On 29 September, a social worker currently deployed to Khas Kunar Camp supports children and teaches them to draw and paint in a child friendly space. ©UNICEF/Azizi

Afghanistan

Humanitarian Situation Report
1 - 30 September 2025
Report # 9

unicef
for every child

Reporting Period: 1 – 30 September 2025

Highlights

- With winter approaching, UNICEF is working to support communities affected by the 6+ magnitude earthquake that struck the eastern region of Afghanistan on 31 August and subsequent aftershocks, with tens of thousands of people still living in tents, and many people still in areas difficult to access.
- Afghanistan remains one of the world's largest humanitarian crises, with 22.9 million people including 12 million children, in need of humanitarian assistance. The country also ranks fourth worldwide for child acute malnutrition and countries most affected by the global food and nutrition crisis.
- In September, 1.2 million children were screened for wasting, leading to the admission of 51,603 children (58 per cent girls) for in-patient and outpatient treatment.

Situation in numbers

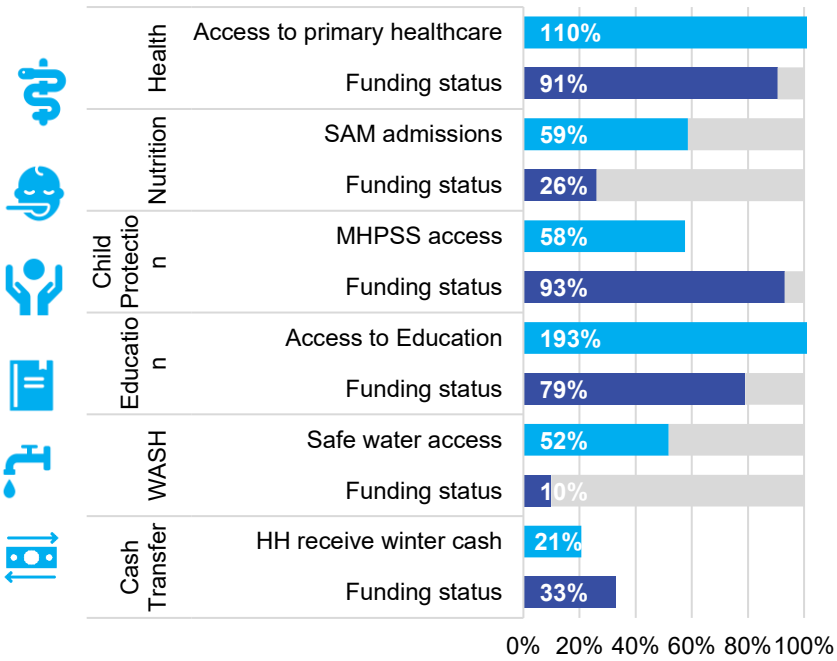
22.9 M
People in need of humanitarian assistance (HNRP 2025)

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

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

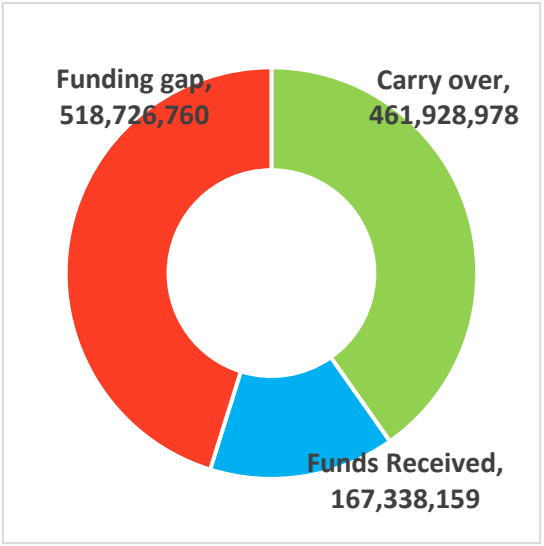
14.3 M
People in need of humanitarian health assistance (HNRP 2025).

UNICEF's Response and Funding Status*



UNICEF Appeal 2025

US$ 1,188,778,304



[1] Carry-forward amount has been revised in accordance with new guidance, including carry forward commitments and balances.
*The Education over-achievement of the indicator is due to a major donor commitment happening after the setting of the target for 2025.

Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for the contributions received. As of 30 September 2025, the Humanitarian Action for Children (HAC) appeal for 2025 requiring an overall budget of USD 1.2 billion is 56 per cent funded. UNICEF is grateful to the People of China through the UNICEF China Country Office, the European Union (Humanitarian Aid), the United Kingdom, the Central Emergency Response Fund (CERF) administered by UN OCHA, as well as UNICEF's extensive family of National Committees for new contributions awarded in September.

