On 8 December 2025, UNICEF Chief of Field Office Fathia Omar Hasan hands a hygiene kit to 11-year-old Asena and her mother, who recently returned from Iran, as part of UNICEF winterization support for returnee families. © UNICEF/Khayyam

Afghanistan

Humanitarian Situation Report

1 January – 31 December 2025

Report # 12

unicef for every child

Reporting Period: 1 January – 31 December 2025

Highlights

- Humanitarian needs increased due to the eastern region earthquake, persistent drought in 12 provinces, and continued large-scale returns from Iran and Pakistan, placing additional pressure on already overstretched basic services.
- UNICEF reached 20,837,394 people, including 11,043,818 children, through integrated humanitarian programming across Afghanistan. This included access to essential health services for over 20 million people, education opportunities for 442,000 out-of-school children (65 per cent girls) through 14,000 community-based education (CBE) classes, access to safe drinking water for over 2.1 million people, life-saving treatment for 611,897 children with acute malnutrition, nutrition support to 943,567 malnourished pregnant and breastfeeding women, and mental health and psychosocial support to over 2.2 million children and caregivers through community- and media-based initiatives.
- Funding shortfalls, particularly in WASH and nutrition, have led to service disruptions and increased risks of supply pipeline breaks for critical commodities.

Situation in numbers

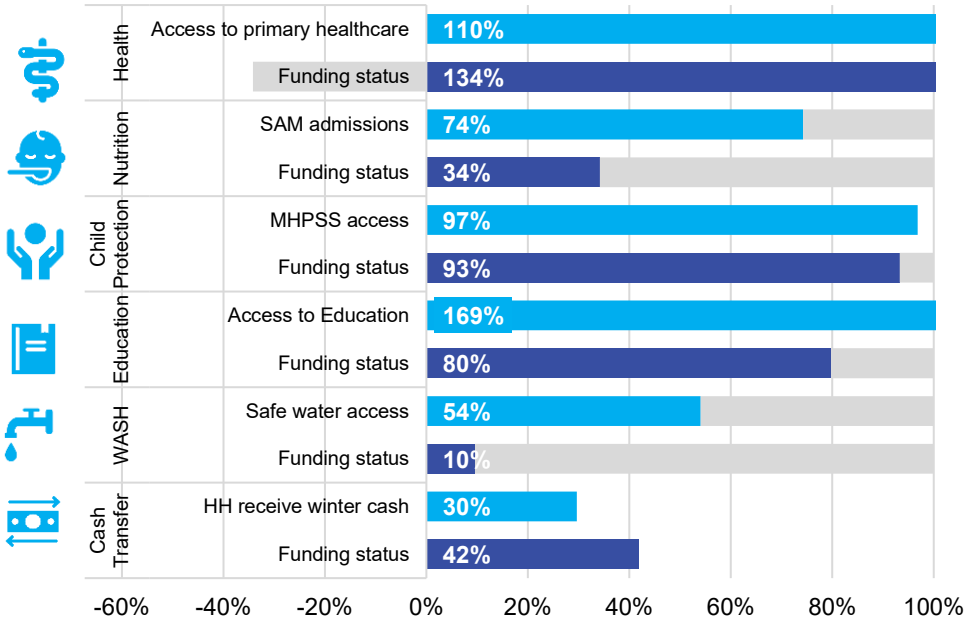
22.9 M
People in need of humanitarian assistance (HNRP 2025)

12 M
Children in need of humanitarian assistance (HNRP 2025)

857,000
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2025)

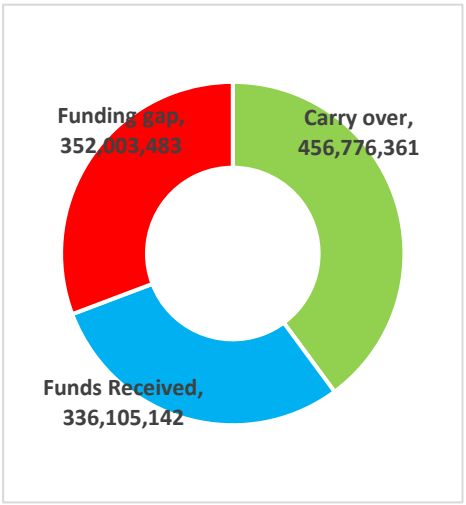
14.3 M
People in need of humanitarian health assistance (HNRP 2025).

UNICEF's Response and Funding Status*



UNICEF Appeal 2025

US$ 1,188,778,304



[1] Carry-forward amount has been revised in accordance with new guidance, including carry forward commitments and balances.

* The Education over-achievement of the indicator is due to a major donor commitment happening after the set of the target for 2025 at the beginning of the year

Funding Overview and Partnerships

The 2025 UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal amounted to US$ 1.2 billion, making it, for the fourth consecutive year, UNICEF's largest single-country appeal. By the end of 2025, the appeal was 70 per cent funded, including flexible emergency funding from both public and private partners, which enabled UNICEF to respond continuously to rising and sudden humanitarian needs throughout the year.

UNICEF reiterates its appreciation to all partners who supported interventions under the HAC 2025, including through important multi-year funding commitments made in previous years that continued to enable implementation in 2025. These include the Asian Development Bank, the World Bank and the Islamic Development Bank as the trustee of the Afghanistan Humanitarian Trust Fund with contributions from the Kuwait Society for Relief and the Saudi Fund for Development, the European Union (Humanitarian Aid), the People and the Governments of Belgium, Canada, People's Republic of China as well as the People of China through the UNICEF China Country Office, Denmark, France, Japan, the Republic of Korea, Norway, Poland, Spain, Sweden, the United Kingdom, His Highness Sheikh Mohamed bin Zayed Al Nahya, President of the United Arab Emirates and Ruler of Abu Dhabi, the Global Partnership for Education and UNESCO, the Gates Foundation, the Afghanistan Humanitarian Fund (AHF) and the Central Emergency Response Fund (CERF) administered by UN OCHA, as well as UNICEF's extensive family of National Committees.

UNICEF further extends its special appreciation to the family of National Committees for UNICEF as well as private sector partners for their contributions of flexible resources, which remain critical to addressing sudden-onset emergencies and underfunded priorities.

As the country enters 2026 with humanitarian and basic human needs at critically high levels, sustained collective engagement will be crucial to alleviate acute suffering, reduce and avert preventable loss of life.

Situation Overview & Humanitarian Needs

In 2025, Afghanistan remained among the world's largest humanitarian crises. An estimated 22.9 million people – nearly half the population – required humanitarian assistance, including around 12 million children.[2] The drivers of need continued to include recurrent climate shocks, the severe economic downturn and unemployment, and the ongoing exclusion of women and girls from education and much of the workforce, exacerbating protection risks and significantly constraining service delivery.

