Ws matrix, and advancing cholera, ebola, and El Nino preparedness planning. UNICEF continued to support Ministry of Health to operationalize the WHO/UNICEF eight practical steps for improving WASH in HCFs to help ensure continuity of essential health services. With CERF funding, UNICEF provided safe water to 13,140 people and indirectly benefiting 49,236 people in the catchment areas, through construction of seven solar-powered water supply systems and four rainwater harvesting structures in seven healthcare facilities in Gwembe and Sinazongwe districts. Four of the water systems were installed with real-time groundwater data loggers to strengthen hydrogeological assessments, aquifer sustainability, and climate risk monitoring. These help reduce drought-related water scarcity. For cholera response, UNICEF chlorinated 553 water sources (benefiting 138,250 people) in Lusaka, Mpulungu, and Nakonde, provided WASH supplies for 60,000 people, and trained 36 Environmental Health Technologists in water quality monitoring. UNICEF is procuring IPC/WASH supplies targeting 25,000 people and 30 health facilities for emergency preparedness, and

deployed surge support for Ebola planning and the Lundazi flood response, including developing a hydrometeorological roadmap for Lundazi river basin.

Social Protection

During the period under review, UNICEF supported systems strengthening through the development of the National Social Registry (NSR), a foundational tool to improve the effectiveness, efficiency and equity of social protection programmes in Zambia. The NSR will serve as a comprehensive national database on vulnerable households and individuals, enabling the government to better identify, target and reach those most in need, and to mount faster, more coordinated responses during emergencies. UNICEF also provided technical support towards the NSR Data Collection Strategy, which will guide the registry's initial population, updating and maintenance. A key milestone was the strategy's validation by the multi-sectoral Technical Working Group - including MCDSS, Smart Zambia Institute, line ministries, ZamStats, United Nations, the World Bank and FCDO - which built consensus and strengthened national ownership of the NSR as a platform for inclusive, shock-responsive social protection. Additional support was provided towards the development of the National Anticipatory Action Framework, strengthening coordination, pre-agreed early action ahead of forecast climate shocks.

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

During the first half of the year, UNICEF supported integrated RCCE interventions were implemented across key public health emergencies and hazards, combining interpersonal door-to-door sensitizations, public address sensitization, community meetings, inclusive IEC materials, radio and SMS. Flood-related RCCE reached 12,450 households in Chasefu, Lumezi and Lundazi and 128,140 people across 125 communities, with radio programming reaching 2.8 million people through 9 stations and 40 sessions in Kasama, Mansa, Kabwe, Lusaka, Lundazi, Lumezi, Mambwe, Chipata, Choma and Mongu across Northern, Luapula, Central, Lusaka, Eastern, Southern and Western provinces. Cholera RCCE reached about 1.4 million people across Northern, Luapula, Southern, Lusaka and Muchinga, supported by interpersonal door-to-door sensitizations, 460 over gatekeepers, 400 community meetings, over 18,000 IEC materials and 840,129 radio listeners. Mpox activities reached 67,479 households, 160 gatekeepers, 289,108 people and over 2.17 million radio listeners across Southern and Luapula provinces. Ebola preparedness included 25,000 IEC materials, approximately 12 million bulk SMS recipients and 1.5 million radio listeners. Drought and El Niño preparedness integrated RCCE into nutrition anticipatory action, while the Polio response engaged 3,000 social mobilizers and reached approximately 12 million people through radio, TV, PA and Bulk SMS, supporting vaccination of 7.8 million children. Finally, UNICEF also conducted and validated a Measles Rapid Qualitative Assessment (RQA) across five districts, generating community insights that informed response activities across pillars and guided measles interventions in multiple districts.