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

Moreover, UNICEF extends its special appreciation to Belgium, Denmark, Norway, Sweden, Switzerland, the United Kingdom, and the family of National Committees for UNICEF as well as private sector partners for contributing flexible resources, which continuously enable UNICEF to respond to sudden and underfunded needs.

UNICEF Afghanistan deeply appreciates the continued support by donors to the response in the country. Throughout 2025, with both humanitarian and basic human needs at dire levels, our unwavering shared commitment to the people of Afghanistan will be crucial to alleviate acute suffering and to reduce preventable deaths, particularly among children and women.

Situation Overview & Humanitarian Needs

On 31 August, at 23.47 local time, a 6+ magnitude earthquake hit Nangarhar, Kunar and Laghman provinces in eastern Afghanistan. Subsequent aftershocks, including one measuring 5.6 in magnitude on 4 September and 4.9 in magnitude on 23 September, caused additional casualties, damage and destruction and further disrupted access to the worst-affected areas. According to joint humanitarian assessments conducted in 134 of the 411 affected villages across 15 districts in three provinces - Kunar (9 districts), Nangarhar (4 districts), and Laghman (2 districts) – an estimated 8,489 families (56,061 people) were directly impacted. Of these, 6,312 houses were destroyed, while 2,177 sustained partial damage. As of 23 September, multi-sector needs assessments were completed in 134 of the 411 hardest-hit villages – that is, those that experienced levels 7 and 8 shaking on the Modified Mercalli Scale (MMI). Needs assessments teams verified that 8,471 families in the assessed villages were directly impacted by the earthquake (almost 56,000 people), with 1,992 people killed (52 per cent women and girls), 3,631 people injured (54 per cent women and girls) and 8,471 homes destroyed or damaged. Additionally, the earthquake killed more than 7,000 livestock with 96 per cent of affected households have lost food sources[2].

Afghanistan remains one of the world's largest and complex humanitarian crises, with 22.9 million people in need of humanitarian assistance. Decades of conflict, extreme climate shocks, and severe economic decline, characterized by high unemployment, have plunged millions into poverty. Afghanistan also ranks fourth worldwide for child acute malnutrition and countries most affected by the global food and nutrition crisis. Access to life-saving services is shrinking due to operational complexity and funding constraints. In the last 8 months, 305 nutrition sites have closed including family health houses and mobile health and nutrition teams. Prices of Ready-To-Use Therapeutic Food (RUTF), Micro-Nutrient Powders (MNPs) and therapeutic milk have increased up to five-fold due to increased logistics and supply costs caused by geopolitical instability.

[2] Afghanistan: Situation Update #7 - Eastern Region Earthquake Response (25 September 2025)

Geopolitical tensions with neighbouring countries continued to impact Afghan families. Since the beginning of the year, around 2.2 million Afghans have returned from neighbouring countries, many under compulsion rather than by choice[3]. The unprecedented surge in undocumented Afghan migrants returning from Iran is putting additional pressure on already strained basic services. This record movement pushed border resources to the brink, while critical funding gaps hindered the ability of partners to respond.

Afghanistan remains highly susceptible to epidemic-prone diseases. The epidemiological curve has shown a gradual increasing trend since week 8 of 2025, which coincides with the start of the warmer weather; however, stabilization at the higher level is observed in the last 7 weeks (Figure 1). An outbreak of Acute Watery Diarrhea (AWD) with dehydration has been ongoing in central provinces, Parwan and Kapisa provinces since 10 July 2025. As of 16 August 2025, a total of 991 suspected cases has been reported (946 in Parwan and 45 in Kapisa province) and 13 districts (8 in Parwan and 5 in Kapisa). Among the suspected cases, 458 Rapid Diagnostic Tests (RDT) R were conducted (413 in Parwan and 45 in Kapisa), of which 195 tested positives [166 in Parwan (positivity rate 40.2%) and 29 in Kapisa (positivity rate 64.4%)]. One death has been reported (a 50-year-old male).[4] Since Jan 2025, 106,196 cases of AWD with dehydration with 50 associated deaths (CFR 0.05%) were reported from 339 districts. Out of total cases, 52,451 (49.4%) were females, while 60,585 (57.1%) were under-five children. Since January 2025, 7,137 RDTs have been conducted on AWD with dehydration cases, of which 742 tests turned positive (positivity rate 10.4%). Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Paktya (71.6), followed by Nimroz (69.1), Kabul (55.0), Khost (52.9), and Farah (51.5).

