



On 16 October 2025, vaccinator Rahila at the Guzara hospital in Herat, is teaching a mother about different vaccines her baby requires. ©UNICEF/Khayyam

Reporting Period: 1 – 31 October 2025

Highlights

- UNICEF supported 341,557 children (65 percent girls) with community-based and early learning and established 1,050 temporary learning spaces for returnee children.
- In the eastern earthquake response, UNICEF provided safe water to 17,200 people, installed 322 emergency latrines, and supported 67,000 children with temporary learning spaces.
- UNICEF reached 718,499 people with safe drinking water and 666,381 people with sanitation services through water system repairs and trucking.
- For returnees, UNICEF provided essential health services to 7,180 people and screened 10,900 children for malnutrition at border points and transit centres.

Afghanistan

Humanitarian Situation Report

1 - 31 October 2025

Report # 10

unicef 
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

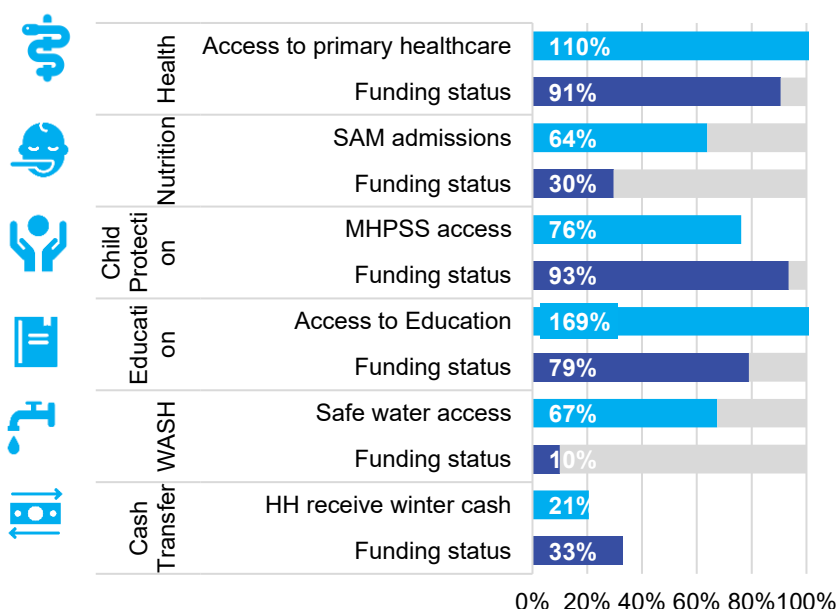
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2025)



14.3 M

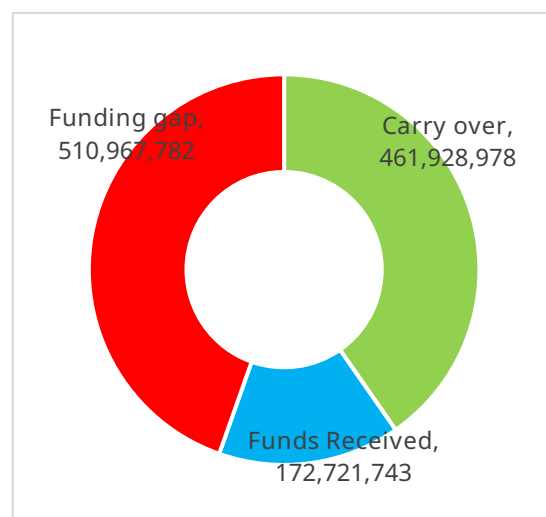
People in need of humanitarian health assistance (HNRP 2025).

UNICEF's Response and Funding Status*



UNICEF Appeal 2025

US\$ 1,188,778,304



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

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

Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for the contributions received. As of 31 October 2025, the Humanitarian Action for Children (HAC) appeal for 2025, requiring an overall budget of USD 1.2 billion, is 57 per cent funded. UNICEF is grateful to the Gates Foundation, as well as UNICEF's extensive family of National Committees, for the new contributions awarded in October.

