



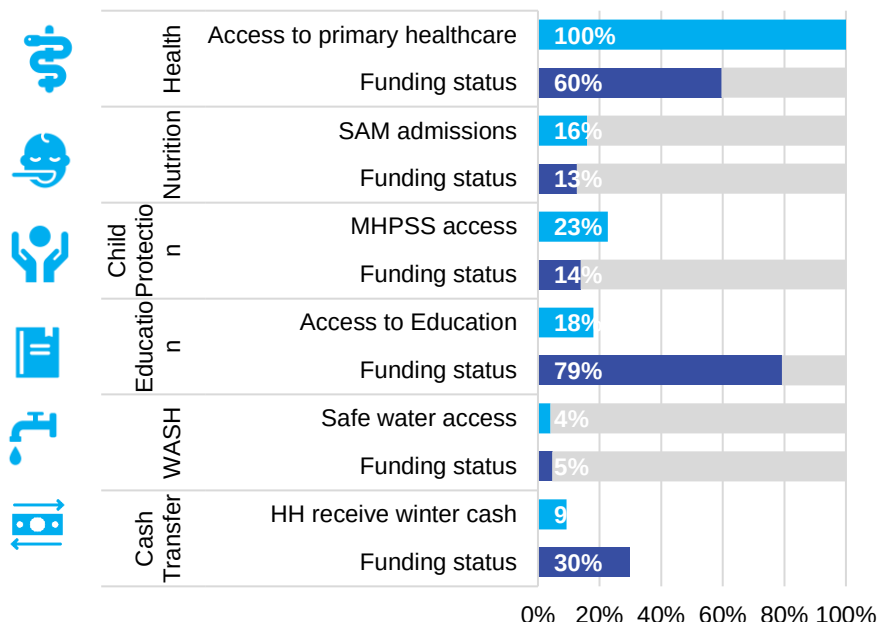
8-month-old Idrees is screened for signs of malnutrition at a UNICEF-supported health facility in Badakhshan province. © UNICEF/UNI777916/Azizi

Reporting Period: 1 – 31 March 2025

Highlights

- 22.9 million people, including 12 million children, require humanitarian assistance, mainly due to the residual impacts of a protracted conflict, extreme climate shocks and severe economic decline, characterized by high unemployment and fragile recovery.
- More than 829,000 children were screened for wasting during the reporting period, of whom 37,154 (59 per cent girls) were admitted for outpatient treatment.
- UNICEF continued to support the delivery of basic and essential health care services at the primary, secondary, and tertiary levels in all 34 provinces through 2,406 static health facilities.
- UNICEF continued to support 348,676 children (66 per cent girls) through 15,775 community-based education classes in 32 provinces.
- 47,825 children and caregivers (48 per cent girls and women) accessed child protection services.

UNICEF's Response and Funding Status



Afghanistan

Humanitarian Situation Report

1 – 31 March 2025

Report # 3

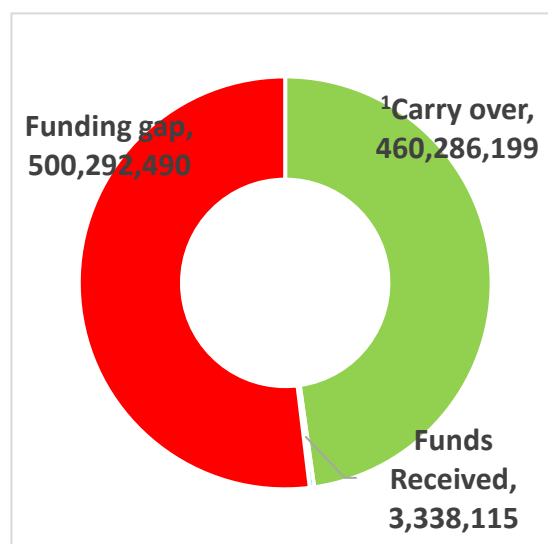
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for every child

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 Appeal 2025

US\$ 1,188,778,304



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

Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for contributions received. As of 31 March 2025, the Humanitarian Action for Children (HAC) appeal for 2025, requiring an overall budget of US\$ 1.2 billion, is 58 per cent funded. This includes flexible emergency funding from both public and private partners, which continuously enables UNICEF to respond to rising and sudden needs. UNICEF is grateful to His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates and Ruler of Abu Dhabi, as well as UNICEF's extensive family of National Committees, for new contributions awarded in March. UNICEF will continue to partner with donors to ensure sufficient resources are mobilized to address the needs of children and communities in Afghanistan.