Climate-related shocks and disasters continued to affect communities across Afghanistan. According to Afghanistan's Natural Disasters Dashboard, 118,137 people were affected by natural disasters between 5 January and 3 November 2025, with 31 of 34 provinces experiencing at least one disaster event during that period.[3] In addition, a major new shock in 2025 was the eastern region earthquake (including Kunar), where needs assessments confirmed that 8,471 families – nearly 56,000 people – were directly impacted.[4] In addition, approximately 21 health facilities were damaged (19 in Kunar and two in Nangarhar) in the earthquake-affected area.[5]

Afghanistan also faced sustained pressures from large-scale returns from neighbouring countries. Operational data from UNHCR and IOM indicate that 2,862,900 people returned to Afghanistan in 2025 (last updated 20 December 2025), including about 1,857,000 from Iran and 963,300 from Pakistan. These returns placed significant additional strain on already overstretched services and livelihoods in many return areas, particularly in education, health, WASH, shelter and protection.[6]

[2] HNRP 2025
[3] OCHA: Afghanistan Natural Disaster Dashboard
[4] OCHA: Eastern Region Earthquake Response (25 September 2025)
[5] WHO: Earthquake in Eastern Afghanistan (11 September 2025)
[6] UNHCR: Operational Data Portal

Food insecurity and malnutrition were a critical concern in 2025 and will remain so in 2026. IPC analysis (2025) projected that 9.52 million people (21 per cent) would face IPC Phase 3 (crisis level) or above during May–October 2025, driven by the fragile economy, reduced assistance compared to 2024, and environmental shocks.[7] As Afghanistan entered the winter lean season, food insecurity worsened significantly, with IPC analysis projecting that 17.4 million people (36 per cent of the population) would face acute food insecurity (IPC Phase 3 or above) between November 2025 and March 2026. Persistent drought severely affected 12 provinces, impacting 3.4 million people, further deteriorating the nutrition conditions. Between January and December 2026, an estimated 3.7 million children under five are expected to suffer acute malnutrition – 26 per cent of them severely – alongside 1.2 million pregnant and breastfeeding women. By early 2026, malnutrition levels are projected to worsen in some areas, with Faryab and Paktika moving into IPC AMN Phase 4 (Critical). Forecast La Niña conditions, bringing below-average rainfall and higher temperatures, and over 2.8 million returnees who had come back from neighbouring countries by late November, are further intensifying humanitarian needs and straining basic services and livelihoods.[8]

Afghanistan continued to be highly vulnerable to epidemic-prone diseases. World Health Organization infectious disease outbreaks reporting for 2025 (through second week of November 2025) recorded 95,019 suspected measles cases with 537 associated deaths, 151,451 cases of acute watery diarrhoea (AWD) with dehydration with 74 deaths, and 1,376,751acute respiratory infection (ARI)-pneumonia cases with 2,852 deaths (cumulative totals for 2025). During the second week of December, WHO reported 1,376,751 ARI-pneumonia cases and 2,852 deaths since the beginning of 2025.[9]

Summary Analysis of Programme Response

Health

Compared with 2024, 2025 recorded a deterioration in the epidemiological situation, with increased incidence and severity of several communicable diseases, notably acute watery diarrhoea (AWD) with dehydration, measles and acute respiratory infections, while other diseases such as malaria remained broadly stable. The overall infectious disease burden worsened, driven by multiple concurrent humanitarian shocks, including earthquakes, climate-related events and a large influx of returnees, which placed additional strain on surveillance, prevention and response capacity.

Health service delivery continued to face significant challenges, including chronic underfunding of the health system, health facility closures in some areas, shortages of trained staff and reduced access to primary health care, particularly in rural and hard-to-reach locations. Low routine immunization coverage for measles, polio and other vaccine-preventable diseases continued to enable recurrent outbreaks. Social and policy barriers, including restrictions affecting women and girls, further constrained access to services and uptake of childhood vaccinations. Funding shortfalls, supply chain constraints (including procurement and regulatory clearance challenges), and operational interference linked to the evolving context have at times delayed response efforts. Persistent WASH and nutrition gaps further undermined disease prevention, increasing the risk of morbidity and mortality among children and other vulnerable groups.

Throughout 2025 (January–December), UNICEF sustained the delivery of essential health services across all 34 provinces through 2,409 static health facilities and 16 mobile health teams. Of these, 1,383 facilities in 17 provinces were strengthened with high-impact interventions on maternal and newborn health, including prevention of postpartum haemorrhage and neonatal sepsis. To ensure continuity of care, UNICEF supported the salaries of 27,887 health workers, 38 per cent of whom are women, enabling 20,837,394 people to access essential health services, of whom 26 per cent were children.

[7] IPC: Afghanistan: Acute Food Insecurity Situation for March - April 2025 and Projection for May - October 2025

[8] IPC: Afghanistan: Acute Food Insecurity Situation for September - October 2025 and Projection for November 2025 - March 2026 and April - September 2026

[9] WHO: Afghanistan Infectious Disease Outbreaks Situation Report, 13 December 2025.

From January to December 2025, UNICEF and partners responded to approximately 1,795 suspected disease outbreaks, including measles, ARI-pneumonia, AWD, scabies, dengue, chickenpox, Crimean-Congo Haemorrhagic Fever, and pertussis. To strengthen AWD/cholera preparedness, 13,539 health posts were equipped with zinc and ORS supplies. During the year, 166,188 AWD cases with dehydration cases were treated. In addition, 78,531 malaria cases were treated, and 43,414 children vaccinated in areas reporting suspected measle outbreaks.

UNICEF continued to provide comprehensive primary health care services for returnees and delivered more than 49,709 primary health care consultations, along with around 5,777 antenatal care (ANC) visits and over 1,533 postnatal care (PNC) visits. Additionally, 39 safe deliveries were conducted at the border health facility[10], ensuring maternal and newborn health. During the reporting period, 93,647 returnee children received immunization services/measles at border zero points and transit centres vaccination facilities supported by UNICEF.

Since the onset of the earthquake response in the eastern and northern regions, with particular focus on Kunar province, UNICEF-supported hospitals conducted 351 major surgeries and delivered more than 60,156 primary health care consultations. In addition, 6,169 trauma cases were treated, and 11,000 psychosocial counselling sessions were provided. Approximately 111,311 children were vaccinated against measles, nearly 1,300 antenatal care visits and 700 postnatal care services were delivered, and 180 safe deliveries were recorded. UNICEF continues to deliver health services in three camps through the deployment of additional staff and resources within the ongoing health programme. Furthermore, UNICEF rehabilitated a building in Khas Kunar camp, where a supported service provider will deliver primary health care services.

Between January and December 2025, through routine immunization services, 1,735,649 children under the age of two were vaccinated against measles, 1,590,481 children received their third dose of the pentavalent vaccine, and 266,058 high-risk individuals were vaccinated against COVID-19. In addition, a nationwide preventive measles campaign was implemented in two phases, targeting 18 million children aged 6 months to 10 years. The first phase was completed in 17 provinces in October, during which approximately 8.3 million children were vaccinated, achieving coverage of around 93 per cent. The second phase commenced on 29 October and concluded in November 2025. Of the estimated 9,113,193 children targeted, 8,355,446 were vaccinated, resulting in coverage of 91.7 per cent. Overall, 16,715,115 of the estimated 18,078,907 targeted children were vaccinated nationwide, achieving coverage of 92.5 per cent.

To strengthen cold-chain capacity, 231 Solar Direct Drive (SDD) refrigerators were installed across 231 vaccination centres in the five UNICEF-supported zones. In Helmand province, a building for the Provincial Expanded Programme on Immunization (EPI) team was completed, providing adequate vaccine storage and office space. Immunization waste treatment and storage sites were completed in Kabul and Nangarhar under the Regional EPI Management Teams (REMTs). In addition, 38 cold-chain technicians were trained nationwide. The Effective Vaccine Management (EVM) assessment and Continuous Improvement Plan (cIP) were completed, and an action plan for further system strengthening was developed.