In addition, UNICEF reiterates its appreciation to all partners who have provided funding for interventions under the 2025 HAC, including those whose multi-year contributions from previous years continued to enable implementation throughout 2025. These include the Asian Development Bank; the World Bank; and the Islamic Development Bank, as trustee of the Afghanistan Humanitarian Trust Fund, with contributions from the Kuwait Society for Relief and the Saudi Fund for Development. UNICEF also acknowledges the generous support of the European Union (Humanitarian Aid); the Governments and the People of Belgium, Canada, the 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 Nahyan, President of the United Arab Emirates and Ruler of Abu Dhabi; Japan; the Republic of Korea; Norway; Poland; Spain; Sweden; and the United Kingdom. Further appreciation goes to the Global Partnership for Education and UNESCO; the Bill & Melinda Gates Foundation; the Afghanistan Humanitarian Fund (AHF) and the Central Emergency Response Fund (CERF) administered by OCHA; and UNICEF's extensive family of National Committees.

Moreover, UNICEF extends its special appreciation to Belgium, Denmark, Norway, Sweden, Switzerland, the United Kingdom, 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 values the continued support of donors to the response in the country. As both humanitarian needs and basic human needs remain at critical levels throughout 2025, our shared and unwavering commitment to the people of Afghanistan will be essential to alleviating acute suffering and preventing avoidable deaths, particularly among children and women.

Situation Overview & Humanitarian Needs

Afghanistan remains in the grip of overlapping humanitarian pressures. A prolonged economic downturn, recurrent natural hazards, disease outbreaks, and the systemic curtailment of women's and girls' rights and participation continues to deepen the vulnerabilities of children and their families. In October, communities were still struggling to recover from the series of earthquakes that struck Kunar, Nangarhar and Laghman in late August and September, causing extensive damage across the eastern region. As temperatures dropped sharply, thousands of families faced the onset of winter in inadequate shelter. Joint assessments confirmed that nearly 56,000 people were directly affected by the earthquakes, with close to 2,000 deaths, more than 3,600 injuries, and over 8,400 homes destroyed or damaged. Access to several of the worst-hit areas remains limited due to damaged roads, landslides, and the remoteness of affected valleys, slowing both assessments and the delivery of assistance.

While some road access and infrastructure repairs have begun, reconstruction remains slow, prompting many people to leave isolated areas to seek assistance closer to the Kunar River valley and main roads. As a result, temporary settlements in Kunar province, including in Patan and Zeraf Baba villages in Nurgal district, the Khas Kunar Military Base, and sites in Andarlachak and Dewagal Valley of Chawkay district, have expanded.

Acute food insecurity remains widespread in Afghanistan compounded by repeated shocks which continue to strain an already fragile socio-economic landscape marked by deep-rooted economic, social, physical and environmental vulnerabilities. During the current projection period from May to October 2025, which coincides with the harvest season in Afghanistan, an estimated 9.52 million people (21 per cent of the population) are classified in IPC Phase 3 or above (crisis or worse). This includes 1.6 million people (4 per cent of the total population) classified in IPC Phase 4 (emergency) and around 7.93 million (17 per cent of the total population) classified in IPC Phase 3 (crisis).

Afghanistan is also vulnerable to epidemic-prone diseases. Since January 2025, 145,907 cases of acute watery diarrhoea (AWD) with dehydration were reported from 350 districts, with 72 associated deaths (CFR 0.05 per cent). Out of the total number of cases, 72,272 (49.5 per cent) were females, while 83,134 (57.0 per cent) were children under-five. Since January 2025, a total of 10,939 Rapid Diagnostic Tests (RDT) have been conducted among AWD with dehydration cases, of which 1,497 tested positive (positivity rate 13.7 per cent). Since the beginning of 2025, the highest cumulative incidence of AWD with dehydration per 10,000 population was reported from Kabul (91.6), followed by Paktya (78.9), Farah (69.4), Paktika (53.8), and Nimroz (50.5). There is an ongoing AWD with dehydration outbreak in the central region (Parwan and Kapisa), the northeast (Kunduz and Takhar), and the eastern region (Nangarhar and Laghman).