Situation Overview & Humanitarian Needs

In more than three years since the political transition in Afghanistan, the humanitarian response has largely prevented a catastrophe. However, the situation remains extremely difficult for Afghans: A staggering 22.9 million people still require humanitarian assistance, and 12 million of them are children. Economic struggles and protection risks are interlinked, especially for women and children facing heightened restrictions on education, employment and access to services. Livelihood challenges exacerbate protection issues, creating a cycle of vulnerability.

The nutritional situation is particularly dire. Nearly 3.5 million children aged 6 to 59 months are suffering from – or are projected to suffer from – moderate or severe acute malnutrition between June 2024 and May 2025 and require urgent intervention. This includes 867,300 cases of severe acute malnutrition (SAM) and almost 2.6 million cases of moderate acute malnutrition (MAM). During this period, Kabul, Helmand, Nangarhar, Herat and Kandahar demonstrate the highest number of malnutrition cases, accounting for nearly 42 per cent of the country's total malnutrition caseload². Additionally, 1.2 million pregnant and breastfeeding women are expected to suffer from acute malnutrition in the same period, with the highest numbers in Kabul, Badakhshan, Herat, Balkh and Nangarhar provinces, which together account for approximately 40 per cent of the total maternal malnutrition caseload³.

The major drivers of acute malnutrition in Afghanistan include inadequate quantity and poor quality of children's diets, high prevalence of diseases (diarrhoea, malaria, acute respiratory infection and measles outbreaks), inadequate access to safe drinking water and sanitation, and poor hygiene practices. Additionally, reduced access to health and nutrition services, suboptimal breastfeeding practices, and high levels of food insecurity exacerbate acute malnutrition levels. Other risk factors like widespread shocks, including drought, flooding and population displacement continue to negatively impact the nutrition situation.

Afghanistan is susceptible to epidemic-prone diseases; Since January 2025, a total of 21,533 cases of AWD with dehydration with eight associated deaths (CFR = 0.04 per cent) were reported. Out of the total cases, 12,717 (59.1 per cent) were under five, while 10,469 (48.6 per cent) were females⁴. The epidemiological curve is also showing a steady decline in acute respiratory infection (ARI) cases since week 6 of 2025. Since the beginning of 2025, 517,000 cases of ARI pneumonia and 1,162 associated deaths (CFR=0.2 per cent) were reported. Out of the total cases, 326,958 (63.2 per cent) were under five, while 255,695 (49.5 per cent) were females. Also, 1,258 samples were tested for influenza, of which 131 were positive (positivity rate = 10.4 per cent). Since the beginning of 2025, the highest cumulative incidence of ARI pneumonia per 10,000 population was reported in Nuristan (265.2), followed by Kunar (264.8), Panjsher (257.5), and Badakhshan (223.4) provinces⁵.

Summary Analysis of Programme Response

Health

In March, UNICEF continued to support the delivery of basic and essential health care 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

² Afghanistan: Acute Malnutrition Situation for June - October 2024 and Projection for November 2024 - May 2025.

³ Ibid.

⁴ Afghanistan, Infectious Disease, Outbreaks Situation Report | Epidemiological week #13-2025.

⁵ Ibid.

for nearly 28,000 health workers, including 10,500 females (38 per cent), to ensure continuity of care for mothers and children. As a result, 6,124,637 people accessed essential health services in UNICEF-supported health facilities, of which 27 per cent were children under the age of five (805,565 girls and 859,055 boys). In addition, 16 mobile health and nutrition teams (MHNTs) provided health and nutrition services in remote and hard-to-reach areas to 21,292 people, of which 44 per cent were children under the age of five (3,241 boys and 3,363 girls).

Since the beginning of the year, UNICEF, through its implementing partners, responded to around 554 episodes of various target surveillance diseases. These included measles, ARI-pneumonia, AWD, scabies, dengue, chicken pox, Crimean-Congo Haemorrhagic Fever, and pertussis. Out of these, more than 52 per cent were related to measles, with a 39 per cent positivity rate. To prepare and respond to AWD/cholera at the community level, 15,987 health posts were equipped with zinc and oral rehydration solution (ORS) supplies in February. As part of preparedness and for prepositioning, an additional 32 AWD kits, including zinc/ORS, were dispatched to all five UNICEF regional warehouses and to partners.