Child Protection

UNICEF provided technical and financial support to the Ministry of Community Development and Social Services (MCDSS) to finalize the Protection Mainstreaming Guidelines, strengthening the framework for integrating protection across humanitarian and development interventions. Through CERF and FCDO funding, UNICEF supported the roll-out of protection mainstreaming in emergency nutrition programming and preparedness efforts. In Gwembe and Sinazongwe, CBVs and Community Welfare Assistance Committees followed up 398 children with MAM and 18 with SAM, identifying protection concerns and facilitating referrals. As a result, 68 children with cerebral palsy were linked to social welfare services and provided assistive walking aids, while SAM children and caregivers received psychosocial support. In Itzhi-Tezhi, 79 district multisectoral team members were trained to integrate protection into emergency response, focusing on PSEA, GBV risk mitigation, and integrated services. UNICEF also supported development of the National Anticipatory Action Framework, strengthening preparedness, risk-informed planning, and early action for populations affected by climate- and shock-related emergencies. UNICEF continues to monitor the evolving situation following the reported xenophobic incidents in South Africa. Lifeline-Childline continued to support the social welfare department to create awareness on PSEA, GBV and protection mainstreaming through online helpline and on-site support services. As of 30 June,

321 people had been received, while an estimated 90 additional Zambians had registered for voluntary repatriation.

Education

The Education Cluster is a pivotal coordination mechanism for safeguarding educational continuity for children during emergencies. In the period under review, UNICEF worked closely with DRMD to keep the Education Cluster active, and the Education Section engaged with the Ministry of Education to support flood, cholera and Mpox response and readiness on El Niño/drought and Ebola/VHF. For flood and cholera response across Eastern, Lusaka, Luapula, Muchinga and Northern Provinces, UNICEF established 73 school epidemic committees and trained 222 teachers in cholera prevention and learner awareness campaigns reaching over 93,000 learners - improving school preparedness, hygiene awareness and education continuity. With UNHCR, UNICEF supplied two tents to Mantapala Refugee Camp, benefiting 699 children. For Ebola/VHF preparedness, UNICEF supported school-based health and IPC messaging in border provinces. For El Niño/drought readiness, UNICEF supported Ministry contingency planning to sustain learning, reduce dropouts and protect school feeding, including stakeholder mapping and costed interventions across the humanitarian programming cycle.

Cluster Leadership, Coordination and Strategies

The United Nations in Zambia continued convening periodic emergency response coordination meetings, with frequency determined by the UN Country Team in consultation with sector lead agencies and partners, including international and national NGOs. UN sector lead agencies coordinated sector-specific responses with the Disaster Risk Management Division (formerly DMMU), line ministries and implementing partners. UNICEF played a central coordination and leadership role in Zambia's humanitarian architecture, co-leading the WASH, Nutrition and Education clusters with Government and partners, while remaining an active member of the SBC/RCCE, Protection and Health clusters. 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, while strengthening government leadership, information management and partner capacity to enhance preparedness, response quality and resilience across sectors.

Human Interest Stories and External Media

Working alongside the Government of Zambia and Global Polio Eradication Initiative (GPEI) partners, UNICEF helped amplify key messages to strengthen routine immunization, increase demand for vaccination for polio and other vaccine-preventable diseases, and support outbreak prevention efforts. Communication activities included media outreach, social media campaigns, press releases, website articles, human-interest stories, and engagement with Youth Advocate Yolanda Tembo, SDG Advocate Lulu Haangala Wood, and UNICEF Regional Director for Eastern and Southern Africa, Etlewa Kadilli. These efforts contributed to increased public awareness and visibility of the vaccination campaigns and broader child health initiatives. Beyond the polio response, UNICEF continued to spotlight a wide range of emergency response initiatives through human-centered storytelling and multimedia content. Communication products highlighted efforts to respond to public health outbreaks such as Cholera during the rainy season, to improve climate-resilient child nutrition and WASH solutions for children and communities affected by the 2024-2025 El Niño-induced drought, and to support recovery from the floods through community engagement and the delivery of integrated services and life-saving information. Through strategic communications and storytelling, UNICEF increased awareness of critical health and emergency response efforts while showcasing the impact of strong partnerships to protect every child in Zambia.