The preliminary results of the Whole of Afghanistan Assessment (WoAA) conducted in August and September 2025 continue to show a precarious situation in Afghanistan. Increasingly concurrent hazards are driving inter-sectoral needs, particularly affecting the poorest and most vulnerable. Compared to last year, these hazards and their increasing concurrence are less confined to specific hotspots or population groups. Climate-induced shocks are likely to be more frequent and less predictable, posing critical risks. 85 per cent of households reported experiencing at least one environmental hazard in the 12 months prior to data collection, 67 per cent reported experiencing at least two. The assessment also shows that the provision of humanitarian assistance has declined significantly, falling from 34 per cent to 24 per cent in 2025. Food (81 per cent) and livelihoods (56 per cent) remain top priority needs, while under widespread drought and water scarcity, water (37 per cent) has risen in priority[5].

Summary Analysis of Programme Response

Health

In September, UNICEF continued to sustain the delivery of essential health services across all 34 provinces through 2,409 static and 16 mobile health facilities. Of these, 1,383 facilities in 17 provinces are with high-impact interventions on maternal and newborn health, including essential and emergency newborn care, prevention of postpartum haemorrhage, nutrition services for screening and management of SAM and full supportive care for preterm newborn and sepsis cases. Expansion is underway to scale up these services to the remaining 1,026 facilities. UNICEF distributed around 41 types of high impact, critical lifesaving supplies such as newborn warmers, newborn resuscitators, newborn family kits to 17 provinces in the month of September. UNICEF supported the salaries of 27,049 health workers – 38 per cent of them women – enabling 19.3 million people to access essential health services. More than 70 per cent of the vaccination services in Afghanistan are provided through the UNICEF assisted health services.

UNICEF continued supporting the provision of extending the reach of primary health care to underserved communities through community health workers (CHWs). In the month of September, CHWs treated 135,052 acute respiratory tract (ARI) infections and 111,015 cases of diarrhoea and referred 43,441 cases of ARI and 33,544 diarrhoea cases to health facilities. In addition, they conducted 79,533 antenatal and 46,101 postnatal home visits nationwide.

[3] UNHCR Operational data portal.
[4] Situation Report | Epidemiological week #33-2025
[5] Whole of Afghanistan Assessment (WoAA), provisional results, 2025.

UNICEF prioritized its interventions in Parwan, Kapisa, Nangarhar and Kunduz, where the number of AWD cases with dehydration and culture-positive cases remains high. Essential supplies—including zinc/ORS co-packs, AWD kits, and emergency health kits – were prepositioned countrywide to bolster preparedness and response.

In Nangarhar, UNICEF-supported Oral Rehydration Points (ORPs) are functional in 2,407 health facilities and nearly 16,000 health posts are equipped with treatment units and supplies. Integrated Emergency Response Teams (IERTs) are active in the eastern and northern regions, responding to the rising cases in September.

In Kunduz, 73 Oral Rehydration Points (ORPs), two cholera treatment centres (CTCs), and 13 cholera treatment units (CTUs) are operational in UNICEF-supported health facilities. About 1,026 staff from health posts were trained and, by end of September, 774 AWD cases were treated.

A total of 288 ORPs, two CTCs, and 55 CTUs are operational in UNICEF-supported health facilities in Nangarhar. By end of September 2,083 children were screened, 116 SAM cases were detected, and 980 caregivers received IYCF-E counselling, while 16,110 people in AWD/Cholera-affected areas were supported with WASH services.

In Parwan, an additional 79 staff members were recruited to manage three mobile units and one CTC. In September, 17,244 outpatient consultations and 1,529 inpatient admissions were recorded. In Kapisa province, 86 additional staff members were recruited, in addition three mobile health services and one CTC are functional. 13,832 outpatient consultations and 1,091 inpatient admissions were provided.

At border zero points and transit centres, UNICEF provided returnee families – particularly women and children – with essential health services, including immunization, clean delivery kits, AWD kits, and medicines.

Immunization services were expanded nationwide. Through UNICEF support, 144,104 children were vaccinated against measles, 149,077 were given the third dose of pentavalent vaccine, and 11,543 people were vaccinated against COVID-19. The first phase of the national measles campaign began on 29 September, across 17 provinces. The second phase is expected to cover the remaining 17 provinces. In total the campaigns are targeting 18 million children aged 6 months to 10 years.