In October 2025, Afghanistan continued to receive large numbers of returnees from neighboring countries, primarily from Pakistan and Iran. By late October, around 2.3 million Afghans had returned during 2025, including approximately 1.5 million from Iran alone.² Many of these returns were driven by policy shifts in Pakistan — including the resumption of the “Illegal Foreigners Repatriation Plan” in April 2025, and in Iran, following the expiry of the Head-count slip on 20 March 2025 and the subsequent regularization/return scheme. The scale and pace of returns are placing significant strain on Afghanistan’s already overstretched resources and integration capacity, while UNHCR expresses concern about protection risks for returnees — especially women and girls — and about onward displacement or re-migration.³

Summary Analysis of Programme Response

Health

In October, UNICEF sustained essential health services across all 34 provinces through 2,409 static and 16 mobile health teams. Of these, 1,383 facilities in 17 provinces were strengthened with high-impact maternal and newborn health interventions, including prevention of postpartum haemorrhage and neonatal sepsis. To ensure continuity of care, UNICEF supported salaries for 27,503 health workers (38 per cent women), enabling over 6.3 million people, 28 per cent of them children, to access essential health services.

Since the beginning of the year, UNICEF and partners responded to approximately 1,584 suspected disease outbreaks, including measles, acute respiratory infections (ARI)-pneumonia, AWD, scabies, dengue, chickenpox, Crimean-Congo Haemorrhagic Fever, and pertussis. To strengthen AWD/cholera preparedness, 15,987 health posts were equipped with zinc and ORS supplies in October, and 40 additional AWD kits were prepositioned in five regional warehouses. 15,139 AWD cases with dehydration and 88,729 ARI-pneumonia cases were treated. UNICEF-supported hospitals conducted 351 major surgeries and treated over 5,000 trauma cases. Five makeshift health facilities were established, and two Integrated Emergency Response Teams (IERTs) deployed for on-site care.

Since onset of earthquake response, over 30,000 primary health consultations and 14,700 psychosocial counselling sessions were provided. Around 2,300 children were vaccinated against measles, nearly 1,000 antenatal care and 500 postnatal care services were delivered, and 90 safe deliveries recorded. UNICEF continues to support health services in three camps with redeployed staff and the World Bank-funded Health Emergency Response (HER) project resources to sustain operations through 2026. UNICEF also facilitated the rehabilitation of a building in Khas Kunar camp for primary health care delivery.

On returnee response, at border zero points and transit centres, UNICEF provided essential health services, including immunization, clean delivery kits, AWD kits, and medicines to 7,180 returnees, prioritizing women and children.

Nationwide, 124,584 children were vaccinated against measles, 148,463 received the third dose of pentavalent vaccine, and 13,466 people were vaccinated against COVID-19. A preventive measles campaign targeting 18 million children (6 months–10 years) is underway in two phases. Phase 1 covered 17 provinces, vaccinating 8.3 million children (93 per cent coverage). Phase 2 began on 29 October and will continue through mid-November

² Afghanistan Situation: Afghan Returns from Iran and Pakistan Emergency Update #14 (27 October 2025), UNHCR.

³ Operational Data Portal, UNCHR. <https://data.unhcr.org/en/country/afg/575>

to reach 9.1 million children. To strengthen cold chain capacity, 355 Solar Direct Drive refrigerators were dispatched, and installation has begun. Construction of provincial EPI management team (PEMT) buildings in Paktika and Jawzjan and warehouses in Jawzjan and Ghazni is ongoing. Two immunization waste treatment sites were completed in Kabul and Nangarhar. And 38 cold chain technicians were trained.

Mapping of all health posts, including GIS data, training status, and supply availability, was completed. The de facto Ministry of Public Health is conducting spot checks in 12 provinces (50 health posts) ahead of a national Community-Based Health Care (CBHC) roadmap review. Community Health Workers (CHWs) treated 271,169 ARI cases and 208,629 diarrhoea cases, referring 87,854 ARI and 63,039 diarrhoea cases to health facilities. Female CHWs conducted 155,203 antenatal and 88,728 postnatal home visits and referred 25,299 normal and 2,897 complicated deliveries.

