AFGHANISTAN
HUMANITARIAN NEEDS AND RESPONSE PLAN

HUMANITARIAN PROGRAMME CYCLE 2025

ISSUED DECEMBER 2024

PHOTO: LYNSEY ADDARIO

At a glance

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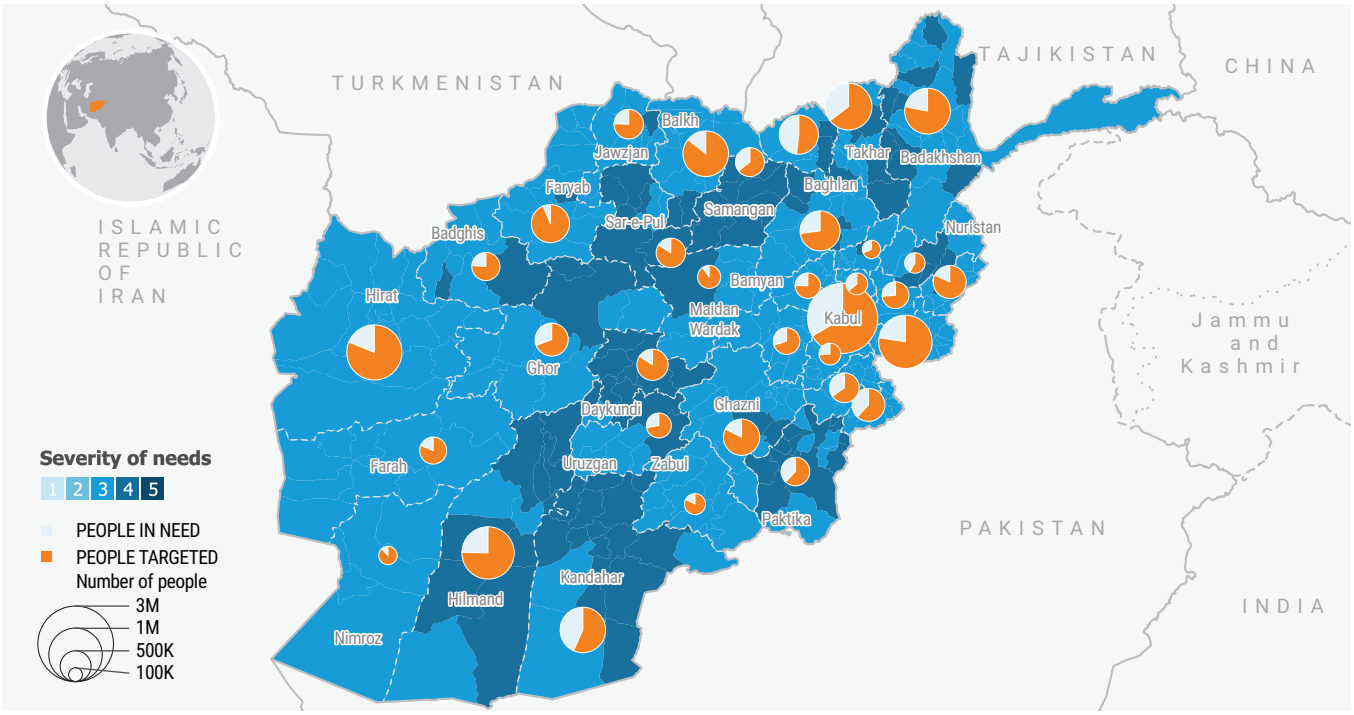
People in need and people targeted by sex, age and disability

M: Million / B: Billion

		WOMEN	CHILDREN	OLDER PEOPLE	WITH DISABILITY	REQUIREMENTS (US$)
PEOPLE IN NEED	22.9M	25%	53%	2%	13%	$2.42B
PEOPLE TARGETED	16.8M	24%	52%	2%	11%	



Breakdown of People in Need, Targeted and Requirements by sector/cluster

SECTOR / CLUSTER	TARGETED	IN NEED	REQ. (US$)
Protection	6.3M	22.3M	$149.4M
Protection: General Protection	2.4M	14.2M	$37.8M
Protection: Gender-Based Violence	2.3M	14.2M	$48.8M
Protection: Child Protection	3.4M	9.4M	$36.2M
Protection: Mine Action	1.7M	4.4M	$21.9M
Protection: Housing, Land and Property	354K	3.4M	$4.7M
Water, Sanitation and Hygiene	6.3M	21.0M	$264.3M
Food Security and Agriculture	14.2M	14.8M	$1.09B
Health	9.3M	14.3M	$279.7M
Education	831K	8.9M	$93.3M
Nutrition	6.0M	7.8M	$296.4M
Emergency Shelter and NFI	1.1M	5.8M	$179.1M
Coordination and Common Services			$34.1M
Aviation			$31.0M

People Targeted by sex and age

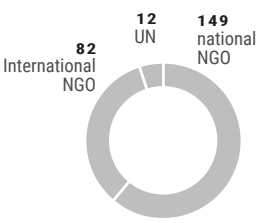
FEMALE

2%	46%	52%
Older people	Adult	Children

MALE

2%	45%	53%
Older people	Adult	Children

Operational partners by type



Refugee Response Plan

IN NEED

35K

REQ. (US$)

$8M

Executive summary

A shrinking protection space, a fragile economy, insufficient access to basic services, natural hazards and climate-induced shocks, as well as regional political dynamics continue to undermine the ability of Afghans to recover from 40 years of conflict. In 2025, almost half of the population – some 22.9 million people – will require humanitarian assistance to survive, due to limited capacity to meet both chronic and acute needs. Moreover, the sustained imposition of rights-related restrictions by the Taliban de facto authorities (DfA) have heightened protection risks among women, girls and boys, young people and other at-risk groups, limiting their access to essential life-saving services and livelihood opportunities, deepening disparities and pushing them into further humanitarian need year after year.

Afghanistan's economy contracted by almost one-third in the aftermath of August 2021, with political estrangement, an isolated financial system and drastically reduced development funding hampering recovery and limiting the DfA's capacity to provide basic services and secure livelihoods. As a result, unemployment, underemployment, household debt and poverty remain widespread, afflicting around 48 per cent of the population, and severely restricting households' ability to afford goods and services.[1] This economic stagnation also impacts the humanitarian sector, where gaps in sustainable development, such as sub-standard and incomplete infrastructure, limited livelihood opportunities and weak healthcare and education systems, including maternal and reproductive health services, continue to create conditions for recurring humanitarian crises.

Seasonal and climate-related shocks, as well as natural disasters, further exacerbate humanitarian needs across Afghanistan, intensifying already precarious living conditions. The potential shift to a La Niña episode by early 2025 raises concerns over reductions in snowfall and rainfall, alongside warmer temperatures, which could lead to drought-like conditions in key rain-fed agricultural areas, particularly in the northeastern, northern and northwestern regions. La Niña also threatens the marginal improvement in water access experienced in 2024 due to heavy spring rains which alleviated drought-like conditions in many areas (Whole of Afghanistan Assessment (WoAA).[2] Afghanistan nevertheless continues to face a water crisis, stemming from years of over-extraction, inadequate water resource management and insufficient groundwater recharge.

Despite noticeable improvements since the 2021/2022 winter season, hunger remains widespread with 14.8 million people, more than one-third of the population, facing acute food insecurity through March 2025. The cumulative effects of prolonged food insecurity, inadequate water and sanitation and limited access to healthcare have contributed to increased acute malnutrition rates among children and pregnant women, with the number of districts classified as severity level 4 for malnutrition nearly tripling from 19 in 2024 to 56 in 2025.[3] In total, 7.8 million children under five years old and women will require nutrition assistance in 2025, which includes 3.5 million acutely malnourished children and 1.1 million women that will require treatment.

Other seasonal challenges, such as flooding, which may be more severe in 2025 due to the La Niña weather event, are expected to result in the destruction of houses and agricultural land, interruptions in essential services and short-term displacement. Flooding affected more than 173,300 people in 2024 and accounted for 96 per cent of all natural disasters.[4] Similarly, harsh winters bring life-threatening conditions, particularly in mountainous and high-altitude regions where access to remote areas can become extremely challenging. Already at-risk

PHOTO: LYNSEY ADDARIO

populations such as those lacking sufficient shelter, heating and clothing, with children, pregnant and lactating women, older persons, minorities, those with disabilities as well as recent refugees and returnees being particularly vulnerable to these elements.

Political developments in neighboring Iran and Pakistan add to the risk of a renewed returnee crisis, which peaked in the last quarter of 2023 with the arrival of nearly 500,000 Afghans from Pakistan alone. Although the monthly number of returnees crossing into Afghanistan has since stabilized, the ongoing threat of Afghan deportations from Pakistan persists. Moreover, recent announcements from Iranian authorities regarding the deportation of 2 million undocumented Afghans by March 2025 have corresponded with a temporary rise in mostly undocumented returnees crossing monthly (around 255,000 people in September and more than 219,000 in October 2024), further increasing the need for assistance at border points and areas of return.[5] From January to early December 2024, approximately 1.2 million undocumented returnees have returned to Afghanistan, with more than 1.1 million coming from Iran and 80,000 from Pakistan. Additionally, there have been over 53,000 documented returnees, including 957 from Iran and the remaining from Pakistan.[6] High numbers of returns further burden over-stretched basic services and local resources in host communities and underline the need for durable solutions in a country already grappling with an estimated 6.3 million people in protracted displacement. At the same time, some 191,500 people residing in nearly 600 informal settlements (ISETS) are at high risk of eviction due to DfA's initiatives to return them to their places of origin and develop state land.[7] ISETS in high value urban areas such as Kabul, Kandahar, Mazare are at the highest risk of eviction.

The protection situation in Afghanistan remains extremely severe, with women, especially those of reproductive age, children, young people and marginalized groups facing disproportionate risks. In particular, the promulgation of the Ministry for the Propagation of Virtue and Prevention of Vice (MoPVPV) 'Morality Law' in August 2024 has further curtailed women's participation in the public sphere, freedom of movement and access to services. The ongoing ban on girls' secondary school education represents an additional barrier to women's economic participation and opportunities, and results in negative coping strategies, such as child labour, early or forced marriage for girls out of school. Despite the almost virtual halt of active conflict since August 2021, Afghanistan remains a country with one of the highest explosive ordnance (EO) contamination, resulting in 55 casualties per month, mainly children.[8] The challenging protection environment has heightened psychosocial needs, with 57 per cent of households reporting that a member has experienced psychological distress, according to Protection Cluster monitoring.[9] Persons at risk include members of ethnic and religious minorities, as well as persons with disabilities, amongst others.

The PVPV law will likely continue to have ramifications for humanitarian operations in 2025. In addition to restrictive policies, bureaucratic and administrative impediments related to project registration and efforts to influence project design and implementation further complicate the operational environment. Restrictive policies also continue to limit the capacity of civil society organizations, including those led by women and persons with disabilities, effectively undermining their capacity to provide specialized support and advocate for the rights and inclusion of the most marginalized. Despite these challenges, humanitarian partners remain committed to delivering critical assistance to Afghanistan's most vulnerable populations. This commitment includes applying adaptation and mitigation measures to ensure that women can access the necessary services and that Afghan women humanitarian workers can engage in the response safely, meaningfully and comprehensively.

In 2025, humanitarian actors will target 16.8 million people – almost three quarters of those in need – with a combination of food assistance, emergency shelter, healthcare, including maternal and reproductive health services, nutrition services, education, safe drinking water, hygiene items and cash assistance, including multi-purpose cash, among other forms of multi-sectoral support. The protection of vulnerable groups, especially women, girls, boys and those living with disabilities, remains paramount, involving safe spaces, legal support and psychosocial services.

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Part 1: Humanitarian needs

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1.1 Crisis overview

Food insecurity & malnutrition

14.8 **million people are food insecure (IPC 3+)**

3 million children and **1 million** pregnant women and new mothers are **acutely malmourished**

Natural disasters

184 **thousand people**

affected by natural disasters in 2024 with over **21,800 houses** damaged or destroyed

Girls' education

1.5 **million teenage girls**

are out of school due to an ongoing ban on secondary education for girls

The humanitarian situation in Afghanistan is characterized by structural and systemic challenges, including significant gender inequality, a constrained rights environment, inadequate essential services, a struggling economy, prolonged food insecurity, and frequent natural disasters and climatic shocks. These issues create a persistent state of chronic need among large segments of the population, who are still recovering from decades of conflict and lack resilience to shocks, leaving them at constant risk of falling into acute humanitarian need. Despite the end of active hostilities, Afghanistan remains a protection crisis, with DfA laws and policies exacerbating the protection risks and needs of women, girls, persons with disabilities and other marginalized groups, while complicating humanitarian efforts to reach them. In 2025, an estimated 22.9 million people will require humanitarian assistance in Afghanistan, highlighting the urgent need for comprehensive support to address these ongoing challenges.

Governance and infrastructure

Three years after taking power, the DfA remain largely politically estranged from the international community and continues to exercise a top-down governance approach rooted in a strict interpretation of Sharia law. The authorities function without a formal constitution, granting greater authority to religious entities, such as the MoPVPV, while diminishing the role of representative structures at the sub-national level, such as community development councils. DfA policies severely regulate public behaviour, resulting in a deteriorating rights environment, particularly for women and girls. Many regulations governing cultural participation, freedom of expression, public behavior and appearance have been codified in the August 2024 PVPV law.[10] This law enforces hijab and mahram requirements for women, mandates beard and congregational prayer requirements for men, bans non-Islamic holidays like Nowruz and Shab Yalda and prohibits music and depictions of living beings. Afghan women and girls are especially affected, as the imposition of stricter mahram requirements further constrain their ability to move freely, participate in society and access services, further worsening gender disparities.

In addition, the lack of inclusive policies and laws hampers access to education, employment, and social welfare services for persons with disabilities. A bias towards visible and physical impairments combined with unequal entitlements, which, combined with unequal entitlements, further exacerbates the challenges faced by persons with disabilities in accessing essential services and opportunities.[11]

Severe restrictions on freedom of assembly, political expression and media have raised significant human rights concerns. In addition to the PVPV law, DfA governance is marked by continued limitations on political assembly and stringent media control, with journalists facing the threat of arbitrary detention. Former Afghan National Defense and Security Forces personnel also remain at high risk of verbal threats, arbitrary arrests, detention, torture, ill-treatment

and extrajudicial killings, with over 160 such cases documented between January and October 2024.[12] Judicial corporal punishments are regularly carried out, and at least six public executions have occurred since 2021 further highlighting the human rights crisis.

The economic contraction, revenue losses and significant reduction in international development assistance that has occurred since the DfA assumed control have limited their capacity to address basic socio-economic and infrastructure needs and respond to shocks from natural disasters, climate change, and population movements, complicating humanitarian and development efforts. While urban areas have seen some improvements in public services, the country still lacks large-scale investments in water infrastructure, agriculture, flood protection, healthcare, education, the social safety net and essential utilities for vulnerable population groups, including persons with disabilities, and essential utilities.[13] Population growth, returnee inflows and rapid urbanization have created greater demand for already inadequate basic services, such as healthcare, safe drinking water and education, which are insufficient to meet the needs of Afghanistan's 46 million people and expected to grow to reach 54 million by 2030.

Security

The overall security situation in Afghanistan has significantly improved since the end of large-scale conflict in 2021, with only 2 per cent of households reporting conflict-related shocks for the second consecutive year, a sharp drop from 60 per cent in 2021.[14] However, intermittent cross-border incidents involving military and armed security forces, particularly in Khost, Kunar, Nangarhar, Paktia and Paktika provinces have resulted in more than 60 civilian casualties throughout 2024.[15] Targeted improvised explosive device (IED) attacks in populated areas, as well as explosive remnants of war, remain leading causes of civilian harm. Between August 2021 and May 2023, indiscriminate IED attacks accounted for 75 per cent of the 3,774 recorded casualties, followed by unexploded ordnance (UXO) and landmines. Since then, the United Nations Assistance Mission in Afghanistan (UNAMA) has documented over 850 civilian deaths and injuries from IEDs or explosive remnants of war.[16] The Islamic State of Khorasan (ISK), while not controlling any territory in Afghanistan, continues to pose a threat, with nearly a dozen attacks since January harming some 170 civilians in provinces including Bamiyan, Herat, Kabul, Kandahar and Nangarhar.[17]

Afghanistan has one of the highest levels of EO contamination globally due to legacy (pre 2001) and post 2001 conflict. Vast swathes of land and critical infrastructure, including at least 420 schools, remain affected as they are located within 1km of EO contaminated areas. In the past year, more than 55 people, predominantly children, have been killed or maimed by EO each month, which is one of the major contributing factors to the high prevalence of disability in the country.[18] Agriculture-dependent households such as farmers and herders, displaced populations including IDPs and returnees with limited understanding of the risks in new areas and children – especially those collecting scrap metal for extra income – are particularly vulnerable to the threat of explosive hazards. In 2025, an estimated 4.4 million people will require mine action services, a 5 per cent increase from last year due to newly-surveyed areas which have recently become accessible.

