



On 10 November 2025, Zahra, 9 months old, and her mother are provided with Zinc and Oral Rehydration Solution (ORS) at the UNICEF-supported temporary clinic at Khas Kunar Camp. © UNICEF/UNI905458/Fazel

# Afghanistan

## Humanitarian Situation Report

1 – 30 November 2025  
Report # 11



Reporting Period: 1 – 30 November 2025

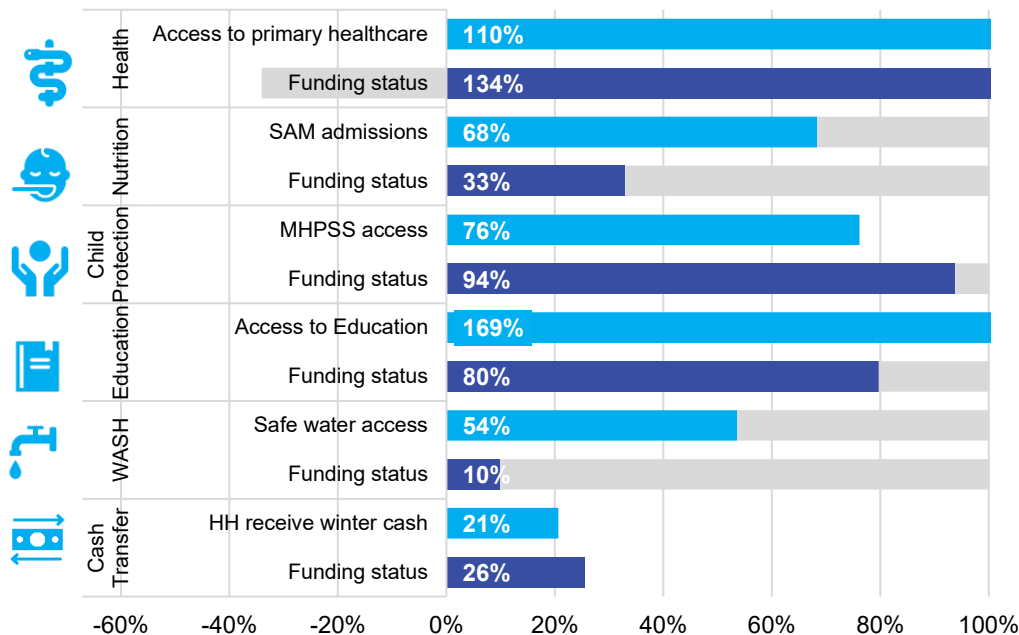
### Highlights

- In the early hours of 3 November, a powerful 6.3 magnitude earthquake ripped through northern Afghanistan, shaking communities from Balkh to Samangan as families slept.
- In November, 1.2 million children were screened for wasting and 33,510 children (58 per cent girls) were admitted for inpatient and outpatient treatment.
- The second phase of the nation-wide measles campaign was completed in November. Out of an estimated target of 9,113,193 children, a total of 8,355,446 were vaccinated, resulting in an overall coverage rate of 91.7 per cent. In total, at the national level, out of an estimated 18,078,907 targeted children, 16,715,115 children were vaccinated, achieving a coverage of 92.5 per cent.
- In November, 1.2 million children were screened for wasting and 33,510 children (58 per cent girls) were admitted for treatment.

### Situation in numbers

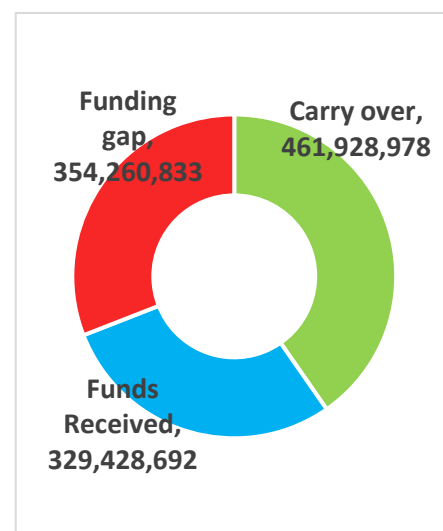
- 22.9 M  
People in need of humanitarian assistance (HNRP 2025)
- 12 M  
Children in need of humanitarian assistance (HNRP 2025)
- 857,000  
Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2025)
- 14.3 M  
People in need of humanitarian health assistance (HNRP 2025).

### UNICEF's Response and Funding Status\*



### UNICEF Appeal 2025

US\$ 1,188,778,304



<sup>1</sup> 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 30 November 2025, the Humanitarian Action for Children (HAC) appeal for 2025 requiring an overall budget of USD 1.2 billion is 70 per cent funded. UNICEF is grateful to the Asian Development Bank, as well as UNICEF's extensive family of National Committees for new contributions awarded in November.