UNICEF continued to extend the reach of primary health care to underserved communities through community health workers (CHWs). During the reporting year, a total of 173 provincial master trainers received training on High Impact Value-Added Interventions (HIVA), covering topics such as advanced newborn care, oxygen therapy, counselling on congenital anomalies, Maternal and Perinatal Death Surveillance and Response (MPDSR), Health Management Information System (HMIS) data use, and obstetric complication management across 17 World Bank-supported provinces. In addition, 5,000 health posts were equipped with newborn care, clean delivery and CHW supply kits.

Throughout 2025, UNICEF engaged more than 1.66 million individuals (55 per cent women), delivering lifesaving information on health, nutrition, immunization and disease prevention through established community platforms, including grandmother groups (GMGs), father groups, the religious leaders' network (TAAVON), the youth network (QAHRAMANAN), and Community Engagement and Feedback Centres (CEFCs). Mass media and

[10] Torkham Jalalabad, Milak border Nimroz and Kandahar/Spin-Boldak

digital campaigns further extended these messages to 12.68 million people (49 per cent female), with a focus on maternal, neonatal and child health, routine immunization, measles and acute watery diarrhoea (AWD). Through CEFCs at border points, emergency response efforts reached 973,778 returnees at Islam Qala, Torkham, Milak and Spin Boldak in Herat, Nangarhar, Nimroz and Kandahar provinces, providing lifesaving information, timely referrals and targeted behaviour change messaging.

Nutrition

Compared with 2024, when 628,307 children under five were admitted for treatment of severe acute malnutrition (SAM), 2025 recorded slightly lower admissions (611,897 children), despite continued high levels of need. This reduction does not reflect an improvement in the nutrition situation, but rather significant operational and supply constraints, including prolonged shortages of ready-to-use therapeutic food (RUTF) during the third quarter of 2025, which disrupted service delivery and reduced admissions in the final quarter. At the same time, recurrent shocks – including drought, earthquakes and large-scale returns – continued to exacerbate food insecurity and increase malnutrition risk, particularly in high-burden provinces. Chronic underfunding of nutrition services, pipeline breaks, access challenges in hard-to-reach areas and increased pressure on overstretched health and WASH systems constrained the scale and continuity of the response, limiting the ability to reach all children in need and increasing the risk of preventable morbidity and mortality.

Against this backdrop, UNICEF continued to strengthen nutrition services across Afghanistan, with more than 3,450 service delivery points providing treatment for severe wasting among children under five. Between January and December 2025, 11.8 million children were screened for wasting, and 611,897 children (58 per cent girls) were admitted for inpatient and outpatient treatment. Admissions declined by 20.6 per cent compared to 2024, primarily due to RUTF shortages during the third quarter and reduced service capacity in the final months of the year. To prevent malnutrition and strengthen caregiving practices, 2,385,998 caregivers of young children received counselling on maternal, infant and young child nutrition (MIYCN), while 2,350,128 pregnant women were supported with multiple micronutrient supplements (MMS). To improve service quality and frontline capacity, 1,382 health workers (450 men and 932 women) were trained on Integrated Management of Acute Malnutrition (IMAM) and MIYCN across four regions.

In coordination with Nutrition Cluster partners, UNICEF continued to provide nutrition services to returnee families at border crossings, transit centres and reintegration areas. From January to December 2025, more than 137,085 returnee children (66,136 boys and 70,949 girls) were screened for wasting, with 4,688 children (1,874 boys and 2,814 girls) admitted for treatment. In addition, 72,330 returnee children received vitamin A supplementation, 86,983 children were supported with micronutrient powders (MNPs), and more than 44,882 caregivers and mothers received counselling and nutritional supplements.

As part of the response to the earthquakes in the eastern and northern regions, 41,049 children were screened for malnutrition, and 1,667 children were treated for severe acute malnutrition. In addition, 14,746 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

Guided by UNICEF Afghanistan's Child Nutrition and Development strategic direction, UNICEF adopted a phased approach to integrate Early Childhood Development (ECD) into existing nutrition service delivery platforms. In 2025, 50 urban nutrition day care centres were upgraded into Urban Child Nutrition and Development Centres in Kabul. Within six months, these integrated services reached more than 90,800 caregivers, women and men, strengthening awareness and practices related to responsive feeding, nurturing care and early stimulation. As part of this integration, 5,253 children under five were screened for age-appropriate developmental milestones, strengthening early identification and referral of children at risk of developmental delays. This scale-up was enabled through the rollout of a standardized 11-module ECD curriculum and capacity building for 192 frontline and community-based workers. ECD indicators were integrated into nutrition information systems, and the Afghanistan Country Office ECD Taskforce was revitalized to strengthen multisectoral coordination and oversight.

Community-based nutrition surveillance continued across 451 sites in all 34 provinces, generating real-time data to monitor malnutrition trends and inform timely programme adjustments.

Education

In 2025, UNICEF supported 442,000 out-of-school children (65 per cent girls) to access education through 14,000 community-based education (CBE) classes. Implemented in partnership with local NGOs, the CBE programme targeted marginalized out-of-school children – particularly girls – excluded from formal schooling due to insecurity, distance, poverty or cultural barriers. Through trained community teachers and locally based learning spaces, the programme provided safe and inclusive education close to home, supporting academic catch-up while reducing protection risks associated with long travel.

To support inclusive and improved learning environments, 2,972,347 children (41 per cent girls) in Grades 1–3 across 14,400 public schools received individual learning kits, including school bags, notebooks, pens and pencils. In addition, 50,956 public school teachers (39 per cent female) were provided with teaching materials to strengthen the quality of classroom instruction. These inputs contributed to addressing critical resource gaps and reinforcing the resilience of the public education system in crisis-affected areas. Textbooks were provided to 465,000 Grade 1 students across 19 provinces, while the quality of early grade learning was further enhanced through the distribution of storybooks and early grade readers for Grades 1–3 in 14,400 public schools nationwide.

In addition, 1,105 high-performance tents were installed to ensure the continuity of safe learning spaces. This support enabled children to continue learning despite earthquakes—including the major earthquake in eastern Afghanistan in August—as well as floods and other severe climate-related events. Of these, 200 tents were distributed in response to the Kunar earthquake. UNICEF also strengthened the emergency response capacity of local partners across all five zones through preparedness planning and the pre-positioning of education supplies.

UNICEF also supported 7,000 children (60 per cent girls) through 255 early childhood education (ECE) classes in the eastern region. A cadre of 20 master trainers was established and equipped with effective ECE methodologies to train and support teachers, including the development of context-appropriate instructional materials. ECE teachers benefited from ongoing coaching, strengthening the foundations for learning among children aged 4–5, particularly girls, in underserved areas. Early results have informed planning for the potential expansion of ECE programming in 2026 and beyond.

A total of 30,840 children were reached through 1,448 Temporary Learning Spaces (TLS) across 21 high-returnee provinces and 55 districts. In support of quality instruction, 900 teachers completed a 14-day training programme on Promoting Effective Teaching and Learning. In addition, 1,298 TLS were equipped with classroom materials, and 30,840 students received teaching and learning supplies, including school bags.