Economy

Afghanistan has seen modest economic improvements after a sharp contraction in late 2021 but the effects of 40 years of conflict, a growing trade deficit (widening by 43 per cent in the first nine months of 2024 due to a strong Afghani currency and frequent border closures with Pakistan), persistent poverty, high unemployment and restrictions on women's participation in the labour market continue to hinder economic growth.[19] However, continued deflation since 2023 has stifled broader economic recovery, even if it has at the same time lowered food prices and partially alleviated the effects of reduced household income. Nearly half of the population remains in poverty, while unemployment rates doubled and while underemployment increased by 25 per cent compared to the period before the takeover.[20]

These economic challenges have left Afghan households, especially those headed by women, in a precarious position. Recent returnees and those

displaced in the longer-term have shown a greater reliance on unsustainable income sources, at 50 per cent and 43 per cent, respectively, compared to the national average of 33 per cent, according to the WoAA 2024. Although average household debt has decreased by 21 per cent (from roughly $716 [AFN 48,527] in 2023 to $564 [AFN 38,233] in 2024), household income has also fallen by 3 per cent in urban areas and 23 per cent in rural areas. Women-headed households have been particularly hard hit, with a 40 per cent decrease in income per household member, compared to a 16 per cent decrease in male-headed households.[21] As a result, 29 per cent of women-headed households, as well as 30 per cent of households headed by a person with a disability, rely on emergency coping strategies such as begging or relying on charity, compared to the national average of 17 per cent.[22] This fragile economic situation increases vulnerability to future shocks, further exacerbating the need for humanitarian assistance.

Food security and nutrition

Since peaking in November 2021 when approximately 22.8 million people – 55 per cent of the population – were classified as acutely food insecure, the levels of acute food insecurity in Afghanistan continue to marginally but steadily improve, in part due to the sustained scale-up of humanitarian food and agricultural food assistance over the past three years. However, levels of food insecurity still remain high and above pre-2021 levels, with an estimated 14.8 million people – about one-third of the population – projected to experience crisis and emergency levels of food insecurity Integrated Food Security Phase Classification (IPC) 3+ through March 2025. Critical issues such as high household debt, reduced income and unemployment continue to prevent many households from meeting their basic food needs. Moreover, malnutrition rates remain stubbornly high – the number of districts classified as severity level 4 for malnutrition has nearly tripled from 19 in 2024 to 56 due to reasons such as poor diet, suboptimal breastfeeding practices, high disease prevalence (such as diarrhea, malaria, acute respiratory infections and measles outbreaks), inadequate water and sanitation services, and limited access to healthcare and nutrition services. In 2025, a total of 3.5 million acutely malnourished children and 1.1 million women are projected to require treatment.

Climate, environment and natural disasters

Afghanistan will remain highly vulnerable to recurrent natural disasters, which have replaced conflict as the primary driver of displacement since 2022. The country is prone to a wide range of natural hazards, including earthquakes, droughts, floods, heavy snowfall, landslides and avalanches, with all 34 provinces affected by one or more of these in 2024. Floods and flash floods have been the most devastating sudden-onset disasters in the past five years. In 2024 alone, flooding affected 173,300 people (23,000 families) and damaged or destroyed 20,000 homes, along with agricultural land and other civilian infrastructure including health facilities, schools and irrigation systems. The five-year average shows that 250,000 people are affected by sudden-onset disasters each year, with the same number expected in 2025. The impacts of climate change, environmental degradation and natural disasters disproportionately affect women and girls, intensifying their vulnerability to stress and exposing them to heightened risks of violence and exploitation, particularly in settings where safety and security are compromised.

The expected onset of La Niña in early 2025 is likely to bring below-average snowfall and rainfall, along with warmer temperatures, increasing the likelihood of drought conditions, especially in the northeastern, northern, and northwestern regions, which are Afghanistan's key rain-fed agricultural areas. Droughts, combined with irregular flooding, are projected to become more frequent in Afghanistan in the coming years due to climate change which will negatively impact agricultural production and exacerbate the existing water crisis. Afghanistan continues to be highly vulnerable to the impacts of climate change and remains poorly equipped to adapt, according to the Notre Dame Climate Index.

Protection crisis

Afghanistan remains at its core a protection crisis with this fundamental not expected to change in a context of continuing DfA oppressive restrictions which limit basic rights, freedom of movement and

expression and access to essential services, especially for women and girls. The three primary protection risks for 2025, as identified in the recently-endorsed Humanitarian Country Team (HCT) Protection Strategy, are discrimination and stigmatization, unlawful bureaucratic impediments and human rights violations and forced displacement.[23] For example, DfA restrictions on women and girls' participation in public life, freedom of movement, education, and employment have threatened their access to opportunities, resources and services, with the PVPV law's stringent mahram requirements further impeding access to essential services like healthcare and gender-based violence (GBV) services. DfA bureaucratic impediments have limited the operations of humanitarian agencies, while limited access to civil documentation for the most vulnerable groups constrains their access to services and justice. Finally, threats of evictions and lack of land security tenure and recurrent natural disasters increase the risks of forced displacement.[24] These protection risks disproportionately affect women, widows, girls, young people, persons with disabilities and ethnic and religious minorities, further undermining resilience, creating ever greater disparities and spurring negative coping mechanisms. Adolescent girls in Afghanistan face a heightened risk of child marriage and gender-based violence. Additionally, limited access to skills development and employment opportunities leaves young people vulnerable to child labor and economic exploitation, often compelled to engage in hazardous work. The rates of child labour and marriage remain high at approximately 19 per cent and 39 per cent, respectively,[25] compared to 25 per cent and 46 per cent a decade ago.[26] Mental health support is critical, as many girls have endured trauma from violence, displacement, and the absence of safe spaces. Restricted access to sexual and reproductive health services further contributes to early pregnancy and health risks.

Meanwhile, EO contamination remains a severe risk, especially for children, who make up the majority of victims. Women, women-headed households and returnees also continue to face barriers in accessing civil documentation due to information gaps, access issues and financial constraints, further limiting their access to services and impacting their housing, land and property rights. These compounded stressors have had a profound impact on psychosocial wellbeing, with 57 per cent of households reporting that a member has experienced psychological distress, according to Protection Cluster monitoring.[27]

Additionally, the diverse ethnic and religious groups in Afghanistan continue to face risks of violence, repression, discrimination and marginalization, mirroring past patterns. Attacks by the ISK continue to target minority groups, particularly the Hazara community, while DfA media directives have further narrowed civil society space. Human rights violations against former government personnel and armed forces members remain prevalent.

The risk of forced displacement remains high, driven by cross-border returns, deportations to Afghanistan, and rising threats of evictions. Following the introduction of a new policy by the Government of Pakistan in October 2023 targeting undocumented Afghans, approximately 500,000 returned from Pakistan in the last quarter of 2023. While a second wave of returnees is put on hold as Pakistan has extended its deadline for Afghan Proof of Registration card holders until June 2025,[28] almost 80,000 undocumented and 53,000 documented returnees have already returned to Afghanistan in 2024. In addition, 1.1 million undocumented and about 950 documented Afghans have returned from Iran.[29]

These returns continue to put pressure on already vulnerable host communities, straining limited services in areas of return and increasing the risk of social tensions over competition for scarce resources. An estimated 6.3 million individuals are experiencing protracted displacement and some 191,500 households in informal settlements face the risk of eviction. This situation is further compounded by climate-related challenges and natural disasters, which also threaten displacement – even if only in the short term.

The increasingly restrictive humanitarian operational environment will pose additional challenges in ensuring that at-risk groups receive the assistance they require. Since the 2021 takeover, DfA line ministries and provincial directorates have issued 408 directives directly impacting humanitarian operations, including 72 specifically restricting Afghan women's participation

in the response, of which nine were issued in 2024. These directives add an additional layer of complexity to efforts aimed at reaching the most vulnerable groups with essential assistance and require near-constant engagement at the national, regional and provincial level to overcome.

Timeline of events

October 2023

The Government of Pakistan announces its "Illegal Foreigners' Repatriation Plan" setting a 1 November deadline for the 'voluntary return' of all undocumented Afghans in Pakistan.

October 2023

Three powerful (6.3 magnitude) earthquakes strike Herat Province, western Afghanistan in an eight-day period killing around 1,480 people and injuring a further 1,950. Devastation is widespread, with around 275,000 people affected across 382 villages.

October 2023

The de facto Ministry of Public Health instruct its Directorates to ban some psychological care, public health awareness raising and Female Friendly Health Centres.

November 2023

INGOs are verbally informed they can no longer hand over their community-based education (CBE) activities to NNGOs but rather to the relevant Provincial Education Department (PED).

December 2023

Border operations scale up in response to the returnee influx. In just one month, over 58,7000 people return from Pakistan.

January 2024

The MoPVPV launches an enforcement campaign in relation to the Hijab decree, following its issuance in May 2022 and the intensification of its enforcement in late 2023 and January 2024.

January – February 2024

Despite the start of wet season, there is unusually low rainfall. HCT proactively begins to monitor the potential emergence of drought-like conditions.

April 2024

Floods in West, South, East and Central regions affecting 1,590 families and killing 35 people.

May 2024

An unknown gunman opens fire on two vehicles in Bamyan Province, killing six adults, including three foreign nationals.

July 2024

Heavy rainfall and flash floods coupled with landslides in the eastern and northeastern regions affect around 2,000 families.

August 2024

The de facto Ministry of Justice promulgates the Law on Promoting Virtue and Preventing Vice (PVPV). The law imposes severe restrictions on personal conduct, especially targeting women's attire, movement and public presence, enforced by the morality police with harsh penalties for non-compliance.

August 2024

The Afghanistan Humanitarian Fund (AHF) launches a standard allocation to support 1.4 million people across 10 provinces with winterization activities through flexible, diversified and multisectoral/integrated approaches.

September 2024

The de facto Ministry of Economy (MoEc) shares the 4th edition of the code of conduct outlining rules for NGOs in Afghanistan, emphasizing information sharing, coordination with DfA, mandatory registration for NGOs, and accountability through regular reporting and project monitoring by the DfA.

September 2024

An explosion in front of the office of the General Directorate of Supervision of Supreme Leader Decrees in Kabul kills 12 people and injures 25 more.

October 2024

The Integrated Phase Classification estimates that 14.8 million people will face acute food insecurity between November 2024 through to March 2025.

October 2024

CERF commits $10 million for the anticipatory action framework for drought in Afghanistan, with AHF agreeing to match this contribution.

November 2024

The AHF launches its second reserve allocation of the year to support 880K people across 27 provinces.

December 2024

The de facto Ministry of Public Health (MoPH) issues an announcement suspending the education of female students in health science institutes across the country.

1.2 Analysis of shocks, risks and humanitarian needs

Defining the crisis: shocks, impact and humanitarian outlook

Climate change, La Niña and access to water

Afghanistan remains one of the world's most vulnerable countries to the effects of climate change according to different risk and vulnerability indices.[30] Between 1951 and 2010, Afghanistan's mean annual temperature increased by 1.8°C – nearly twice the global average. According to climate change models, future increases in mean annual temperature in Afghanistan are expected to be considerably higher than the global average, resulting in increased risk of drought and annual droughts in many parts of the country likely becoming the norm by 2030. Already, in four of the last five years, Afghanistan faced consecutive drought-like conditions which delivered a devastating blow to people's ability to cope and an incomparable level of depletion of ground water, which in many areas is up to 30 metres deep.

At the same time, weather conditions have become more erratic. El Niño patterns in late 2023 and early 2024 were expected to bring favourable rain and snowfall. However, Afghanistan instead experienced unexpectedly dry and warm winter conditions. From October 2023 to January 2024, the accumulated precipitation deficit increased, reaching historic levels of dryness with 40-55 per cent less precipitation than average across eastern and northeastern regions, while moderate deficits of 25-40 per cent less precipitation than average occurred in western, northern and southeastern areas, and mild deficits of 10-25 per cent less precipitation than average in most other parts. Rainfed winter wheat areas, particularly in Badghis, Baghlan, Balkh, Faryab, Herat, Jawzjan, Kunduz, Samangan and Sar-e-Pul provinces, were affected by dry conditions.

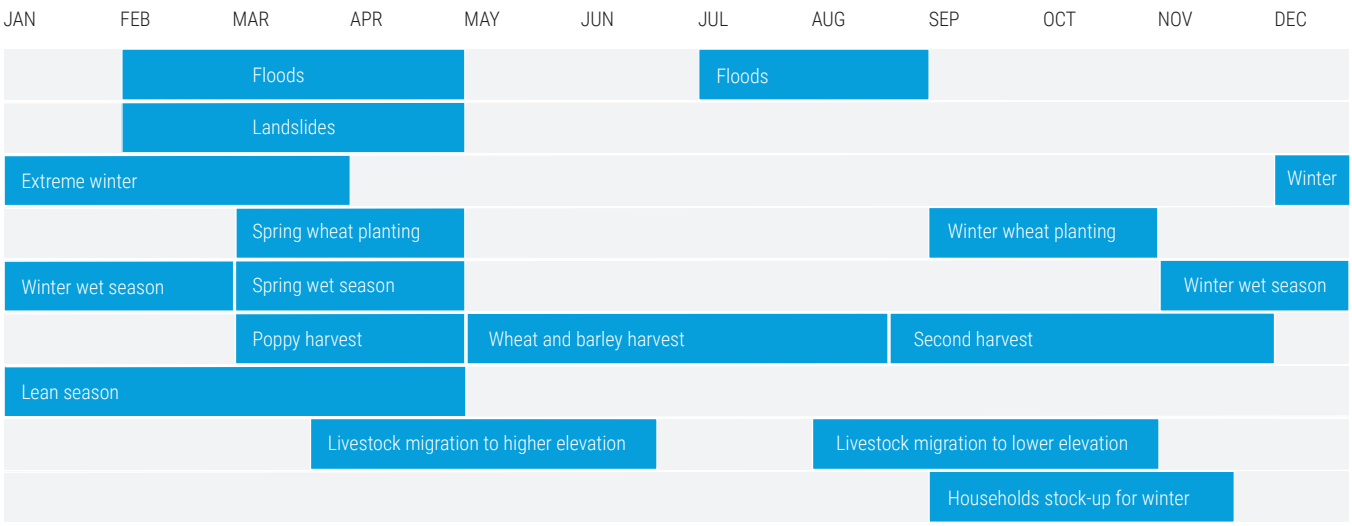
The potential shift to a La Niña episode in early 2025, raises concerns over a potential reduction in snowfall and rainfall alongside warmer temperatures, which could lead to drought-like conditions – especially in the northwestern, northern and northeastern regions, which are Afghanistan's key rain-fed agricultural areas. This would worsen an already critical water crisis, stemming from years of over-extraction, maladaptive practices and insufficient groundwater recharge, putting further strain on already fragile rural communities. Amidst these challenges, water and sanitation conditions in Afghanistan remain sub-optimal, with minimal prospects for immediate improvement. The cumulative impacts of prolonged drought-like conditions coupled with pre-existing vulnerabilities place immense strain on already fragile communities.

Natural disasters and seasonal risks

Afghanistan faces recurring seasonal risks, particularly from floods and harsh winter conditions, both of which pose serious challenges to already vulnerable communities. Flooding, which may be more severe in 2025 due to La Niña, typically begins in late March and can extend through May, particularly impacting the spring months when warmer temperatures melt mountain snow, often combined with seasonal rains. Floods can lead to flash flooding and landslides, heavily affecting low-lying northern and northeastern regions, including Baghlan, Balkh, Kunduz and Takhar provinces, as well as central highland areas such as Bamyan and Daikundi. These areas can experience damage to and destruction of homes, schools, health facilities and agricultural land, disrupting local livelihoods and food security and resulting in short-term displacement. Floods also frequently damage other critical civilian infrastructure, including roads and bridges, isolating communities and delaying humanitarian access during vital response windows.

Harsh winters, often from December to February, tend to affect Afghanistan's mountainous regions, with areas like Badakhshan, Ghazni, Nuristan, Panjshir and Wardak provinces at highest risk. Heavy snowfall in these regions brings about severe cold and icy conditions, leading to road closures, avalanches and isolation of remote villages. This seasonal impact cuts off residents from essential health services, markets and basic supplies, leading to increased vulnerability

Seasonality of events and risks



for populations already facing food insecurity and limited access to heating materials. Roof collapses, hypothermia and respiratory illnesses spike during this period, particularly among older persons, pregnant and lactating women, children and displaced populations living in sub-standard and poorly insulated shelters or tents.

