Reporting Period: 1 January – 31 December 2024

Afghanistan

Humanitarian Situation Report
1 January – 31 December 2024
Report # 12

unicef
for every child

Highlights

- In 2024, 23.7 million people, including 12.6 million children, were in need of humanitarian assistance, mainly due to the residual impacts of a protracted conflict, returnees from Pakistan, extreme climate shocks and the country's severe economic decline, which is characterized by high unemployment and a fragile recovery.
- UNICEF reached over 19 million people (53 per cent children) with lifesaving and life-sustaining Health, WASH, Nutrition, Education, Child protection, Social Protection and community engagement interventions during the year.
- In 2024, UNICEF provided life-saving treatment for severe wasting to 628,307 children under 5, addressing nearly 80 per cent of the estimated burden.
- The 2024 UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal for US$ 1.44 billion was, for the third consecutive year, UNICEF's largest single-country appeal. Thanks to generous contributions from partners, the appeal was funded at approximately 56 per cent by the end of 2024.

Situation in numbers

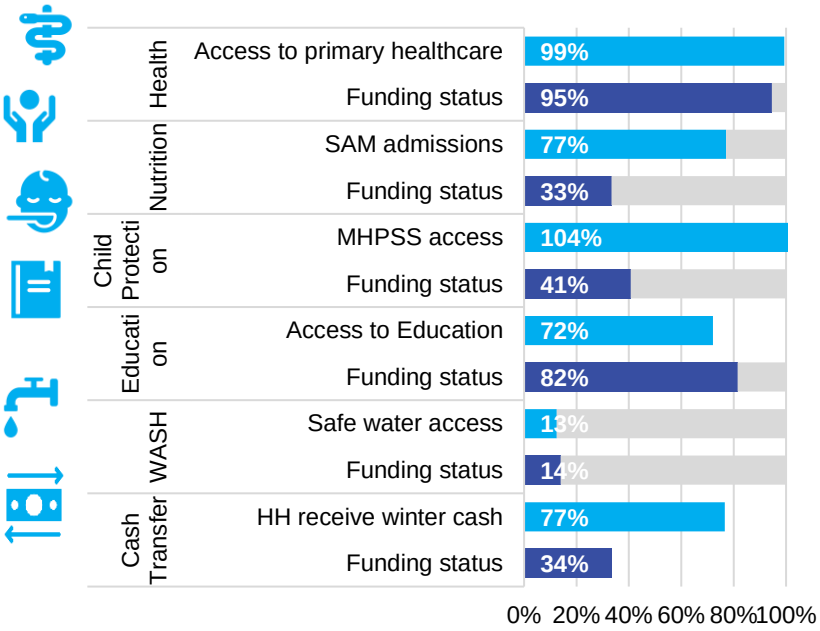
23.7M
People in need of humanitarian assistance (HNRP 2024)

12.3M
Children in need of humanitarian assistance (HNRP 2024)

857,155
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2024)

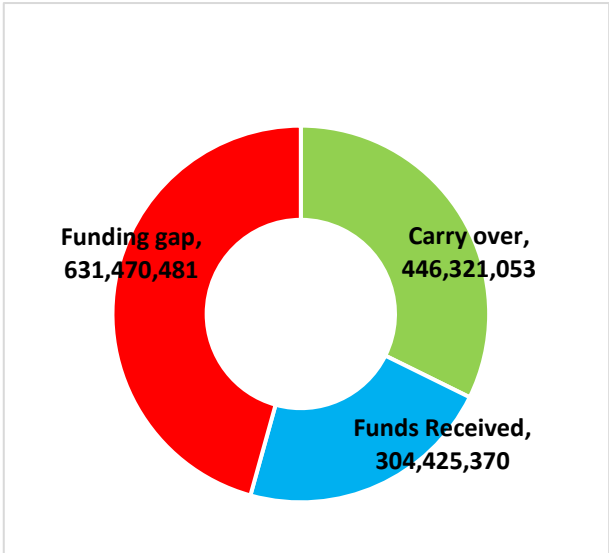
17.9M
People in need of humanitarian health assistance (HNRP 2024).

UNICEF's Response and Funding Status*



UNICEF Appeal 2024

US$ 1,440,125,182



**The graph showcases results for one key indicator per section.*

Funding Overview and Partnerships

The 2024 UNICEF Afghanistan Humanitarian Action for Children (HAC) appeal for US$ 1.44 billion was, for the third consecutive year, UNICEF's largest single-country appeal. Thanks to generous contributions from partners, the appeal was funded at approximately 56 per cent by the end of 2024. This includes flexible emergency funding from both public and private partners, which allowed UNICEF to continuously respond to rising and sudden needs.

UNICEF is grateful to Canada, the People's Republic of China, Denmark, Japan, Norway, the Republic of Korea, Poland, Sweden, His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates and Ruler of Abu Dhabi, the United Kingdom, the United States of America (Bureau for Humanitarian Assistance), the European Union (International Partnerships and Humanitarian Aid), as well as the Asian Development Bank, the Islamic Development Bank, the World Bank, the Afghanistan Humanitarian Fund, the Afghanistan Humanitarian Trust Fund, the Afghanistan Resilience Trust Fund, the Gates Foundation, Gavi, the Vaccine Alliance, the Global Financing Facility for Women, Children and Adolescents Multi-Donor Trust Fund, the Kuwait Society for Relief, the Saudi Fund for Development, Rotary International, and UNICEF's extensive family of National Committees for contributions received throughout the year, and important longer-term funding granted in previous years that continued to support implementation in 2024.

UNICEF extends its special appreciation to Australia, Belgium, Denmark, Germany, Japan, the Netherlands, Norway, Sweden, Switzerland, the United Kingdom, the United States, and the family of National Committees for UNICEF as well as private sector partners for contributing flexible resources, and to the Republic of Korea, Poland, the United Kingdom, the Asian Development Bank, the World Bank and the Afghanistan Resilience Trust Fund, as well as UNICEF National Committees across the globe for new contributions provided in December 2024. UNICEF Afghanistan deeply appreciates the continued commitment by donors to support the response in the country. Going into 2025, with both humanitarian and basic human needs at dire levels, sustained donor commitments will be crucial to alleviate acute suffering and to reduce preventable deaths, particularly among children and women.

Situation Overview & Humanitarian Needs

In 2024, 23.7 million people, including 12.6 million children, were in need of humanitarian assistance, mainly due to the residual impacts of a protracted conflict, returnees from Pakistan, extreme climate shocks and the country's severe economic decline, which is characterized by high unemployment and a fragile recovery. The exclusion of women and girls from most facets of life, including education and the workforce, has significantly increased their protection risks and worsened an already deeply challenging humanitarian situation. The lack of investment in public services also contributed to the deterioration of key basic service provision, particularly in the WASH and health sectors, hindering the ability of vulnerable communities to recover from shocks and build resilience.