As part of the efforts to strengthen and institutionalize the community-based health care (CBHC) system, national level mapping of health posts and CHWs was completed, which included GIS data of health posts as well as demographic information of CHWs. Data cleaning and analysis are still ongoing. Preliminary results show that a total of 32,752 CHWs (52 per cent female) exist in the country operating at 16,547 health posts, with a median age of 36 for male and 39 years for female CHWs. The analysis also showed that 66 per cent of the CHWs received formal education ranging from primary school to bachelor's degree, while 34 per cent are illiterate. Once the analysis is completed, the data will be used to inform the CBHC roadmap review, which is planned for November 2025.

Through risk communication and community engagement interventions, UNICEF reached over 672,260 people with lifesaving health, nutrition, immunization, and disease prevention information via mass media and Information, Education, and Communication (IEC) materials. In addition, 397,447 individuals—half of them women—were reached through direct engagement, while nearly 124,321 people in outbreak-affected provinces and border areas received targeted health messages.

Nutrition

UNICEF continues to strengthen nutrition services across Afghanistan, with more than 3,350 service delivery points providing treatment for severe wasting among children under five. In September, 1.2 million children were screened for wasting, leading to the admission of 51,603 children (58 per cent girls) for in-patient and outpatient treatment. Admissions were 17 per cent lower than in August, consistent with Afghanistan's seasonal pattern where caseloads typically peak during the lean season in July and August and decline post-harvest. This does not reflect a reduction in service availability or case finding intensity.

To prevent malnutrition, 206,041 caregivers of young children received counselling on Maternal, Infant and Young Child Nutrition (MIYCN), while 209,899 pregnant women were supported with multiple micronutrient supplements (MMS). To improve service quality, a total of 282 health workers (26 male and 256 female) were trained on MIYCN across three regions. Additionally, 281 health workers (58 male and 223 female) were trained on Integrated Management of Acute Malnutrition (IMAM) in the north, central, and west regions. In the central region, specifically in Paktika province, staff were trained in alignment with the new interim protocol for the management of high-risk Moderate Acute Malnutrition (MAM) cases.

In coordination with Nutrition Cluster partners, UNICEF continued providing essential nutrition services to returnee families at border crossings, transit centres, and reintegration areas. In September, a total of 29,791 returnee children (14,443 boys and 15,348 girls) were screened for wasting, leading to the admission of 1,424 children (543 boys and 881 girls) for treatment. Additionally, 23,392 children (11,440 boys and 11,952 girls) received vitamin A supplementation, and 15,504 children were supported with multiple micronutrient powders (MNPs). Furthermore, 12,010 caregivers and mothers received nutrition counselling, while 5,444 pregnant women were supported with multiple micronutrient supplements (MMS).

Community-based nutrition surveillance continued through 451 sites across all 34 provinces, generating real-time data to monitor malnutrition trends. In August, UNICEF had integrated new modules on the Early Childhood Food Insecurity Experience Scale (EC-FIES) and diet quality for infant and young child feeding practices into the system. In September, data collection and analysis were completed, and the results are currently pending validation.

On 31 August, a 6.0 magnitude earthquake and several aftershocks struck the eastern provinces. UNICEF, in coordination with partners, provided and continues to provide nutrition support to displaced and affected populations. By the end of September, more than 10,727 children (5,233 boys and 5,494 girls) were screened for malnutrition, 645 children (317 boys and 328 girls) were treated for severe wasting, and over 4,670 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

Education

In September, UNICEF supported access to education services for 324,362 children – 65 per cent girls – through around 10,600 community-based education (CBE) classes across 28 provinces. In the eastern region, an additional 2,498 children (64 per cent girls) benefited from 90 early childhood education (ECE) classes.

To improve learning quality, UNICEF distributed teaching and learning materials (TLMs) to 182,267 children (41 per cent girls) in Badakhshan, Kandahar, and Nimroz provinces, alongside 35,003 textbooks for children in Badakhshan province. Distribution will continue throughout the academic year to cover all provinces.

In September, UNICEF identified partners for the returnee response in 21 provinces and is in the process of contracting. A total of 1,050 temporary learning spaces will be established from October, supporting over 67,000 returnee children (50 per cent girls) with remedial or language classes linked to transition to public schools.

The continued ban on secondary education for girls remains a major barrier, depriving millions of girls – including those returning from abroad – of their right to education. Despite this, UNICEF remains committed to supporting girls' learning opportunities and investing in teachers as agents of change. In September, 4,100 public school teachers (29 per cent women) and 3,000 community-based teachers (33 per cent women) received training through in-service and Girls' Access to Teacher Education (GATE) programmes, enhancing teaching quality at both school and community levels.