Cross-border movements

Political dynamics in neighbouring Pakistan and Iran continue to present a heightened risk of a renewed returnee crisis for Afghanistan. Following the sharp increase in people returning from Pakistan in late 2023 to early 2024, inflows from Pakistan have now stabilized to pre-crisis levels, averaging around 100,000 people per month between January and October. In mid-2024, however, the Pakistani government announced plans to resume the repatriation of documented Afghans, although specifics on the timing remain unclear.

In Iran, announcements from authorities made in September and October 2024 regarding the planned deportation of two million undocumented Afghans have been influenced by public discourse attributing economic challenges to Afghan migrants.[31] These efforts led to a temporary uptick in returnees from Iran, peaking at over 255,000 people in September and dropping to 219,000 in October. Despite this, outflows to Iran have remained steady, with over 100,000 Afghans leaving in September and 110,000 in October to Iran, highlighting the cyclical pattern of movement between the two countries.[32]

Protection crisis

The protection situation in Afghanistan remains precarious, shaped by four decades of armed conflict and compounded by severe economic hardship, governance challenges, social marginalization and discriminatory norms and legislation. In addition, the country has witnessed large-scale, institutional and systemic gender-based discrimination and violence against women and girls, with deep-rooted cultural norms and practices that continue to exclude women and girls from the social, economic and political spheres across the country. These factors limit access to essential services, particularly for marginalized groups and vulnerable communities, with women, children, young people, persons with disabilities and ethnic and religious minorities facing elevated risks of exploitation, gender-based violence and restricted access to essential health services, education and justice. Economic strain has led to an increase in child labour, and early or forced child marriage, while displaced populations, including returnees and IDPs, often lack adequate shelter, livelihoods and social support. Reintegration challenges for returnees and strained social cohesion in host communities further intensify protection risks, creating a complex environment where targeted assistance is essential to safeguard vulnerable populations and uphold basic rights.[33]

Decades of conflict have also left Afghanistan with one of the highest levels of EO contamination worldwide, including landmines, explosive remnants of war (ERW) and improvised explosive devices. Afghanistan faces over 1,200 km² of known contamination, affecting nearly 300 districts, over 1,700 communities, and almost 3.5 million people living within 1 km of identified contaminated areas. Children in particular face significant risks due to their curiosity and limited awareness of these dangers. Poverty has driven many children into hazardous work, including scrap metal collection, which further exposes them to EO risks.

Gender crisis

The humanitarian crisis in Afghanistan is happening against a backdrop of a series of increasingly restrictive policies which have negatively affected the human rights of women and girls. Women in Afghanistan not only face stringent movement restrictions which limits access to essential services, but their needs also often go unmet due to systemic barriers, deep-rooted cultural norms and practices that impact their participation in public life.

In August 2024, the DfA introduced the PVPV law which codified many pre-existing restrictions that had already been issued as decrees, edicts and instructions, such as the requirement for women to wear a hijab and cover their faces outside the home. It also broadened pre-existing restrictions, including the requirement for women to be accompanied by a mahram when traveling, and that women should conceal their voice, face, and body. The law further curtails the already limited rights of women and girls to freedom of movement, expression, and participation in both daily and public life, significantly affecting their involvement in the humanitarian response and women's access to assistance and services. DfA policies also continue to marginalize women and girls' participation in education, exemplified by the ongoing ban on female secondary school attendance and the recent restriction imposed by the Ministry of Public Health (MoPH) in December 2024, barring women and girls from attending medical institutions. In addition, women-led organizations (WLOs) continued to face major administrative and legal impediments, further restricting access of women gender and women related services as well as to essential services as women and girls can often only receive assistance from other women.

Economic stagnation and lack of basic human needs services

Afghanistan's economy has significantly contracted since the fall of the Republic in 2021 but began showing signs of recovery in 2023. Over the past year, banking operations have gradually resumed as regional banks have shown greater willingness to support Afghanistan-related transactions, more businesses are functioning and household welfare has shown a slight improvement with a decline in the proportion reporting insufficient income to meet their basic needs, indicated by the decrease of households who report being unable to meet their basic needs which went down from 70 per cent (October to December 2021) to 62 per cent (April to June 2023).[34] Nevertheless, Afghanistan remains largely isolated from the global economy with high levels of poverty, unemployment and underemployment expected to persist in 2025 and beyond, restricting access to goods and services. Between 400,000 to 500,000 Afghans are projected to enter the labour market each year in search of jobs – many more than the economy can absorb. As a result, the level of unemployment is worryingly high among youth and women. Among young men looking for a job between the age of 14 to 24, close to one in three is unemployed, while unemployment is almost twice as high among young women in the same age group. The gender gap in unemployment is more substantial among women in older age cohorts, reflecting the additional challenges that women face in the Afghan labor market.[35] Against this backdrop, Afghanistan's economic outlook remains uncertain at best and disconcerting at worst. The absence of GDP growth, combined with dwindling external financing, political estrangement and significantly reduced bilateral and development cooperation, paints a bleak picture for the country's economic prospects. Currently, the DfA has limited capacity to provide basic services and employment for its burgeoning population. This, in turn, impacts the humanitarian sector, where gaps in sustainable development, limited livelihood opportunities and weak healthcare and education

systems, continue to create conditions for recurring humanitarian crises.[36]

People in need

In 2025, an estimated 22.9 million people in Afghanistan, including 5.7 million women and 5 million men, will require humanitarian assistance to survive – around half of the estimated 46 million population. The primary drivers of these needs are protection-related and include heightened risk of GBV, discrimination, and denial of access to services due to increased DfA restrictions on women and girls, as well as the ongoing ban on secondary education for girls, the threat of forced evictions, and exposure to EO contamination. Other drivers include inadequate water and sanitation conditions, high prevalence of food insecurity, malnutrition and maternal mortality, and over-stretched and under-resourced health systems. The chronic and structural deficits apparent in these latter sectors highlight the need for humanitarian assistance to be complemented with integrated, longer-term and more sustainable investments as an immediate priority. Without this, it will be very difficult if not impossible to break the cycle of humanitarian dependence for a significant proportion of the Afghan population.

Most affected groups and their humanitarian needs

Women, girls, including female-headed households

While overall needs in Afghanistan have decreased from the record-highs of 2023, gender-based violence (GBV) needs have risen – from 13.3 million people in 2024 to 14.2 million in 2025. Factors contributing to the increased need for GBV services include climate change, environmental challenges, and natural disasters, all of which have led to heightened displacement and, consequently, greater risks of GBV in the country. Additionally, restrictions imposed by the DfA on women's movement, combined with the PVPV policies, have confined many women to abusive home environments. The requirement for women to be accompanied by a mahram has further victimized some women. As such, women and girls have an even greater need for GBV prevention, mitigation and response activities.

Furthermore, female-headed households are facing increased and disproportionate economic hardship which increases their humanitarian needs. Findings from the WoAA reveal, for instance, that female-headed households' income per household member fell by 40 per cent in 2024, from $26 (AFN 1,780) to $16 (AFN 1,062), compared to just 16 per cent in male-headed households.[37] Economic vulnerabilities such as these, in turn, make them more likely to rely on emergency livelihood coping strategies (29 per cent compared to the 17 per cent average), face poorer shelter conditions, more frequent shortages of drinking water, and higher eviction risks due inadequate tenancy agreements compared to male-headed households.[38] Economic hardship exacerbates the risk of families resorting to negative coping strategies that harm children, such as early marriage and child labor.[39] Women and female-headed households face additional challenges due to DfA restrictions that limit their freedom of movement. These restrictions, combined with constraints placed on female humanitarian workers and women-led organizations, significantly hinder their ability and awareness to access essential humanitarian assistance.

Afghan returnees

The continuous influx of Afghans from Pakistan and Iran amplifies the need for assistance at border points and in areas of return, particularly given the substantial humanitarian and protection needs tied to displacement, economic challenges, and limited access to essential services. Returnees and deportees often face immediate challenges, including livelihood opportunities, shelter, and protection risks.

Employment opportunities are scarce, especially for those without the skills or resources to reintegrate into the local economy. According to post-returnee monitoring of individuals returning from Pakistan,[40] half of the respondents indicated a lack of technical skills, 67 per cent reported working as daily laborers, and 75 per cent stated they are currently in debt, with the debt amount increasing since their arrival. Among this group, 95 per cent reported that their debt exceeds their monthly income. Lack of shelter is a significant challenge for returnees, with nearly 62 per cent living in rented accommodations. Of these, 58 per cent

said they are unable to afford the rent. Additionally, the absence of civil documentation is a widespread issue, with 75 per cent of respondents reporting at least one family member without an Afghan identity card. This lack of documentation restricts freedom of movement, limits access to basic services, and heightens protection risks, particularly for women and girls who face increased vulnerabilities, including GBV, when traveling without identification. It also poses substantial barriers to securing tenure and property rights.[41] These compounding challenges create significant stress for returnees, with 49 per cent of respondents reporting feeling overwhelmed due to these factors.

To support sustainable reintegration, returnees require both durable solutions and interventions that address basic human needs, promoting long-term stability and self-reliance, protection needs of persons with heightened risks. This includes livelihood programs that facilitate economic integration, education and vocational training, and legal assistance to secure land and property rights. Additionally, infrastructure development and improved access to public services are critical for returnees to establish stable livelihoods without continuous humanitarian aid. Humanitarian partners will continue collaborating with actors focused on durable solutions and basic human needs, while also engaging with local communities and authorities to foster social cohesion and strengthen resilience for both returnees and host communities.

Persons with disabilities

In Afghanistan, decades of conflict have led to high levels of injury, trauma and psychological distress. Factors like widespread explosive ordnance contamination, the spread of polio, limited access to prenatal and maternal care, and overall poor healthcare access likely contribute to a disability prevalence well above the global average of 16 per cent.

The WoAA[42] underscores the significant socio-economic challenges faced by households headed by persons with disabilities. These households experience markedly higher rates of unemployment, with 10 per cent unemployed compared to 2 per cent nationally, and child labor, affecting 31 per cent of these households compared to 15 per cent nationally. They also report the highest average debt levels, amounting to $783 (AFN 52,498) compared to the national average of $558 (AFN 37,433). In terms of food security, 35 per cent of households headed by persons with disabilities report poor food consumption scores, and 41 per cent experience moderate hunger. Access to health services is notably limited, with 26 per cent facing unmet needs due to barriers such as restricted access linked to disability. Furthermore, these households have greater reliance on unimproved water and sanitation facilities and report higher rates of protection incidents, with 32 per cent affected compared to 22 per cent nationally.

Protection monitoring data[43] consistently identifies persons with disabilities among the group facing the most challenges accessing basic services due to a variety of barriers, including limited accessibility of facilities and services points, as well as communication and attitudinal barriers, especially with respect to employment or education opportunities, effectively excluding persons with disabilities from participation in public life.

Assistance to persons with disabilities is significantly hindered by restrictions imposed on Organizations of Persons with Disabilities (OPDs) and overarching gaps in specialized services. These challenges are exacerbated by the absence of inclusive policies and laws, alongside systemic bottlenecks within the social welfare system. Among the key obstacles is the difficulty in obtaining a disability identification card, which is a prerequisite for accessing welfare support. These barriers not only limit access to essential services but also perpetuate inequalities, leaving persons with disabilities without the support they urgently need.

Rural households

Rural households in Afghanistan face significant vulnerabilities and humanitarian needs, driven by a combination of economic hardship, limited access to essential services, and environmental challenges. Many rural communities rely heavily on subsistence agriculture, leaving them highly susceptible to drought, floods, and other climate-related risks that threaten

crop yields and livestock health. These households often lack access to healthcare, education, clean water, and sanitation facilities, heightening their risk of illness and malnutrition, especially among children, pregnant women, persons with disabilities and older persons. According to the WoAA,[44] rural households are facing significant higher structural barriers, such as service unavailability, than urban households in accessing essential services, such as markets, water or healthcare services.

Economic opportunities are scarce in rural areas, with many households unable to generate sufficient income to meet basic needs or access essential goods, further straining food security and nutrition. Since 2023, the decrease in income has been greater in rural (-23 per cent) compared to urban (-3 per cent) areas.[45] Seasonal challenges such as harsh winters and isolation due to road closures worsen these conditions, leaving families without adequate shelter, heating or food supplies. Rural households also experience limited protection resources, exposing women and children to heightened risks of exploitation and child labour, reflected in the higher percentage of rural households that report experiencing a protection incident (26 per cent compared to 15 per cent of urban households).

Affected communities' priorities, preferences and capacities

According to the Community Perception Monitoring on System-Wide Accountability,[46] as of June 2024, 41 per cent of 3,856 community members consulted reported that assistance received met their basic needs, an increase from 29 per cent compared to Q4 2023. This includes 16 per cent of communities who said assistance fully met their needs and 25 per cent who said it mostly met their needs.

For the 59 per cent of respondents who reported that assistance did not adequately meet their needs (49 per cent reported somewhat and 10 per cent reported not at all), the top reasons were that assistance was not enough (43 per cent), it was only delivered one time (34 per cent), or that it was not appropriate to their needs (13 per cent). During qualitative feedback, community members identified cash as the priority need while also emphasizing food, health, work opportunities, education, Water, Sanitation and Hygiene (WASH) and multi-sectoral assistance. The majority of respondents preferred to receive a combination of in-kind and cash assistance (56 per cent) or cash assistance alone (32 per cent).

Qualitative community feedback received highlighted community concerns regarding unequal aid distribution, the need for increased communication and information awareness and a desire for increased and continued assistance. Communities surveyed held perceptions that aid distribution practices were unfair and biased, with reports of aid being disproportionately allocated by community leaders to wealthier individuals and relatives. Communities requested that aid be distributed directly to people, rather than through community leaders and expressed a strong preference for house-to-house surveys to ensure accurate data collection and direct aid distribution to households in need. These complaints highlight the need for greater transparency, communication and accountability in needs assessments, allocation and aid distribution. Feedback also requested a desire for more information regarding aid processes and complaint mechanisms, particularly through awareness initiatives, highlighting the need for aid organizations to enhance their communication and direct engagement with affected communities.

Finally, requests for increasing and continued assistance, as opposed to one-off assistance, highlight communities' desire for a shift to more resilience-building and early recovery interventions.

Priority of needs[47]

as expressed by proportion of households

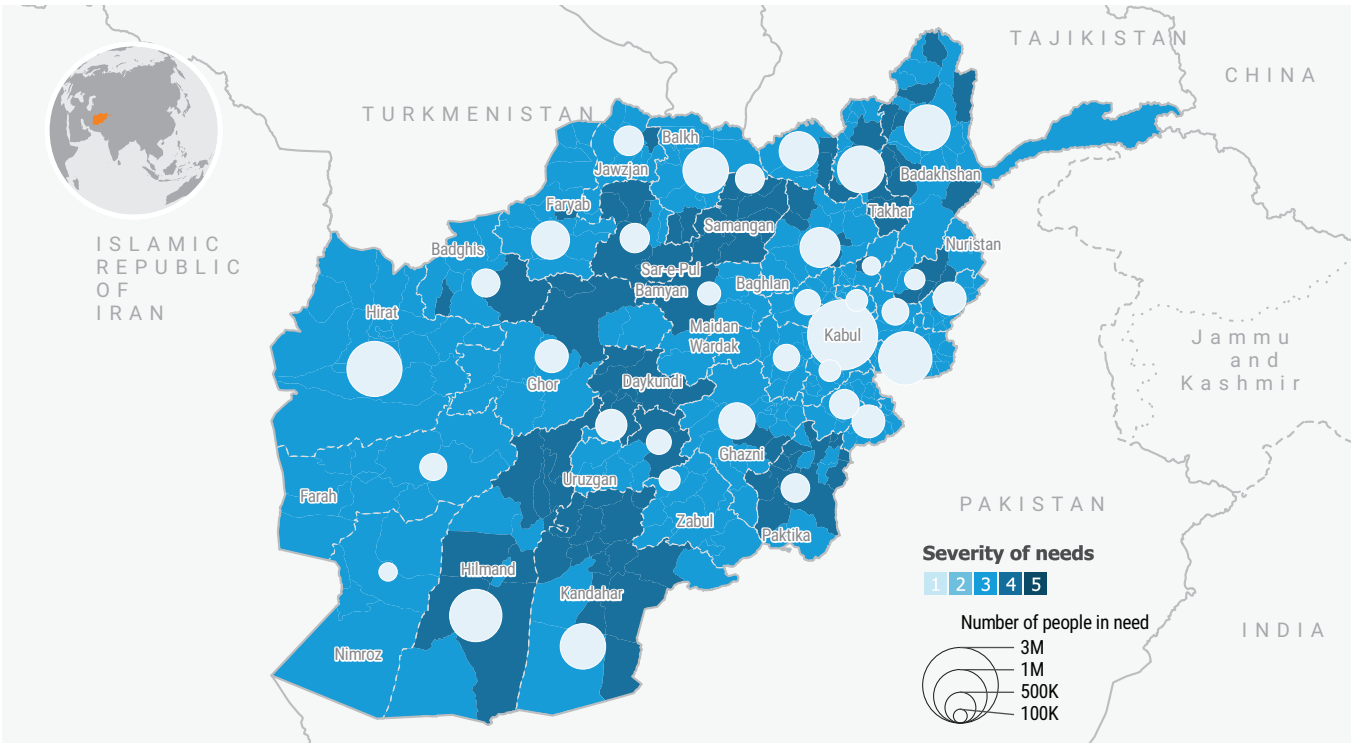
78%	50%	35%	26%	12%	4%
Food	Livelihoods	Healthcare	WASH	Shelter	Education