To meet the essential health needs of returnees, especially women and children, UNICEF provided primary health services, including vaccinations, and supplies such as vaccines, cold chain equipment, medicines, and newborn, and AWD and clean delivery kits. These services and supplies were delivered at border zero-points, transit centres, and referral sites, with a focus on strengthening referral mechanisms, particularly in the eastern and southern regions. During the reporting period, 251 returnees, including 153 children and 31 women, received health services. Facilitators at the community engagement and feedback centres (CEFCs) provided basic information to 5,274 people, focusing on existing services at the Torkham border zero-point and Omari Camp transit centre in Nangarhar province, and at the Spin Boldak border in Kandahar province. To enhance support for routine immunization, 15,591 people were vaccinated against COVID-19 and 120,536 children received Pentavalent-3 vaccines.

UNICEF is also supporting the roll-out of “high impact, value-added” (HIVA) health interventions across 10 provinces, including cascade trainings to almost 2,000 health workers and the provision of medical equipment like continuous positive airway pressure (CPAP) machines to newborn units for intensive neonatal care.

In March, a total of 271,894 individuals were engaged on health-related topics through existing community engagement and participation mechanisms. In addition, mass media campaigns focusing on measles, ARI and AWD were conducted, airing 894 minutes of content (696 minutes on radio and 198 minutes on TV) during prime time. These campaigns reached a total of 315,516 individuals, with 49 per cent of the audience being female. Advocacy meetings were conducted with national and subnational authorities at the national and provincial levels to support measles, AWD, and scabies outbreaks in six provinces⁶.

Nutrition

UNICEF support continues to enhance nutrition services, with over 3,350 service delivery points now actively providing treatment for children aged 0–59 months suffering from severe wasting. In March 2025, more than 829,000 children were screened for wasting, of whom 37,154 (59 per cent girls) were admitted for outpatient treatment. This represents a nine per cent decrease in the number of admissions from the previous month, which does not necessarily mean there are lower rates of severe wasting, but can be partially attributed to the reduced coverage of nutrition interventions, including the suspension of support to some health facilities and Family Health Houses. To cover this gap, UNICEF has begun scaling up nutrition services in the central, eastern, and northern regions. So far, a total of 157 Family Health Houses were supported: 64 in the central region; 40 the eastern region and 53 in the northern region, with an additional 24 high-caseload health facilities supported in the northern region. Scale-up of nutrition services in Family Health Houses and high-caseload facilities in the western and southern regions is ongoing, with service delivery expected to begin in late April.

Through UNICEF capacity strengthening initiatives, 293,404 primary caregivers of children aged 0-23 months were counselled on maternal, infant, and young child nutrition (MIYCN) and 196,210 women received multiple micronutrient supplements (MMS). Additionally, 10 health workers were trained on the integrated management of acute malnutrition (IMAM) in the eastern region to enhance their knowledge and skills in nutrition care practices.

⁶ Nuristan, Helmand, Ghazni, Nangarhar, Zabul and Kandahar provinces.

Through the community-based nutrition package (CBNP) programme, 40 community health workers (CHWs) received CBNP training in the northern region. In coordination with nutrition cluster partners, UNICEF is also delivering high-quality preventive and curative nutrition services to returnee families at border crossing points and transit centres. Core interventions at border points include screening and treatment of severely wasted children, distribution of multiple micronutrient powder (MNP), provision of Vitamin A supplements, child deworming, MIYCN counselling, and MMS distribution for pregnant women and breastfeeding mothers. In March, 1,333 returnee children were screened for wasting, with 37 (63 per cent girls) admitted for outpatient treatment. Additionally, 81 children received Vitamin A supplements and 59 received MNP. A total of 472 primary caregivers of children aged 0-23 months were counselled on MIYCN and 116 mothers received MMS.

With implementing partners and sub-national nutrition clusters, UNICEF also provided nutrition services to flood- and earthquake-affected families in the western region. A total of 823 children were screened for wasting, with 21 (58 per cent girls) admitted for treatment and 101 children (48 per cent girls) referred to for inpatient treatment. Additionally, 76 children received Vitamin A supplements, 100 primary caregivers of children aged 0-23 months received MIYCN counselling services, and 22,810 mothers received MMS.