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 Nahyan, 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 Gates Foundation, the Afghanistan Humanitarian Fund (AHF) and the Central Emergency Response Fund (CERF) administered by UN OCHA, as well as UNICEF's extensive family of National Committees.

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

Afghanistan continued to face overlapping humanitarian crises in November 2025, driven by a protracted economic downturn, worsening food insecurity and deep structural vulnerability, recurring natural hazards (including frequent earthquakes and floods), large-scale returnee influxes, outbreaks of epidemic-prone diseases, and ongoing restrictions on women's and girls' rights and participation, which further deepen vulnerabilities for children and families.

In the early hours of 3 November, a powerful 6.3 magnitude earthquake ripped through northern Afghanistan, shaking communities from Balkh to Samangan as families slept. The epicenter was located between Khulm (Samangan) and Mazar-e-Sharif (Balkh) – close enough to the region's largest northern city to trigger panic across neighbourhoods. The quake was felt as far as Kabul, Uzbekistan and Kazakhstan, forcing thousands of families to flee their homes into the freezing night. At least 25 people (12 in Balkh, 12 in Samangan, and 1 in Sar-e-Pul) were confirmed dead and nearly 1,000 injured. According to USGS PAGER, up to 110,000 people were exposed to very strong shaking<sup>2</sup>. Initial assessments indicated that nearly 800 homes were destroyed or damaged (305 destroyed, 490 damaged) across Samangan and Balkh provinces.

Food insecurity has increased sharply. The Integrated Food Security Phase Classification (IPC) report highlights a deepening food insecurity crisis in Afghanistan as the country enters the winter lean season. According to the analysis, food insecurity is expected to worsen significantly from November 2025 to March 2026, with approximately 17.4 million people — about 36 per cent of the population — projected to face acute food insecurity at Crisis (IPC Phase 3) or worse levels during this period. At the same time, drought conditions are persisting, with 12 provinces severely affected and 3.4 million people already impacted<sup>3</sup>. In addition, the nutrition situation is forecasted to deteriorate further, as nearly 3.7 million cases of children aged 6–59 months are

---

<sup>2</sup> OCHA flash update, 5 November 2025

<sup>3</sup> IPC: Afghanistan: Acute Food Insecurity Situation for September - October 2025 and Projection for November 2025 - March 2026 and April - September 2026

projected to suffer acute malnutrition between January 2025 and December 2026, with around 26 percent experiencing severe acute malnutrition. During the same period, an estimated 1.2 million cases of pregnant or breastfeeding women are expected to suffer acute malnutrition. By January 2026, acute malnutrition is expected to remain stable in some provinces and slightly worsen in others, with Faryab and Paktika moving from IPC Acute Malnutrition (AMN) Phase 3 (Serious) to Phase 4 (Critical). Under anticipated La Niña conditions, below-average rainfall and above-average temperatures are forecasted into early 2026. Mass cross-border returns further compound needs. By 29 November, more than 2.7 million Afghans had returned from neighbouring countries<sup>4</sup>, placing significant pressure on host communities, basic services and livelihoods.

The results of the Joint Rapid Recovery Needs Assessment, highlight that the Eastern Region earthquake and subsequent aftershocks that struck eastern Afghanistan on 31 August 2025 caused an estimated US\$86.8 million in total damages and losses across ten assessed districts, comprising US\$68.7 million in damages and US\$18.1 million in losses. Geographically, the heaviest impacts were concentrated in the hardest-hit districts of Kunar province, where housing collapse rates and livelihood losses were highest. Recovery and reconstruction needs were estimated at US\$128.8 million over three years, with US\$59 million required in the first 12 months for early recovery interventions to prevent further impoverishment and protracted displacement<sup>5</sup>.

In Afghanistan, multiple infectious disease outbreaks persisted into early November 2025, with surveillance data showing high cumulative burdens of acute respiratory infections and other epidemic-prone illnesses. Since the start of the year, around 1.18 million cases of acute respiratory infections (ARI) - pneumonia have been reported, with 2,491 associated deaths (CFR ~0.2 per cent), particularly affecting children under five, and influenza activity present at sentinel sites. Acute watery diarrhoea (AWD) with dehydration continued to be reported, with 151,451 suspected cases and 74 deaths (CFR ~0.05 per cent) reported from 352 districts, showing a stabilization trend in late 2025. Suspected measles cases reached 95,019 with 537 deaths (CFR ~0.6 per cent), although the recent trend has declined following nationwide immunization efforts. A notable dengue fever outbreak was observed with 4,384 suspected cases (no deaths), primarily in eastern provinces and climbing in recent weeks. COVID-19 transmission remained at lower levels but showed increases in sample positivity, with 3,988 confirmed cases and 5 deaths since January. Other diseases such as malaria and Crimean-Congo haemorrhagic fever (CCHF) continued to be monitored through the national surveillance system. Overall, these overlapping outbreaks reflect ongoing public health challenges amidst strained health services and seasonal disease patterns.<sup>6</sup>