From January to December 2024, 184,882 people were affected by natural disasters throughout Afghanistan. All 34 provinces experienced one or multiple natural disasters during this period. Afghanistan is prone to earthquakes, flooding, drought, landslides, and avalanches. On average such disasters affect 200,000 people every year[1].

Over 1.2 million undocumented Afghans returned from Pakistan and Iran between January and December 2024[2]. Since 15 September 2023[3], over 800,000 Afghan returnees from Pakistan have been registered, with numbers increasing from fewer than 200 people per day in early October 2023 to more than 17,000 people per day by early November 2023. Although the monthly number of returnees crossing into Afghanistan has since stabilized, the ongoing threat of Afghan deportations from Pakistan persists[4].

While food security showed slight improvements in 2024, 14.8 million people (32 per cent of the population) are projected to be food insecure (IPC Phase 3/Crisis or above) during the winter months and are in urgent need of humanitarian food assistance from November 2024 to March 2025. The risk of food insecurity is likely to increase as borderline La Niña conditions have been projected for the period December 2024 - February 2025. Cumulative precipitation will most likely be below-average for the 2024/25 winter wet season and the same is expected to

[1] OCHA Natural Disasters Dashboard.
[2] IOM update, January 2025.
[3] This was the beginning of the first influx.
[4] Afghanistan: Border Consortium Emergency Border Operations, 01 to 31 October 2024

continue until the end of the 2025 spring season. Consequently, below-average snowpack development, snow depths, and snow water volumes (SWV) may be seen throughout the 2024/25 precipitation season[5].

The IPC Acute Malnutrition analysis, conducted in October 2024, provided a comprehensive overview of the malnutrition situation. Supported by the FAO IPC Global Support Unit, the analysis covered both the June-October peak malnutrition period and the November 2024-May 2025 projection. Four provinces—Helmand, Kandahar, Nuristan, and Paktika—were classified in IPC Phase 4 (Critical), while 24 provinces were in IPC Phase 3 (Serious) and six in IPC Phase 2 (Alert)[6].

Afghanistan is also prone to epidemic prone diseases, including acute watery diarrhoea (AWD/Cholera) and measles. Since January 2024, there have been 167,594 reported cases of AWD, resulting in 85 deaths (CFR 0.05%), with over half of the cases affecting children under five.[7] Some 59,753 suspected measles cases and 289 associated deaths were also reported during the year. Among suspected measles cases, 47,808 (80.0%) were under-five children, and 27,213 (45.5%) were females.

The first two months of 2024 were marked by a harsh winter that pushed vulnerable populations, already overwhelmed by multiple crises, to the brink. Acute Respiratory Infection (ARI) admissions surpassed the peaks of the past four years during winter. Since the beginning of the year, 1,357,350 ARI-Pneumonia cases and 2,999 associated deaths (CFR=0.2%) were reported from 34 provinces. Out of the total cases, 851,931 (62.8%) were under-five children, and 671,120 (49.4%) were females. Out of 2,999 deaths, 2,506 (83.6%) were under-five children and 1,374 (45.8%) were females.[8] The highest cumulative incidence of ARI per 10,000 population was reported in Balkh (551.7), followed by Nuristan (549.0), Bamyan (546.5), and Jawzjan (519.5).

Summary Analysis of Programme Response

Health

From January to December, UNICEF continued to support the delivery of basic and essential healthcare services at the primary, secondary, and tertiary levels in all 34 provinces through 2,406 static health facilities. Of these, 743 health facilities in 10 provinces were supported with additional high-impact interventions focusing on prevention and treatment of postpartum haemorrhage, prevention of neonatal sepsis, and birth control. UNICEF also continued to support salaries for 27,865 health workers, including 10,808 females (39%) and 17,057 males (61%), to ensure continuity of care for mothers and children. As a result, more than 19 million people accessed essential health services in UNICEF-supported facilities. In addition, 16 mobile health and nutrition teams (MHNTs) provided health and nutrition services in remote and hard-to-reach areas reaching 62,265 people.

UNICEF, through its implementing partners, responded to 870 outbreaks of measles, AWD, malaria, dengue, chicken pox, Crimean-Congo haemorrhagic fever, pneumonia, and pertussis among others. Out of these, 52 per cent were related to measles and AWD.

UNICEF and its partners actively strengthened preparedness and response efforts to contain the suspected measles outbreaks through campaigns and outbreak response activities, ensuring timely vaccination and healthcare support. As a result, 619,467 children aged 9-59 months were vaccinated against measles across the country.

In response to the AWD outbreaks, UNICEF through its implementing partners, equipped 15,987 health posts with zinc and oral rehydration solution (ORS) supplies. More than 600 Community Health Workers (CHWs), in hotspot areas have been trained on AWD with dehydration case management, mainly in the Eastern and Southern regions. As a result, approximately 560,645 cases of AWD and 175,262 AWD with dehydration were treated.

In response to emergency ARI cases, UNICEF and its partners have rapidly mobilized resources including medicines to provide critical health services and support to affected individuals. In total 1,357,350 ARI cases were treated through UNICEF supported health facilities in 2024.

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[5] FEWSNET-Afghanistan Seasonal monitor, 30 November 2024.
[6] Afghanistan: Acute Malnutrition Situation for June - October 2024 and Projection for November 2024 - May 2025.
[7] World Health Organization: Outbreak of AWD with dehydration in Afghanistan. Internal Situation Report, Epidemiological Weeks #47 and 48-2024.
[8] https://www.emro.who.int/afg/information-resources/infectious-disease-outbreak-situation-reports.html

Since the beginning of the year, UNICEF-supported primary health care facilities have urgently provided health and referral services to 75,232 returnees entering through the Torkham and Spin Boldak borders.

As part of winter preparedness and response, a comprehensive supply of essential medicines and 1,261 different types of health emergency kits—including AWD, Newborn, and Integrated Emergency Health Kits (IEHK)—have been dispatched and prepositioned at health centres across the regions, ensuring that facilities are equipped to provide effective care during outbreaks and health emergencies.

UNICEF vaccinated 1,495,172 children against measles through routine immunization programmes, and 619,467 through two measles campaigns in 78 low performing districts. In addition, 1,711,690 children received their Pentavalent-3 vaccines. During the year, 1,728,761 people vaccinated against COVID-19 through routine immunization programmes and 202,172 people during COVID-19 vaccination campaigns. Additionally, 474 cold chain equipment mainly refrigerators were dispatched to provincial and district level vaccine centres to ensure the provision of standardized vaccine storage for optimal safety. UNICEF trained 414 EPI staff including partners on cold chain and vaccine management, ensuring they are equipped with the technical skills necessary to maintain vaccine efficacy. 1,852 vaccinators have been trained on the essentials of the routine vaccination programme.