1.3 PiN breakdown

Explore more at humanitarianaction.info

People in need and severity by location

In 2025



22.9M
People in Need

Total population 46M

People in need breakdown

by sector/cluster

Protection	22.3M
General	14.2M
GBV	14.2M
Child Pro.	9.4M
Mine Action	4.4M
HLP	3.4M
WASH	21.0M
FSAC	14.8M
Health	14.3M
Education	8.9M
Nutrition	7.8M
ES-NFI	5.8M

by sex and age

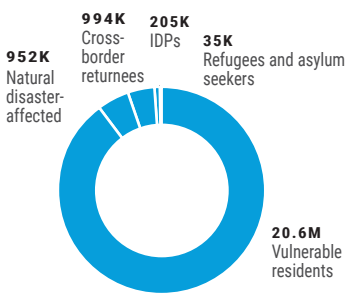
FEMALE

2%	46%	52%
Older people	Adult	Children

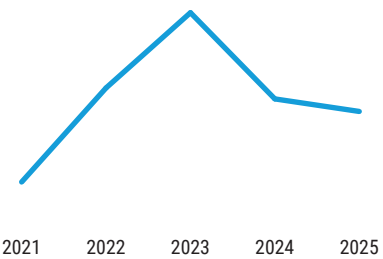
MALE

2%	45%	53%
Older people	Adult	Children

by population group



People in need trend



Part 2: Humanitarian response

PHOTO: IOM

2.1 Humanitarian response strategy

US$2.42B

Required to support **16.8M people**

In 2025, Afghanistan will continue to face complex humanitarian challenges necessitating a strategic and comprehensive response. This plan prioritises response to the critical needs of 22.9 million people, considering factors such as a deteriorating protection environment for women and girls, continuous returnee inflows from Pakistan and Iran, climate change impacts – including the devastation that can be wrought by both floods and droughts - and high unemployment and debt rates. These compounding factors continue to erode the population's resilience to shocks, exacerbating food insecurity for 14.8 million people and other underlying vulnerabilities. The primary focus of the response in 2025 will be to deliver life-saving assistance, including food, safe drinking water, essential healthcare and educational support. Moreover, ensuring the protection of vulnerable groups, especially women and children, remains central to the strategy. Despite operational challenges and funding constraints, humanitarian partners are committed to delivering critical support to the most vulnerable populations in Afghanistan.

Address immediate needs and deliver life-saving assistance

The 2025 HNRP will prioritize the most urgent needs of vulnerable populations, targeting 16.8 million people of the 22.9 million people in need, including children, young people, women, older persons, persons with disabilities, and displaced communities. Life-saving interventions will be rapidly deployed in areas experiencing acute crises, such as conflict, natural disasters and health emergencies, with particular emphasis on addressing malnutrition, disease outbreaks and lack of access to essential services. Real-time needs assessments and data analysis will guide humanitarian partners to prioritize the most affected areas and populations, ensuring resources are allocated where they are most needed to prevent further loss of life and reduce suffering. This approach not only provides immediate relief but also supports long-term recovery and resilience-building.

Ensure centrality of protection and gender-responsive assistance

Protection remains a top priority in the 2025 HNRP, particularly for women and girls, who face heightened risks of gender-based violence, exploitation and discrimination. The plan integrates gender-responsive programming to ensure access to safe spaces, healthcare, education, and protection from sexual exploitation and abuse (PSEA) across all sectors. A key focus will be increasing the participation of female humanitarian workers to ensure that the needs of women and girls are effectively addressed. Protection will be embedded across all sectors, including education, health, food security, and shelter, to safeguard human rights and dignity.

Efforts will focus on mitigating protection risks such as GBV, discrimination and exploitation. This includes strengthening case management, providing Mental Health and Psychosocial Support (MHPSS) and ensuring access to critical services such as legal aid. Furthermore, efforts will be made to address restricted access to humanitarian services for women due to policies like mahram requirements and to ensure women can access critical resources safely and equitably. The HNRP underscores the importance of women's participation in all stages of the response—from planning to implementation—to ensure their needs and voices are incorporated. Gender-responsive assistance will provide tailored support, including dignity kits, GBV services and economic empowerment programs, fostering gender equality and strengthening the humanitarian sector's ability to deliver inclusive and sustainable outcomes.

Collaboration with Basic Human Needs (BHN) and capacity building

The 2025 HNRP emphasizes the importance of long-term solutions and capacity building alongside immediate humanitarian assistance. This strategy

aims to address underlying vulnerabilities, promote sustainable livelihoods and collaborate with BHN partners to enhance education, infrastructure and economic recovery, fostering self-reliance and stability in Afghanistan.

To achieve this, the HNRP will combine emergency assistance with efforts to reduce long-term vulnerabilities and promote sustainable recovery. Priority will be given to transitional shelter solutions and long-term food security, with the Emergency Shelter/Non-Food Items (ES/NFI) and the Food Security and Agriculture (FSAC) clusters working together on initiatives like emergency agriculture and livelihood support. Disaster risk reduction (DRR) will play a critical role, especially in high-risk areas, with the ES/NFI Cluster focusing on early warning systems and strategic site selection to mitigate future risks. The Health Cluster is aiming to strengthen essential maternal and reproductive health to ensure equitable access for women and girls of reproductive age. By addressing both immediate and long-term needs, this strategy will help communities recover and build resilience to future shocks.

Integrated multisectoral and cross-sectoral approach

An essential component of the 2025 HNRP is the adoption of an integrated multi-sectoral and cross-sectoral approach to address the complex, interconnected vulnerabilities faced by affected communities. Coordinating interventions across sectors like food security, nutrition, health, shelter and WASH will ensure efficient resource use and prevent duplication. For example, addressing malnutrition requires an integrated approach to food security measures with health and WASH interventions to achieve sustainable health outcomes.

With widespread food insecurity and inadequate healthcare infrastructure, the response will focus on maintaining and strengthening healthcare services, especially in remote areas, including maternal and child healthcare, vaccinations and targeted nutrition interventions like supplementary feeding programs for children and pregnant women.

Effective multi-sectoral coordination between clusters such as Education, Protection and Health will ensure children's safety, well-being and access to education, ensuring lifesaving essential maternal and health services, while also addressing long-term needs related to livelihoods and shelter. Additionally, MHPSS services will be integrated at all levels of the response, particularly for survivors of GBV, as seen in the Protection and Health Clusters. Strengthening referrals between health, protection and nutrition services will ensure a holistic response to both the physical and psychological needs of the population, improving overall outcomes.

Localized and inclusive response

The localized and inclusive response will ensure that the humanitarian response is tailored to the specific needs of local communities and vulnerable populations. This includes empowering local partners, such as women-led and youth-led organizations and platforms, through technical and operational support, enabling them to play a central role in service delivery, particularly in the Education and ES/NFI Clusters. The response will prioritize the most vulnerable groups, such as women, children, returnees and those with specific protection needs. For example, the ES/NFI Cluster will focus on gender-sensitive shelter solutions, while the WASH Cluster will ensure that water and sanitation facilities are accessible to vulnerable groups, including persons with disabilities. Additionally, promoting community-based protection initiatives and ensuring that marginalized groups are included in decision-making processes in assessment and response planning, e.g. through focused group discussions by the Regional-Inter-Cluster Coordination Groups and Accountability of Affected People (AAP) at sub-national level, will strengthen the overall response.

Anticipatory action for drought and climate adaptation

Given the frequent occurrence of climate-related disasters, such as droughts, the 2025 HNRP for the first time includes anticipatory action as part of the overall response strategy. This proactive approach aims to mitigate the impacts of droughts and other climate shocks before they escalate into full-scale

PHOTO: LYNSEY ADDARIO

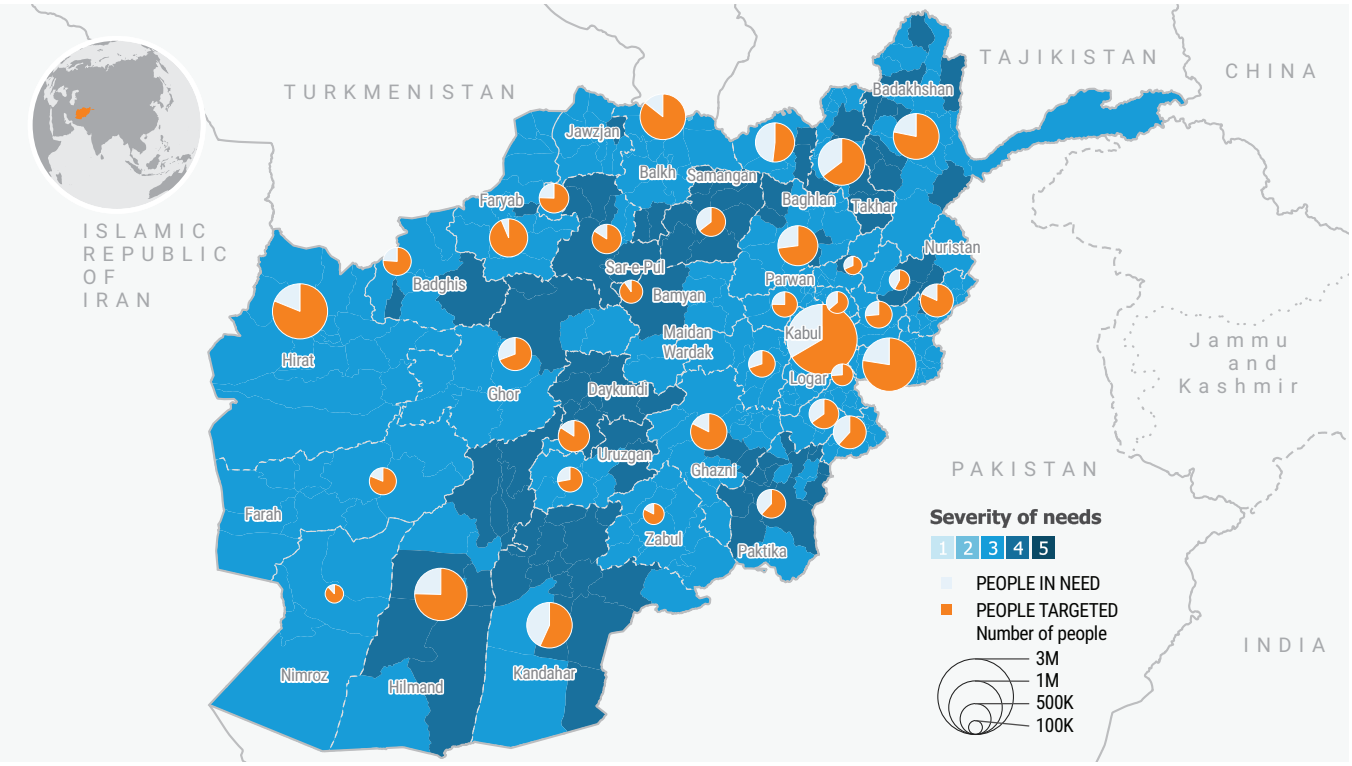
crises. The strategy involves implementing early warning systems, preparing resources in advance and mobilizing support to vulnerable regions, initially focusing on the drought-prone areas in the northern and northeastern parts of the country. By anticipating and preparing for these shocks, the HNRP aims to reduce the need for large-scale emergency interventions and improve the resilience of affected communities to future climate-related disasters.

Advocacy and operational flexibility in a restrictive environment

The operational environment in Afghanistan remains highly challenging, with restrictions and bureaucratic barriers that complicate humanitarian efforts. In response, the HNRP will advocate for greater operational flexibility and access, engaging in negotiations with the authorities to preserve humanitarian space. Efforts will also be made to ensure that female humanitarian workers can safely and meaningfully participate in the response. By navigating these operational challenges, the response aims to maintain its focus on delivering critical assistance to those most in need while mitigating the risks faced by humanitarian workers, particularly in the face of ongoing conflict and insecurity.

2.2 Response boundary-setting, prioritization & risk-informed action

PiN, targeted, and severity by location
In 2025



Boundary-setting

In a context like Afghanistan, where long-standing and deep-seated needs are the result of decades of conflict, natural disasters, under-development, economic stagnation, underlying food insecurity, and ongoing protection risks and concerns, it is crucial to closely examine the nature of the needs people are exhibiting. Not all of these needs are humanitarian in nature, a reality frequently reflected in the feedback from affected people. While they express gratitude for short-term humanitarian assistance, they also emphasize a preference for longer-term, sustainable interventions. Given the widespread scale and scope of needs present in Afghanistan today, humanitarian actors lack sufficient capacity, resources and even the mandate to address issues stemming from structural or systemic problems. Furthermore, in the event humanitarian actors attempt to do so, there is a risk that the most acute needs will be obscured and those most in need of humanitarian assistance get left behind.

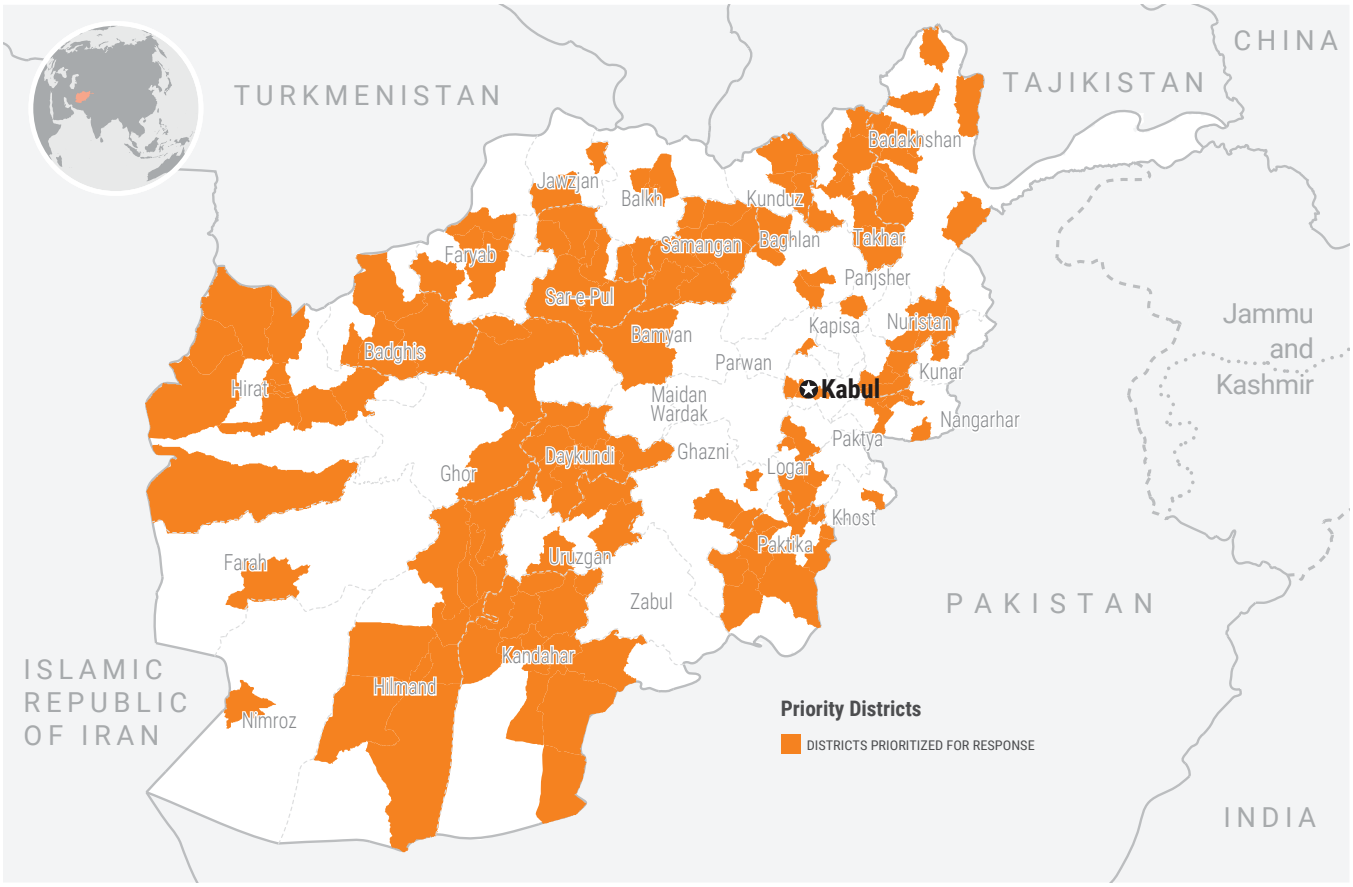
Recognizing this, and in line with global guidance, the 2025 HNRP will focus on those in need of humanitarian assistance who have been affected by or are at risk of experiencing one of the identified shocks outlined in Chapter 1.2 'Analysis of shocks, risks, and humanitarian needs'. Among those affected by such

shocks, prioritization will be based on vulnerability criteria to ensure that humanitarian assistance reaches those most in need. The methods for identifying who requires assistance due to shocks will vary based on the nature of the event (e.g. rapid needs assessments for those affected by sudden-onset emergencies such as floods, dry spell monitoring for drought-affected populations, or cross-border monitoring for returnees). However, in all cases, a shock will be understood as a distinct event that causes significant suffering and disruption in people's lives.