UNICEF expanded the Teacher Development and Support (TDS) programme nationwide, strengthening teaching and learning outcomes through enriched instructional materials, enhanced pedagogical content in Foundational Literacy and Numeracy (FLN), and refined training tools. Through its multi-tiered model, UNICEF facilitated training for 54,041 participants across the country, including 1,527 provincial teacher educators (20 per cent female), 5,729 headteachers (22 per cent female), 23,339 teachers (36 per cent female), and 23,446 members of School Management Shuras (SMS). SMS members play a critical role in strengthening linkages between schools and communities.

The continued ban on secondary education for girls remains a major barrier, depriving millions of girls – including those returning from abroad – of their right to education. Despite this, UNICEF remains committed to supporting girls' learning opportunities and investing in teachers as agents of change.

Despite ongoing restrictions on secondary education for girls, the Girls' Access to Teacher Education (GATE) programme sustained operations, maintaining a strong presence in the eastern region. During the reporting period, 1,131 trainees were supported, including 822 in Nangarhar, 99 in Laghman and 210 newly enrolled in Nuristan. While classes in Laghman concluded in May and those in Nangarhar were suspended in March, six classes remained active in Nuristan, continuing to provide pathways for aspiring female teachers.

UNICEF rehabilitated 232 schools across remote and underserved provinces, including 79 schools rebuilt following earthquake and flood damage. These interventions improved learning conditions for 198,889 children, including 127,337 girls, who had previously studied in damaged or overcrowded facilities. The rehabilitated schools, constructed in line with social and environmental safeguarding standards and operating through multiple shifts, now provide safer, more gender-sensitive and conducive learning environments.

Child Protection, Gender-Based Violence in Emergencies (GBViE), and Prevention of Sexual Exploitation and Abuse (PSEA)

During 2025, UNICEF continued to support the delivery of life-saving child protection and gender-based violence (GBV) prevention, risk mitigation and response services, despite significant challenges, including the absence of formal child protection systems, operational restrictions and substantial funding gaps. Programme delivery was enabled through investments in the social services workforce, strong partnerships with implementing organizations, promotion of localized solutions, and sustained advocacy at national and sub-national levels.

To strengthen the social services workforce and support the effective delivery of child protection and GBV services, UNICEF collaborated with implementing partners to deliver targeted training on case management, mental health and psychosocial support (MHPSS), and information management. Overall, 8,200 individuals (3,539 women) were trained on core competencies for delivering quality child protection and GBV response services. In addition, 5,253 individuals (3,573 women) from community-based child protection structures were trained on child protection, GBV and prevention of sexual exploitation and abuse (PSEA).

Afghanistan continued to face a severe mental health crisis driven by decades of conflict, recurrent natural disasters, displacement, violence against children and gender-based discrimination. In response, UNICEF implemented structured mental health and psychosocial support (MHPSS) interventions through child-friendly spaces at community level, community-based education centres and health facilities, alongside community- and media-based MHPSS awareness programmes. In total, 152,947 children, parents and caregivers (53,657 boys, 52,198 girls, 11,318 men and 37,774 women) received structured psychosocial support through child-friendly spaces, multi-purpose centres, schools, health facilities and community-based recreational activities. In addition, 2,211,629 children and caregivers (869,585 boys, 834,452 girls, 227,376 men and 230,216 women) were reached through community- and media-based MHPSS awareness initiatives.

To strengthen case management and ensure timely service delivery for children in need of protection, UNICEF, in collaboration with members of the Child Protection Area of Responsibility, continued supporting the Primero Child Protection Information Management System (CPIMS+) through training of 221 case workers and case supervisors from child protection agencies. Overall, UNICEF supported individualized case management and specialized protection services for 23,146 children (6,807 girls). In addition, 34,857 individuals (14,521 boys, 10,744 girls, 3,241 men and 6,351 women) were identified and referred to specialized mental health care services. Furthermore, 1,317 adolescents (418 boys, 315 girls, 173 men and 411 women) accessed vocational training and livelihood support, helping reduce reliance on harmful coping strategies such as child labour, migration and early marriage. An additional 4,432 children (1,330 girls) received education reintegration support.

Gender-based violence (GBV) remained a significant protection risk in Afghanistan, affecting women, girls and other vulnerable populations. In 2025, UNICEF reached 278,062 individuals with GBV prevention, risk mitigation and response services. Of these, 46,393 individuals received GBV response services, including case management and referrals.

Explosive ordnance continued to pose a severe risk to children in Afghanistan, necessitating targeted risk education efforts. During the year, UNICEF, in collaboration with implementing partners, reached 603,825 individuals (258,264 boys, 180,371 girls, 81,665 men and 83,525 women) through direct explosive ordnance risk education sessions and media campaigns.

In 2025, UNICEF's child protection and GBV programmes faced significant operational and financial constraints following abrupt funding cuts at the beginning of the year. While low-cost activities, such as awareness-raising

and prevention interventions, continued to be implemented at scale, high-cost specialized services – including case management and GBV response – fell significantly short of planned targets. These challenges were further compounded by a restrictive operating environment.

UNICEF continued to distribute visual materials on the Code of Conduct and safeguarding, including prevention of sexual exploitation and abuse (PSEA) and sexual harassment (SH), to all zonal offices and implementing partners. These materials supported awareness-raising on acceptable and unacceptable behaviours among frontline workers.

Water, Sanitation and Hygiene (WASH)

Compared with 2024, WASH-related vulnerabilities intensified in 2025, driven by the increased frequency and severity of climate-related shocks and population movements. According to the Whole of Afghanistan Assessment (WoAA 2025), 85 per cent of households experienced at least one environmental hazard, up from 77 per cent in 2024, with 67 per cent reporting drought and widespread water scarcity. Recurrent droughts, floods and earthquakes further disrupted already fragile water and sanitation systems, while large-scale returns from neighbouring countries placed additional pressure on overstretched services. These converging shocks heightened the risk of waterborne disease outbreaks, including acute watery diarrhoea (AWD), particularly in areas with limited access to safe water, sanitation and hygiene.

In response, UNICEF continued to address urgent WASH needs nationwide, prioritizing populations affected by earthquakes, flash floods, AWD/cholera outbreaks and large-scale returns from Pakistan and Iran. UNICEF's emergency WASH response spanned all 34 provinces, reaching 2,674,164 people with essential WASH supplies in 2025, including family hygiene kits, water storage containers (jerry cans and buckets), soap and water treatment chemicals. This represented a near doubling of people reached compared to 2024, largely reflecting the scale of return movements during the reporting year and the timely utilization of supplies procured in late 2024 and prepositioned in field offices and with implementing partners.

Access to safe drinking water remained a central priority. UNICEF provided 2,145,410 people with safe drinking water through life-saving water trucking, chlorination of water supplies, upgrading of existing systems and the construction and rehabilitation of durable water supply infrastructure. These interventions bridged immediate humanitarian needs with longer-term system strengthening, helping stabilize access in high-risk and drought-affected locations.

Hygiene promotion also remained a core component of the response, with 2,142,533 people reached through hygiene education campaigns promoting handwashing, safe water storage and other preventive practices. Around 1,803,939 people benefited from emergency sanitation facilities and services, particularly critical in flood-affected areas to reduce the risk of waterborne disease outbreaks. Furthermore, 49,695 students and teachers across 51 schools accessed WASH services, while 32 health centres received a basic WASH package, benefiting 139,014 individuals.

In 2025, 267 families affected by heavy rainfall (126 in Herat and 141 in Farah) received a multi-sectoral response, including WASH assistance through the distribution of hygiene kits, jerry cans, buckets and water purification products.