## Summary Analysis of Programme Response

### Health

In November, UNICEF continued to sustain the delivery of essential health services across all 34 provinces through over 2,393 static health facilities and 16 mobile clinics. Of these, 1,383 facilities in 17 provinces were strengthened with high-impact interventions on maternal and newborn health, including prevention of postpartum haemorrhage and neonatal sepsis. To ensure continuity of care, UNICEF supported the salaries of 240,20 health workers, 42 per cent of whom are women, enabling more than 6 million people to access essential health services, 29 per cent of whom are children, during the reporting month.

Since the beginning of the year, UNICEF and partners responded to approximately 1,686 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 November. During the month 9,575 AWD cases with dehydration were also treated, in addition to the treatment of 147,111 ARI-pneumonia and 4,408 cases of malaria. Furthermore, during the reporting period, 1,912 returnee children received immunization services at border zero points and transit centre vaccination facilities supported by UNICEF.

---

<sup>4</sup> Mainly from Iran and Pakistan.

<sup>5</sup> Joint Rapid Recovery Needs Assessment led by the United Nations Development Programme (UNDP) as the Post Disaster Needs Assessment (PDNA) Technical Lead, the European Union (EU), the Asian Development Bank (ADB), and the World Bank (WB) with the overall participation of 14 international organizations.

<sup>6</sup> WHO: Afghanistan Infectious Disease Outbreaks Situation Report, 8 November 2025.

Since the start of the earthquake response in Kunar, over 51,218 primary health consultations and 9,047 psychosocial counselling sessions were provided. Around 1,113 children were vaccinated against measles, nearly 11,01 antenatal care and 670 postnatal care services were delivered, 180 safe deliveries recorded. UNICEF continues to support health services in three camps in Kunar with redeployed staff and the World Bank-funded Health Emergency Response (HER) project resources to sustain operations through 2026.

Immunization services expanded nationwide. In November, through the routine immunization programme and services, 127,995 children were vaccinated against measles, 146,666 received their third dose of the pentavalent vaccine, and 16,789 individuals were vaccinated against COVID-19. A nationwide preventive measles campaign was implemented in two phases, targeting 18 million children aged 6 months to 10 years. The campaign was conducted over a period of 10 days in each province. The first phase was successfully concluded in 17 provinces in October, during which about 8.3 million children were vaccinated, achieving a coverage of approximately 93 per cent. The second phase began on 29 October and was completed in November 2025. Out of an estimated target of 9,113,193 children, a total of 8,355,446 were vaccinated, resulting in an overall coverage rate of 91.7 per cent. In total, at the national level, out of an estimated 18,078,907 targeted children, 16,715,115 children were vaccinated, achieving a coverage of 92.5 per cent. To strengthen the cold-chain capacity of vaccination services, 41 Solar Direct Drive (SDD) refrigerators were installed across 41 vaccination centres within the five UNICEF-supported zones. The Effective Vaccine Management (EVM) assessment report and the Continuous Improvement Plan (CIP) have been completed, and an action plan for further system improvement has been developed.

UNICEF continued supporting the provision of extending the reach of primary health care services to underserved communities through community health workers (CHWs). In November CHWs treated 124,318 ARI infections and 74,139 cases of diarrhoea and referred 48,199 cases of ARI and 26,176 diarrhoea cases to health facilities. In addition, female CHWs conducted 81,317 antenatal and 48,483 postnatal home visits nationwide as well and referred 12,949 normal and 1,278 complicated deliveries to health facilities.

Through risk communication and community engagement, UNICEF reached over 76,974 individuals, 52 per cent of whom are women, with lifesaving health, immunization, and disease prevention information through existing community structures. A total of 235,219 individuals were reached through community awareness intervention using mass media and distribution of communication material related to health and immunization. Nationwide community mobilization across 17 provinces was activated to boost awareness and participation in the second phase of the measles vaccination campaign. To explore and understand the behaviours, perceptions, and challenges related to communication, disease knowledge, health-seeking practices, hygiene behaviours, and community engagement in the prevention and response to AWD, a qualitative rapid behavioural assessment was conducted in four provinces of Afghanistan (Nangarhar and Laghman in the east, and Kunduz and Takhar in the northeast).