UNICEF reached 173,154 individuals (54 per cent women) with lifesaving health and immunization information through community structures. Additionally, 191,783 people were reached via mass media and communication materials. Community mobilization in 17 provinces supported the measles vaccination campaign.

Nutrition

UNICEF continues to strengthen nutrition services across Afghanistan, with over 3,350 service delivery points providing treatment for severe wasting among children under five. In October, 1.29 million children were screened for wasting, of these 42,188 children (56.5 per cent girls) were admitted for in-patient and outpatient treatment. To prevent malnutrition, 200,522 caregivers of young children received counselling on maternal, infant and young child nutrition (MIYCN), 233,145 children received micronutrient powders (MNPs), and 188,394 pregnant women were supported with multiple micronutrient supplements (MMS). To improve service quality, over 475 health workers (244 males and 231 females) were trained in Integrated Management of Acute Malnutrition (IMAM) and MIYCN across four regions.

In coordination with Nutrition Cluster partners, UNICEF continued providing nutrition services to returnee families at border crossings, transit centres, and reintegration areas. In October, more than 10,937 returnee children were screened for wasting, with 537 admitted for treatment. 5,364 received vitamin A, nearly 6,500 were supported with MNPs, and over 4,259 caregivers and mothers received counselling and supplements.

As part of the earthquake response, 3,892 children were screened and 205 were treated for severe acute malnutrition (SAM) and over 2,983 caregivers were reached with Infant Young Child Feeding in Emergency (IYCF-E) counselling in earthquake affected areas in the eastern region during the reporting month.

UNICEF also advanced the integration of Early Childhood Development (ECD)⁴ into Urban Child Nutrition and Development Daycare Centres. With the 192 staff trained on ECD across day care centres in Kabul, 874 caregivers received ECD group sessions, strengthening parents' skills in responsive caregiving and early stimulation. In addition, 1,608 children under five were screened for developmental milestones, with 1,474 found on track and 134 referred for additional support, demonstrating steady progress in linking nutrition and ECD services to ensure children not only survive but also thrive.

Community-based nutrition surveillance continued through 441 sites across all 34 provinces, generating real-time data to track malnutrition trends. As of October, UNICEF continued to use the integrated new modules on Early Childhood Food Insecurity Experience Scale (EC-FIES) and young child feeding practices/diet quality into this system.

Education

In October, UNICEF supported access to education for 341,557 children – 65 per cent girls – through more than 11,000 community-based education (CBE) classes across 28 provinces. An additional 7,000 children (64 per cent girls) benefited from 255 early childhood education (ECE) classes in the eastern region.

⁴ [Early childhood development | UNICEF](#)

To improve the quality of learning, UNICEF distributed teaching and learning materials (TLMs) to 27,000 children (41 per cent girls) in Ghazni and Herat provinces. Distribution of TLMs will continue throughout the academic year covering all the provinces.

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 October, 3,350 public school teachers (29 per cent women) and 1,500 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 October, UNICEF and partners reached 273,702 children and caregivers (49 per cent girls and women), with prevention, risk mitigation, and response services. Of these, 97,662 people benefited from mental health and psychosocial support messaging delivered through community-based sessions, schools, child-friendly spaces, health facilities, and media platforms.

Direct child protection support was provided to 3,928 vulnerable children (2,416 boys and 1,512 girls) through case management services, including family tracing, reunification, and interim care. Among them were 3,654 unaccompanied and separated children (UASC), 3,587 boys and 67 girls, who received family tracing and reunification (FTR) and interim care support at the four border points. In addition, 325 adolescents (125 boys, 140 girls, 60 mothers) accessed vocational training, and 136 children and youth (61 boys, 41 girls, 17 fathers and 17 mothers) received support to establish small businesses, contributing to their self-reliance and reintegration within their communities.

18,836 children and caregivers (5,730 girls; 9,186 boys and 3,920 women) participated in structured psychosocial and recreational activities in child-friendly spaces, homes, and community centres. A further 266 children and caregivers were referred to specialized mental-health and protection services for continued support.