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

In September, 167,299 children and caregivers (52 per cent girls and women), including 323 children with disabilities, accessed prevention, risk mitigation, and response child protection services. Of these, 79,412 people including 29,014 girls, 30,382 boys, 13,379 women, and 6,637 men benefited from both key mental health and psychosocial support (MHPSS) messaging and structured MHPSS activities through child-friendly spaces, health facilities, transitional care centres, and schools.

Furthermore, 2,928 vulnerable children (530 girls and 2,398 boys) were reached with case management services, including family tracing and reunification, and/or interim care provision for 1,668 unaccompanied and separated children (including 13 girls), including among children at the borders.

Financial assistance was provided to 667 children (204 girls) for economic reintegration support such as vocational training and small business assistance. Additionally, 465 children and caregivers (including 351 females) were referred for medical assistance across all regions.

The risk of explosive ordnance continues to pose a significant danger to children, resulting in a high number of child casualties. UNICEF and its partners reached 70,321 children and community members (21,581 girls, 41,010 boys, 3,406 women, and 4,324 men) with awareness and risk reduction efforts.

The provision of Gender-Based Violence (GBV) services remained challenging due to ongoing restrictions on the movement of women and girls, as well as the ban on female workers. Despite these constraints, UNICEF and its partners reached 35,109 individuals (10,186 girls, 4,425 boys, and 20,498 women) with GBV prevention, risk mitigation, and response services.

Additionally, 12 child protection workers (including 3 women) were recruited and trained on child protection and to adapt new tools and working modalities, including Psychosocial Support, caring for child survivors of SGBV, case management, psychological first aid, etc. Furthermore, 70 members of community-based child protection committees, including 20 women, and 73 staff from other sectors including 35 women, were oriented on child protection, child rights, and their roles and responsibilities.

Water, Sanitation and Hygiene (WASH)

UNICEF provided lifesaving WASH interventions to the earthquake affected populations in the eastern region through the trucking and chlorination of 3,167 m3 of water and installation of 6 reservoirs and 15 water bladders for collection and distribution of water. 1,582 family hygiene kits and 33,710 Jerrycans were also distributed. Furthermore, 298 emergency latrines were constructed, in addition to the installation of five 40ft containers (each with 5 washrooms, 5 laundry rooms, 5 ablutions areas), 10 metallic baths, 24 handwashing facilities and 47 dustbins. Hygiene promotion sessions were also conducted to ensure the effective use of WASH services and the prevention of WASH related disease outbreaks.

UNICEF continued sustaining emergency water, waste management, sanitation and hygiene services across four main border crossing points and transit centres in Herat, Nimroz, Kandahar and Nangarhar provinces to ensure dignified WASH services availability. In addition, UNICEF sustained the WASH response in different Provinces affected by AWD with dehydration, with especial focus in the provinces where were positive rapid diagnostic tests (RDTs) were reported. The response includes the distribution of WASH hygiene kits, soap bars, water purification tablets, WASH IEC materials, jerrycans to the affected people and rehabilitation of non-functional water supply system.

In September, around 71,000 people gained access to safe drinking water through construction and rehabilitation of durable water supply system which includes the installation of solar powered water supply system, upgrading of existing water facilities and construction of water distribution system in Takhar, Nangarhar, Herat and Ghor provinces.

During the same period, around 89,000 people gained access to basic sanitation through construction of 298 emergency latrines and community engagement in 15 provinces, resulting in the rehabilitation of 5,688 existing household latrines and the construction of 3,265 new ones.

Furthermore, 119,257 people were reached through hygiene promotional interventions in different provinces across the country. Hygiene promotion focused on handwashing with soap; personal hygiene; safe transportation, storage and use of drinking water; and proper maintenance and use of WASH facilities.

During the same period, 111,488 people, including returnees, AWD/Cholera and natural hazard affected people and households with malnourished children, were provided with essential WASH supplies, including family hygiene kits, water kits and water treatment chemicals across eighteen provinces. A total of 24,311 people visiting 11 health centres and health professionals working in the facilities accessed basic WASH service through the rehabilitation and upgrading of the existing WASH services in 22 WASH facilities in healthcare facilities in Daikundi, Paktya, Logar and Parwan provinces.

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

In September, UNICEF reached 1,920,620 people with lifesaving information (approximately 50 per cent female) on preventing malnutrition, importance of exclusive breastfeeding, immunization, mental well-being, disease prevention, safe water handling, eliminating open defaecation, and hygiene promotion. Additionally, more than 397,447 individuals (39 per cent female) were engaged on the same topics through existing community engagement structures, such as the TAAVON religious leaders' network, the Qahramanan youth network, Grandmother Groups (GMGs), community health workers, Child Protection Action Networks (CPAN), Community-Led Total Sanitation, and school management shuras (SMS).