## 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 November, 1.2 million children were screened for wasting and 33,510 children (58 per cent girls) were admitted for inpatient and outpatient treatment, a 20.6 per cent decrease from the previous month, reflecting expected seasonal trends in the caseload. To prevent malnutrition, 2,196,376 caregivers of young children received counselling on maternal, infant and young child nutrition (MIYCN), while 193,854 pregnant women were supported with multiple micronutrient supplements (MMS). To improve service quality and strengthen frontline capacity, 1,382 health workers (450 men and 932 women) were trained in the 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 November, more than 9,124 returnee children (4,528 boys and 4,596 girls) were screened for wasting, with 401 children (166 boys and 235 girls) admitted for treatment. A total of 2,819 returnee children received vitamin A supplements, 2,551 children were supported with Micronutrient Powders (MNPs), and over 3,534 caregivers and mothers received counselling and supplements.

In November, as part of the response to the earthquake in the eastern region, 3,892 children were screened for malnutrition and 205 children were treated for severe acute malnutrition (SAM), while 2,983 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

A cumulative 22,623 children under five (11,673 girls and 10,950 boys) were screened for malnutrition of which 1,256 children suffering from severe wasting were enrolled in OPD-SAM treatment facilities and 7 cases were referred to IPD-SAM treatment facilities for advanced care for the past three months in the earthquake affected areas in the eastern region. To prevent micronutrient deficiencies, 5,125 children aged 6 to 59 months received micronutrient powders (MNPs) and 1,892 children were provided vitamin A supplements. 9,150 primary caregivers of children 0 to 23 months received MIYCN counselling, and 2,696 mothers were supported with Multiple Micronutrient Supplements (MMS). Despite access challenges and the dispersed nature of affected communities, nutrition teams ensured uninterrupted delivery of essential services throughout the three-month response period.

Through the recently upgraded Child Nutrition and Development Centres (CNDCs), 11,056 caregivers participated in early childhood development (ECD) group sessions, strengthening parents' skills in responsive caregiving and early stimulation. Additionally, 1,241 children under five were screened for developmental milestones, with 27 children referred for further support, demonstrating progress in integrating nutrition and ECD services. Community-based nutrition surveillance continued across 451 sites in all 34 provinces, generated real-time data to monitor malnutrition trends.

## Education

In November, UNICEF supported access to education for 309,700 children – 65 per cent girls – through approximately 10,000 community-based education (CBE) classes across 26 provinces. An additional 7,000 children (64 per cent girls) benefited from 255 early childhood education (ECE) classes in the eastern region<sup>7</sup>.

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 November, 1,514 public school teachers (29 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.

A total of 1,050 temporary learning spaces (TLSs) will be established until the end of the year, supporting over 12,577 returnee children (50 per cent girls) with remedial or language classes linked to transition to public schools.

The earthquake in Kunar has robbed thousands of children of their classrooms, but TLSs are bringing education back – and with it, a sense of stability and hope. UNICEF has established 200 TLS across Kunar, enrolling more than 6,020 children (3,372 boys and 2,648 girls). To maximize access, many TLS are operating in double shifts, ensuring children in the hardest-hit areas, including Khas Kunar, Sawkai, and Noorgal, do not miss out on schooling. In total, 169 tents have been installed to house these learning spaces, complete with teaching materials, blackboards, and play kits. The TLSs are closely coordinated with child-friendly spaces (CFS) so that psychosocial support and referrals are integrated into daily learning. A total of 200 teachers (26 women and 174 men) are already at work, helping children reconnect with education while also providing stability and care after trauma. The needs, however, remain high. Thousands of children are still out of school – and many of them had never attended school before the earthquake. UNICEF is planning to set up 300 more TLSs in the affected areas (200 in Kunar, 50 in Nangarhar, and 50 in Laghman).

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

In November, UNICEF and partners reached 273,702 children and caregivers (49 per cent girls and women), with prevention, risk mitigation, and protection 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.

---

<sup>7</sup> Nangarhar, Laghman, Kunar, Nuristan

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.

UNICEF conducted training to Community Engagement Feedback Centre (CEFC) Facilitators in Kabul (14 females and 15 males) to strengthen their capacity on receiving and handling sensitive cases such as Sexual Exploitation, Abuse and Harassment (SEAH). This capacity is in turn used in correctly and adequately handling feedback and complaints from emergency responses. UNICEF also distributed visualised materials on the Code of Conduct (booklets and posters) to all the zonal offices. These are being further distributed to UNICEF implementing partners that are responding to emergencies, to raise awareness on acceptable and unacceptable behaviours.