Press Releases

- [Zambia launches nationwide polio vaccination campaign to protect every child under five](#)
- [Zambia undertakes second round of polio vaccination campaign to protect every child](#)
- [Zambia Launches Final Round of Polio Vaccination Campaign Targeting 3.9 Million Children](#)
- [UNICEF hands over emergency supplies to DMMU to strengthen Zambia's cholera response](#)

Human Interest Stories

- [Lundazi rebuilds after floods: Lottie goes door-to-door to protect children](#)
- [Door-to-door: Community-based volunteers help families stay safe after floods in Lundazi](#)
- [Bringing nutrition closer to home](#)
- [Care in their hands: Family MUAC bringing early detection home](#)
- [Reaching the green zone](#)
- [Rebuilding hope after the Lundazi floods](#)

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Summary of Programme Results

Annex A: Mid-year 2026			
	UNICEF and IPs Response		
Sector Indicators	2026 target	Total results	% Achieved
Health			
Number of children vaccinated against measles	6,200,000	52,053	0.8%
Number of children and women accessing primary healthcare in UNICEF supported facilities	942,778	201,679	21%
Nutrition*			
Number of pregnant women receiving preventative iron-containing supplements	401,724	210,529	52%
Number of children 6-59 months screened for wasting	216,929	54,232	25%
Number of children aged 6 to 59 months with severe wasting admitted for treatment	18,081	11,741	65%
Child Protection & GBV			
Number of women, girls and boys provided with risk mitigation, prevention and/or response interventions to address gender-based violence	157,129	74,461	47%
Number of people, including girls and boys in humanitarian contexts who have received individual case management and/or referrals to address severe protection risks	87,130	9,031	10%
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	70,000	63,701	91%
Number of people accessing protection referral mechanisms and/or pathways	TBD	1,282	N/A
Number of UASC provided with alternative care and/or reunified	TBD	0	N/A
Education			
# children accessing formal or non-formal education, including early learning	186,293	93,680	50%

# teachers/educators trained in MHPSS	450	222	49%
WASH			
Number of people accessing a sufficient quantity of safe water for drinking and domestic needs	314,239	151,390	48%
Number of people reached with critical WASH supplies	250,000 ¹	60,000	24%
Social Protection			
Number of households reached with vertical cash transfer expansion with UNICEF technical assistance	166,728	1,555,840	933.2%
Number of households reached with horizontal cash transfer expansion with UNICEF technical assistance	166,728	N/A	N/A
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	7,900,000	12,000,000	151.9%
Number of people engaged in reflective dialogue through community platforms	1,000	4,460	446%
Number of people sharing their concerns and asking questions/clarifications for available support services to address their needs through established feedback mechanisms	6,000	10,000	167%

¹ Zambia UNICEF Multisectoral Cholera Response and Preparedness Plan: October 2025 – June 2026

Annex A2: Funding Requirements.

Annex B: Mid-year 2026					
Sector	Requirements	Funds available		Funding gap	
		Other resources received in 2026	Humanitarian resources received in 2026	\$	%
Health	3,200,000.00	298,000.00	60,000.00	2,842,000.00	88.81
Nutrition	1,394,080.00	160,000.00	209,373.00	1,024,707.00	73.50
Child Protection	2,115,223.00	12,000.00	128,000.00	1,975,223.00	93.38
Education	1,862,930.00	0.00	23,143.33	1,839,786.67	98.76
WASH	1,702,603.00	0.00	104,096.20	1,598,506.8	93.89
Social Protection	520,000.00	623,952.40	0.00	0.00	0
SBC/RCCE	410,000.00	27,622.00	97,417.00	284,961.00	69.50
Total	11,204,836.00	1,121,574.40	622,029.53	9,565,184.47	85.37