Education

In March, UNICEF continued to support 348,676 children (66 per cent girls) through 15,775 community-based education (CBE) classes across 32 provinces. Additionally, 7,025 children (64 per cent girls) benefited from 255 early childhood education (ECE) classes in four provinces in the eastern region⁷.

All public schools in cold zone climate areas commenced the new academic year in late March. UNICEF has prepared the required plans to distribute teaching and learning materials (TLM) to these schools targeting two million children.

The ongoing ban on secondary education for girls continues to pose a significant challenge, severely impacting their learning opportunities. UNICEF and partners are actively monitoring the situation, but currently, no secondary schools are open for girls. In the face of these challenges, UNICEF remains committed to supporting girls' education. During the reporting period, UNICEF trained an additional 1,448 public school teachers (26 per cent female), empowering them to become educators and advocates for change in their communities.

Child Protection, GBViE and PSEA

In March 2025, 47,825 children and caregivers (48 per cent girls and women), including 112 children with disabilities, accessed child protection services related to prevention, risk mitigation and response. Of those reached, 10,373 were children and caregivers (2,865 girls, 3,121 boys, 2,669 women and 1,718 men) who benefited from both mental health and psychosocial support (MHPSS) key information messaging, and structured MHPSS through child-friendly spaces, health facilities, transitional care centres and schools. Furthermore, 1,397 vulnerable children (313 girls and 1,084 boys) were reached with case management services, including family tracing and reunification or interim care services for 546 unaccompanied and separated children (6 girls). Financial assistance was provided for 12 children (3 girls), and economic reintegration – including vocational training and small business support – was provided to 145 adolescents, including 44 girls. Referrals for education reintegration was provided to 64 children (39 girls) and 20 children (5 girls) were referred for medical assistance across all regions of Afghanistan.

The risk of explosive ordnance continues to pose a significant risk to children, resulting in a high number of child casualties. UNICEF and partners reached 33,291 children and community members⁸ (with explosive ordnance risk education (EORE) in March.

Addressing gender-based violence (GBV) remains a challenge due to the continued restrictions on the movement of women and girls and bans on female workers. Despite these challenges, UNICEF and partners reached 4,289 people (1,474 girls, 1,293 boys, and 1,522 women) with GBV prevention, risk mitigation, and response services.

⁷ Nangahar, Kunar, Laghman and Nuristan.

⁸ 12,679 girls, 12,995 boys, 2,925 women, and 4,692 men.

Additionally, 66 women in the social services workforce, including staff from other sectors (health workers, teachers), were trained on child protection standards and other specialized child protection and GBV services. A total of 138 members of community-based child protection committees, including 80 women, were oriented on child protection, child rights, and their roles and responsibilities in providing related services.

Water, Sanitation and Hygiene (WASH)

As of March, UNICEF completed construction of eight new water supply systems and extension of one existing system, all operating through solar energy, in seven provinces⁹ benefiting 17,588 people¹⁰ with access to safe drinking water.

Emergency sanitation facilities were provided to 7,707 people¹¹ affected by conflict due to border tensions in Nangarhar province. Additionally, 32,865 people¹² accessed sanitation facilities and services through community engagement and community mobilization interventions in 638 communities with a prevalence of AWD/Cholera, malnutrition cases and those affected by natural disasters. These interventions led to the construction of 1,914 new latrines and the improvement of 2,781 existing latrines across nine provinces¹³.

Furthermore, 73,146 people¹⁴ across 17 provinces¹⁵ were reached with hygiene awareness and promotion. Hygiene awareness and promotion sessions focused on how practices like handwashing with soap; personal hygiene; safe transportation, storage, and use of drinking water; as well as proper maintenance and use of WASH facilities help prevent diarrhoeal diseases.

In March, 71,000 people¹⁶ affected by AWD/cholera, flash flooding, and households with malnourished children, were provided with essential WASH supplies, including family hygiene kits, water kits and water treatment chemicals across 13 provinces¹⁷. UNICEF also provided basic WASH services to six schools in Kunar and Nangarhar provinces by installing sanitation and handwashing facilities, benefiting 3,534 students and 52 teachers.

Funding for the WASH sector remains low. With the influx of returnees, the upcoming season for natural disasters, particularly flash floods, and potential drought conditions across the country, UNICEF – as WASH cluster lead agency – faces many challenges due to limited resources and rising humanitarian needs.