UNICEF sustained life-saving WASH interventions in the eastern region to address the needs of populations affected by three concurrent emergencies: the influx of returnees, outbreaks of acute watery diarrhoea (AWD), and the earthquake in Kunar, Nangarhar and Laghman Provinces.

In December, approximately 14,896 people gained access to safe drinking water through the construction and rehabilitation of durable water supply systems, including the installation of solar-powered water systems, upgrading of existing facilities and construction of water distribution networks. During the same period, around 26,082 people gained access to basic sanitation services through community engagement initiatives in Daikundi, Paktya and Logar provinces. As a result, Pato and Ashtarlai districts in Daikundi province were declared open-defecation free (ODF), leading Daikundi to become the second ODF province in Afghanistan, following Bamyan; both provinces are located in the central region. In addition, 64,557 people were reached through hygiene

promotion activities focused on handwashing with soap, personal hygiene, safe water handling, and the proper use and maintenance of WASH facilities.

UNICEF's contribution remained central within the broader WASH Cluster response, particularly in hard-to-reach areas where few other actors were able to operate. During the reporting period, UNICEF-supported interventions accounted for approximately 60 per cent of the WASH cluster's overall achievements in enabling access to sufficient quantities of safe water for drinking, cooking and personal hygiene.

Community Engagement and Participation (CEP), Youth and Adolescents, and Accountability to Affected People (AAP)

In 2025, UNICEF Afghanistan significantly scaled up Social and Behaviour Change (SBC) interventions to ensure communities had timely access to life-saving information, meaningful participation in humanitarian and development programmes, and trusted channels to provide feedback. SBC remained a cornerstone of UNICEF's response across health, nutrition, WASH, child protection, education, humanitarian cash transfers and emergency contexts, with a strong emphasis on accountability to affected people (AAP).

SBC interventions reached more than 14.1 million at-risk and affected people nationwide through a combination of interpersonal communication, community-based platforms and mass media. Interventions focused on promoting positive behaviours related to disease prevention, immunization, nutrition, hygiene, mental well-being, child safeguarding and access to essential services. Community outreach was delivered through trained social mobilizers, community health workers, religious leaders' networks (TAAVON), youth groups (Qahramanan), grandmother groups (GMGs), fathers' groups and other trusted community structures, ensuring messages were culturally appropriate and accessible to women, men, girls and boys.

In parallel, SBC interventions expanded engagement through social media platforms, promoting positive parenting and equipping parents and caregivers with knowledge and skills to prevent violence against children, women and adolescents.

UNICEF engaged more than 3.5 million children, caregivers and community members through structured community engagement activities, including dialogue sessions, group discussions and community mobilization events. These engagements strengthened community ownership, helped address misinformation and disinformation, and supported the uptake of critical services, particularly among hard-to-reach and vulnerable populations. SBC interventions were systematically integrated into vaccination campaigns, nutrition screening and referrals, WASH promotion, school rehabilitation, and emergency preparedness and response activities.

SBC-driven demand generation contributed to measurable service uptake outcomes. In 2025, 1.25 million pregnant women accessed antenatal care (ANC), 745,000 women benefited from skilled birth attendance, and 1.31 million children received immunization services – representing increases of 17 per cent, 15 per cent and 8 per cent, respectively, compared to 2024. Targeted community mobilization also supported the nationwide measles campaign, achieving 92.5 per cent vaccination coverage among targeted children.

SBC supported education-focused community engagement sessions involving teachers, School Management Shura members, community influencers and religious scholars. These efforts promoted community ownership of 131 newly constructed schools and supported the creation of safe, inclusive and supportive learning environments at household and community levels.

To support sustainability and long-term impact, SBC interventions strengthened the capacity of 10,720 community influencers, including religious scholars, GMG members, youth, community health workers and hygiene promoters. Capacity-building focused on key behaviours related to health, immunization, nutrition, education, protection and hygiene, equipping community actors with life-saving information and behaviour change skills.

SBC played a critical role in emergency and shock-responsive programming throughout the year. During disease outbreaks, population movements, earthquakes and flood responses, SBC teams rapidly disseminated risk communication and community engagement messages to support protective behaviours and access to available

services. Radio, television and locally adapted communication materials complemented face-to-face engagement, extending reach to remote and crisis-affected areas.

In response to large-scale returns, SBC-supported emergency response efforts reached 973,778 returnees through CEFCs established at major border points, including 538,831 in the western region, 75,939 in the eastern region and 359,008 in the southern region, at Islam Qala, Torkham, Milak and Spin Boldak border points in Herat, Nangarhar, Nimroz and Kandahar provinces. Returnees received timely life-saving information, referrals to essential services and targeted behaviour change messaging to mitigate health, protection and WASH risks during transit and reintegration.

Throughout the year, SBC-led risk communication and community engagement interventions supported outbreak prevention and response, including campaigns addressing Crimean-Congo haemorrhagic fever (CCHF) and hygiene promotion during AWD outbreaks in Kapisa, Parwan, Kunduz, Takhar, Laghman, Kunar and Nangarhar provinces. To strengthen evidence-based programming, UNICEF conducted a qualitative behavioural assessment on AWD in Nangarhar, Laghman, Kunduz and Takhar, comprising 54 key informant interviews, 10 focus group discussions and 18 structured observations. Findings informed the design and refinement of SBC strategies by identifying community perceptions, behaviours and structural barriers influencing AWD prevention and response.

Overall, 2025 underscored the growing scale and strategic importance of SBC in Afghanistan. By combining large-scale communication with deep community engagement, evidence generation and robust feedback mechanisms, UNICEF's SBC programming strengthened service uptake, community trust and accountability, contributing to more responsive and people-centred humanitarian and development action across the country.

Accountability to Affected People (AAP) remained a central pillar of SBC programming. In 2025, more than 291,000 people shared concerns, feedback and questions through UNICEF-supported feedback and response mechanisms, including Community Engagement and Feedback Centres (CEFCs), community structures and partner-facilitated channels. Feedback related primarily to service quality, access barriers, inclusion concerns and protection issues. UNICEF and partners worked closely with programme sections and clusters to analyse feedback trends and ensure timely follow-up. As a result, more than 74 per cent of recorded feedback cases were addressed and referred to relevant service providers, reinforcing trust and transparency between communities and responders.

Gender and Adolescent Development and Participation

In 2025, UNICEF, in collaboration with implementing partners, reached 99,483 women and girls with essential information and services through 34 Women and Girls' Safe Spaces across the central, eastern, western and northern regions of Afghanistan. These safe spaces provided supportive environments where women and girls could access information and assistance related to maternal, child and adolescent health; nutrition and healthy practices; immunization; WASH; and gender-based violence (GBV) prevention and response. Trained social workers delivered psychosocial support and facilitated referrals to appropriate health and protection services. During the reporting period, 53,448 adolescent girls also participated in skills development and learning opportunities delivered through safe spaces and digital platforms, including digital education, transferable skills and vocational training.

In addition, 84,882 men and boys were engaged through the Men and Boys Network, promoting positive masculinity and supporting women's and girls' access to health, nutrition and education, as well as the prevention of child marriage and GBV. Over the course of 2025, 4,537 health-care providers – including doctors, nurses and midwives – were trained in the identification, management and referral of GBV cases across all 34 provinces.