### Water, Sanitation and Hygiene (WASH)

UNICEF sustained lifesaving WASH interventions in the Eastern Region through water trucking reaching 17,217 people<sup>8</sup> through the provision of 246,500 liters of safe water daily. A total of 2,939 hygiene kits were distributed to 20,573 earthquake affected areas in Dariasuf bala, Daraisuf Payin, Hazrat Sultan & Feroz Nakhchir districts of Samangan province as well as Sholgara & Khulm district of Balkh province. In addition, 18,729 returnees who returned through the Islam Qala border in the western region accessed existing WASH services at the Reception Centre. In the Eastern Region, a total of 45,359 returnees received 3,934 hygiene kits, 39,338 chlorine tablets, and hygiene promotion interventions during the reporting month.

In November, 5,558 people gained access to safe drinking water through the construction and rehabilitation of durable water supply systems which include the installation of solar powered water supply system, upgrading of existing water facilities, construction of water distribution. In November, 35,539 people gained access to basic sanitation services through community engagement processes. Furthermore, 192,450 people were reached through hygiene promotion interventions which 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, 92,650 people including returnees, AWD/Cholera and 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 11,250 accessed basic WASH services through the rehabilitation and upgrading of the existing infrastructure in health facilities.

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

In November 2025, UNICEF strengthened Community Engagement and Participation efforts, reaching more than 625,990 people (approximately 51 per cent women and girls) with lifesaving information on preventing malnutrition, exclusive breastfeeding, immunization, mental wellbeing, disease prevention, and safe hygiene practices. Additionally, more than 229,932 individuals (46 per cent female) were engaged on the same topics through existing community engagement structures, such as the TAAVON religious leaders' network, the

---

<sup>8</sup> 4056 men, 4,050 women, 4,970 boys and 4,636 girls.

Qahramanan youth network, Grandmother Groups (GMGs), Father Groups, community health workers, Child Protection Action Networks (CPAN), Community-Led Total Sanitation groups, and school management shuras (SMS). Moreover, nationwide mobilization across 17 provinces helped boost participation in the measles campaign, contributing to the vaccination of 16.7 million children.

In response to the earthquake in the northern region, UNICEF, through community structures and local leaders, reached 7,908 people with vital messages on aftershock safety and hygiene during the reporting period. Additionally, 3,393 community members participated in safety sessions, and 837 feedback cases were documented for programme improvements. Public service announcements on local radio spread preparedness messages to over half a million people in Balkh and Samangan provinces.

Following the rise in returnees from Pakistan, UNICEF has set up a Community Engagement and Feedback Centre in the Kabul transit centre, reaching 4,058 individuals on child safeguarding, health education, nutrition, WASH, and ARI awareness, and receiving 218 community feedback responses.

UNICEF has prioritized community engagement in its earthquake response in the eastern region, understanding that timely information is just as essential as food or water for displaced families. Over a span of three months (September to November 2025), 70 social mobilizers and 20 CEFCs in Kunar and Nangarhar provinces reached more than 27,000 people, nearly 16,000 of whom were women. They provided lifesaving information on shelter safety, water and hygiene, health, vaccination, and nutrition, significantly helping to reduce disease risks in overcrowded camps. In addition to sharing important information, the centres have fostered trust and dialogue within the community. They gathered feedback from over 210 individuals, referred hundreds to essential services, and screened 333 children for malnutrition. These initiatives were bolstered by a comprehensive media campaign across 16 TV and radio stations, along with the distribution of informational materials in remote areas, ensuring that critical messages reached hard-to-access communities.

UNICEF's Accountability to Affected People commitments were further strengthened through the Community Feedback and Redressal Management system, which documented 19,898 pieces of community feedback in November, with 53 per cent submitted by women. An estimated 76 per cent of all feedback originated through 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.

Community feedback reveals significant concerns regarding essential services. Residents report limited access to quality healthcare due to facilities being too distant, understaffed, or experiencing frequent medicine shortages. There are also notable gaps in mental health, maternal, and preventive care. Water and sanitation conditions remain unsafe, with unreliable water sources, poor waste management, and damaged infrastructure contributing to disease risks. Food insecurity is on the rise as families struggle with high prices, limited nutrition assistance, and poor dietary diversity, all exacerbated by climate-related impacts. Education faces numerous challenges, including school closures, teacher shortages, inadequate learning environments, and barriers for girls and children with disabilities. Additionally, child protection issues are increasingly concerning, with a rise in cases of child marriage, limited safe spaces for children, increasing child labour, and gaps in legal and documentation services. Overall, communities express urgent needs for improved services, safety, and support across all sectors.

### Gender and Adolescent Development and Participation

During November, 11,454 women and girls accessed essential information and services through 34 Women and Girls' Safe Spaces across central, eastern, western, and northern regions. These spaces provided support on maternal, child, and adolescent health; nutrition; immunization; WASH; and GBV prevention and response. Trained social workers offered psychosocial support and referrals to health and protection services. Additionally, 8,253 adolescent girls participated in skills-development and learning opportunities through safe spaces and digital platforms, including digital education, transferable skills, and vocational training. In parallel, 7,874 men and boys engaged through the Men and Boys Network to promote positive masculinity and support women and girls' access to health, nutrition, education, and prevention of child marriage and GBV.