To reduce risks from explosive ordnance, UNICEF and partners reached 79,207 children and community members (25,314 girls, 41,313 boys, 12,580 adults) with awareness and risk-reduction messages.

Provision of gender-based violence services remained constrained by restrictions on women's movement and the ban on female humanitarian workers. Despite these challenges, 63,978 individuals (7,886 girls, 7,002 boys, 37,449 men, and 11,641 women) received GBV prevention, risk mitigation, and response services.

Through PSEA activities, 30,202 people (including 7,331 girls and 7,577 women) were reached with awareness and community mobilization on preventing sexual exploitation and abuse.

Capacity-building efforts in October reached 812 individuals (539 men and 273 women), including 206 child protection workers, 486 community structure members, and 120 staff from other sectors. Participants were trained and oriented on child protection, psychosocial support, case management, and caring for survivors of Sexual and Gender Based Violence (SGBV), strengthening community and institutional capacity to protect children.

Water, Sanitation and Hygiene (WASH)

UNICEF sustained lifesaving WASH interventions for the earthquake-affected population in the eastern region through water trucking. A total of 17,217 people (4,056 men; 4,050 women; 4,970 boys and 4,636 girls) benefitted from the daily trucking of 246,500 liters of safe water. Chlorination and water quality testing are conducted regularly. A total of 21 water tanks were installed for water distribution. In addition, 1,500,000 Aquatabs were distributed, reaching at least 32,543 people (4,056 men; 4,050 women; 4,970 boys and 4,636 girls), and at least 18,714 people (4,286 men, 4,279 women, 5,251 boys and 4,898 girls) for household level water treatment and ensure use of safe water.

A total of 12,271 earthquake-affected people (2,914 men, 2,909 women, 3,569 boys and 3,329 girls) benefitted from the installation and maintenance of 322 emergency latrines, 107 bathing facilities, and 37 handwashing stations. In addition, 49 dustbins were installed for waste collection, and 20 cleaners were deployed to ensure a safe and clean environment for the affected population through regular camp cleaning. A total of 68,895 people were reached with hygiene promotion activities and the distribution of 2,568 hygiene kits and 3,987 soap bars to strengthen hygiene practices.

UNICEF also 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 service availability for returnees. In addition, UNICEF sustained the WASH response in provinces affected by AWD with dehydration, with a special focus on provinces with a high number of positive Rapid Diagnostic Tests. The response included the distribution of WASH hygiene kits, soap bars, water purification tablets, WASH IEC materials and jerrycans to affected people, as well as the rehabilitation of non-functional water supply systems.

In October, around 718,499 people gained access to safe drinking water through the construction and rehabilitation of durable water supply systems, including the installation of solar-powered water supply systems, upgrading of existing water facilities, construction of water distribution systems, and water trucking in Daikundi, Ghazni, Takhar, Nangarhar, Herat, and Ghor provinces.

During the same period, around 666,381 people gained access to basic sanitation through the construction of emergency latrines in returnee and earthquake-affected provinces, and through community engagement process in Daikundi and Paktya provinces. Furthermore, 393,634 people were reached through hygiene promotion interventions in ten provinces⁵ affected by AWD and in the eastern region. 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, 393,634 people, including returnees, AWD/Cholera-affected populations, natural disaster-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 67,832 people visiting 12 health centres, as well as health professionals working in these facilities, accessed basic WASH services through the rehabilitation and upgrading of existing systems. A total of 11,490 students in 7 schools accessed basic WASH services through the rehabilitation and upgrading of existing facilities.

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

In October, UNICEF strengthened Community Engagement and Participation efforts, reaching more than 1,365,935 people (approximately 51 per cent women and girls, and 4 per cent returnees) with lifesaving information on preventing malnutrition, exclusive breastfeeding, immunization, mental well-being, disease prevention, and safe hygiene practices. Additionally, more than 190,567 individuals (46 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 parallel, UNICEF scaled up the presence of Community Engagement and Feedback Centres at returnee reception points in Torkham, Spin Boldak, and Islam Qala, where trained male and female facilitators as well as mobile teams provided two-way information channels enabling returnee families to access timely guidance and share feedback on emerging needs.