In response to multiple emergencies including AWD, returnee influx, and the recent earthquake 81,288 individuals, including 41,524 females, were reached with critical lifesaving messages across Kunar, Nangarhar, Kapisa, and Parwan provinces. In collaboration with programme partners, SBC mobilized 70 social mobilizers and trained 200 male and

female religious scholars/influencers, community health workers, and youth volunteers to disseminate key lifesaving messages on health, WASH, child protection and nutrition through broader community engagement.

UNICEF maintains Community Engagement and Feedback Centres (CEFCs) at returnee reception points in Torkham (east), Spin Boldak (south), and Islam Qala (west). These centres are staffed by both male and female facilitators, along with a mobile team, to assist with the influx of returnees from Pakistan and Iran. The CEFCs provide platforms for real-time information dissemination and feedback collection, addressing the immediate needs of the returnees.

As part of Accountability to Affected People (AAP) efforts, UNICEF documented 24,518 feedback and complaints (49 per cent female) through the Community Feedback and Redressal Management (CFRM) system. Among them, 1,250 submissions were registered through the UNICEF call Center/Grievance Report Mechanism (GRM). Of these, 1,043 submissions fell under the 'Feedback and Information' category, all of which have been 100 per cent closed. Notably, 21 per cent of these submissions were made by female callers. CEFCs played a vital role, collecting over 87 per cent of the feedback alongside other community structures, social mobilizers, AWAAZ and the U-Report platform. Over 94 per cent of feedback loops were successfully closed. All unresolved cases were referred to the relevant UNICEF programme sections and clusters for appropriate action and resolution.

Insights from the CFRM system revealed that over 50 per cent of respondents requested humanitarian assistance, followed by 28 per cent of programmatic positive feedback. Communities have repeatedly voiced concerns about access to clinics, drinking water, and schools, emphasizing the significant challenges faced by those in remote areas. Additionally, there are ongoing issues related to the lack of clean water and sanitation facilities. Feedback reveals that female respondents have expressed strong worries about how limited educational opportunities affect their children's future.

Gender and Adolescent Development and Participation

In September 2025, UNICEF and its implementing partners provided lifesaving services to 11,510 women and adolescent girls through women's and girls' safe spaces established across eastern, central, western and northern regions of Afghanistan. These safe spaces expanded community-based access and offered a comprehensive package of services (including referrals to health, nutrition, immunization, and GBV services), digital access, skills training and psychosocial support. During the reporting period, 16,992 adolescent girls received life skills training in safe spaces. Additionally, 5,987 men and boys participated in 'Men and Boys Networks' that promote positive masculinity and gender equality, raise awareness of harmful gender norms and practices, and help create safer environments for women and girls. At the community level, 1,213 people took part in awareness-raising sessions.

Social Protection and Humanitarian Cash Transfer (HCT)

In September, UNICEF activated the Rapid Response Mechanism (RRM) to address the urgent humanitarian needs resulting from the earthquake that affected mainly Chawkay, Khas Kunar, Nurgal, and several other districts of Kunar Province. Through this intervention, UNICEF reached 4,987 households with one-off Multipurpose Cash Assistance (MPCA) to help affected households meet their immediate essential needs, such as food, shelter, and basic household items.

Humanitarian Leadership, Coordination and Strategy

Planning for the 2026 Humanitarian Needs and Response Plan (HNRP) advanced in September. The Whole of Afghanistan Assessment (WoAA) preliminary findings were shared with the Inter-Cluster Coordination Team (ICCT). The ICCT agreed on key planning dates, parameters, and prioritization, while also exploring ways to streamline and stagger the Humanitarian Programme Cycle.

Nutrition Cluster

From January to September, the Nutrition Cluster admitted 60 per cent of its target for the treatment of severe acute malnutrition (SAM) without complications, and 51 per cent for children with SAM and complications. Nearly 1.06 million children with moderate acute malnutrition (MAM) were treated, representing 58 per cent of the target. In addition, 777,000 pregnant and lactating women (PLW) with acute malnutrition received treatment (96 per cent of the target). Blanket supplementary feeding reached 1.18 million children under five (74 per cent of target) and 574,000 PLW (81 per cent). Vitamin A supplementation exceeded the target, reaching 9.85 million children (137 per cent of target).