UNICEF's efforts in improving the quality and accessibility of primary health care (PHC) achieved remarkable results in 2024. Over one million pregnant women received their first Antenatal care (ANC) service. In total, 92 health facilities received capacity-building support aimed at improving quality of control (QoC) for MNH services. In addition, 735 health facilities benefited from the provision of critical supplies and capacity building for newborn care. With UNICEF's support, ten provincial level mini maternal neonatal health (MNH) Skill Labs were installed, making local training accessible and ensuring good quality. At community level, UNICEF supported community-based health care (CBHC) delivery. Through this initiative, 68 master trainers, 816 Community Health Supervisors (CHSs) and 24,870 (50% female) were trained on the integrated package of CBHC, which included Reproductive, Maternal, Newborn, Child, and Adolescent Health (RMNCAH), respectful maternity care, mental health, and Gender-Based Violence (GBV) response and referral. In addition, 2.6 million Maternal and Child Health handbooks were distributed to enhance QoC as well as continuity of care.

To enhance the supportive environment, UNICEF initiated three studies in 2024. These studies focused on i) a review of the PHC system to inform policy, ii) a newborn case study to prioritise interventions, and iii) a secondary analysis of Multiple Indicator Cluster Survey (MICS) to identify the determinants of MNCH and vaccination coverage. As part of the studies, extensive stakeholder consultation workshops were held in all five regions of the country. The findings will inform the PHC systems review and the CBHC institutionalization and offer critical insights and guide UNICEF's future health strategies and interventions for 2025 and onward. In 2024, UNICEF also provided technical assistance in the development of technical briefs and guidelines. This includes the Adolescent Health Country Technical Brief, National Adolescent Health Action Plan, as well as the guidelines for antenatal care, oxygen therapy in children, and congenital anomaly counselling.

Nutrition

UNICEF support is making significant progress in enhancing nutrition services, with over 3,400 service delivery points now actively providing treatment to children aged 0-59 months suffering from severe wasting. In 2024, UNICEF provided life-saving treatment for severe wasting to 628,307 children under 5, addressing 77 per cent of the IPC estimated needs. This intervention effectively prevented half a million children from entering the negative cycle of malnutrition, infections, and related health issues, including morbidity and mortality. The programme's effectiveness was underscored by a cure rate of 84.8 per cent, a defaulter rate of 10.3 per cent, a 0.5 per cent death rate and a 4.8 per cent non-cure rate, all within the acceptable thresholds of Sphere standards. This success was attributed to: (i) the operationalization of the urban nutrition strategy and hence expansion of the number of service delivery points to 3,400 facilities (including health facilities, mobile health and nutrition teams, Family Health Houses, transit centres, and day care centres) , (ii) deployment of additional nutrition workers in high caseload areas, (iii) procurement and distribution of a sustainable pipeline of over 6,160 metric tons of therapeutic nutrition supplies, (iv) automating the supply management system , which contributed to the reduction in stock outs of RUTF from 30 per cent in 2022 to almost zero in 2024, and (v) the construction and operationalization of six storage units for essential nutrition supplies, which increased the storing capacity by 160 per cent. To ensure adequate capacity for the treatment of children with

complicated severe wasting, UNICEF constructed and operationalized five additional therapeutic feeding units/wards with capacity to treat an additional caseload of 1,400 children per year.

Through UNICEF's investment on the Community-Based Nutrition Package (CBNP) programme for prevention of malnutrition, 2,379,595 primary caregivers of children aged 0-23 months received counselling on maternal, infant, and young child nutrition (MIYCN), 3,351,921 children (1,642,441 boys and 1,709,480 girls) aged 6-59 months age received multiple micronutrient powder (MNP), and 2,539,018 adolescent girls received community-based weekly iron folate supplementation (C-WIFS) across the country. In addition, UNICEF provided Vitamin A supplements to 9,414,762 children (4,519,086 boys and 4,895,676 girls) aged 6 – 59 months through National Immunization Days (NIDs) across the country.

To achieve these results, 4,377 healthcare workers (1,267 males and 3,110 females) were trained in MIYCN and 3,333 health workers (1,145 males and 2,188 females) on Integrated Management of Acute Malnutrition (IMAM) across all the five regions to enhance their knowledge and skills in nutrition care practices. In addition, 1,411,033 women received multiple micronutrient supplements (MMS). In the Eastern and Southern regions, 56 health workers were trained on supply chain management. Additionally, 15,458 community health workers (7,551 male and 7,907 females) were trained on the Community-Based Nutrition Programme (CBNP) across the country. In the north, 47,437 mothers were trained on the mother MUAC approach, and 171 community health supervisors and community health workers (87 males and 84 females) were trained on the mother MUAC approach.

In coordination with nutrition cluster partners, UNICEF is delivering high-quality preventive and curative nutrition services to returning families at border crossing points and transit centres. The core interventions at key border points include screening and treating severely wasted children, distributing MNPs, providing Vitamin A supplementation, deworming children, distributing MMS to pregnant women and breastfeeding mothers, and offering MIYCN counselling. In 2024, among the returnee families, 36,891 children (18,257 boys and 18,634 girls) were screened for wasting, out of which 1,967 children (52% girls) enrolled in outpatient treatment programme at border crossing points. Additionally, 16,999 children (51% girls) received Vitamin A supplements, 19 229 children aged 6-59 months (51% girls) received MNPs, 18,558 primary caregivers of children aged 0-23 months received MIYCN counselling services and 9,059 mothers received multiple micronutrient supplements.

In close coordination with sub-national nutrition clusters, UNICEF, through implementing partners, provided nutrition services to flood-affected families in the Northern and Western regions. A total of 37,103 children (41% girls) were screened for wasting in flood affected areas[9], out of which 12,970 (47 percent girls) were admitted for treatment. Additionally, 1,203 children (47% girls) received MNPs, and 18,595 primary caregivers of children aged 0-23 months received MIYCN counselling services.

In 2024, UNICEF completed a study on Simplified Treatment Protocols (STP) to assess the outcomes of treating severe wasting with a lower dosage of Ready-to-Use Therapeutic Food (RUTF) in five target provinces, compared to the standard RUTF dosage used in other provinces. The findings from this research will provide valuable insights into the effectiveness and efficiency of the STP approach in Afghanistan and will guide the national scale-up of STP across the country.