UNICEF's Accountability to Affected People commitments were further strengthened through the Community Feedback and Redressal Management system, which documented 17,997 pieces of community feedback in October, with 57 per cent submitted by women. An estimated 87 per cent of all feedback originated through

⁵ Bamyan, Parwan, Maidan Wardak, Kapisa, Logar, Kabul, Daikundi, Paktya, and Khost provinces.

Community Engagement and Feedback Centres and other community structures, demonstrating increasing preference for localized, trusted reporting channels. More than 94 per cent of feedback loops were successfully closed, ensuring timely follow up, explanations, or solutions, while unresolved cases were referred to relevant programme sections and humanitarian clusters.

Feedback trends indicated that nearly half of respondents requested humanitarian assistance, and communities continued to raise concerns about access to clinics, clean drinking water, and schools. Women highlighted the long-term impact of limited education opportunities on their children's future, underscoring the persistent challenges faced by families in both returnee and host communities.

Gender and Adolescent Development and Participation

During October 2025, a total of 16,951 women and girls received critical information and services through 21 Women and Girls' Safe Spaces across the central, eastern, western, and northern regions. These safe spaces offer a welcoming environment where women and girls receive information and support on maternal, child and adolescent health; nutrition and good practices; immunization; WASH; and gender-based violence (GBV) prevention and response. Trained social workers provide psychosocial support and make referrals to appropriate health and protection services. During the month, 11,066 adolescent girls also participated in skills-development and learning opportunities delivered through safe spaces and digital platforms, including digital education, transferable skills and vocational training. With partner support, UNICEF strengthened the capacity of 60 service providers in gender, GBV, and psychosocial support to ensure timely and effective assistance to people in need.

Since January 2025, 183,332 community members have attended group discussions at community levels on health, nutrition, polio, gender equality, women's empowerment and reporting mechanisms to enhance accountability to affected populations. These dialogue sessions use adapted language and culturally sensitive approaches to promote positive shifts in gender relations, improve women's and girls' access to services, and prevent harmful practices such as child marriage.

As part of the eastern region earthquake response 3,160 women and girls (1,768 women and 1,392 girls) received integrated services including health, nutrition and psychosocial counselling, polio awareness, menstrual hygiene management and handwashing education, and protection support during the reporting period. In addition, 1,586 individuals were reached through outreach services, 1,074 received MHPSS interventions, and 500 dignity kits were distributed to women and adolescent girls.

Social Protection and Humanitarian Cash Transfer (HCT)

In October, UNICEF continued the third round of cash distribution under the Mother and Child Cash Transfer (MCCT) program, reaching 22,546 households in Kunar and Samangan provinces. The programme is designed to support over 65,000 households with pregnant and lactating women, as well as children under the age of two, across four provinces over an 18-month period. The programme aims to strengthen child and maternal well-being in the targeted locations by ensuring the consistent fulfilment of children's basic needs, improving nutrition for women and children, enhancing self-care among women and girls, and promoting positive childcare practices.

Additionally, UNICEF successfully concluded the provision of multipurpose cash assistance (MPCA) to households affected by the recent earthquake in the eastern region. This support aimed to ensure access to essential and lifesaving needs and services. In total, 5,000 households in multiple districts of Kunar province received one-off cash assistance.

Humanitarian Leadership, Coordination and Strategy

In October, UNICEF continued to lead and coordinate its four clusters – Nutrition, Education, Child Protection AoR and WASH – to ensure a coherent multi-sectoral response amid rising humanitarian needs, operational constraints and a shrinking humanitarian footprint. Throughout the month, all clusters contributed to the development of the 2026 Humanitarian Needs and Response Plan (HNRP) through joint data analysis, severity ranking, prioritization exercises and refinement of geographic targeting. The HNRP process is on track for

completion in December 2025, with UNICEF-supported clusters actively engaging SAG members, partners and subnational focal points to ensure evidence-based planning.