As part of the earthquake response in the eastern region, 4,613 women and girls (2,314 women and 2,299 girls) received integrated services, including health, nutrition, psychosocial counselling, polio awareness, menstrual hygiene management, handwashing education and protection support. In addition, 700 individuals were reached through outreach services, while 656 people benefited from mental health and psychosocial support (MHPSS) interventions during the reporting period.

Social Protection and Humanitarian Cash Transfer (HCT)

With the dual objective of addressing immediate humanitarian needs while laying the groundwork for a future national social protection system, UNICEF launched the integrated Mother and Child Cash Transfer (MCCT) programme. The programme aims to enhance the impact of maternal and child health services by addressing demand-side barriers to the utilization of health and nutrition services through cash transfers combined with social and behaviour change interventions.

In 2025, UNICEF supported 65,725 households with pregnant and lactating women through the MCCT programme, reaching 433,673 people, including 276,937 children, 19,961 internally displaced persons (IDPs) and returnees, and 2,845 people with disabilities, across nine districts in Zabul, Badghis, Kunar and Samangan provinces. Each household received US$60 per quarter. In parallel, UNICEF implemented community engagement activities to promote improved maternal and child health practices, including infant and maternal feeding, hygiene, antenatal care and vaccination. The programme incorporates an impact evaluation component to generate evidence on outcomes and lessons for future programming. The baseline was completed in 2025, with midline results scheduled for dissemination in April 2026.

UNICEF further provided multi-purpose cash assistance to 1,045 earthquake-affected households in Kunar Province, reaching 7,156 people, including 4,684 children, 21 persons with disabilities, and 4,976 IDPs and returnees. This assistance enabled affected households, including those with injured members, to access essential health services and meet immediate priority needs.

In addition, UNICEF Afghanistan sustained humanitarian cash assistance for vulnerable households affected by severe winter conditions, prolonged drought and earthquakes. These interventions supported 20,758 households, reaching 139,734 people, including 88,701 children, 16,158 IDPs and returnees, and 3,178 people with disabilities, addressing the immediate life-saving needs of women, children, persons with disabilities and other vulnerable groups.

As part of the 2025 winter response, UNICEF assisted 12,850 households, reaching 82,367 people, including 52,224 children, in Daikundi, Kunar and Samangan provinces. Between June and October 2025, UNICEF also participated in an inter-agency drought early action response to support households in preparing for and mitigating the anticipated impacts of prolonged drought. Combined with the subsequent earthquake response in eastern Afghanistan, these interventions reached 7,908 households, benefiting 57,367 people, including 36,477 children, 565 IDPs and returnees, and 2,117 persons with disabilities, through the delivery of life-saving multi-purpose cash assistance in affected districts of Kunar and Takhar provinces.

Humanitarian Leadership, Coordination and Strategy

In 2025, the humanitarian coordination architecture in Afghanistan underwent significant reflection and restructuring following the Humanitarian Reset, with implications for coordination arrangements at both national and sub-national levels, including UNICEF-led clusters. In this context, and in its role as Cluster Lead for Nutrition, WASH, Education and Child Protection AoR, UNICEF supported and successfully conducted cluster reviews aimed at adapting coordination structures to the evolving operating environment. These reviews contributed to a streamlined and more area-based coordination architecture, strengthened complementarities between humanitarian and Basic Human Needs (BHN) coordination.

Throughout the year, UNICEF worked closely with UN agencies, international and national NGOs through national cluster coordination mechanisms and sub-national area-based coordination structures. Coordination with relevant *de facto* authorities through established coordination fora supported access and operational continuity. In coordination with key partners, UNICEF addressed access-related bottlenecks and operational challenges, including interference, staff detentions, and activity restrictions, helping sustain life-saving services. As a member of the Humanitarian Country Team (HCT), UNICEF continued to advocate for children's rights and ensured inter-agency response strategies remained responsive to children's needs.

In parallel, UNICEF sustained a robust child rights monitoring and reporting system, producing regular analyses of emerging trends and policy developments affecting children and their families. These reports documented how directives, bans and restrictions impeded access to humanitarian assistance, highlighted their disproportionate impact on women and girls, and informed evidence-based advocacy efforts to mitigate risks, protect children's rights and address gender-specific barriers.

UNICEF-led clusters also played a central role in shaping the 2026 Humanitarian Needs and Response Plan (HNRP), contributing to joint needs analysis, severity ranking, prioritization exercises and the refinement of geographic targeting. Through these processes, UNICEF helped ensure that coordination adaptations under the Humanitarian Reset translated into more focused, needs-based and child-sensitive humanitarian planning.

Nutrition Cluster

In 2025, the Nutrition Cluster coordinated a large-scale response to acute malnutrition amid rising needs, recurrent shocks and significant funding constraints. During the reporting year, 609,325 children under five with severe acute malnutrition (SAM) were treated, reaching 74 per cent of the annual target, including 55,134 children with medical complications who received inpatient care through 148 Therapeutic Feeding Units. In addition, 1,351,145 children aged 6–59 months were treated for moderate acute malnutrition (MAM), while 943,567 malnourished pregnant and breastfeeding women (PBW) were supported through targeted supplementary feeding programmes, exceeding the annual target (116 per cent).

Nutrition services were delivered across 401 districts through more than 3,300 static sites and 107 mobile health and nutrition teams, with expanded reach through integration into 'family health houses' in underserved areas. However, critical funding shortfalls led to the closure of 305 nutrition facilities across 25 provinces, leaving more than 88,000 vulnerable children and women without access to essential nutrition services and significantly constraining response capacity.

In response to large-scale returns from neighbouring countries and the earthquake in the eastern region, Nutrition Cluster partners rapidly scaled up integrated emergency nutrition services at key points of entry and in affected provinces. During these responses, more than 137,000 children under five and 22,000 pregnant and breastfeeding women were screened in returnee contexts, while emergency surge interventions following the earthquake enabled timely identification and treatment of SAM and MAM cases, alongside preventive services such as IYCF counselling, micronutrient supplementation and deworming.

Strategic planning and prioritization were guided by the IPC Acute Malnutrition analysis conducted in October 2025, which confirmed a severe and persistent malnutrition situation, with seven provinces classified in IPC Phase 4 (Critical) and projections indicating further deterioration into 2026. These findings directly informed Nutrition Cluster inputs to the 2026 Humanitarian Needs and Response Plan (HNRP), including geographic prioritization and targeting of high-severity areas.

Throughout the year, the Nutrition Cluster strengthened inter-cluster coordination with Health, WASH and Food Security and Agriculture Cluster (FSAC) through joint mapping and a multisectoral framework to improve efficiency and nutrition outcomes in high-burden and hard-to-reach areas. The cluster finalized its contribution to the 2026 HNRP, estimating 7.4 million people in need, with 5.7 million targeted and a funding requirement of US$298 million, focusing on treatment and prevention of acute malnutrition, MIYCN, micronutrient supplementation, early childhood development and multisectoral actions.

Cluster performance and accountability were reinforced through the completion of the 2024 Cluster Coordination Performance Monitoring (CCPM) validation and the 2025 CCPM survey, alongside the introduction of a standardized gap analysis tool. Nutrition surveillance was strengthened through Community Nutrition Sentinel Sites covering all 34 provinces, supporting both IPC analysis and People in Need estimates, while monitoring and supportive supervision visits helped assess service quality and reinforce adherence to national protocols.