Therefore, underlying needs generated by structural or systemic issues remain outside the scope of the humanitarian response, even though it is recognized that underlying vulnerabilities may exacerbate humanitarian need – and, by extension, the humanitarian caseload – following a shock. For example, a drought affecting an area where people are already struggling with limited access to potable water will likely result in a higher humanitarian caseload, compared to one occurring in an area with better water availability.

In line with this, the 2025 HNRP focuses on streamlining activities by prioritizing core humanitarian interventions and strengthening complementarity and collaboration between humanitarian and BHN actors. A joint planning workshop, organized in collaboration with the Programme Management Team and the Durable Solutions Working Group, aimed to foster a shared understanding of the relationship between humanitarian and BHN response activities. The workshop also explored how the scale-up of BHN interventions impacts humanitarian programming, sought to enhance alignment and synergy between the HNRP and the United Nations Strategic Framework for Afghanistan, minimize duplication of efforts and prevent agencies and organizations from drawing resources from both frameworks simultaneously.

Districts prioritized for response
In 2025



Prioritization of districts

In 2025, the Inter-Cluster Coordination Team (ICCT) will continue prioritizing the delivery of humanitarian assistance to areas with the highest severity of need. Through an iterative process, districts were prioritized following the Joint Intersectoral Analysis Framework (JIAF). Clusters first conducted sectoral needs and severity analyses, which were then followed by joint analyses to identify districts with the highest intersectoral needs across Afghanistan. Further prioritization was conducted in light of the results of the 2024 mid-year response and funding gaps analysis, through which the ICCT had critically examined past cluster reach and the consequences of funding shortfalls. Based on the highest severity of needs and caseloads across all sectors, 147 out of Afghanistan's 401 districts were designated as priority areas. This focused approach aims to enable more efficient resource allocation, prevent the response from being spread too thin across Afghanistan in the event of funding shortfalls, and ensure that people in these districts receive comprehensive intersectoral support rather than interventions from only one or a few clusters. In short, it aims to enable more impactful humanitarian response.

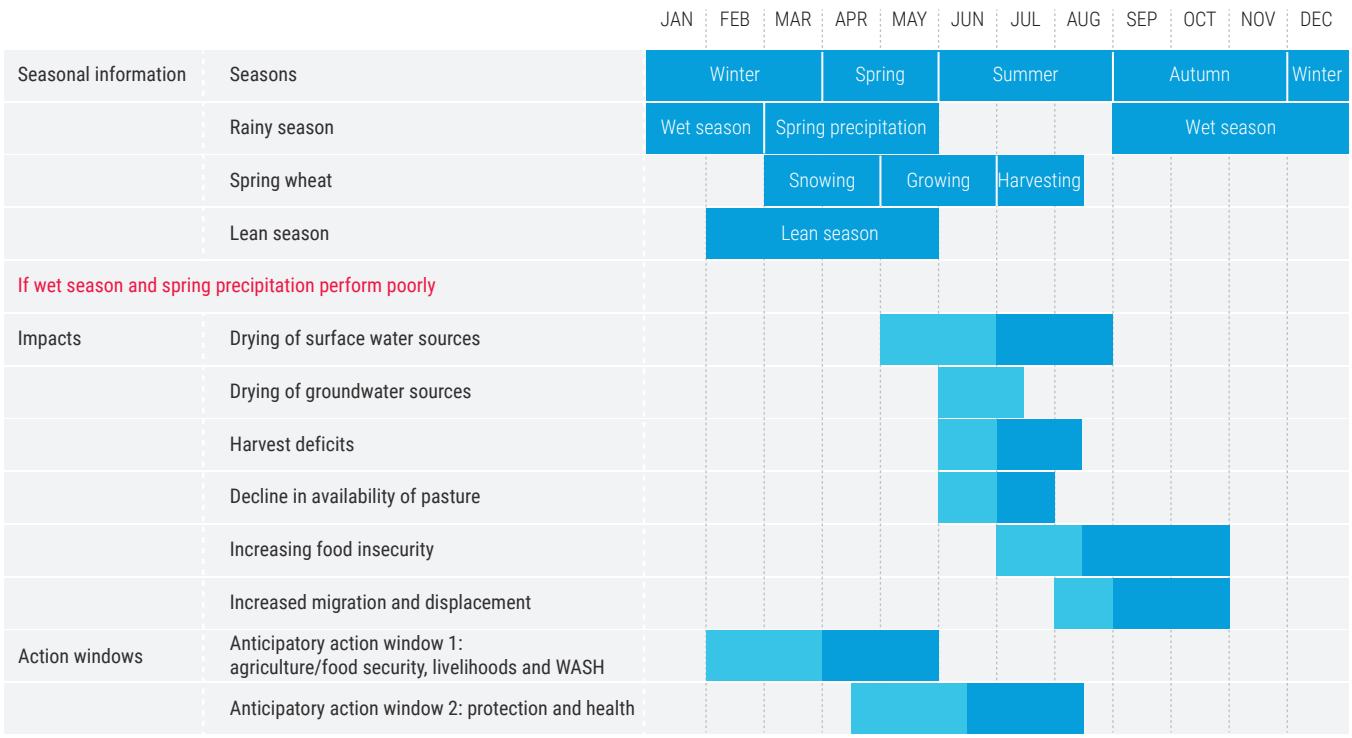
Risk-informed anticipatory action

Building on the relative stability following the end of the conflict and recognizing that Afghanistan remains among the world's most vulnerable countries to climate change, humanitarian partners with expertise in drought response and anticipatory action will collaborate to prepare a coordinated anticipatory action framework for drought in Afghanistan. This initiative is particularly pertinent given the increased likelihood of La Niña-related dry spells in 2025.

Focus on potential dry spells affecting spring cultivation in rain-fed agricultural areas

Acknowledging that different hazards require distinct anticipatory action frameworks with tailored forecast and trigger models, the decision was made to initially focus on droughts. Droughts in Afghanistan are generally more predictable than other natural disasters and the potential for another La Niña episode poses a heightened risk. La Niña conditions could lead to warmer weather and reduced precipitation, particularly in areas already suffering from consecutive drought impacts since 2020. These conditions threaten spring wheat cultivation in rain-fed agricultural areas, which could have severe humanitarian consequences on

Crisis timeline for select provinces in northern and northeastern regions in case of dry spell



agriculture, livelihoods, water availability, food security, protection and gender dynamics and health.

The areas potentially affected by La Niña-related drought in Afghanistan historically affect several provinces across the southern, western, northern and northeastern regions. To refine the geographic scope, the analysis prioritized rain-fed agricultural areas, which are more vulnerable to drought than irrigated agriculture; historical precipitation anomalies, especially during the triple-dip La Niña years (2020–2023); and underlying vulnerabilities, such as high levels of food insecurity and operational constraints and partner capacity. Based on this analysis, the initial framework will focus on Faryab, Sar-e-Pul and Takhar provinces. This selection represents high-risk areas for dry spells while remaining operationally feasible and considering the resources made available. Should additional resources be made available, the coordinated anticipatory action framework can be expanded to include additional provinces in future agricultural seasons, ensuring broader coverage and improved resilience against climate risks in Afghanistan.

Anticipatory action window 1: possible agriculture/food security, livelihoods and WASH activities

Lead time: Starting in February

Implementation: Starting end of February/early March depending on intervention

- Early warning messaging and awareness raising
- Rehabilitation of water harvesting structures
- Installation/rehabilitation of water facilities (boreholes, water treatment)
- Distribution of WASH NFIs
- Distribution of animal feed, poultry and technical training
- Multi-purpose cash assistance

Anticipatory action window 2: possible protection and health activities

Lead time: Starting in April

Implementation: Starting end of May/early June depending on intervention

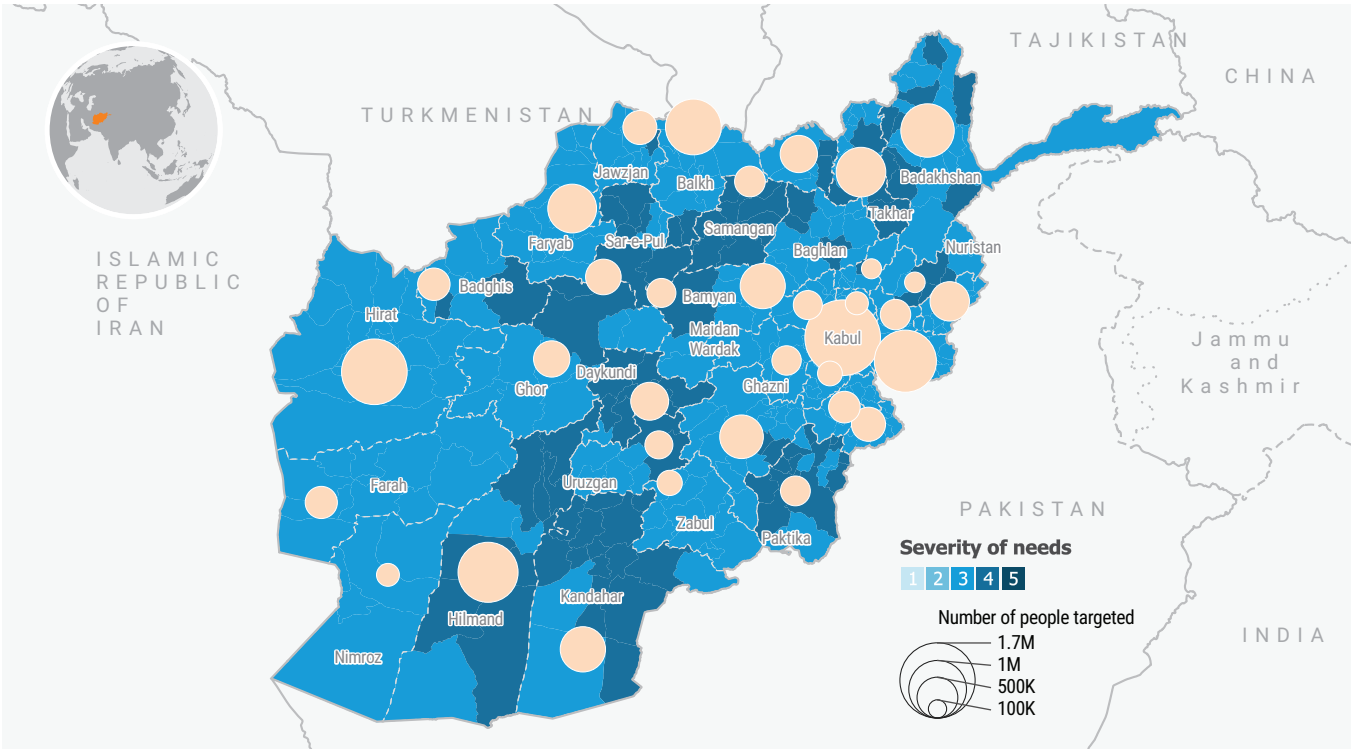
- Community engagement and awareness raising
- Cash for protection for most at-risk households
- Referrals of GBV survivors and vulnerable women and girls affected by the droughts to existing women safe spaces and other services
- Decentralized pre-positioning and distribution of dignity/menstrual hygiene/clean delivery/ neonetal kits
- Pre-positioning and distribution of health equipment and medical supplies
- Community sensitization on diseases with epidemic potential

2.3 People Targeted Breakdown

Explore more at humanitarianaction.info

People targeted and severity by location

In 2025



16.8M People targeted

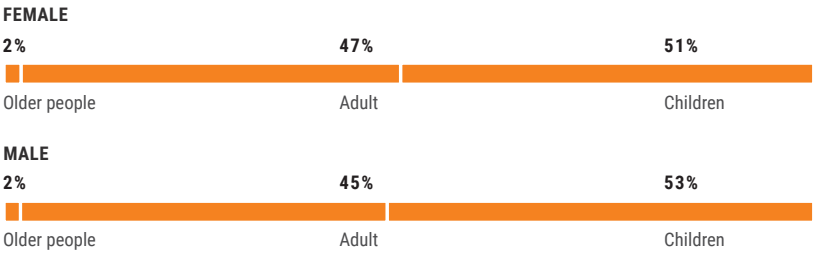
22.9M People in Need

People targeted breakdown

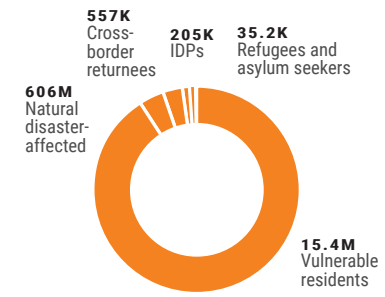
by sector/cluster

FSAC	14.2M
Health	9.3M
Protection	6.3M
Child Pro.	3.4M
General	2.4M
GBV	2.3M
Mine Action	1.7M
HLP	354.2K
WASH	6.3M
Nutrition	6.0M
ES-NFI	1.1M
Education	831.3K

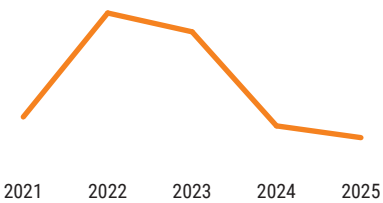
by sex and age



by population group



People targeted trend



2.4 Strategic objectives

Strategic objective 1

Reduce morbidity and mortality among the most vulnerable people of all genders and diversities by addressing hunger, acute malnutrition, communicable disease outbreaks, abuse, violence, and exposure to explosive ordnance.

16.5M
people targeted

8.2M | 347K | 1.9M

Strategic objective 2

Mitigate protection risks for the most vulnerable people of all genders and diversities by upholding commitments to the centrality of protection, including protection monitoring, gender mainstreaming and ensuring accountability to affected populations.

6.2M
people targeted

3M | 63K | 603K

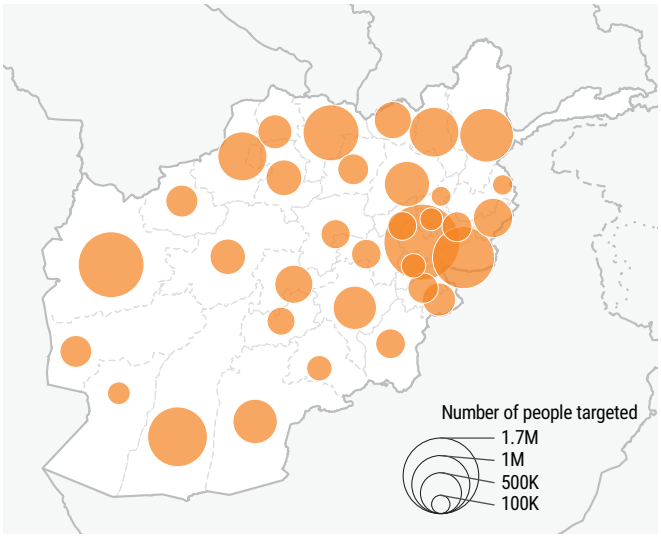
Strategic objective 3

Sustain the lives of people of all genders and diversities in need of humanitarian assistance by ensuring safe, equitable and dignified access to essential services.