Education Cluster

In September, the Education Cluster conducted a Joint Education Needs Assessment across 218 educational facilities in Kunar and Nangarhar provinces, covering various school types including CBEs, primary, secondary, and high schools. The findings have guided partners in responding more effectively to children's educational needs. AABRAR established 200 Temporary Learning Spaces (TLS), supporting over 6,000 children with materials, tents, WASH facilities, and play kits. Children in Crisis provided mental health and psychosocial support (MHPSS) to 633 children and plans to reach 18,000 more. UNESCO is preparing MHPSS training for teachers in earthquake-affected schools. Two Local NGOs will set up 300 temporary learning spaces (TLS) across three provinces. UNICEF, with partners, operates 16 Child-Friendly Spaces (CFS) serving 3,000 children, while additional CFSs were established by Children in Crisis and Save the Children International (SCI).

Child Protection Area of Responsibility (CPAoR)

In September, partners reached 36,284 people with child protection services[6]. These included structured psychosocial support for 17,990 children, case management for 2,546 children, and reintegration support for 150 boys and 150 girls affected by grave violations. 237 boys and 153 girls were referred to for specialized mental health services, while 512 humanitarian workers received training. Over 200 people were reached with child protection messages via mass media. The AoR has dedicated more effort to earthquake and border responses, providing case management, psychosocial support, and community-based protection for displaced and returnee children.

WASH Cluster

In September, the WASH Cluster, in collaboration with 30 active partners, reached 159,926 individuals across Afghanistan, bringing the cumulative reach for the year to 2.46 million people. The response focused on lifesaving WASH assistance for earthquake-affected communities in the eastern region, where over 155,000 people gained access to safe drinking water, sanitation facilities, and hygiene promotion services. In coordination with the Health Cluster, partners intensified efforts to contain AWD outbreaks in hotspot areas through integrated response measures and hygiene awareness campaigns. Simultaneously, the Cluster scaled up cross-border assistance for returnees from Pakistan and Iran, providing safe water, hygiene kits, and essential non-food items at key border points and reception centres across the east, south, west, and central regions. Regular national and sub-national coordination meetings fostered stronger collaboration, harmonized reporting, and addressed operational challenges. However, the response continued to face constraints, including the location of temporary settlements in flood-prone areas, unclear displacement durations affecting the design of sustainable water systems, and limited funding to expand coverage to all 135 areas identified under the MSRAF assessment. Moving forward, the Cluster will sustain advocacy with the authorities for expedited MoU processes, reinforce AWD preparedness and response, enhance monitoring of WASH services in returnee areas, and promote resilient and context-adapted water solutions for vulnerable and displaced populations.

External Media, Statements & Human-Interest Stories

Social Media

- Thanks to @eu_echo for the 130 tonnes of humanitarian supplies enroute to #Afghanistan, through @UNICEFSupply, to support the #Earthquake response.
- In the first 72 hours, @UNICEFAfg teams supported the treatment of 2,500 trauma cases and delivered urgent hygiene & nutrition support. More relief, incl. 130 tons of supplies provided by @eu_echo.
- A week on, UNICEF, supported by @eu_echo, is providing cash assistance to help families cope in the aftermath of the earthquakes. And with flexible funding we are trucking safe water to displaced families.
- @JapaninAFG & @UNICEFAfg delivered safe learning environments, clean water, protection services & essential vaccines to fight polio & other preventable diseases.
- VIDEO: UNICEF's @TajudeenOyewale's message at the Palais des Nations.
- VIDEO: Watch how UNICEF is responding with impact and donate to support children in Afghanistan.
- @unicefchief urgently calls on the de facto authorities to lift this devastating ban and allow every girl in Afghanistan to attend school.

[6] 11,501 girls, 10,976 boys, 7,183 women, and 6,624 men.

- VIDEO: After the earthquake, children in Kunar and Nangarhar now have clean drinking water near their temporary shelters, protecting them from deadly diseases. With partners, @UNICEFAfg is reaching families with water, nutrition, health and protection.
- After the recent Afghanistan earthquake, with @ECHO_Asia, @ADB_HQ & @WorldBankSAsia, we responded within hours—through mobile teams, trauma care & life-saving medicines.
- VIDEO: It's been 4 years since Afghan girls were shut out of classrooms beyond grade 6. UNICEF urges the de facto authorities to lift this ban and let every girl learn—from primary to secondary and beyond.
- In Bamyan, with @WorldBank & @ADB_HQ @UNICEFAfg support 410 community classes & 42,000 students in the province- ensuring equal opportunity #ForEveryChild.
- Marwa is one of 23,100 teachers being trained to bring interactive, child-centered learning to classrooms nationwide, with support from @MOFAkr_eng.
- Our partnership with @ECHO_Asia supports 9,500 children like Zahra in community-based education classes across #Afghanistan.
- VIDEO: We continue to scale our response. With support from @echo_Asia we've just received more supplies to support children and families.