As part of the eastern region earthquake response, 4,385 women and girls (2,186 women and 2,199 girls) received integrated services such as health, nutrition, psychosocial counselling, polio awareness, menstrual hygiene management, handwashing education, and protection support. Outreach efforts reached 2,514 individuals, while 1730 individuals benefited from mental health and psychosocial support (MHPSS) interventions during the reporting period.

### Social Protection and Humanitarian Cash Transfer (HCT)

In November, UNICEF continued the third round of cash distribution under the Mother and Child Cash Transfer (MCCT) programme, reaching 5,773 households in Kunar and Samangan provinces. Additionally, UNICEF concluded the fourth round of cash distribution under this programme, reaching 24,404 households in Badghis and Zabul provinces. The programme aims to support over 65,000 households with pregnant and lactating women, as well as children under the age of two, across the four provinces over an 18-month period.

Furthermore, over the past three months, UNICEF activated the Rapid Response Mechanism (RRM) to address urgent humanitarian needs resulting from the recent earthquake that primarily affected Chawkay, Khas Kunar, Nurgal, and several other districts of Kunar Province. Through this intervention, UNICEF provided one-off Multipurpose Cash Assistance (MPCA) to 5,000 households to help meet their immediate essential needs.

Following the initial earthquake response cash assistance in Kunar, UNICEF commenced the registration and identification of beneficiaries to reach over 5,000 households affected by the recent earthquake in the Northern Region through its Winter Response 2025–2026 cash assistance. Additionally, UNICEF is planning to reach approximately 1,500 households that were severely or moderately affected by the earthquake in Nurgal and Chawkay districts of Kunar Province.

### Humanitarian Leadership, Coordination and Strategy

In November, 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 the Strategic Advisory Group (SAG) to ensure evidence-based planning.

#### Nutrition Cluster

In response to shocks and population movements, nutrition services were scaled up for returnees and earthquake-affected populations. At key border points (Torkham, Spin Boldak, Islam Qala, and Milak), over 4,000 SAM children, 10,000 MAM children, and 7,000 malnourished pregnant and lactating women were screened in 2025. In the eastern region, in November, 8,927 children were screened (25,994 cumulative), 1,167 treated in SAM and MAM (4,947 cumulative), and 3,981 PLW were screened (12,598 cumulative) in Kunar and Nangarhar, with a proxy SAM rate of 5 per cent. In the northern region, Samangan and Balkh, 12,725 children were screened, 1,131 received SAM and MAM treatment, and 4,547 PLW were screened.

On coordination and planning, the Nutrition Cluster launched the 2025 Cluster Coordination Performance Monitoring (CCPM) on 17 November. Technical Working Groups progressed key priorities, including finalization of revised IMAM guidelines, MIYCN guidance on Ready to Use Infant Formula in earthquake affected areas following strict guidance, and strengthened data quality and analysis. For 2026, the cluster advanced PiN and targeting exercises under the HNRP, prioritizing Severity 3 and 4 areas amid ongoing critical funding and supply gaps.

#### Education Cluster

An earthquake occurred in the northern region at the beginning of November. While less severe than the August earthquake in the east, it still impacted education facilities. A total of 52 schools and 45 community-based

education (CBE) classes were affected. To date, 11 CBE classes have been reactivated through the provision of 11 high-performance tents in two districts of Samangan province. Overall, the response remains manageable given the minimal damage.

Key concerns persist regarding returnee integration in areas of high returns. Schools are unable to accommodate the influx of new learners, compounded by children transitioning from CBEs to hub schools. Current school capacity is insufficient to absorb this demand. The de facto Ministry of Education is aware of these challenges and plans to engage with the Education Cluster and partners in December 2025 to identify solutions.

### Child Protection Area of Responsibility (CPAoR)

In November, the Child Protection AoR continued to coordinate inter-agency efforts to strengthen case management, psychosocial support and referral pathways across the country. During the reporting month, CPAoR partners collectively reached 34,438 people<sup>9</sup>. These beneficiaries received services including structured psychosocial support for children, case management, community-based protection, and awareness-raising in both earthquake-affected and high-return areas. Coordination efforts focused on harmonizing data and quality reporting for earthquake affected areas in the northern and eastern provinces. The AoR also worked closely with other protection areas of responsibility and all clusters to develop the humanitarian response plan for 2026.