Nutrition Cluster

In October, the Nutrition Cluster strengthened partner coordination at national and regional levels, including through collective analysis of acute malnutrition trends. As part of this process, the IPC Acute Malnutrition Analysis was carried out with support from the FAO IPC Global Support Unit, bringing together 45 representatives from national and international NGOs, UN agencies, the Public Nutrition Directorate and academia. The Cluster also harmonized reporting tools, supported joint monitoring, and aligned partner approaches for screening, referral and IYCF-E in earthquake-affected and high-return areas to guide prioritization and response planning.

Education Cluster

The Education Cluster focused on strengthening partner coordination, quality assurance and capacity development. Subnational cluster focal points participated in a UNESCO-led training covering monitoring, reporting, proposal development and institutional capacity building, with plans to cascade this knowledge to national NGO partners. Coordination with partners continued on education assessments for returnee and earthquake-affected children, alongside engagement with authorities on operational issues affecting access and programming.

Child Protection Area of Responsibility (CPAoR)

In October, the Child Protection AoR continued to coordinate inter-agency efforts to strengthen case management, psychosocial support and referral pathways across the country. CPAoR partners collectively reached 62,200 people during the month, including through structured psychosocial support for children, case management services, community-based protection activities and awareness-raising in both earthquake-affected and high-return areas. Coordination efforts focused on harmonizing data collection tools, aligning partner reporting, and ensuring consistent application of inter-agency case management standards. The AoR also worked closely with the GBV Sub-Cluster and other sectors on joint protection risk monitoring and referral mechanisms to address the needs of displaced, returnee and other vulnerable children.

WASH Cluster

The WASH Cluster coordinated partner response to WASH needs arising from earthquakes, AWD/cholera outbreaks, drought and returnee movements. Efforts focused on harmonizing operational approaches for water quality monitoring, hygiene promotion and temporary WASH installations, while strengthening reporting and data validation across partners. Subnational coordination remained critical for tracking supplies, monitoring system functionality and aligning responses in hard-to-reach or disaster-affected areas.

External Media, Statements & Human-Interest Stories

Social Media

- Video: [UNICEF response to impact of eastern region earthquake.](#)
- Video: [child-friendly spaces set up in Kunar to support children impacted by the earthquake.](#)
- Video: [profile of Afghan hygiene promoters supporting their communities in earthquake response.](#)
- At @UNICEFAfg-supported Teacher Development Programme funded by, [@JapaninAFG](#), [@WorldBankSAsia](#), & [@GPforEducation](#), educators like Bahara learn student-centered methods, for making classrooms more inclusive, engaging and empowering.
- [Thanks to the Chinese Gov't @cidcaofficial, more than 1,900 families in Herat received life saving hygiene kits with soap, detergent & sanitary materials.](#)
- [With @WorldBankSAsia support, @UNICEFAfg is distributing teaching and learning materials package to 1.5M children in 15,000 schools across #Afghanistan.](#)
- [Girls at Senator Mirza Abdul Ghafar School in Takhar, northern #Afghanistan smile brightly outside their newly renovated classrooms by @UNICEFAfg, with support from @EUinAfghanistan.](#)
- These girls now have a brighter space to learn, grow, and dream big!
- Video: [Community engagement and feedback centres support families impacted by the earthquakes.](#)

- With [@CBPFs](#) and [@OCHAAfg](#) support, [@UNICEFAfg](#) is rehabilitating water supply system in under-served areas for families and children to have safe water.

Human interest stories:

[Female health workers continue providing care amid rising challenges in the aftermath of the earthquake.](#)

Press releases:

- [Afghanistan's Education System Facing Deepening Crisis for Both Girls and Boys, Warn UNICEF and UNESCO.](#)
- [Afghanistan reaches 8.9 million children in the first phase of a nationwide measles campaign. More than 212,000 children at risk of acute watery diarrhoea and other deadly waterborne diseases in earthquake-hit eastern Afghanistan.](#)