Press releases:

- Thousands of children at risk after devastating earthquake hits eastern Afghanistan.
- EU humanitarian airbridge delivers 130 tonnes of supplies in support of UNICEF's relief efforts in eastern Afghanistan.
- UNICEF Launches US$22 Million Appeal to Support over 212,000 Children Affected by Earthquakes in Eastern Afghanistan.
- Palais remarks: Children make more than half of all deaths in the aftermath of Afghanistan earthquake.
- Statement by UNICEF Executive Director Catherine Russell on the denial of education to adolescent girls in Afghanistan for 4 years

Next SitRep: 25 November 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 79 998 7100
Email: toyewale@unicef.org

Mr. Charles Nzuki
Chief of Field Service
UNICEF Afghanistan
Tel: +93 79 998 7119
Email: cnzuki@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[7] Needs 2025	UNICEF and IPs Response			Cluster/Sector Response		
		2025 Target	Total Results (Jan – Sept 2025)	Change[8] ▲▼	2025 Target	Total Results (Jan – Sept 2025)	Change ▲▼
Health							
Number of UNICEF-targeted children 6 to 59 months in humanitarian situations who are vaccinated against measles	277,603	340, 000	41,395	0			
Number of people accessing health care through UNICEF-supported health facilities	13,880,144	19,000,000	20,813,216	1,482,089			
Nutrition							
Number of children 6-59 months with severe wasting admitted for treatment	780,577	824,000	483,202	45,110	824,000	483,202	645,110
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	1,796,134	216,697	2,500,000	1,796,134	216,697
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	3,904,688	158,000	91,005	0	270,000	187,758	17,990
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	16,860	0	70,000	24,809	2,546
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	129,667	0			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	336,430	0			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA[9]		1,500,000	266,965	0			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA Reporting mechanisms[10]		900	2,134	5			
Education							

[7] The total needs and targets are likely to change, in-line with the HNRP prioritization exercise.
[8] 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.
[9] The figures will be reported during the next reporting cycle.
[10] Ibid.

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[11]	0	480,000	486,473	156,401
Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	4,787,432	2,050,000[12]	4,310,393[13]	216,193	291,329	518,469	179,591
WASH[14]							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	18,359,670	3,968,000	1,627,400	26,698	6,291,858	2,529,597	191,423
Number people who gained access to gender and disability-sensitive sanitation facilities	16,901,802	3,407,000	1,833,776	68,488[15]	4,053,744	504,651	104,977
Number of people reached with hygiene promotion programmes	23,482,801	4,420,000	1,544,078	175,300	6,080,980	1,994,998[16]	205,115
Number of people reached with critical WASH supplies	6,921,045	1,774,000	2,147,832	236,599	2,217,410	3,028,947	163,021
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	200,000	200,000	111,367	24,971	800,000	1,160,910	168,751
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	65,714	0			
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	12,680,227	1,920,620			
Number of children, caregivers and community members engaged in participatory behaviour change interventions		3,500,000	2,805,593	397,447			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		300,000	228,762	24,518			
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	67,623	9,325			

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

Number of UNICEF supported frontline workers trained on gender integration and adolescent responsive services		15,000	4,477	20			
Emergency Preparedness and Response							
Number of households reached with cash assistance to meet winter needs		70,000	14,432	4,987			

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)	$	%
Health	328,586,029	95,607,238	183,412,664	18,441,964	31,124,163	9%
Nutrition	181,921,628	23,753,721	22,443,829	1,149,204	134,574,873	74%
Child protection, GBViE and PSEA	41,773,260	2,015,942	33,119,316	3,716,906	2,921,096	7%
Education	286,319,400	25,813,901	189,584,439	10,812,181	60,108,879	21%
Water, sanitation, and hygiene***	256,945,770	14,615,563	9,775,089	1,093,906	231,461,212	90%
Social protection	61,320,482	(696,140)	19,240,848	1,747,020	41,028,754	67%
Cross-sectoral (HCT, SBC, RCCE and AAP)	19,803,000	6,227,932	4,352,794	3,823,226	5,399,048	27%
Emergency preparedness and response	5,159,235	-	-	-	5,159,235	100%
Gender, adolescents, and youth development	6,949,500	-		-	6,949,500	100%
Total	**1,188,778,304**	**167,338,159**	**461,928,978**	**40,784,408**	**518,726,760**	**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 2025, including those carried over from 2024, are now included.*
****The sector has managed to achieve key results especially in hygiene promotion interventions, reaching the most vulnerable populations, despite the limited funding.*