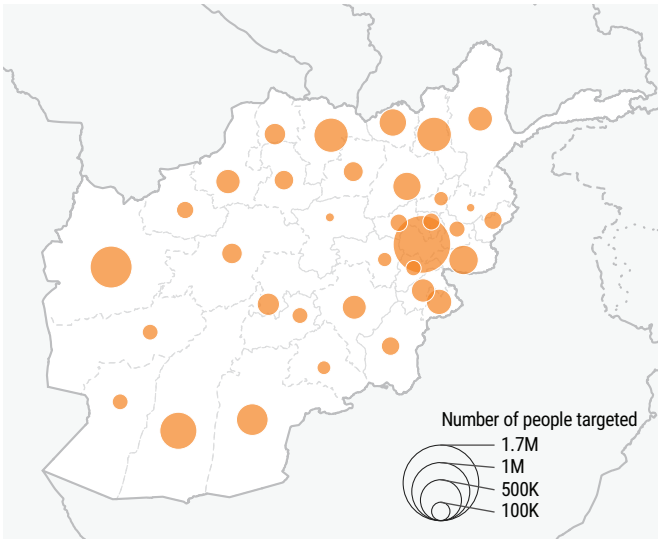
7.1M
people targeted

3.5M | 149K | 798K

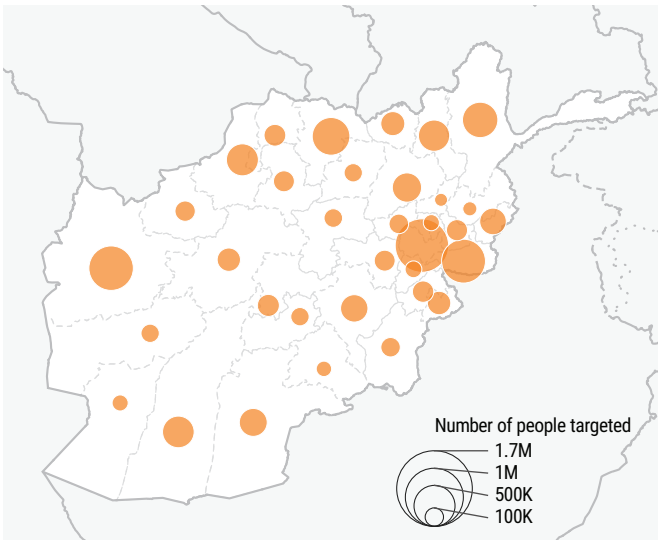
Number of people targeted by strategic objective 1



Number of people targeted by strategic objective 2



Number of people targeted by strategic objective 3



SO1: Reduce morbidity and mortality among the most vulnerable people of all genders and diversities by addressing hunger, acute malnutrition, communicable disease outbreaks, abuse, violence and exposure to EO.

Strategic Objective One aims to provide timely, equitable and life-saving assistance to crisis-affected populations across all sectors by ensuring the needs of the most vulnerable populations—women, children, young people, older persons, and persons with disabilities—are met, and that assistance is tailored to their specific vulnerabilities. This includes increasing access to education for children in both rural and urban areas, ensuring safe learning spaces and offering MHPSS. ES/NFI and winter assistance will support vulnerable populations, while food security efforts aim at ensuring a minimum household consumption score for the affected population. Access to nutrition services for malnourished children under five and pregnant and lactating women (PLW) will be strengthened, and integrated WASH support will be provided to prevent infections, improve hygiene and ensure access to safe water and sanitation. Additionally, ensuring lifesaving maternal and reproductive health services for the women of reproductive age is essential to reduce maternal mortality rate among affected populations. Emergency agriculture support will enhance self-reliance and nutrition. In addition, efforts will focus on reducing civilian casualties from EO, strengthening surveillance and coordination systems and ensuring effective responses to disease outbreaks, including acute watery diarrhea (AWD) and cholera.

SO2: Mitigate protection risks for the most vulnerable people of all genders and diversities by upholding commitments to the centrality of protection, including protection monitoring, gender mainstreaming and ensuring accountability to affected populations.

Strategic Objective Two focuses on enhancing delivery of protection services and integrating protection principles across all humanitarian response activities, particularly into the ES/NFI, FSAC, Health, and WASH services, ensuring the safety, dignity, and rights of vulnerable groups, including women, children, young people, minorities, older persons and persons with disabilities. Key priorities include delivering individual protection assistance such as cash and case management, child protection services, targeted support for women and girls, psychosocial services, and community-led protection mechanisms. Efforts will also focus on enhancing the capacity of partners and authorities through training, guidelines, and resources, ensuring that all services are inclusive and accessible to persons with disabilities. Additionally, the participation and empowerment of community members will be prioritized by fostering the active engagement of diverse population groups and ensuring their representation in the planning and provision of humanitarian assistance.

Awareness raising will ensure access to information and safe, confidential referrals. Protection risks will be mitigated through coordination and advocacy, with a focus on the 'Centrality of Protection' and aligned with the HCT Protection Strategy. Additionally, Strategic Objective Two aims to support the legal rights of vulnerable individuals regarding Housing, Land and Property (HLP) and facilitate the integration of EO victims. WASH services will be inclusive, with active participation in decision-making to address specific needs.

SO3: Sustain the lives of people of all genders and diversities in need of humanitarian assistance by ensuring safe, equitable and dignified access to essential services.

Strategic Objective Three focuses on enhancing resilience and improving the living conditions of the most vulnerable populations in the face of ongoing crises. It prioritizes providing transitional shelter and support to displaced individuals, facilitating recovery, secure tenure and access to essential services, including support for IDP return and reintegration with sustainable solutions. Rehabilitative care will build resilience, while urban areas will benefit from environmentally friendly WASH services. Rural populations will receive drought-responsive water supply and sustainable sanitation, with culturally appropriate hygiene promotion. Health facilities and schools will be rehabilitated to improve access to health and supported with WASH interventions to prevent infections and improve learning outcomes.

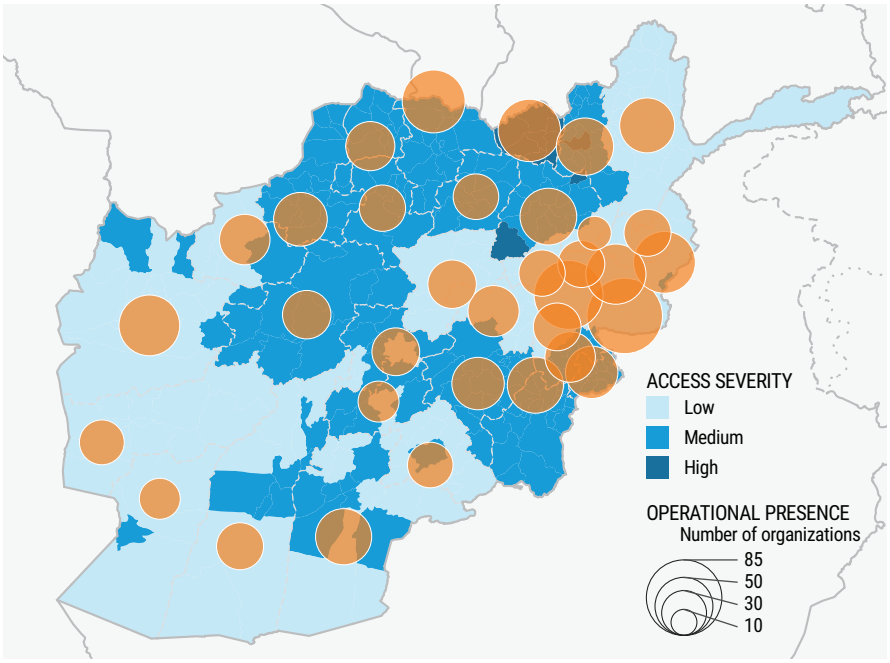
2.5 Planning assumptions, operational capacity and access, and response trends

Overview

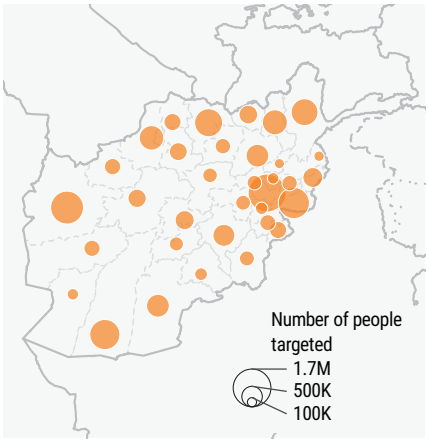
Humanitarian organizations have demonstrated resilience in delivering aid, however access remains significantly constrained with increasing restrictions on women and girls, along with bureaucratic and administrative impediments (BAI) imposed by national and sub-national authorities playing a significant role. Between January and October 2024, humanitarian partners reported 1,345 access-related incidents, compared to 1,529 during the same period in 2023. The majority (72 per cent) were related to interference in humanitarian activities, followed by 6 per cent linked to restrictions on the movement of agencies, personnel, or goods within the affected country. Additionally, 14 per cent were due to challenges posed by the physical environment, 6 per cent involved violence against humanitarian personnel, assets, and facilities, and 1 per cent was attributed to military operations and the presence of mines and UXOs.[48]

In Afghanistan, humanitarian operations are frequently disrupted by the DfA's issuance of edicts and decrees without prior consultation with the humanitarian community, coupled with inconsistent regulatory practices across governance levels. Interferences in humanitarian activities involving the DfA remain a key challenge, with 972 interferences recorded between January and October 2024, representing 72 per cent of all reported cases. This includes prolonged Memorandam of Understanding (MoU) signature processes, repeated DfA demands to participate in recruitment and procurement processes, and interference during program implementation, resulting in temporary suspension of activities, closure of facilities, and programme relocations.[49] As women and girls often require other women to access humanitarian assistance, restrictions on women's participation continue to be a major barrier to an equitable response. WLOs face a multitude of restrictions such as reduced funding, increased operational costs, complex requirements concerning female staff participation and interactions with beneficiaries, and arbitrary restrictions on community

Operational capacity and access
In 2024



People targeted
By admin 1



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access. While many organizations were forced to close, some WLOs persist despite the challenges, adapting to informal spaces to provide essential support to vulnerable groups through community-based protection mechanisms. Restrictions for civil society organizations, including OPD further undermine the provision of specialized support for persons with disabilities.

Such restrictions are compounded by incidents of violence against humanitarian staff and assets – often as a means to enforce compliance with regulatory demands. From January to October 2024, 84 incidents of violence against humanitarian workers, assets, and facilities were reported, including the detention of 113 staff members, with the southern region seeing the highest concentration of cases. Additionally, 15 incidents involved threats against staff, including demands for sensitive data. Access to hard-to-reach areas, such as the northern and northeastern provinces or the central highlands, remains limited due to the remote and mountainous terrain, which becomes particularly challenging during winter. This is further exacerbated by funding shortages, hindering the ability to cover additional logistical costs.

These challenges are expected to persist in 2025, necessitating continued advocacy efforts at both national and sub-national levels to address policy issues and safeguard independent, unimpeded and principled humanitarian action.

Operational presence

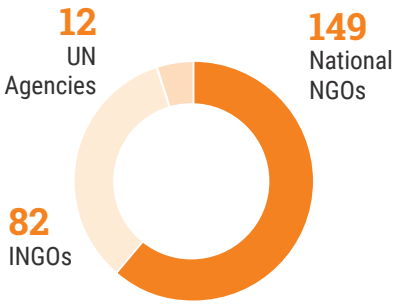
In 2024

Total partners

243

operational partners

Operational partners by type



Regulatory framework and directives

Since August 2021, the DfA has issued 403 directives affecting humanitarian programming in Afghanistan. Key frameworks, such as the Islamic Emirate of Afghanistan (IEA) Procedure on Coordination and Regulation of NGOs (October 2022) and the DfA Ministry of Economy's Guidance on NGO Responsibilities (October 2023), include provisions that conflict with global humanitarian principles and the Afghanistan HCT Joint Operating Principles. These frameworks have contributed to interference in humanitarian action, affecting recruitment, procurement, beneficiary selection, and identification of programme locations, causing significant delays.

The enactment of the PVPV law in August 2024 has significantly increased scrutiny on NGOs and female staff. Over the past few months, partners have reported frequent visits by de facto PVPV officials to offices and project sites. As a result, 51 per cent of organizations (38 per cent NNGOs, 12 per cent INGOs) have reported difficulties in implementing awareness-raising projects. Additionally, 69 per cent (53 per cent NNGOs, 16 per cent INGOs) indicated that only men are permitted to continue working in their offices, and 27 per cent (23 per cent NNGOs, 4 per cent INGOs) reported that women have left their organizations due to DfA decrees.[50]

The combination of regulatory interference and gender-based restrictions threatens to undermine equitable humanitarian support and jeopardize essential assistance for affected populations. In response, humanitarian leadership, supported by the Humanitarian Access Working Group (HAWG), will continue providing partners with guidance to navigate these interferences in 2025. This includes sustained engagement with the DfA to safeguard operational space, troubleshooting forums for cluster coordinators to address issues with DfA ministries, and high-level interactions between humanitarian leadership and the DfA to tackle these challenges directly.

Access incidents with gender dynamics

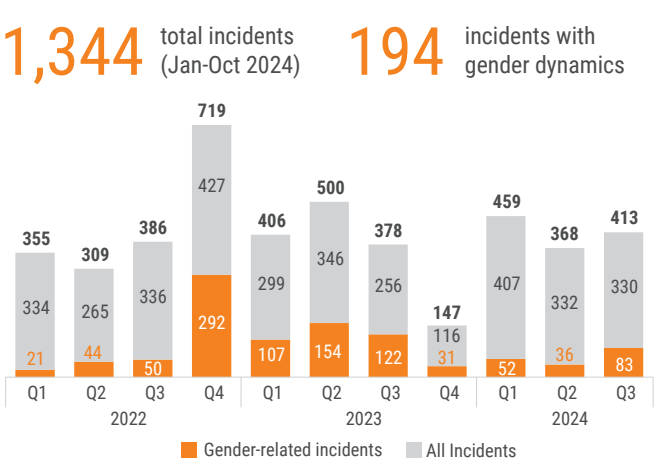
Gender-based restrictions continue to hinder aid delivery to the most affected populations, with 194

gender-related incidents reported in 2024.[51] Since the December 2022 ban on Afghan women working with NGOs – later extended to the UN in April 2023 – the DfA has announced numerous additional restrictions on women and girls, albeit to varying degrees of enforcement.[52] The promulgation of the PVPV Law in August 2024 tightened restrictions for all people in Afghanistan, with special attention to women and minority groups. Reportedly under development for over a year, the law codifies previous restrictions (such as the March 2022 decree requiring all women in Afghanistan to wear full-body coverings in public), while also including some new ones, and giving broad discretionary powers to inspectors. Initial concerns identified by humanitarian actors of how enforcement of the law could impact humanitarian response included: negative effects on the presence and participation of Afghan women both in the office and field, limits in the access of female healthcare workers to the community and patients, and the unacceptable toll on the mental health and wellbeing outcomes of Afghan women and men, including UN and NGO personnel.

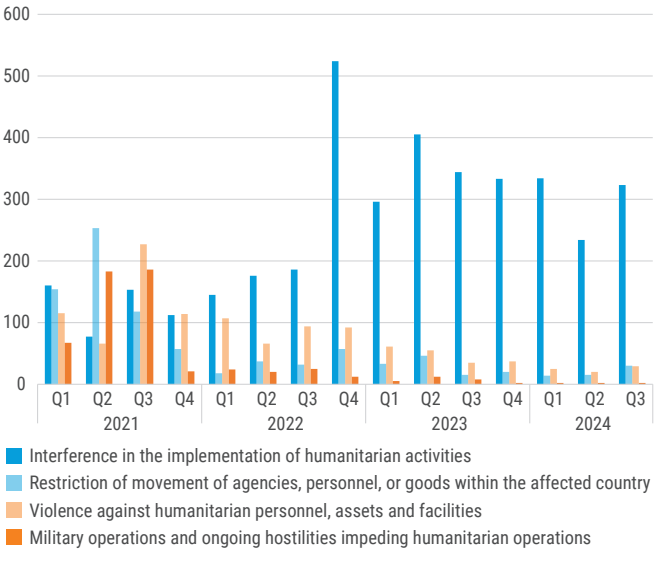
Findings from initial monitoring efforts indicate that the PVPV Law had not significantly altered the daily lives of affected women in the community, as many were already spending most of their time inside their homes. Most women were aware of the law and noted its primary impact as an increased presence of PVPV representatives, particularly when accessing health facilities. The most reported incidents involved PVPV representatives asking women to cover themselves more fully or ensuring they were accompanied by a mahram. For Afghan women humanitarian workers, however, the law's impact has been more pronounced. Stricter mahram requirements have been implemented in the provinces and some women have been asked to work from home. Additionally, engaging with women through meetings and focus group discussions has become increasingly difficult, especially in provinces where the law is enforced more strictly. Surveillance of Afghan women staff in urban areas has also intensified, particularly concerning their movement to meetings or offices. Additional barriers for women-led organizations include security threats, bureaucratic impediments targeting women, and the exclusion of women from leadership roles, further hindering humanitarian assistance by women for women.

Despite these challenges, local negotiations and adaptive measures continue to safeguard operational space, albeit at additional financial cost. Common strategies include providing financial incentives for mahrams, creating separate workspaces and establishing designated distribution spaces and days for women and men.

Humanitarian access incidents (2022 - 2024)
and number of incidents with gender dynamics



Humanitarian access constraints by type
(2021 - 2024)



Source: AMRF, HAWG, Oct 2024

2.6 Accountable, inclusive & quality programming

Overview

The increasingly restrictive rights environment in Afghanistan has further marginalized vulnerable populations who already face a range of environmental, attitudinal and legal barriers which heighten their often intersecting and overlapping needs. The continued bans on Afghan women working for I/NGOs and the UN, as well as the recent PVPV law, have added to the complexity of operating environment, further complicating access to information, assistance and services in many locations, and elevating protection risks and concerns.