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

In March, UNICEF reached over 1.3 million community members with life-saving information (49 per cent female) and engaged with more than 302,000 individuals through various community structures and networks (51 per cent female). Engagement focused on promotion of good practices for the prevention of malnutrition, improving breastfeeding practices, immunization services, mental well-being, disease prevention, safe handling and treatment of drinking water, avoiding open defaecation, and practicing personal and household hygiene.

In response to cross-border returnees, the Community Engagement and Feedback Center in Goroko Village, Kandahar province, held nine sessions with 261 participants (46 per cent female) among internally displaced persons (IDPs) and local leaders. At Lalpura Camp for internally displaced persons (IDPs), 1,650 individuals (38 per cent female) were engaged through 75 sessions. These meetings provided vital information and promoted hygiene practices to prevent disease outbreaks. In the South, Community Engagement and Participation (CEP) teams reached 6,953 individuals (50 per cent female) at the Takhtapul District returnees' reception centre, Kandahar Transit Center, and Milak Border in Nimroz, focusing on services and disease prevention for returnees from Iran.

⁹ Balkh, Helmand, Kapisa, Nangarhar, Nimroz, Paktika and Parwan provinces.

¹⁰ 4,673 women; 5,284 girls; 4,673 men and 5,688 boys.

¹¹ 1,773 women; 2,004 girls; 1,772 men and 2,158 boys.

¹² 7,559 women; 8,545 girls; 7,559 men and 9,202 boys.

¹³ Badghis, Baghlan, Daikundi, Helmand, Herat, Kandahar, Nangarhar, Paktika and Zabul.

¹⁴ 16,824 women; 19,018 girls; 16,823 men and 20,481 boys.

¹⁵ Balkh, Bamyan, Badghis, Baghlan, Daikundi, Ghazni, Kabul, Kapisa, Logar, Maidan Wardak, Helmand, Herat, Kandahar, Nangarhar, Paktika, Paktya and Zabul.

¹⁶ 16,490 women; 18,641 girls; 16,491 men and 20,075 boys.

¹⁷ Balkh, Bamyan, Daikundi, Ghazni, Helmand, Kabul, Kandahar, Kapisa, Logar, Maidan Wardak, Nangarhar, Nimroz and Paktya.

A total of 110 implementing partner staff (43 per cent female), community health workers, extenders and community members, including religious leaders (TAAVON), grandmothers' groups, teachers, journalists, and youth received training on MHPSS, hygiene promotion, risk communication and community engagement, AAP and child rights.

As part of AAP, UNICEF documented feedback and complaints from approximately 19,000 individuals (59 per cent female) through hybrid community feedback mechanisms, with a closure rate of 65 per cent. Feedback was collected through 100 community engagement and feedback centres (CEFCs), community structures, a UNICEF-supported call centre and other mechanisms established by UNICEF and partner organizations. Feedback was directed to relevant UNICEF programme sections and clusters for further action and to ensure timely closure of the feedback loop.

According to data from the Grievance Redressal Mechanism (GRM) system, 632 grievances were reported, of which 8 per cent were from females, and 7,220 feedback entries, with 20 per cent coming from females. Most grievances (54 per cent) were related to the CBE programme and primarily focused on labour and working conditions (62 per cent). Of these grievances, 29 per cent were resolved. Regarding feedback cases, 97 per cent were requests for information, with 61 per cent related to the Maternal and Child Cash Transfers (MCCT) programme.

Data from CEFCs reveal that Nangarhar province, followed by Nimroz, Kandahar and Herat provinces contributed the highest proportion of feedback. A significant majority of the feedback, accounting for 55.41 per cent of all responses, consisted of requests for assistance, underscoring the intense need for humanitarian aid among the affected populations. Moreover, health-related (40 per cent) and WASH-related (21 per cent) feedback ranked highest in the thematic groups. Nearly 85 per cent of feedback was addressed and closed.

Gender and Adolescent Development and Participation

In March, UNICEF, in collaboration with its implementing partners, provided essential services to a total of 2,203 women and adolescent girls through women and girls' safe spaces in the central region. These safe spaces were established to enhance community-based access for women and girls, providing a comprehensive package of services, including digital access, skills training, and psychosocial support, among other essential services.

In addition, 421 health care providers were trained in clinical care for survivors of mistreatment to provide comprehensive, quality, and survivor-centred services through health care facilities. Furthermore, 3,056 men and boys were engaged through men and boys' networks as champions for positive masculinity, gender equality, and for creating an enabling environment for women and girls.