Education Cluster

In 2025, the Education Cluster coordinated partners' responses amid compounding shocks, including earthquakes, large-scale returns and persistent capacity constraints within the public education system. In August, a major earthquake in the eastern region – particularly affecting Kunar province – caused widespread damage to education infrastructure and disrupted access to learning for thousands of children. The cluster supported rapid assessments and coordinated emergency education responses, including the establishment of temporary learning arrangements, while working with partners to prioritize the continuity of learning in the most affected districts.

In early November, a second earthquake affected parts of the northern region. While less severe than the August earthquake in the east, it still impacted education facilities, with 52 schools and 45 community-based education (CBE) classes affected. The cluster coordinated targeted response measures, including the reactivation of 11 CBE classes through the provision of high-performance tents in two districts of Samangan province. Overall, the impact was assessed as manageable, with no large-scale learning disruption anticipated.

Beyond shock response, a key coordination challenge throughout the year remained the integration of returnee children in high-return areas. Schools in these locations faced severe capacity constraints, further exacerbated by the transition of learners from CBEs to hub schools. Existing infrastructure and staffing levels were insufficient to absorb the increased demand, raising concerns related to overcrowding, quality of education and retention. The de facto Ministry of Education acknowledged these challenges and planned engagement with the Education Cluster and partners in December 2025 to identify practical solutions.

These challenges and response lessons informed the Education Cluster's inputs to the 2026 Humanitarian Needs and Response Plan (HNRP), with a focus on maintaining access to learning in emergency and high-return contexts, strengthening linkages between CBE and formal education, and addressing system capacity constraints in priority districts.

Child Protection Area of Responsibility (CPAoR)

In December 2025, the Child Protection Area of Responsibility (CPAoR) continued to coordinate inter-agency efforts to strengthen case management, psychosocial support and referral pathways across Afghanistan, with a particular focus on earthquake-affected and high-return areas. CPAoR partners collectively reached 187,688 individuals[11] through a range of child protection services.

Cumulatively, between January and December 2025, 3.1 million individuals were reached with services including structured psychosocial support for children, case management, winter clothing for children, referrals to specialized mental health services, community-based protection activities and awareness-raising interventions.

Coordination efforts during the reporting period focused on improving data harmonization, service quality and reporting consistency, particularly in earthquake-affected areas in the eastern and northern regions. The CPAoR worked closely with partners to align service delivery approaches, strengthen referral pathways and ensure complementarity with GBV, Mine Action and broader Protection Cluster interventions.

Throughout 2025, the CPAoR actively contributed to inter-cluster coordination and joint planning processes, including the development of the 2026 Humanitarian Needs and Response Plan (HNRP). In parallel, the AoR engaged with the Protection Cluster and its Areas of Responsibility to support the development of transition planning for protection workstreams, reflecting evolving coordination arrangements and the shift toward more integrated protection approaches.

[11] 74,548 boys, 56,020 girls, 19,571 men and 37,549 women.

WASH Cluster

In 2025, the WASH Cluster coordinated partners' responses in a highly complex operating environment characterized by compounded shocks, including drought, floods, earthquakes, acute watery diarrhoea (AWD)/cholera outbreaks and large-scale returnee movements. These shocks continued to strain already fragile water and sanitation systems, particularly in rural, hazard-prone and returnee-hosting areas. While incremental gains were recorded in access to water and sanitation services, critical gaps persisted in hygiene coverage, system functionality and sustainability. Public health risks remained acute, with AWD/cholera outbreaks underscoring the direct link between inadequate WASH services and preventable morbidity and mortality.

During the year, a total of 166,188 AWD cases with dehydration and 80 associated deaths (case fatality rate of 0.05 per cent) were reported across 355 districts. Nearly half of reported cases were female (49.5 per cent), and 57.5 per cent were children under five. Most cases (81.3 per cent) were concentrated in 12 provinces, including Kabul, Paktya, Herat, Ghazni, Farah, Khost, Kandahar, Nangarhar, Badakhshan, Helmand, Parwan and Takhar, informing geographic prioritization and outbreak response coordination. WASH cluster worked closely with Health cluster on the prioritization of the villages and districts for WASH interventions as pre the Afghanistan response strategies through regular coordination meeting and sharing of the line lists.

Despite funding constraints, the WASH Cluster coordinated a large-scale response through 32 partners, reaching 3.6 million people with access to enough safe water for drinking, cooking and personal hygiene.

In addition, 1,340,979 people gained access to gender- and disability-sensitive sanitation facilities, 2,738,776 people were reached through hygiene promotion activities, 4,098,299 people received critical WASH supplies, and 1,494,904 people accessed basic WASH services in schools, health and nutrition facilities across all 34 provinces.

Coordination efforts in 2025 emphasized operational learning and adaptation, particularly in outbreak preparedness and response, the integration of community-led total sanitation (CLTS) approaches for disease prevention and strengthened inter-sectoral collaboration with health and nutrition actors. However, persistent funding shortfalls, access constraints and administrative delays continued to limit the scale, timeliness and sustainability of WASH interventions, informing advocacy priorities and planning for the 2026 HNRP.

Selected External Media, Statements & Human-Interest Stories

Press releases:

- Over 8 million children in Afghanistan reached as the second phase of the measles campaign concludes.
- More than 212,000 children at risk of acute watery diarrhoea and other deadly waterborne diseases in earthquake-hit eastern Afghanistan.
- Afghanistan reaches 8.9 million children in the first phase of a nationwide measles campaign.
- Afghanistan's Education System Facing Deepening Crisis for Both Girls and Boys, Warn UNICEF and UNESCO.
- Statement by UNICEF Executive Director Catherine Russell on the denial of education to adolescent girls in Afghanistan for 4 years.
- UNICEF Launches US$22 Million Appeal to Support over 212,000 Children Affected by Earthquakes in Eastern Afghanistan.
- EU humanitarian airbridge delivers 130 tonnes of supplies in support of UNICEF's relief efforts in eastern Afghanistan.
- Thousands of children at risk after devastating earthquake hits eastern Afghanistan.
- EU Contributes €10 Million to Protect Afghan Children on the Move.
- UNICEF and WFP Joint Action Plan to Stop Child Wasting in Afghanistan.
- Japan provides US$5 million to eradicate polio and strengthen immunization programme in Afghanistan.
- IsDB, AHTF, OIC and Saudi Fund for Development support access to safe learning for 4,000 children in western Afghanistan.

Human-Interest Stories:

- Keeping the lights on for immunization: With KSrelief, UNICEF is powering 13 hospitals to store vaccines safely for women and children in Afghanistan.
- From tents to classrooms: UNICEF, with support from the Government of Japan, is constructing 165 schools across Afghanistan.
- Every last mile, for every child: Women engaged to mobilise families for polio vaccination for the first time in Nuristan, East Afghanistan.
- Purifying contaminated water into a lifeline for communities: How acute watery diarrhoea triggered a first-of-its-kind sustainable safe water solution in Afghanistan.
- Cash for the early moments: Supporting families in Afghanistan to improve diets and health care in the first 1,000 days of their child's life.
- Homeward bound: After seven years of unsafe labour abroad, Bashir returns to Afghanistan to reclaim the last few years of his childhood and reunite with his family.
- Kareema the shoeless midwife: Armed with passion, training and supplies, Kareema goes the extra mile to help mothers and babies survive pregnancy and childbirth in western Afghanistan.
- Reconstructing her happy place: Amena's school was a bastion of delight and discovery, until it washed away in last year's floods. But this year, it is the first of hundreds to be rebuilt.
- Clean water and school supplies: How UNICEF and The World Bank are helping children in Afghanistan stay in school.
- Teaching with Heart: Bahara's Journey to Inspire, Grow, and Transform: With support from UNICEF, a passionate female teacher turns learning into a journey of hope.
  10,000 litres of safe water for quality health care: Across Afghanistan, UNICEF installs solar-powered water systems to keep health services running smoothly.