In 2024, to address these operational realities, OCHA initiated and led the development of a response-wide monitoring tool involving the AAP, Disability and Inclusion (DI) and Gender in Humanitarian Action (GiHA) working groups (WGs), and the PSEA Network, to track partners' ability to continue reaching affected populations in a safe, inclusive and quality manner, as well as the ability of affected populations to meaningfully engage with and access services. The Afghanistan Accountability Index (AAI) monitors cross-cutting indicators which aim to not only shed light on the ability of partners to adequately meet the needs of the population, and ensure their meaningful and safe participation in the response, particularly for the most vulnerable groups, but also identify 'actionable insights' of accountability, meaning the steps or corrective actions that organizations need to continuously take to adjust their programmes in light of both the permissiveness of their operating environment and the feedback they are receiving from communities. Moreover, joint ICCT-ICCG field missions were organized to provide an additional layer of monitoring to ground-truth findings, understand partners' capacity, and to examine to what extent women are engaged in the response, and what measures partners are actively taking to enable their participation. With this, the AAI is more than just a monitoring system and rather a real-time mechanism to improve and adapt inclusive humanitarian assistance based on the expressed needs and priorities of affected Afghans.

Response strategy

In 2025, the AAP, DI, and GiHA WGs, as well as the PSEA Network and the HCT Centrality of Protection Implementation Support Group (ISG) will continue to support clusters with evidence-based mechanisms, analysis and activities to ensure accountable, inclusive and quality interventions. Tools such as the Afghanistan Community Voices and Accountability Platform will provide data on community needs, disaggregated by sex, age, and disability.[53] Working groups will continue to produce gender alerts and analyses on system-wide adaptations, particularly regarding restrictions on women and girls.

In November 2024, a working definition of WLOs tailored to the Afghan context was developed to facilitate their inclusion and access to humanitarian funding. This definition – adapted from the IASC definition – identifies a WLO as an organization with a humanitarian mandate whose leadership is principally comprised of women (demonstrated by at least 25 per cent occupying senior leadership positions), has at least 30 per cent of women and girl staff or volunteers, has operational capacity to respond to humanitarian needs in Afghanistan and has services focusing on women's needs. The definition also includes guidance criteria to assist partners who are unsure whether the organization fits the definition. The ICCT agreed to pilot the definition for the first six months and then adjust in mid-2025 as needed.

The cross-cutting groups will continue to support the capacity building and integration of WLOs in 2025, as well as the engagement of persons with disabilities and their representative organizations (OPDs) to address the significant gaps related to inclusion. Moreover, efforts will continue to increase the participation of women humanitarian workers through recruitment, retention, and capacity-building initiatives, including training on access negotiations. Likewise, support to the Women's Advisory Group to the HCT will ensure women's voices are included in strategic decisions regarding the response. In line

with the IASC Guidelines,[54] targeted efforts will also be made to increase the participation of persons with disabilities in the humanitarian response, and to ensure organizations both inclusive mainstream programs as well as targeted interventions addressing the specific requirements of persons with disabilities (twin-track approach).

Working groups will also support clusters to strengthen community engagement and improve communication with affected populations, ensuring communication channels are accessible to all. This includes providing guidance on inclusive messaging and utilizing trusted channels for feedback and complaints, particularly for sensitive issues such as PSEA, GBV and other protection concerns.

The capacity of clusters and partners will be strengthened through ongoing training on accountable, gender-responsive programming, inclusive humanitarian action and adherence to minimum quality standards. This will ensure that vulnerable groups, especially women and persons with disabilities, are not only included in assessments but also actively engaged in decision-making processes throughout the project cycle. Data collection across all sectors will be disaggregated by gender, age and disability, and will aim to identify barriers, needs and risks for specific groups, helping to address information gaps and to inform an evidence-based response that considers the specific needs of different population groups. Ultimately, the strategy aims to build a more inclusive and forward leaning humanitarian response by ensuring that vulnerable groups – particularly women, girls, and persons with disabilities – are represented, their needs are met, and their voices are amplified in every stage of programming.

Monitoring plan

The cross-cutting groups will continue to monitor the ability of the response to reach women, girls, and persons with disabilities with inclusive programming that is safely accessible and meets their specific needs. This includes continued use of the Community Voices and Accountability platform to inform adjustments to the response based on community feedback, as well as quarterly GiHA and HAWG surveys on the impact of ongoing restrictions on affected women and girls and partners' ability to operate. The PSEA Network will complement monitoring with tools such as the Sexual Exploitation and Abuse Risk Overview (SEARO) and SEA risk index. These cross-cutting tools will be enhanced by community focus group discussions, joint missions and field visits with clusters to document good practices and provide community-informed recommendations, system-wide perception surveys supported by cluster partners, and leveraging regional working group field presence to support monitoring. Main findings will also be streamlined into the AAI to provide a concrete overview of trends and gaps for accountable, inclusive, and gender-responsive programming, and allow for a collective and continuous discussion on how to adjust and adapt programming to ensure it meets the expressed needs and priorities of affected Afghans.

Satisfaction with assistance received

Percentage of respondents

3,856
community feedback

Of which

41%
reported that the assistance recieved met their needs

Preferred assistance modality

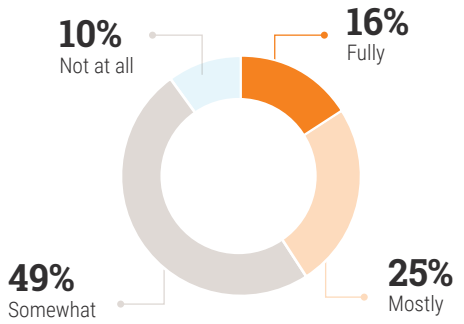
56%
cash and in-kind

32%
cash

11%
in-kind

Satisfaction rate

assistance received meets needs



Source: Afghanistan Accountalibity Index (Jan-Jun 2024)

2.7 Cost of the response

Afghanistan's HNRP is an activity-based costed plan, where each cluster has estimated the cost per beneficiary. These estimates account for a range of assistance-related expenses, including in-kind support, cash transfers (where applicable) and logistical costs associated with the delivery of assistance—such as staffing, security and operational overheads. Overall, the funding requirements for the 2025 HNRP have decreased by 21 per cent compared to 2024, reflecting a 3.1 per cent reduction in people targeted for assistance and the adjustment of certain activities. As a result, the average cost per beneficiary has decreased by almost 19 per cent, from $177 in the 2024 HNRP to $144 in 2025.

Costing methodology

Cost estimates for each cluster are tailored to their specific activities and needs. The Education Cluster requests $93.3 million to support 831,000 children, with an average cost of $112 per beneficiary, reflecting slight increases for gender-sensitive interventions. The ES/NFI Cluster requires $179 million to assist 1.1 million people, with a 22 per cent cost increase due to expanded shelter initiatives. The FSAC Cluster estimates $1.1 billion to support 14.2 million people, with monthly food costs of $16 per person and $238 per household for agricultural support. The Health Cluster seeks $279.7 million to provide primary healthcare, essential secondary care and disease outbreak preparedness and response for 9.3 million people. The Nutrition Cluster plans to deliver life-saving preventive and curative services to 6 million children under five and PLW across all provinces, with a budget of $296.4 million and an average cost of $50 per beneficiary. The Protection Cluster aims to assist 6.3 million people with a variety of protection services—including child protection, general protection, GBV, HLP and mine action—with an estimated cost of $24 per beneficiary. Lastly, the WASH Cluster requires $264.3 million to support 6.3 million people, prioritizing access to safe drinking water, sanitation facilities and hygiene promotion, at an average cost of $42 per beneficiary.

Cost effectiveness

In preparation for the 2025 HNRP, clusters engaged in boundary setting and prioritization that guided their sector-specific plans. Cost efficiency will be a core priority across all clusters, achieved through careful planning, strategic integration and strong collaboration. By aligning interventions with local needs, minimizing duplication and leveraging partnerships, the clusters aim to deliver high-impact outcomes for the most vulnerable populations. This approach not only addresses immediate needs but also contributes to the long-term resilience and recovery of affected communities.

The Education Cluster will collaborate closely with DfA and development partners to streamline resources, ensuring that educational interventions are both effective and sustainable. The ES/NFI Cluster will work closely with BHN partners to harmonize shelter strategies, support referral mechanisms, and develop cohesive approaches for long-term shelter needs. The Nutrition Cluster will integrate nutrition services with existing healthcare platforms, reducing operational costs and enhancing the reach and impact of its interventions. Similarly, the WASH Cluster will work together with the Health and ES/NFI Clusters to implement cost-sharing practices, particularly in urban areas, to maximize resource use and improve service delivery. Protection clusters will focus on optimizing spending through community-based approaches, strategic legal services, and integrated activities, ensuring that resources are used effectively to meet the diverse needs of vulnerable populations. For Mine Action, cost-effectiveness will be achieved by prioritizing high-risk rural areas and leveraging local expertise and resources as well as applying proper land release processes as per the national and international mine action standards. Inclusive budgeting by all Clusters will ensure that accessibility and reasonable accommodation measures for persons with disabilities are mainstreamed across all areas of the response.

PHOTO: LYNSEY ADDARIO

Changes in the cost of operating

Operating costs have increased due to inflation, currency fluctuations and logistical challenges. The ES/NFI Cluster experienced a 22 per cent increase in costs due to expanded technical support to people with specific needs, an increase in rental assistance packages and other operational costs related to minimum quality programming, while Protection costs have increased due to labour constraints and specialized services for vulnerable groups. WASH has faced higher supply and transportation costs, leading to the adoption of more cost-efficient logistical solutions. Partners aiming to continue to employ women, face higher costs due to mahram requirements. Despite these challenges, strategic planning and strong partnerships have helped mitigate some of the financial pressures, ensuring that interventions remain effective and impactful.

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2.8 Multipurpose cash section and cash & voucher assistance overview

Context

In Afghanistan, cash assistance remains the preferred response modality, with over 89 per cent of households reporting they prefer cash according to the 2024 WoAA. By September 2024, 39 Cash Working Group (CWG) partners—including three UN agencies, 29 INGOs, and seven national NGOs—had reached approximately 3.5 million people (497,310 households) across 199 of Afghanistan's 401 districts through cash assistance. As of early December 2024, according to FTS reporting, a total of $88.1 million has been distributed in Multi-Purpose Cash (MPC). Post-distribution monitoring (PDM) reports continuously highlight that CVA recipients tend to prioritize basic needs, namely food expenditures, while savings are reported as negligible.

Effective CVA delivery in Afghanistan is driven by several enabling factors, including functional markets, the availability of essential commodities, access to reliable financial service providers (FSPs) and the engagement of capacitated national NGOs to reach those in need. The CWG supported by GiHA, the DIWG and the Protection Cluster and its AORs, ensures that gender, disability and inclusion, and protection concerns are prioritized in ongoing collaborations and embedded in relevant guidance. CVA interventions continue to stimulate local markets, reduce aid delivery costs and promote social cohesion within communities.

While risks such as counterfeit currency, cash distribution activity security, interference in aid delivery and frequent edicts are inherent to CVA in Afghanistan, the CWG has developed a comprehensive risk mitigation matrix to address these challenges. This ensures effective management of risks and clear communication pathways, enabling safe, transparent and principled CVA delivery. The CWG's efforts, along with OCHA's field coordination with de facto authorities, help sustain the integrity and effectiveness of CVA responses throughout the country.

Multi-purpose cash

In 2025, MPC assistance aims to reach approximately 1.7 million people, or 243,000 households, across Afghanistan, with an estimated budget of $69.4 million. The primary objective of MPC is to address the basic needs of vulnerable households affected by crises, such as floods, earthquakes, droughts and economic shocks, while upholding their dignity and freedom of choice.

The targeting methodology prioritizes vulnerable groups, including women-headed households, people with specific protection needs, households with persons with disabilities and those affected by natural disasters. Geographic coverage is determined by the locations of natural disasters and is expected to include flood-prone provinces (Badakhshan, Badghis, Baghlan, Balkh and Bamyan), earthquake-prone regions (Herat, Khost and Paktika), as well as border provinces in western Afghanistan (Farah, Faryab and Ghor) and eastern Afghanistan (Kunar, Laghman and Nangarhar).

MPC transfer values are based on the Minimum Expenditure Basket (MEB), which is reviewed twice a year to accommodate factors such as market price fluctuations, commodity availability, inflation or deflation and foreign currency exchange rates. These regular reviews are critical to maintaining beneficiaries' purchasing power in local markets. For details on CVA modalities, including MPC, refer to Table: Standard Cash and Voucher Packages in the CVA overview section below.

MPC referral pathways are facilitated either through Operational Coordination Teams (OCTs) or active cash partners in areas affected by sudden-onset disasters depending on the scale of the emergency. Several CWG partners, including UNICEF, UNHCR, IRC, NRC, IOM, WFP, Mercy Corps, AWAAZ and SCI, channel MPC referrals directly to responding partners. At the national level, the CWG coordinates these linkages to ensure an effective and timely response.

Cash and voucher assistance overview

In 2025, an estimated $759.6 million is planned for CVA, including $690.2 million in sectoral cash assistance and $69.4 million in MPC. This assistance is expected to reach at least 8.1 million people (approximately 1.2 million households) with at least one cash modality, across the country.

Sectoral CVA supports cluster-specific objectives to address targeted needs. Under FSAC, cash for food remains the largest CVA intervention. The ES-NFI cluster provides cash for shelter and winterization to meet urgent shelter and household NFI needs. Protection cluster employs CVA to address specific protection needs, such as individual protection services. Clusters occasionally utilize conditional CVA, such as cash for work for limited scale community improvements that also benefit participants with cash transfers. The table below outlines the most frequently used CVA modalities.

Complementarity and de-duplication approaches between MPC and other CVA

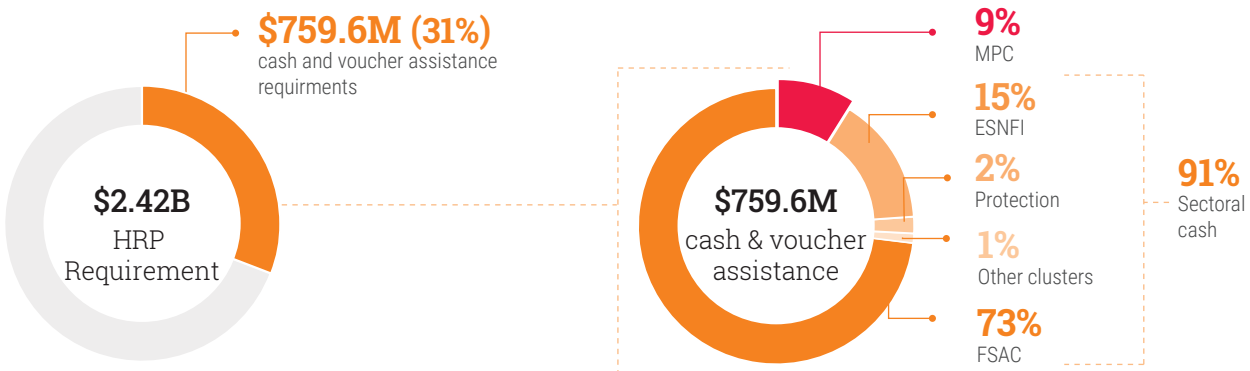
Sectoral cash and MPC programs in Afghanistan run concurrently to address both immediate basic needs and sector-specific requirements. During emergencies, such as the Herat earthquake and northern Afghanistan floods—when the bulk of MPC is distributed—time-bound, area-based sub-national coordination forums, including ad-hoc sub-national CWGs, led by CWG partners, OCHA OCTs, and supported by the CWG team in Kabul, mitigate the risk of overlaps by coordinating efforts based on agreed geographical coverage delineations.

The more significant challenge, however, is inadequate coverage and insufficient assistance due to limited resources, which poses a greater risk and has a higher impact than the less likely potential for widespread duplication. This issue is further compounded by partners' stretched operational capacity and growing needs in affected areas.

Monitoring indicators

To verify beneficiaries' cash utilization and assess their satisfaction, CWG partners conduct continuous monitoring of CVA interventions through PDM surveys, process monitoring spot checks and market monitoring. Stratified sampling ensures the inclusion of vulnerable groups, such as women-headed households and persons with disabilities. Standard indicators—such as households reached, commodity prices and availability, beneficiary preferences, amounts delivered and cash utilization—are closely monitored. CWG partners periodically conduct assessments on access to markets, FSPs and distribution sites. With the dedicated support of CWG partners, including WFP and REACH initiatives, additional context-specific indicators are gathered. The golden standard for effectively monitoring and assessing CVA interventions in this context is the preservation of beneficiaries' purchasing power in their local markets.