These activities specifically emphasize gender equality and the importance of women and girls in families and communities. They also promote awareness of negative gender norms and harmful practices, advocate for positive gender norms, and underscore the importance of women and girls' access to essential services.

Social Protection and Humanitarian Cash Transfer (HCT)

In March, UNICEF initiated the first round of cash distribution as part of the Mother and Child Cash Transfer Programme, reaching 11,553 households in Samangan, Kunar, and Zabul provinces. This programme aims to support over 65,000 households with pregnant and lactating women and children under the age of two across four provinces over an 18-month period.

During the reporting period, UNICEF also concluded its 2024-25 winter response, reaching 6,536 of the most vulnerable households with life-saving multipurpose cash assistance in Shahrستان district, Daikundi province. The winter response aimed to ensure access to essential needs and services for children and other household members in winter-affected areas. The programme prioritized households with pregnant and lactating women, female-headed households, those led by persons with disabilities, households with children with disabilities, and families with children under age two.

Humanitarian Leadership, Coordination and Strategy

March saw the commencement of the new academic year in cold climate regions. A total of 31 partners are currently supporting CBE classes, benefiting a total of 377,845 children (63 per cent girls) with access to education. At border

crossings in the eastern and southern regions, partners have been mobilized to provide support for returnee learners through the establishment of help desks.

In March, Child Protection Area of Responsibility (CP AOR) partners reached 111,796 people¹⁸ with child protection services, resulting in a cumulative total of 420,701 people reached this year. A total of 546 unaccompanied and separated children (540 boys and 6 girls) were provided with family tracing and reunification services. Economic, social and education reintegration services were delivered to 696 children (387 boys, 309 girls). A total of 37,322 adults (18,760 women), including child protection staff and staff from other sectors (social workers, case workers, teachers, health workers and authorities) received training on the norms and standards of child protection. In addition, 9,236 parents and caregivers were reached with messaging on how to support their children's psychosocial wellbeing.

From January to March, the Nutrition Cluster provided life-saving nutrition services to over 1.5 million individuals. A total of 288,262 children under five suffering from MAM were admitted to the Targeted Supplementary Feeding Programme (TSFP), while 227,498 pregnant and breastfeeding women were also supported through the TSFP, reaching 28 per cent of the planned coverage. The Outpatient Therapeutic Feeding Programme (OTP) was operational across all 401 districts through 3,106 fixed and temporary sites. In parallel, TSFP services were provided in 387 districts through 2,332 facilities. By the end of March, 147 inpatient facilities were available for the treatment of severe acute malnutrition (SAM) with complications. OTP sites admitted 121,767 children under five with SAM and an additional 9,382 children with complications were treated as part of the inpatient SAM treatment programme across the country.

The WASH Cluster was part of the first water sanitation group meeting which was held with the Ministry of Rural Rehabilitation and Development (MRRD). The month of February also saw the cluster involved in a sub-cluster retreat where key issues and strategies for strengthening regional coordination, intersectoral approaches, engagement with line ministries like the MRRD were discussed.

External Media, Statements & Human-Interest Stories

Statements and Press Releases

- [Press release: Japan provides fresh funding for life-saving health care, water, sanitation, hygiene and protection services to children](#)
- [Statement by UNICEF Executive Director: As new school year starts in Afghanistan, almost 400,000 more girls deprived of their right to education, bringing total to 2.2 million](#)

Social media

- [“For the first time in 17 years I have learned to use this medical equipment”: ADB supports high-impact training for health care workers](#)
- [There's a new water system in Fawzia's village, bringing safe water to every home: Contributions from KS Relief through AHTF, facilitated by IsDB and OIC.](#)
- [Vocational training supported by European Union](#)
- [UNICEF delivers teaching and learning materials to students, thanks to Global Partnership for Education, World Bank and Asian Development Bank](#)
- [Essential WASH hygiene items provided to families in emergency situations under new partnership with People's Republic of China](#)

Human-Interest Stories

- [Safe drinking water from springs to households](#): UNICEF with support from USAID builds water reservoirs to collect water from springs and transfer it to community taps using the force of gravity.
- [Keeping the lights on for immunization](#): With KS Relief, 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.

¹⁸13,930 boys (12%), 13,155 girls (12%), 41,576 men (37%) and 43,135 women (39%).