### WASH Cluster

The WASH Cluster coordinated partner responses to WASH needs arising from earthquakes, AWD/cholera outbreaks, drought and returnee movements. A total of 155,284 people were provided with access to safe water for drinking, cooking and personal hygiene. In addition, 63,967 people gained access to gender and disability-sensitive sanitation facilities, 250,246 people were reached through hygiene promotion interventions and 174,546 people were reached with critical WASH supplies. Response interventions focused on harmonizing operational approaches for water quality monitoring, hygiene promotion and temporary WASH installations, while strengthening reporting and data validation across partners. Subnational and National coordination remained critical for tracking supplies, monitoring system functionality and aligning responses in hard-to-reach or disaster-affected areas and ensure the coordination of 37 WASH cluster partners to avoid duplication and providing technical guidance and support.

## External Media, Statements & Human-Interest Stories

### Social Media

- [With @EUinAfghanistan, @UNICEFAfg is supporting the Teacher Development and Support Programmes.](#)
- Video: [Every day, Nurse Yagana sees almost 40 malnourished children. With @ECHO Asia support, she delivers treatment and hope to families.](#)
- [With \\$270M from @ADB HQ, @UNICEFAfg will expand health services for 23M people across 17 provinces in #Afghanistan.](#)
- Video: [In Samangan yesterday, Senior Emergency Officer Charles Nzuki met families affected by the earthquake.](#)
- [With @FCDOGovUK, @UNICEFAfg conducted the first-ever Child Food Poverty Analysis in #Afghanistan to reach families with micronutrients powder.](#)
- Video: [In 2025, @UNICEFAfg and @WorldBankSAsia established 70 early childhood development centers.](#)
- Over the years, [support from @MOFAkr\\_eng has helped vulnerable children & communities access safe water, learning & essential services, strengthening long-term resilience.](#) Thank you!
- [With @gavi and @WHOafghanistan, @UNICEFAfg remains committed to strengthening routine immunization.](#)
- [@UNICEF, with @ECHO Asia support, train health workers to manage malnutrition early through outpatient care & avoid unnecessary hospital stays.](#)

---

<sup>9</sup> 12,577 boys, 16,268 girls, 3,364 men and 2,232 women.

- [With support from @WorldBankSAsia, @ADB HQ @GPforEducation @JapaninAFG @SpainMFA @DanishMFA, @UNICEFAfg provides training for teachers & school supplies—backpacks, exercises books, pens & pencils for students to learn better.](#)
- [With the help of @MOFAkr eng, we are constructing water systems in 20 communities in Ghor and Nangarhar provinces.](#)
- [With @JapaninAfg, @UNICEFAfg provides cold chain equipment to keep vaccines safe.](#)
- [With support from the Afghanistan Humanitarian Trust Fund, @isdb\\_group, @UNICEFAfg brings safe drinking water systems to families and children in rural communities of #Afghanistan.](#)
- [With @JapaninAFG, @JapanGov's support, @UNICEFAfg reconstructs 165 schools in 9 provinces in #Afghanistan.](#)
- [With @CanadaDev, @UNICEFAfg is delivering essential medicines and other supplies to health centers across #Afghanistan to treat sick children.](#)
- [With @ECHO Asia, @UNICEFAfg supports thousands of other CBE classes with water supply systems across #Afghanistan.](#)

Press releases:

- [UNICEF to strengthen and expand health services to 23 million people in Afghanistan with support from the Asian Development Bank.](#)
- [Over 8 million children in Afghanistan reached as the second phase of the measles campaign concludes.](#)

Next SitRep: 25 January 2026

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](mailto:toyewale@unicef.org)

Mr. Charles Nzuki  
Chief of Field Service  
UNICEF Afghanistan  
Tel: +93 79 998 7119  
Email: [cnzuki@unicef.org](mailto:cnzuki@unicef.org)

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

## Annex A

### Summary of Programme Results

Sector / Indicator	Total <sup>10</sup> Needs 2025	UNICEF and IPs Response			Cluster/Sector Response		
		2025 Target	Total Results (Jan –Nov 2025)	Change <sup>11</sup> ▲▼	2025 Target	Total Results (Jan – Oct 2025)	Change ▲▼
<b>Health <sup>12</sup></b>							
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 <sup>13</sup>			
Number of people accessing health care through UNICEF-supported health facilities	13,880,144	19,000,000	20,814,439	0			
<b>Nutrition<sup>14</sup></b>							
Number of children 6-59 months with severe wasting admitted for treatment	780,577	824,000	563,242	37,852	824,000	563,242	37,852
Number of primary caregivers of children aged 0 to 23 months who received Infant and Young Child Feeding (IYCF) counselling	3,129,656	2,500,000	2,196,376	197,594	2,500,000	2,196,376	197,594
<b>Child Protection, GBViE and PSEA</b>							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	3,904,688	158,000	120,282	29,277	270,000	226,902	20,011
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	35,4711	3,177
Number of women, girls, boys and men accessing		220,000	187,292	57,625			

<sup>10</sup> The total needs and targets are likely to change, in-line with the HNRP prioritization exercise.