Education

From January to December 2024, UNICEF supported approximately 564,000 children (64 per cent girls) to access education through 18,000 community-based education (CBE) classes. This is a 20 per cent decrease from the 21,000 classes reported in 2023[10]. In addition, in collaboration with the Education Cluster, all CBE classes were registered in the CBE Information Management System which enabled improved, systematic, and data-driven management of CBEs across the country.

In 2024, UNICEF continued to have a large education supply programme across the country, distributing classroom materials, teaching, and learning materials (TLMs) and textbooks to CBEs and public schools, benefitting 3.5 million students across the country. Of these, 2.95 million were children in public schools (40 per cent girls). This number includes 32,000 students (40 per cent girls) who were supported through the distribution of emergency resources

[9] Faryab, Baghlan, Takhar in North region and Nangarhar province of the Eastern Region.

[10] 3,400 CBE classes were transitioned to public schools and communities in 2024.

(tents, TLMs, etc) following the floods in Ghor. UNICEF continued to provide support to public school rehabilitation programmes reaching a total of 318 schools.

In 2024, the ban on secondary girls' education continued, with no indication of a repeal. On-the-ground monitoring by UNICEF and partners found that in 2024, no provinces had schools open for secondary girls. Throughout the year, UNICEF continued to advocate for secondary schools to reopen and to monitor the situation on the ground through staff, technical extenders, and partners. UNICEF supported 5,500 female teachers with capacity building and professional development through in-service public school teacher training and through the Girls' Access to Teacher Education Programme. Supporting female teacher training programmes contributes to the expansion and strengthening of the female teacher workforce in Afghanistan where only 34 per cent of the teachers are women.

Child Protection, GBViE and PSEA

In 2024, UNICEF continued to support the delivery of life-saving child protection and GBV prevention, risk mitigation and response services, overcoming significant challenges such as the absence of formal child protection systems, restrictions, and substantial funding gaps. These achievements were made possible through capacity building for the social services workforce, leveraging partnerships, promoting localized solutions, and advocating at national and sub-national levels.

To strengthen the social services workforce and ensure the effective delivery of child protection and GBV services, UNICEF collaborated with implementing partners to provide targeted trainings. Overall, 19,302 service providers (9,256 women) and members of community-based structures, including 2,097 child protection workers, 5,270 health and education sector staff and 11,935 community members gained enhanced capacity to deliver these critical services.

Afghanistan faces a severe mental health crisis due to decades of conflict, natural disasters, displacement, violence against children, and gender-based discrimination. To address these challenges, UNICEF implemented structured Mental Health and Psycho-social support (MHPSS) interventions through child-friendly spaces at the community level, in Community-Based Education centres, and in health facilities, as well as through community and media-based MHPSS awareness programmes. These interventions reached 3,734,661 children and caregivers[11]. Additionally, UNICEF strengthened parenting skills and family resilience through programmes reaching 42,784 individuals (21,131 men and 21,653 women), equipping caregivers to create safer and more supportive environments for children.

To enhance case management and ensure timely delivery of services for children in need of protection, UNICEF, in collaboration with members of the Child Protection Area of Responsibility (CPAoR) rolled out the Primero Child Protection Information Management System (CPIMS+) by training 297 case workers from various child protection agencies. In total, 54,549 children (15,615 girls) benefited from child protection case management and specialized services. Of these, 18,306 separated and unaccompanied children (1,140 girls) received interim care, family tracing, and reunification services; 9,348 children (2,893 girls) received education reintegration support; and 10,890 children (3,573 girls) received cash assistance and economic reintegration support. Furthermore, 11,719 children and caregivers[12]) in need of specialized mental health care were identified and referred to counselling service providers.

Gender based violence (GBV) poses a significant risk in Afghanistan, affecting women, girls, and vulnerable populations. In 2024, UNICEF reached 366,341 individuals through GBV prevention, risk mitigation, and response services. A total of 9,904 people[13] received GBV response services; 22,318 people[14] received MHPSS services in safe spaces; and 319,859 people[15] attended information sessions on GBV prevention and risk mitigation.

Explosive ordnance poses a severe danger to children in Afghanistan, necessitating targeted risk education efforts. During the year, in collaboration with implementing partners, UNICEF reached 3,135,961 individuals[16] through direct risk education sessions and media campaigns, including 6,924 individuals with disabilities.

In 2024, UNICEF's child protection and Gender-Based Violence (GBV) programme faced significant challenges. One of the main obstacles was a 43 per cent funding shortfall, which had a considerable impact on the delivery of essential

[11] 438,042 girls, 604,331 boys, 663,030 women, and 2,029,258 men.
[12] (2992 boys, 2587 girls, 1,419 men, and 4,721 women.
[13] 3,027 girls, 340 boys, and 6,457 women.
[14] 7,774 girls, 1,286 boys, and 13,258 women
[15]103,102 girls, 117,471 boys, and 99,286 women
[16] 417,422 boys; 255,688 girls, 1,953,544 men and 509,385 women.

child protection and GBV services. Despite this financial setback, the programme managed to exceed expectations with low-cost activities, such as awareness and prevention interventions. However, high-cost specialized services, including case management and GBV response, did not meet their targets, falling significantly short. The situation was further compounded by a restrictive operating environment.

Water, Sanitation and Hygiene (WASH)

In 2024, UNICEF continued to implement a two-fold approach, strengthening the technical framework in Afghanistan by developing policies, guidelines, assessments and strategies, while delivering WASH services to people in need throughout the country. UNICEF led the National Strategy on Integrated Water Resources Management (IWRM), the IWRM roadmap, and a climate risk analysis for water, sanitation, and hygiene and strengthened the capacity of technical staff in groundwater monitoring. UNICEF developed the 2023-2024 Afghanistan Sanitation Strategy, including a costed plan for various funding scenarios to inform implementation of a sanitation and hygiene programme by various stakeholders. To promote hygiene and sanitation work, UNICEF also published a book on the importance of WASH in Islam[17]. The book highlights the significance of these practices within the faith and will be used in various behaviour change communication activities.

UNICEF led the WASH sub sector under the Afghanistan Water Platform chaired by the World Bank. One of the main activities implemented during the year, was advocacy resulting in the visit of the Special Representative of the Secretary General (SRSG) to Kabul. This raised the profile of water for people to a higher level. This was followed by a meeting with Doha+ (ambassadors' group) which raised interest on the issue of water scarcity in Afghanistan, and Kabul specifically.