Next SitRep: 25 May 2025

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 ¹⁹ Needs 2025	UNICEF and IPs Response			Cluster/Sector Response		
		2025 Target	Total Results (Jan – Mar 2025)	Change ²⁰ ▲ ▼	2025 Target	Total Results (Jan - Mar 2025)	Change ▲ ▼
Health							
Number of UNICEF-targeted children 6 to 59 months in humanitarian situations who are vaccinated against measles	277,603	340,000	0	0			
Number of people accessing health care through UNICEF-supported health facilities	13,880,144	19,000,000	19,003,740	8,389,891			
Nutrition							
Number of children 6-59 months with severe wasting admitted for treatment	780,577	824,000	131,149	43,945	824,000	131,149	43,945
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	658,176	341,536	2,500,000	658,176	341,536
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	3,904,688	158,000	35,901	1,804	270,000	115,895	47,953 ²¹
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	4,283	1,397	70,000	5,763	2,131
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		245,000	34,074	4,837			
Number of children and caregivers accessing Explosive		500,000	141,407	34,191			

¹⁹ The total needs and targets are likely to change, in-line with the HNRP prioritization exercise.

²⁰ 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.

²¹ February data reported late increased the total reach by 919.

Ordnance Risk Education (EORE)							
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA ²²		1,500,000	68,381	3,770			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA Reporting mechanisms ²³		900	27	27			
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 ²⁴	0	480,000	377,845	300,762
Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	4,787,432	2,050,000 ²⁵	2,400	2,400	291,329	86,719	86,719
WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	18,359,670	3,968,000	130,157	19,857	6,291,858	461,907	122,566
Number people who gained access to gender and disability-sensitive sanitation facilities	16,901,802	3,407,000	70,826	41,454 ²⁶	4,053,744	22,429	13,708
Number of people reached with hygiene promotion programmes	23,482,801	4,420,000	212,636	68,573	6,080,980	425,499 ²⁷	112,919
Number of people reached with critical WASH supplies	6,921,045	1,774,000	348,545	62,742	2,217,410	862,377	138,973
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	200,000	200,000	33,340	5,684	800,000	223,940	19,461
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	11,553	11,553			
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	5,802,223	781,425			

²² The figures will be reported during the next reporting cycle.

²³ Ibid.

²⁴ These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.

²⁵ The Public Education indicator includes HNRP and non-HNRP schools.

²⁶ UNICEF calculates CLTS in the HAC while at Cluster level this activity is not included in the HNRP.

²⁷ UNICEF calculates CLTS hygiene promotion in the HAC while at Cluster level this activity is not included in the HNRP.

Number of children, caregivers and community members engaged in participatory behaviour change interventions		3,500,000	932,229	356,092			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		300,000	67,197	18,514			
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	7,907	2,494			
Number of UNICEF supported frontline workers trained on gender integration and adolescent responsive services		15,000	4,150	440			
Emergency Preparedness and Response							
Number of households reached with cash assistance to meet winter needs		70,000	6,536	6,536			

Annex B

Funding Status*

Appeal Sector	2025 HAC Requirements (US\$)	Funds available			2024 Funding Gap	
		Humanitarian resources received in 2025	Resources available from 2024 (carry-over)	Other resources available, including from 2024 (carry-over) ²⁸	\$	%
Health	328,586,029	558,900	183,412,257	11,673,731	195,644,888	60%
Nutrition	181,921,628	(181,946)	22,376,876	669,204	22,864,135	13%
Child protection, GBViE and PSEA	41,773,260	(344,453)	4,882,160	1,266,906	5,804,614	14%
Education	286,319,400	690,456	217,584,439	8,571,170	226,846,064	79%
Water, sanitation, and hygiene	256,945,770	1,404,505	9,513,262	931,906	11,849,673	5%
Social protection	61,320,482	(1,605,273)	18,164,411	1,747,020	18,306,158	30%
Cross-sectoral (HCT, SBC, RCCE and AAP)	19,803,000	2,815,926	4,352,794	11,808,238	18,976,958	96%
Emergency preparedness and response	5,159,235	-	-	-	-	0%
Gender, adolescents, and youth development	6,949,500				-	0%
Total	1,188,778,304	3,338,115	460,286,199	36,668,175	500,292,490	42%

²⁸ Carry-forward amount has been revised in accordance with new guidance received from Headquarters, including carry forward commitments and balances.

** 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 now included.*