<sup>11</sup> 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.

<sup>12</sup> The health targets exceed the identified needs in the HNRP, as the UNICEF ACO HAC integrates both humanitarian and basic-needs programmes and interventions.

<sup>13</sup> A national measles campaign was conducted during the month. The indicator is focusing only on the campaign. Phase 2.

<sup>14</sup> 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 <sup>15</sup>		1,500,000	338,573	149,528			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA Reporting mechanisms <sup>16</sup>		900	2,517	5			
<b>Education</b>							
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 <sup>17</sup>	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 <sup>18</sup>	3,728,277 <sup>19</sup>	(594 693) <sup>20</sup>	291,329	518,469	179,591
<b>WASH<sup>21</sup></b>							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	18,359,670	3,968,000	2,126,479	5,558	6,291,858	3,474,782	155,284
Number people who gained access to gender and disability-sensitive sanitation facilities	16,901,802	3,407,000	1,767,014	35,539 <sup>22</sup>	4,053,744	1,318,183	63,957

<sup>15</sup> The figures will be reported during the next reporting cycle.

<sup>16</sup> Ibid.

<sup>17</sup> These are the number of unique beneficiaries currently enrolled in UNICEF's Community-Based Education Programme.

<sup>18</sup> The Public Education indicator includes HNRP and non-HNRP schools.

<sup>19</sup> 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

<sup>20</sup> TLM data review shows overreporting in previous month.

<sup>21</sup> 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.

<sup>22</sup> UNICEF calculates CLTS in the HAC while at Cluster level this activity is not included in the HNRP.

Number of people reached with hygiene promotion programmes	23,482,801	4,420,000	2,018,689	192,450	6,080,980	2,591,747 <sup>23</sup>	250,264
Number of people reached with critical WASH supplies	6,921,045	1,774,000	2,501,242	92,650	2,217,410	4,054,886	174,546
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	200,000	200,000	188,709	11,250	800,000	1,443,337	85,952
<b>HCT/Social Policy</b>							
Number of households reached with UNICEF funded social assistance		65,000	65,725	4			
<b>CEP and AAP</b>							
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	3,225,339	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			
<b>Gender, Youth, and Adolescent Development</b>							
Number of women and adolescent girls accessing an integrated gender responsive package of information, services and empowerment skills through safe spaces		100,000	90,983	14,947			
Number of UNICEF supported frontline workers trained on gender integration and adolescent responsive services		15,000	4,537	60			
<b>Emergency Preparedness and Response</b>							
Number of households reached with cash assistance to meet winter needs		70,000	14,445	0			

<sup>23</sup> UNICEF calculates CLTS hygiene promotion in the HAC while at Cluster level this activity is not included in the HNRP.

## Annex B Funding Status\*

Appeal Sector	2025 HAC Requirements (US\$)	Funds available			2025 Funding Gap***	
		Humanitarian resources received in 2025	Resources available from 2024 (carry-over)	Other resources available	\$	%
Health	328,586,029	238,588,238	183,412,664	18,441,964	(111,856,837)	-34%
Nutrition	181,921,628	34,014,936	22,443,829	3,463,152	121,999,711	67%
Child protection, GBViE and PSEA	41,773,260	2,273,226	33,119,316	3,778,353	2,602,366	6%
Education	286,319,400	27,785,734	189,584,439	10,812,181	58,137,046	20%
Water, sanitation, and hygiene	256,945,770	14,614,194	9,775,089	1,093,906	231,462,581	90%
Social protection	61,320,482	4,641,760	19,240,848	1,747,020	35,690,854	58%
Cross-sectoral (HCT, SBC, RCCE and AAP)	19,803,000	7,510,603	4,352,794	3,823,226	4,116,377	21%
Emergency preparedness and response	5,159,235	-	-	-	5,159,235	100%
Gender, adolescents, and youth development	6,949,500	-	-	-	6,949,500	100%
<b>Total</b>	<b>1,188,778,304</b>	<b>329,428,692</b>	<b>461,928,978</b>	<b>43,159,802</b>	<b>354,260,833</b>	<b>30%</b>

\* The above results are supported by a range of financing instruments to meet the needs of women and children.

\*\* To more accurately reflect the level of funding for the response, funds from other sources that also contribute to the emergency response in 2025, including those carried over from 2024, are now included.

\*\*\* The modification is attributed to the recent new funding received from the Asian Development Bank (ADB). UNICEF are currently incorporating only \$153.9 million, which has been actually received from the donor, whereas the total agreement amount stands at \$270 million, in which the remaining funding will be received from the Donor in 2026 per a signed agreement.