Despite funding and operational challenges in 2024, UNICEF was able to respond to key emergencies such as flash flooding, earthquake recovery interventions, response to returnees at the border crossing points with Pakistan (Torkham and Spin Boldak) and Iran (Islam Qala and Milak) and a response to AWD/Cholera. UNICEF's emergency WASH response spanned over all 34 provinces of Afghanistan, reaching significant numbers of affected individuals with essential WASH services. UNICEF provided emergency WASH supplies to 1,107,143 people[18]. These supplies included critical items such as family hygiene kits, water kit (mainly jerry cans and buckets), soap and water treatment chemicals for preventing the spread of disease and maintaining public health in emergency settings. Additionally, 138,526 people[19] benefited from emergency sanitation facilities and services, which are critical for preventing the outbreak of waterborne diseases, particularly in the aftermath of floods.

A major component of UNICEF's interventions has been hygiene promotion and awareness. In 2024, 827,494 people[20] were reached with hygiene education campaigns, aimed at reducing the transmission of diseases such as cholera and AWD by promoting hygiene practices in communities. During these campaigns, participants received hygiene materials and were trained on handwashing, safe water storage, and other preventive measures to minimize health risks. Access to safe drinking water has been a central priority, and UNICEF successfully provided 226,003 people[21] with safe drinking water through the rehabilitation of damaged water supply systems and, when necessary, water trucking as a last resort.

Rehabilitation efforts focused on restoring critical infrastructure destroyed or damaged by natural disasters, ensuring that affected communities regained access to reliable water sources as quickly as possible. Water trucking, while an emergency measure, has been essential in reaching populations in urgent need of safe drinking water and where infrastructure repairs were not immediately feasible. UNICEF's contributions have been crucial within the broader WASH cluster response, with the organization serving as a "provider of last resort" in many areas where other actors could not reach. UNICEF's efforts accounted for approximately 50 per cent of the WASH cluster's overall achievements during the reporting period, highlighting its central role in the emergency response efforts. Moreover, UNICEF continued to play a critical support role within the WASH cluster, maintaining its position as the core pipeline agency

[17] The book was originally developed by UNICEF in Pakistan and has been adopted to suit the Afghanistan context. It has also been translated to local languages.
[18] 254,581 men, 254,662 women, 310,029 boys, and 287,871 girls.
[19] 31,858 men, 31,864 men, 38,789 boys, and 36,015 girls.
[20] 190,318 men 190,322 women, 231,710 boys and 215,144 girls.
[21] 51,982 men, 51,983 women, 63,276 boys and 58,762 girls.

for WASH supplies. This enabled UNICEF to coordinate and supply essential WASH supplies to other humanitarian partners, ensuring that the WASH cluster's interventions were effective and comprehensive across the country.

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

From 1 January to 31 December 2024, UNICEF engaged with more than 3,945,182 individuals (35 per cent female) working with various community structures and networks. The engagement focused on the promotion of good practices preventing malnutrition, improving breastfeeding, increasing demand and use of immunization services, mental well-being, disease prevention, safe handling, and treatment of drinking water, avoiding open defecation, and practicing personal and household hygiene.

A total of 19,613 partner staff (35 per cent female), community engagement and feedback centre staff, community health workers, extenders, and community members, including religious leaders, grandmothers' groups, journalists, teachers, and youth received training/orientation on interpersonal communication for immunization (IPC-I), acute watery diarrhoea (AWD) preventive measures, hygiene promotion, mental health and psychosocial support (MHPSS), risk communication and community engagement (RCCE), Accountability to Affected People (AAP) and child rights in Islam.

Additionally, as part of emergency response and community structure strengthening, 6,393 TAAVON members (30 per cent female), 4,068 Grandmothers and 3,250 Qaharamanan members (50 per cent female) were mobilized as part of Integrated Cholera and Flood response programmes to engage communities and disseminate knowledge and information assets.

Under its AAP framework, UNICEF documented feedback and complaints from 231,840 individuals (55 per cent female) through hybrid complaints and feedback mechanisms (CFMs). The feedback was collected through 96 Community Engagement and Feedback Centres (CEFCs), community structures, UNICEF-supported call centres, and other mechanisms put in place by UNICEF and partner organizations. The feedback was directed to relevant UNICEF programme sections and clusters for further action to close the feedback loop.

The data from CEFCs reveals that the Eastern Region contributed the highest proportion of feedback, followed by the Southern Region. Over half of the feedback - 59 per cent of all responses - were requests for assistance, underscoring the intense need for humanitarian aid among the affected populations. Complaints and negative feedback were also received, making up 16 per cent of responses and indicating areas where UNICEF's interventions could be improved. UNICEF and partners addressed 87 per cent of the overall feedback.

Gender and Adolescent Development and Participation

In 2024, UNICEF, in collaboration with its implementing partners, provided essential services to 118,812 women and adolescent girls through Women and Girls Safe Spaces (WGSS) in the Eastern, Western, and Northern regions of Afghanistan. These safe spaces were established to enhance community-based access for women and girls, by providing a comprehensive package of services that includes digital access, skills training, and psychosocial support, among other essential services.

The WGSS are a community-based initiative designed to deliver integrated services and provide critical information on life-saving services. Given the current challenges faced by women and adolescent girls, these safe spaces have become a significant platform to address their needs.

WGSS play a crucial role by providing life skills training and disseminating information on maternal, child, and adolescent health, nutrition, immunization, and support for gender-based violence (GBV). Additionally, they provide essential supplies such as hygiene kits and referrals for appropriate health services and psychosocial support by trained social workers. Women and girls can also acquire livelihood skills, including tailoring, embroidery, and jewellery making. The Digital Hubs within the WGSS enable women and adolescent girls to learn computer skills and market their products online. Moreover, these safe spaces help combat social isolation and offer peer support.

Furthermore, 151,815 women and girls engaged in community-level group discussions focused on gender equality and women's empowerment. These dialogue sessions utilize tailored language and terminology to foster positive changes in gender relations, improve access to services for women and girls, and prevent harmful practices like child marriages. Recognizing that the lives of women and girls are influenced not only by their immediate family environment but also

by their community and prevailing social norms, UNICEF collaborates with partners to conduct community awareness-raising activities. These activities specifically emphasize gender equality and the importance of women and girls in families and communities, as well as for the nation as a whole. They also promote awareness of negative gender norms and harmful practices, advocate for positive gender norms, and underscore the importance of women's and girls' access to critical services.

Social Protection and Humanitarian Cash Transfers (HCT)

In 2024, UNICEF extended critical humanitarian and social cash assistance, including basic needs support to 59,447 of the most vulnerable households (463,685 people), reaching over 850,798 children in 9 provinces across the country. UNICEF delivers cash assistance through an informed, risk-mitigated approach and gender-sensitive process, ensuring equitable and safe distribution. Key interventions included multipurpose cash assistance, plus a one-off winter top-up, enabling households to access critical winter items, such as warm clothes and blankets for their children. In the coldest districts of Panjshir, Parwan, Nuristan and Daikundi provinces, 53,612 households affected by severe winter conditions received the winter top up.[22]. Cash support ensured that families accessed essential goods and services for the well-being of children. It also offered temporary income to offset negative coping strategies stemming from economic hardships such as child labour, early marriages, high levels of household debts, and school dropouts.