Next SitRep: 23 December 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 ⁶ Needs 2025	UNICEF and IPs Response			Cluster/Sector Response		
		2025 Target	Total Results (Jan –Oct 2025)	Change ⁷ ▲▼	2025 Target	Total Results (Jan – Oct 2025)	Change ▲▼
Health ⁸							
Number of UNICEF-targeted children 6 to 59 months in humanitarian situations who are vaccinated against measles	277,603	340, 000	8,280,596	8,280,596 ⁹			
Number of people accessing health care through UNICEF-supported health facilities	13,880,144	19,000,000	20,814,439	1,223			
Nutrition ¹⁰							
Number of children 6-59 months with severe wasting admitted for treatment	780,577	824,000	525,390	42,188	824,000	525,390	42 188
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	1,998,782	202,648	2,500,000	1,998,782	200,522
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	3,904,688	158,000	120,282	29,277	270,000	206,891	37,123
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	32,534	10,271
Number of women, girls, boys and men accessing		220,000	187,292	57,625			

⁶ The total needs and targets are likely to change, in-line with the HNRP prioritization exercise.

⁷ 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.

⁸ The health targets exceed the identified needs in the HNRP, as the UNICEF ACO HAC integrates both humanitarian and basic-needs programmes and interventions.

⁹ A national measles campaign was conducted during the month.

¹⁰ The nutrition targets exceed the identified needs in the HNRP, as the UNICEF ACO HAC integrates both humanitarian and basic-needs programmes and interventions.

Gender Based Violence (GBV) response, risk mitigation and prevention interventions							
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	485,958	71,608			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA ¹¹		1,500,000	338,573	149,528			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA Reporting mechanisms ¹²		900	2,134	5			
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 ¹³	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 ¹⁴	3,715,700 ¹⁵	(594 693) ¹⁶	291,329	518,469	179,591
WASH¹⁷							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	18,359,670	3,968,000	2,120,921	674,116	6,291,858	3,319,498	789,901
Number people who gained access to gender and disability-sensitive sanitation facilities	16,901,802	3,407,000	1,713,919	666,381 ¹⁸	4,053,744	1,254,226	749,575

¹¹ The figures will be reported during the next reporting cycle.

¹² Ibid.

¹³ These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.

¹⁴ The Public Education indicator includes HNRP and non-HNRP schools.

¹⁵ 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

¹⁶ TLM data review shows overreporting in previous month.

¹⁷ 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.

¹⁸ UNICEF calculates CLTS in the HAC while at Cluster level this activity is not included in the HNRP.

Number of people reached with hygiene promotion programmes	23,482,801	4,420,000	1,937,275	393,634	6,080,980	2,341,483 ¹⁹	346,485
Number of people reached with critical WASH supplies	6,921,045	1,774,000	2,433,473	461,639	2,217,410	3,880,340	851,393
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	200,000	200,000	189,159	79,322	800,000	1,357,385	196,475
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	65,721	7			
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	0			
Number of children, caregivers and community members engaged in participatory behaviour change interventions		3,500,000	2,957,602	152,009			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		300,000	238,611	9,849			
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	82,570	14,947			
Number of UNICEF supported frontline workers trained on gender integration and adolescent responsive services		15,000	4,537	60			
Emergency Preparedness and Response							
Number of households reached with cash assistance to meet winter needs		70,000	14,445	0			

¹⁹ UNICEF calculates CLTS hygiene promotion in the HAC while at Cluster level this activity is not included in the HNRP.

Annex B

Funding Status*

Appeal Sector	2025 HAC Requirement s (US\$)	Funds available			2025 Funding Gap	
		Humanitarian resources received in 2025	Resources available from 2024 (carry-over)	Other resources available	\$	%
Health	328,586,029	95,648,238	183,412,664	18,441,964	31,083,163	9%
Nutrition	181,921,628	27,932,306	22,443,829	3,463,152	128,082,341	70%
Child protection, GBViE and PSEA	41,773,260	2,145,000	33,119,316	3,778,353	2,730,592	7%
Education	286,319,400	25,605,719	189,584,439	10,812,181	60,317,062	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	(158,240)	19,240,848	1,747,020	40,490,854	66%
Cross-sectoral (HCT, SBC, RCCE and AAP)	19,803,000	6,933,157	4,352,794	3,823,226	4,693,824	24%
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	172,721,743	461,928,978	43,159,802	510,967,782	42.98%

* 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.