Videos:

- Surviving a harsh winter.
- Securing safe passage home for children on the move
- Kabul's nutrition daycare centres
- Payenda the motorbike vaccinator
- Water and hygiene for returning families at the border
- Safe water for Noorudin
- Kareema the midwife
- Fatema's first school
- Therapeutic Milk as a Beacon of Hope Against Malnutrition
- One in two Afghan children suffer from severe child poverty
- Access to safe water has significantly improved children's access to education

Next SitRep: 25 February 2026

UNICEF Afghanistan Humanitarian Action for Children Appeal: https://www.unicef.org/appeals/

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Annex A

Summary of Programme Results

Sector / Indicator	Total[12] Needs 2025	UNICEF and IPs Response			Cluster/Sector Response		
		2025 Target	Total Results (Jan –Dec 2025)	Change[13] ▲▼	2025 Target	Total Results (Jan – Dec 2025)	Change ▲▼
Health [14]							
Number of UNICEF-targeted children 6 to 59 months in humanitarian situations who are vaccinated against measles	277,603	340, 000	8,280,596	8,280,596[15]			
Number of people accessing health care through UNICEF-supported health facilities	13,880,144	19,000,000	20,837,394	22,955			
Nutrition[16]							
Number of children 6-59 months with severe wasting admitted for treatment	780,577	824,000	611,897	48,655	824,000	611,897	16,410
Number of primary caregivers of children aged 0 to 23 months who received Infant and Young Child Feeding (IYCF) counselling	3,129,656	2,500,000	2,385,998	189,622	2,500,000	2,385,998	5,998
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	3,904,688	158,000	152,947	32,665	270,000	262,999	36,097
Number of girls and boys, victims or at risk of violence, including unaccompanied and separated children & survivors of grave violations who received case management services	126,853	45,000	23,146	6,286	70,000	43,594	7,883
Number of women, girls, boys and men accessing		220,000	197,184	9,892			

[12] The total needs and targets are likely to change, in-line with the HNRP prioritization exercise.
[13] Changes since last month's report reflect the number of new beneficiaries reached during the current reporting month, along with any late submissions from previous months. Please note that this value may be adjusted following routine data cleaning and review processes.
[14] The health targets exceed the identified needs in the HNRP, as the UNICEF ACO HAC integrates both humanitarian and basic-needs programmes and interventions.
[15] A national measles campaign was conducted during the month. The indicator is focusing only on the campaign. Phase 2.
[16] The nutrition targets exceed the identified needs in the HNRP, as the UNICEF ACO HAC integrates both humanitarian and basic-needs programmes and interventions.

Gender Based Violence (GBV) response, risk mitigation and prevention interventions							
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	603,825	117,867			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		500,000[17]	423,549	84,976			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA Reporting mechanisms[18]		900	2,541	24			
Education							
Number of vulnerable school-aged girls and boys who are reached through Community Based Schools (CBS), Accelerated Learning Centres (ALC), and Temporary Learning Spaces (TLS)	2,700,000	415,000	442,011[19]	0	480,000	486,473	156,401
Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	4,787,432	2,050,00[20]	3,730,089[21]	1,812	291,329	518,469	179,591
WASH[22]							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	18,359,670	3,968,000	2,145,414	18,935	6,291,858	3,585,112	110,330
Number people who gained access to gender and disability-sensitive sanitation facilities	16,901,802	3,407,000	1,803,939	36,925[23]	4,053,744	1,340,979	22,796

[17] The annual target for the indicator has been 500,000 (not 1.5 million)

[19] These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.
[20] The Public Education indicator includes HNRP and non-HNRP schools.
[21] The over-achievement of the indicator is due to a major donor commitment happening after the set of the target for 2025 at the beginning of the year
[22] WASH Cluster has updated its beneficiary calculation methodology. Certain activities (water filtration, water quality testing, water system chlorination, and spare parts provision) are now excluded, resulting in reduced figures.
[23] UNICEF calculates CLTS in the HAC while at Cluster level this activity is not included in the HNRP.

Number of people reached with hygiene promotion programmes	23,482,801	4,420,000	2,142,533	123,844	6,080,980	2,738,776[24]	147,029
Number of people reached with critical WASH supplies	6,921,045	1,774,000	2,674,164	172,922	2,217,410	4,098,299	43,413
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	200,000	200,000	188,709	0	800,000	1,494,904	51,567
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	66,770	1,045			
CEP and AAP							
Number of at-risk and affected populations reached with timely, appropriate, gender/age-sensitive life-saving information on humanitarian situations and outbreaks		10,000,000	14,102,580	1,422,353			
Number of children, caregivers and community members engaged in participatory behaviour change interventions		3,500,000	3,596,207	370,868			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		300,000	291,989	27,714			
Gender, Youth, and Adolescent Development							
Number of women and adolescent girls accessing an integrated gender responsive package of information, services and empowerment skills through safe spaces		100,000	90,983	8,500			
Number of UNICEF supported frontline workers trained on gender integration and adolescent responsive services		15,000	4,537	0			
Emergency Preparedness and Response							
Number of households reached with cash assistance to meet winter needs		70,000	20,758	6,313			

[24] UNICEF calculates CLTS hygiene promotion in the HAC while at Cluster level this activity is not included in the HNRP.

Annex B
Funding Status*

Appeal Sector	2025 HAC Requirements (US$)	Funds available			2025 Funding Gap***	
		Humanitarian resources received in 2025	Resources available from 2024 (carry - over)	Other resources available	$	%
Health	328,586,029	238,733,238	183,412,516	18,788,785	(112,348,510)	-34%
Nutrition	181,921,628	36,365,904	21,945,693	3,847,291	119,762,740	66%
Child protection, GBViE and PSEA	41,773,260	3,383,770	31,821,189	3,778,353	2,789,948	7%
Education	286,319,400	28,075,405	189,584,439	10,814,737	57,844,819	20%
Water, sanitation, and hygiene	256,945,770	15,120,702	8,432,536	1,093,906	232,298,626	90%
Social protection	61,320,482	6,675,658	17,227,195	1,747,020	35,670,609	58%
Cross-sectoral (HCT, SBC, RCCE and AAP)	19,803,000	7,750,465	4,352,794	3,823,226	3,876,515	20%
Emergency preparedness and response	5,159,235	-	-	-	5,159,235	100%
Gender, adolescents, and youth development	6,949,500	-		-	6,949,500	100%
Total	1,188,778,304	336,105,142	456,776,361	43,893,318	352,003,483	29.6%

** The above results are supported by a range of financing instruments to meet the needs of women and children.*
*** To more accurately reflect the level of funding for the response, funds from other sources that also contribute to the emergency response in 2025, including those carried over from 2024, are now included.*
**** The modification is attributed to the recent new funding received from the Asian Development Bank (ADB). UNICEF are currently incorporating only $153.9 million, which has been actually received from the donor, whereas the total agreement amount stands at $270 million, in which the remaining funding will be received from the Donor in 2026 per a signed agreement.*