UNICEF also used its Rapid Response Mechanism to provide unconditional and restricted cash assistance to 4,012 households affected by floods in Ghor and Baghlan provinces[23]. In addition, UNICEF continued its nutrition-sensitive cash transfer programme, providing cash transfers to 1,823 households with pregnant and lactating women (PLWs) and households with children up to two years of age in Gangnam district in Kunar province[24]. Furthermore, UNICEF initiated registration for the mother and child cash transfer (MCCT) programme in Zabul, Samangan, and Badghis provinces and registered 43,242 households. This programme targets an estimated 61,000 households in Zabul, Samangan, Badghis, and Kunar provinces with PLWs and households with children under two. This programme will run for 18 months, addressing poverty and deprivation during the critical first 1,000 days of life. The first round of distribution to the targeted households will commence in the first quarter of 2025.

Humanitarian Leadership, Coordination, and Strategy

In 2024, UNICEF collaborated with UN agencies, International and National NGOs as well as the key ministries at the National and Sub-national levels through the decentralized Cluster coordination mechanism. All the UNICEF led clusters contributed to the development of the 2025 Humanitarian Needs and Response Plan (HNRP), the HNRP impact analysis, and the coordination of the 2024 HNRP implementation, providing valuable insights into the effectiveness of multi-sectoral interventions, supporting advocacy and fundraising initiatives as well as highlighting areas of improvement to better address the needs of vulnerable children.

In 2024, the WASH Cluster made significant strides in addressing the humanitarian needs across Afghanistan despite persistent challenges. The year began with the rollout of the WASH Cluster Performance Monitoring (CCPM) survey for 2023 report, reflecting an 80 per cent good and 20 per cent satisfactory rating, followed by partner consultations to refine coordination strategies. The 2024 CCPM survey results showed good or satisfactory performance in core functions, with no red or orange flags reported. Key achievements included the development and rollout of the returnee response plan, sustained emergency interventions for flood-affected populations, and the mapping of contingency stock for coordinated responses. Capacity-building initiatives were a major focus, with multiple regional and national trainings on AWD preparedness, water supply systems, and emergency response conducted, benefiting over 120 participants from UN agencies, International and National NGOs. Advocacy with the authorities, particularly the Ministry of Rural Rehabilitation and Development (MRRD), facilitated progress on resolving MoU-related bottlenecks and handover delays. Meanwhile, joint missions to drought-affected and high-saline water regions enabled the exploration of localized and durable solutions for water access. Collaborative efforts with the Health Cluster led to the implementation of a two-year AWD preparedness plan and the coordination of multi-sectoral responses to AWD outbreaks.

[22] Each household received between 195 to 201 USD paid out in AFN.
[23] 312 USD paid out in AFN to each household.
[24] Each household received 68 USD paid out in AFN monthly on a bimonthly basis.

The year concluded with notable accomplishments, including reaching 1,929,234 individuals with safe water access, sanitation facilities for 310,584 individuals, and 2,922,791 people with hygiene promotion. WASH partners implemented impactful interventions integrating WASH services into health and education, improving water and sanitation infrastructure, and enhancing collaboration among stakeholders. Regular national and regional meetings served as critical platforms for addressing challenges and advancing WASH service delivery. Despite limited funding and prolonged drought conditions exacerbating vulnerabilities, the cluster demonstrated resilience through effective planning, targeted advocacy, and localized solutions to address immediate needs and promote long-term sustainability in water access and sanitation services.

From January to December 2024, the Nutrition Cluster made significant strides in addressing acute malnutrition across Afghanistan. A total of 628,307 children under five years were treated for severe wasting, achieving 77 per cent of the cluster's annual target. An additional 54,808 children suffering from severe wasting with medical complications were treated in Therapeutic Feeding Units (TFUs). UNICEF-supported facilities and health workers also treated 1,278,100 children for Moderate Acute Malnutrition (MAM), reaching 90 per cent of the annual cluster target. The corresponding figure for moderate acute malnutrition for pregnant and lactating women (PLW) was 845,178 representing 110 per cent of the annual target.

Emergency preparedness and response were key priorities in 2024. The Nutrition Cluster developed and finalized regional Emergency Preparedness and Response Plans, which enhanced the cluster's ability to respond effectively to emergencies. In response to floods in the Eastern and Northeastern regions, emergency nutrition supplies were prepositioned, and nutrition services were provided to screen and treat acute malnutrition among children and PLW. In addition, key messages promoting maternal, infant, and young child nutrition (MIYCN) practices were disseminated to prevent malnutrition.

To strengthen the long-term capacity, a Nutrition in Emergency (NiE) project was initiated, focusing on training and equipping local actors and partners with the skills and knowledge needed to respond to nutrition emergencies effectively.

The Ministry of Education set up technical committee had two consecutive information sharing meetings with partners during the last quarter of the year. Working closely with the Global Education Cluster and other working groups, the education cluster facilitated trainings which include the CORE 2 training, EiE, PSEA and disability and inclusion and gender in humanitarian action for cluster partners. The education cluster strategy was reviewed and developed for 2025/26. Cluster teams participated in provincial humanitarian coordination forum meetings and Inter Cluster Coordination Groups (ICCG) joint missions held in various provinces throughout the year. The cluster-maintained helpdesks at returnee entry points and 6,920 returnee children in the Southern Region and 8,337 in the Eastern Region received immediate education awareness, leaflets and TLMs at the education information desk till the end of December 2024. The Education Cluster, CCPM results highlighted good or satisfactory performance in core functions, with no red or orange flags reported.

Between January and December 2024, child protection area of responsibility (CP AOR) partners reached 4,103,597 child protection beneficiaries including 1,477,295 children (36%) and 2,626,302 caregivers (64%) with risk mitigation and response, case management, capacity building, Mental Health and Psychosocial Support (MHPSS) information and structured MHPSS through child-friendly spaces, health facilities, transitional care centres and schools. Among the children reached 10,021 (5,680 boys, 4,341 girls) had disabilities. The adults with disabilities reached were 890 (429 men and 461 women). Overall, 88 per cent (4,103,597) of the population reached received MHPSS and information on wellbeing. Another 66,772 vulnerable children (22,703 girls and 44,069 boys) facing protection risks received case management services. These included family tracing and reunification and/or interim care provision services for 22,898 unaccompanied and separated children (21,440 boys and 1,458 girls), financial assistance to 8,135 children (5,422 boys and 2,708 girls), economic, social and education reintegration assistance to 28,281 children and adolescents who suffered grave child rights violations including former children associated with armed conflict (CAAC) and children on the move (17,920 boys and 10,261 girls).

To improve delivery of child protection systems and services, 12,689 humanitarian workers (5,717 women and 6,972 men) including community volunteers, social workers, case workers, teachers, health workers and authorities were trained on specialized child protection services. The CP AOR further strengthened the capacity of its key stakeholders by championing the implementation of data and monitoring systems, specifically the use of Report hub for

performance tracking and reporting and child protection information management system (CPIMS+) for case management. Six trainings of trainers (TOTs) were conducted with technical support and funding from UNICEF. As a result, 464 staff from 52 agencies were trained on the use of CPIMS+. This led to tremendous achievements in terms of de-materializing case management process into safe and secure digital system and improved quality of child protection services have been made. Subsequently, between January and December 2024, 6,232 cases were registered and managed in CPIMS+ from all five regions of Afghanistan. Of these, 72 per cent (4,487 cases) were supported with appropriate services.

CP AOR's performance in 2024 was significantly affected by a decrease in funding and other restrictions. The cluster received 56 per cent of its planned funding. The cluster comprised of 45 partners in 2024, but 12 of them were inactive due to the decrease in funding. These challenges are projected to continue in 2025.

Looking ahead, all the clusters will continue to strengthen collaboration with donors, UN agencies, NGOs, and government bodies which will be crucial to expand coverage, address critical gaps, and mitigate seasonal surges in malnutrition.

External Media, Statements & Human-Interest Stories

Press releases and statements.

- UNICEF and China forge first-ever partnership in Afghanistan, delivering vital supplies to prevent disease outbreaks in drought-stricken communities.
- EU provides additional €13 million for malnutrition treatment and community-based education in Afghanistan
- 1,000 days of education – equivalent to three billion learning hours – lost for Afghan girls
- Flash floods in Afghanistan posing urgent and persistent threat to children
- Japan provides $6.9 million for essential vaccines for children and women in Afghanistan

Human-interest stories

- Bringing health care home: Sakina, an experienced Community Health Worker, bridges gaps in rural healthcare for her neighbours – one home visit at a time.
- Healthcare on wheels: In Afghanistan, UNICEF mobile health and nutrition teams bring life-saving services to children and women in some of the most distant communities
- Delivering love and light to mothers in Afghanistan: As skilled midwife, Fahima believes every child deserves the chance to thrive – starting with a healthy pregnancy and a safe birth
- Sachets of smiles: Once too weak to cry, severely malnourished Noor began her path to recovery with a life-saving prescription of therapeutic food.
- Strength in every bite: How 15-month-old Nasratullah beat severe acute malnutrition with seven weeks of ready-to-use therapeutic food.
- Life-saving therapeutic milk for baby Mustapha: With 857,000 children projected to suffer from severe acute malnutrition this year, UNICEF procures therapeutic milk and other treatment supplies to save lives in Afghanistan
- Community cooking classes, regular checkups and feeding tips: UNICEF supports a network of over 27,000 community health workers who bring life-saving nutrition information and services to mothers and children in Afghanistan
- First-time students, lifelong lessons: Meet some of the teenage girls in Afghanistan in school for the first time, reclaiming lost years of primary education.
- Learning to read, daring to dream: In her new community-based classroom in central Afghanistan, Khadija finds hope and inspiration through her blossoming education
- More than just cash: A community rallies together to invest UNICEF's cash assistance in children's education
- A tent full of dreams: Maryam is reclaiming her right to learn and looking towards the future by continuing her education at a UNICEF Accelerated Learning Centre in Afghanistan
- Finding water in the driest places: As recurrent drought remains a threat to children in Afghanistan's changing climate, UNICEF implements climate-resilient solutions.
- A safe school for Nadia: Improving learning environments with water, sanitation, and hygiene facilities

- Faces of the floods: As climate change brings more frequent extreme weather events, children in Afghanistan are among the most vulnerable with their lives and futures threatened
- Safe water, sanitation facilities and supplies for every child: In the aftermath of western Afghanistan earthquakes, UNICEF trucked safe water and delivered hygiene supplies to 27,300 people.
- Turning tradition into income: 19-year-old Ruqia was banned from finishing secondary school, but through a UNICEF vocational training course she is learning new skills to help her earn a living.
- Securing safe passage home: Ismatullah and Naim were two boys on the move, attempting to cross borders for what they thought was a better life. Now they're safe in Afghanistan and reunited with family.
- Hugs, happiness and healing: How UNICEF is addressing children's struggles with mental health through child-friendly spaces and psychosocial support
- Igniting positive change for children: How UNICEF-supported strategies help families and communities make better decisions.

Social media

- 9-year-old Zahra is an eager student. "I love coming to school because I get to learn new things every day!" @JapanGov @JapaninAfg supports 520 community-based education facilities in Badakhshan, providing school supplies and learning materials to help students be successful.
- Video: How do Edi's vaccines stay at optimal cold temperatures when he travels to remote communities? Watch how UNICEF supports Afghanistan's cold chain, with Japan - The Government of Japan, JICA - Japan International Cooperation Agency and Gavi, the Vaccine Alliance, to make it possible!
- When earthquakes hit western Afghanistan in October 2023, some children and families lost their source of water, along with homes and property. With @USAIDSavesLives, we are constructing 58 water systems for 73,800 people, such as those affected by the earthquakes.
- Video: "A midwife places a crucial role in reducing maternal and newborn mortality. I love my work and am extremely satisfied with it. The moment the baby makes its first sound and that sound reaches the mother's ears is very joyful." @ADB_HQ
- Cheers to progress! 👐 From learning under a tree, 10-year-old Wahdat can't wait to move into a new classroom at his school in Nangarhar province. With @JapaninAFG @JapanGov, UNICEF is constructing classrooms, handwashing facilities and installing solar power in 165 schools.
- What's in a changing climate? Water scarcity. Dry wells. To overcome declining water levels in Kamana village, western Afghanistan, @UNICEF installed a solar-powered system with support from @usaid, bringing safe water from 26km away into the homes of over 7,000 people.
- For many adolescent girls in Afghanistan, learning carpet weaving is more than just a vocation - it's a pathway to supporting themselves and their families with new skills. These courses in Herat are supported by UNICEF, with funding from @JapanGov @JapaninAFG.
- Video: thanks to @UNICEFgermany, Accelerated Learning Centres help dozens of girls like her catch up on their primary education.
- Every child deserves a place to feel secure. Thanks to @EUinAfghanistan @USAIDSavesLives @Sida @JapaninAFG @SpainMFA for supporting child friendly spaces.
- Video: Gul Jan's five eldest children were malnourished, but when she gave birth to Ahmad-Sudais, she started attending cooking sessions with a Community Health Worker in her village. Now she prepares delicious and nutritious meals so baby Ahmad-Sudais grows up healthy. 🤱 😋 🥹
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Next Sit Rep: 25 February 2025

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

Who to contact for further information:

Dr. Tajudeen Oyewale
Representative
UNICEF Afghanistan
Tel: +93 79 995 7108
Email: toyewale@unicef.org

Mr. Abdulkadir Musse
Chief of Field Service
UNICEF Afghanistan
Tel: +93 79 998 7131
Email: amusse@unicef.org

Mr. Daniel Timme
Chief of Communication
UNICEF Afghanistan
Tel: +93 79 998 7110
Email: dtimme@unicef.org

Annex A

Summary of Programme Results

Sector / Indicator	Total Needs 2024	UNICEF and IPs Response			Cluster/Sector Response		
		2024 Target	Total Results (Jan – Dec 2024)	Change ▲▼	2024 Target	Total Results (Jan – Dec 2024)	Change ▲▼
Health[25]							
Number of children under 1 who are vaccinated against measles, including during outbreaks	17, 412	2,100,000	1,495,172	0			
Number of people who accessed primary health care through UNICEF supported health facilities and mobile teams	6,028, 692	19,420,000	19,291,022	0			
Nutrition[26]							
Number of children 6-59 months with Severe Acute Malnutrition (SAM) admitted for treatment	857,155	815,000	628,307	45,621			
Number of primary caregivers of children aged 0 to 23 months who received infant and young child feeding (IYCF) counselling	3,028,217	2,500,000	2,379,595	232,101			
Number of children aged 6-59 months who received vitamin A supplements	7,214,281	7,200,000	9,414,762	0			
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing Mental Health and Psychosocial Support (MHPSS) and information messaging on wellbeing	6,083,399	3,600,000	3,734,661	82,633	4,670,000	4,103,597	110,200
Number of girls and boys victims or at risk, (including unaccompanied and separated children) who received case management services	1,24,968	80,000	54,549	5,283	100,000	66,772	7,483
Number of women, girls and boys accessing GBV risk mitigation, prevention or response interventions		330,000[27]	366,341	42,840			
Number of children and caregivers accessing explosive ordinance risk education		3,600,000	3,135,961	126,439			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		500,000	430,661	54,715			
Number of individuals -UNICEF and Implementing partners- trained on SEA prevention, risk mitigation and SEA reporting mechanisms		800	1,102	211			
Education							
Number of vulnerable school-aged girls and boys reached through	1,748,767	600,000	564,314[28]	0	750,000	574,583	0

[25] The UNICEF health targets includes coverage from both mobile health and nutrition teams and static health facilities and is larger than the HRP reach, which is based on coverage by mobile health and nutrition teams only.

[26] All the key results are attributed to Cluster Partners who are partially or fully supported by UNICEF. UNICEF is supporting the provision of therapeutic supplies, micronutrient supplements, equipment and tools as well as a pool of master trainers on Integrated Management of Acute Malnutrition (IMAM) and Maternal Infant and Young Child Nutrition (MIYCN), targeting all the Cluster Partners.

[27] The figure represents UNICEF's contribution to the GBV sub-cluster target.

[28] These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.

community-based education (CBE) initiatives							
Number of children in public education (including shock-affected/vulnerable girls and boys) reached with emergency education support.	4,835,311	5,000,000[29]	3,470,595	0	600,000	104,080	0
WASH							
Number of people accessing a sufficient quantity of safe water for drinking, cooking and personal hygiene	20,840,551	5,500,000	688,301	54,852	9,474,947	1,929,234	264,938
Number of people who gained access to gender and disability sensitive sanitation facilities	17,127,735	3,250,000	647,475	4,460	4,500,000	310,584[30]	5,857
Number of people reached with hygiene promotion programmes	21,592,955	4,200,000	1,336,443	171,183	6,377,540	2,922,791	469,975[31]
Number of people reached with critical WASH supplies	6,877,382	1,900,000	1,107,143	200,305	2,388,865	1,904,844	292,991
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		155,000	1,823	0			
SBC/AAP							
Number of at risk and affected populations reached with timely, appropriate, gender/age-sensitive lifesaving information on humanitarian situations and outbreaks		10,000,000	11,603,826	231,743			
Number of children, caregivers, and community members engaged in participatory behaviour change interventions		3,500,000	3,945,182	357,025			
Number of people who shared their concerns and asked questions or requested clarifications to address their needs through established feedback mechanisms		300,000	232,959	38,754			
Gender, Youth, and Adolescent Development							
Number of women and girls accessing lifesaving services through safe spaces		85,000	118,812	14,348			
Number of UNICEF frontline workers trained on gender integration		15,000	16,588	4,845			
Emergency Preparedness and Response							
Number of households reached with cash assistance to meet winter needs		70,000	53,612	32,853			

[29] The Public Education indicator includes HRP and non-HRP schools.
[30] UNICEF calculates CLTS in the HAC while at Cluster level this activity is not included in the HNRP.
[31] 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	2024 HAC Requirements (US$)	Funds available			2024 Funding Gap	
		Humanitarian resources received in 2024	Resources available from 2023 (carry -over)	Other resources available, including from 2023 (carry-over)	$	%
Health	477,798,280	96,296,949	337,319,869	18,094,932	26,086,530	5%
Nutrition	185,510,711	38,930,579	14,178,991	8,719,588	123,681,553	67.%
Child protection, GBViE and PSEA	57,174,120	15,088,420	2,036,314	6,143,688	33,905,698	59%
Education	227,693,910	121,194,711	55,824,759	8,664,113	42,010,327	18%
Water, sanitation, and hygiene	298,399,962	16,893,133	16,293,701	8,492,929	256,720,199	86%
Social protection	87,285,585	10,611,326	12,826,331	2,389,649	61,458,279	70%
Cross-sectoral (HCT, SBC, RCCE and AAP)	18,450,000	5,410,250	7,189,950	3,105,760	2,744,039	15%
Emergency preparedness and response	77,050,114	0	0	0	77,050,114	100%
Gender, adolescents, and youth development	10,762,500	0	651,138	2,297,620	7,813,742	73%
Total	**1,440,125,182**	**304,425,370**	**446,321,053**	**57,908,279**	**631,470,481**	**44%**

** 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 2024, including those carried over from 2023, are included.*