Cash and voucher assistance programming
2025



Links to social protection systems

While Afghanistan does not currently have state-led social protection schemes, two key programs funded by the World Bank and implemented by UNICEF and WFP are addressing critical needs. UNICEF's Maternal and Child Cash Transfer Programme (MCCT) and WFP's Maternal Child Benefit Programme (MCBP) provide essential cash assistance to vulnerable households with pregnant women and children under two, enhancing access to health and nutrition services. These programs are tailored to meet specific needs, promote improved nutrition and build local capacity. Both also offer emergency cash support and contribute to strengthening Afghanistan's social protection landscape through community engagement.

Links to accountable, inclusive and quality programming

CWG partners actively engage communities early in the design of CVA interventions through community-based structures, ensuring accountability to affected people by incorporating feedback on preferences, modalities and targeting approaches. The inclusion of local actors has grown notably, with national NGOs implementing CVA interventions increasing from 7 in 2023 to 17 in 2024. To further localize efforts, the AHF allocated 30 per cent of its MPC funds ($3.5 million) to national actors.

CVA feedback emerged as a key highlight in Afghanistan's Community Voices and Accountability Platform. The CWG relies on AWAAZ, DIWG and AAPWG to ensure inclusive programming. CWG established guidelines ensure a 15 per cent quota for persons with disabilities and women-headed households, while a MPC top-up of 20 per cent is proposed for the mentioned vulnerable groups. Additionally, the CWG collaborates with GBV AoR coordinators, advocates with donors to ensure budgeting flexibility for mahram costs, tailors support for persons with disabilities and allows for special adaptations to ensure culturally accepted dignified inclusion of vulnerable groups.

Cash coordination arrangements

The CWG structure is well-established, with strong donor and partner support, along with increased participation from local actors. In November 2024, OCHA assumed the non-programmatic co-chair role, while IRC continued to co-chair in the programmatic role. With its ToR revised in line with global guidance and its position within the coordination architecture firmly established, the Afghanistan CWG has

Table: Standard Cash and Voucher Packages (based on October 2024 MEB revision):

NO	CVA MODALITY (HH OF 7)	TRANSFER VALUE	RECURRENCE	DURATION
1	MPC	US$150	One-off/Multiple	1-3 months
2	Reduced MPC	US$70	Multiple: 3-6 months	
3	MPC in sudden onset	US$300	One-off	Single instance
4	Cash for food*	US$80 (or AFN 5,800)	Check FSAC Guidance	
5	Cash for rent (including utilities) *	US$75	Check ESNFI Guidance	
6	Cash for Winterization*	US$200	Check ESNFI Guidance	
7	Cash for shelter repair*	US$330 TO US$550	Check ESNFI Guidance	

*Clusters often recommend providing a portion of the maximum transfer values stated above depending on various considerations such as coverage and available funding.

PHOTO: IOM

successfully transitioned to the IASC's new cash coordination model.

The CWG remains the technical entity responsible for coordinating MPC and supporting sectoral CVA efforts, working closely with clusters and OCHA field teams. iMMAP provides information management support through snapshots and live dashboards, while REACH Initiatives and WFP offer market assessments and price monitoring. Biannual MEB revisions and sensitization efforts by the CWG contribute to a harmonized CVA response. Coordination with key CVA stakeholders—especially FSAC and ES/NFI clusters—along with joint trainings and information sharing sessions with WASH, Education and Health clusters, ensures that the CWG's priorities align with ICCT leadership and broader humanitarian objectives.

Explore more at humanitarianaction.info

2.9 Monitoring

In 2025, humanitarian partners will continue to monitor the evolving needs of affected populations, assess the effectiveness of the humanitarian response and identify critical gaps to ensure timely, safe, and efficient delivery of assistance to the most vulnerable groups, including women and girls and persons with disabilities.

Situational monitoring

OCHA, in close collaboration with the Assessment and Analysis Working Group (AAWG), will maintain ongoing situational monitoring to track the evolving humanitarian context, the needs of affected populations, sector-specific updates and response progress. Key processes such as the Displacement Tracking Matrix (DTM),[55] IPC and Seasonal Food Security Assessments[56] – one planned for the end of the lean season and another after the fall harvest – tracking food security, malnutrition and other critical needs, and the WoAA will be central to identifying needs and monitoring the impact of the humanitarian response. Complementary tools, including Awaaz, Community-Based Protection Monitoring (CBPM), Community-Based Sentinel Sites, Data in Emergencies Monitoring (DiEM), District Health Information Software 2 (DHIS2), Health Management Information Systems (HMIS), Health Resources and Services Availability Monitoring System (HeRAMS), Information Management System for Mine Action (IMSMA), Joint Market Monitoring (JMMI), and Standardized Monitoring and Assessment of Relief and Transition (SMART) Surveys will further enhance monitoring and provide a comprehensive understanding of the situation.

Regular operational situation reports detailing cluster responses to existing and emerging needs will continue to provide insights into a detailed picture of assistance and service provision. The quarterly Humanitarian Situation Monitoring (HSM) reports will complement the WoAA by providing granular district-level data, offering seasonal insights to account for variations in needs across different times of the year, and identifying emerging trends and vulnerabilities. Additionally, cross-border movement monitoring will continue to analyse trends, particularly returns of undocumented Afghan nationals, ensuring response efforts adequately meet the needs of returnees and displaced populations.

Risk monitoring

Effective risk monitoring is essential for identifying potential disruptions to the humanitarian response and ensuring timely preparedness. In 2025, the focus will be on identifying and mitigating risks that could hinder operational effectiveness, such as access constraints, security risks and supply chain disruptions. Partner presence and geographical access will be continuously monitored to track the feasibility of response in hard-to-reach areas. Regular reviews of access challenges will ensure realistic response targets, ensuring they reflect evolving operational realities. The ICCT will continue quarterly tracking of key humanitarian supply pipelines at the national and regional levels for relief items that are essential for emergency response to address gaps in supply chains and minimise disruptions.

To strengthen the preparedness of humanitarian partners and mitigate the impact of climate change, dry spell monitoring, introduced in 2024, will continue to be an important component of risk monitoring in 2025. In addition, the Anticipatory Action Framework for Drought in Afghanistan is being developed, defining the scope of the AA work and potential locations based on historical precipitation patterns, vulnerability criteria, and operational considerations.

Response monitoring

OCHA, through the Information Management Working Group (IMWG), will consolidate monthly district-level response monitoring data from clusters. This information will inform the monthly response overview, quarterly response gaps and critical funding gaps analysis, which aim to strengthen collective efforts on multi-sectoral response to address needs effectively.

The response monitoring framework will include indicators and targets that track sector-specific progress and overall response effectiveness. This approach ensures equitable access to services and helps prevent further deterioration of the humanitarian situation, particularly in areas with high severity of needs and where overlapping and inter-connected needs cannot be adequately covered through one sector on one occasion.

Monitoring cross-cutting issues & inclusiveness of humanitarian programming

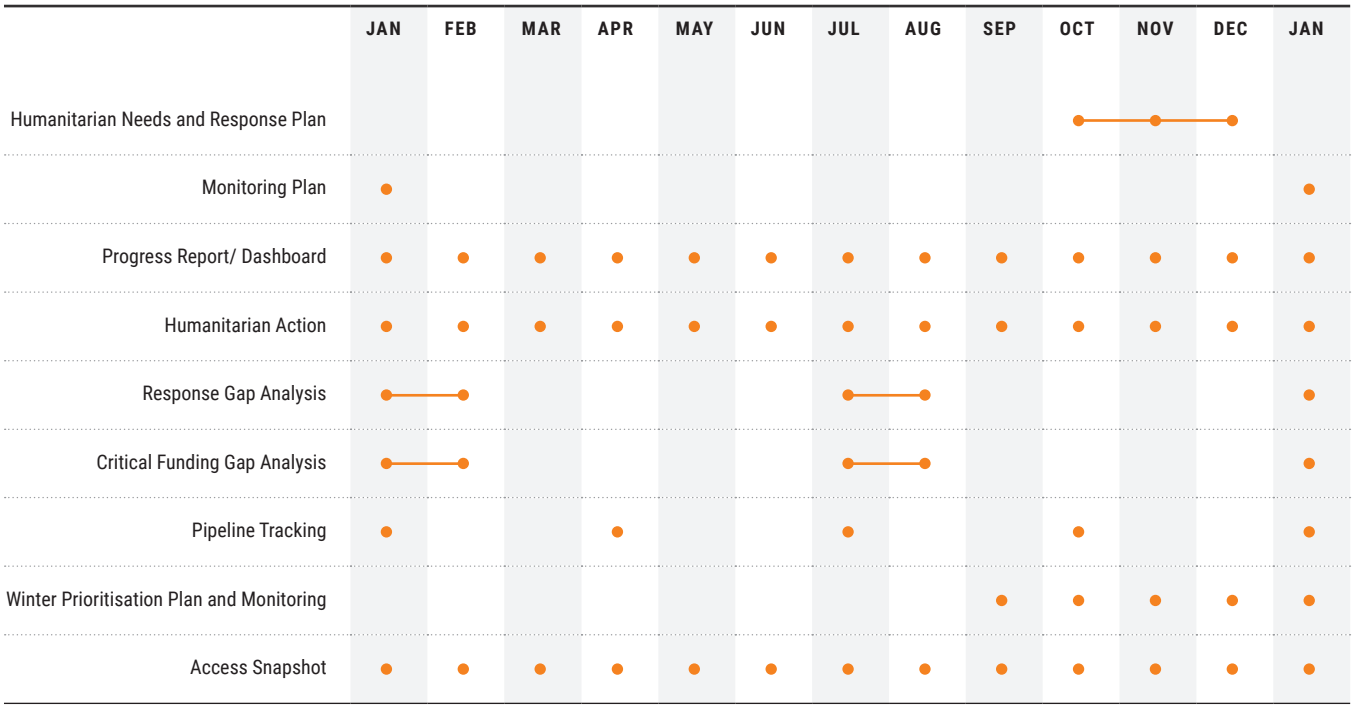
In 2025, the humanitarian response will prioritize inclusivity by actively gathering feedback from affected populations, particularly vulnerable groups such as women, girls, young people and persons with disabilities. Feedback will be collected through community consultations, hotlines, and digital platforms like the Afghanistan Community Voices and Accountability Platform[57] to ensure the safe and meaningful participation of vulnerable groups.

The response will track gender, age, and disability through disaggregated data to assess both the reach and impact of assistance. Regular monitoring will focus not only on the volume of assistance, but also its accessibility and effectiveness for vulnerable groups. The AAI[58] developed in 2024, will continue to inform the HNRP reporting, ensuring transparency and accountability in humanitarian action.

Efforts will be made to engage women and persons with disabilities in key assessments and decision-making processes. Cross-border movement trends will also be closely monitored to address the needs of displaced populations, especially women and children. Findings from these assessments and community feedback will guide course corrections to ensure a more inclusive, adaptive response.

Explore more at humanitarianaction.info

Humanitarian programme cycle timeline



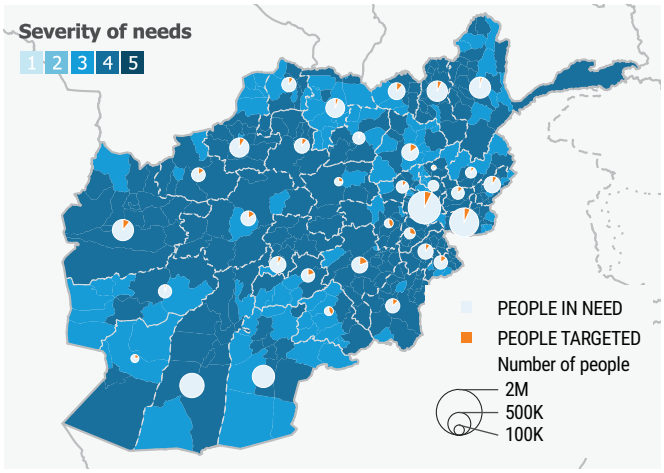
Part 3: Cluster/sector needs and response

PHOTO: LYNSEY ADDARIO

3.1 Education

PEOPLE IN NEED	PEOPLE TARGETED
8.9M	831.3K

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
45	45	$93.3M



Humanitarian need

Educational needs in Afghanistan are driven by natural hazards, widespread poverty and restrictive policies. In 2025, an estimated 8.9 million children, including 888,000 with disabilities, will need Education in Emergencies (EiE) support. The ongoing DfA ban on secondary education for girls, now approaching its third year, has affected 1.5 million girls, none of whom aged 13-17 are attending secondary school, in contrast with 74 per cent of boys who are enrolled in school.

The transition of Community-Based Education (CBE) classes from INGOs to NNGOs, and then to Provincial Education Directorates (PEDs) has hindered access to education. Out of 4,332 transitioned classes, only 1,315 remain functional, resulting in the dropout of 51,741 children, including 37,771 girls. The Ministry of Education favors public school support, raising concerns about the future of CBE programming.

Natural hazards have also damaged school infrastructure and disrupted learning. In 2024, 18 per cent of households reported disruptions to education, particularly due to windstorms and floods in the spring, which affected numerous schools and CBE classes across various regions, interrupting education for thousands of children.[59]

Poverty exacerbates these challenges, with 95 per cent of households reporting economic shocks, leading 11 per cent to deprioritize education, according to the WoAA. The humanitarian community anticipates a continued influx of returnees from Iran and Pakistan, including approximately 105,550 new returnee children who will require educational support. In 2024, only 20 per cent of the 181,979 school-aged returnee children were able to access education due to barriers such as lack of documentation, financial constraints, language barriers, cultural differences, and insufficient schools, educational spaces, and teaching and learning materials.[60]

Response strategy

To deliver a holistic, efficient and sustainable response, the Education cluster will leverage localization and multi-sectoral synergies. It will continue to empower local partners through technical and operational support and explore alternative learning modalities that best meet the needs of out-of-school children, those at risk of dropping out, returnees and children affected by natural hazards. Support will be maintained for children in temporary learning spaces (TLS), CBEs, and those who have transitioned to hub-schools, through a range of activities synonymous with EiE. Additionally, the cluster will encourage its partners to pilot test tools to measure learning outcomes, ensuring that education is meaningful by advancing individual knowledge, understanding, skills, attitudes and behaviors. The primary modality for delivering EiE interventions will continue to be in-kind assistance, as the content and costs of most packages have already been established within the EiE costing framework.

Targeting and prioritization

As part of the 2025 response, the Education cluster will prioritize supporting boys and girls aged 6-17 who face

multiple risks and barriers, including natural disasters, poverty and the risk of dropping out of school. The cluster aims to target 9 per cent of the PiN, reflecting a shift towards a more streamlined response. BHN partners are expected to bridge the gap between the cluster's target and the total number of children requiring educational interventions, ensuring no child is left behind.

Cluster partners will focus on children in disaster-prone areas, particularly those facing severity levels 4 and 5, including Helmand, Jawzjan, Kandahar, Kapisa, Kunar, Nangarhar and Sar-e-Pul provinces. In parallel, efforts will be made to sustain community-based interventions to ensure these children transition smoothly to hub schools, reducing the likelihood of dropouts. Special attention will be given to children returning from Pakistan and Iran, who remain among the most marginalized.

Targets have been developed based on current partner capacities, the Education cluster's 2024 reach, and projected funding. If the cluster receives at minimum 50 per cent of the requested funding, it will prioritize community-based activities for 240,000 children. However, the number of shock-affected vulnerable children in public schools receiving teaching and learning materials (TLM) and hygiene kits will be reduced from 291,000 to 145,500.

If only 25 per cent of the requested funding is received, the cluster will only be able to target 120,000 children for community-based interventions, instead of the entire caseload of 480,000 children. Consequently, no support will be provided to the entire caseload of shock-affected vulnerable host community children, leaving approximately 577,000 children without any support or access to education.

Promoting accountable, quality and inclusive programming

The Education cluster remains actively engaged in the AAP, GiHA, and DI WGs, with dedicated champions for each area. In 2025, the cluster will continue to enhance the capacities of all education partners by emphasizing gender issues and ensuring gender-responsive actions in EiE programming. The cluster will advocate for the inclusion of substantial gender considerations in ongoing education proposal development and strengthen the capacity of the gender focal points, who will collaborate closely with GiHA and other working groups to ensure proper consideration for implementing minimum standards for gender and disability inclusion. The Cluster aims to extend this practice to subnational clusters, where gender focal points will also be appointed and trained.

Regarding accountability to affected populations, the cluster will address complaints via Awaaz and engage with Shuras, including women, to gather community feedback. Refresher trainings on PSEA will be conducted at the sub-national level to ensure all partners understand their responsibilities in preventing sexual exploitation and abuse.

The cluster will also leverage its relationship with the de facto Ministry of Education at the national,

PiN and target breakdown

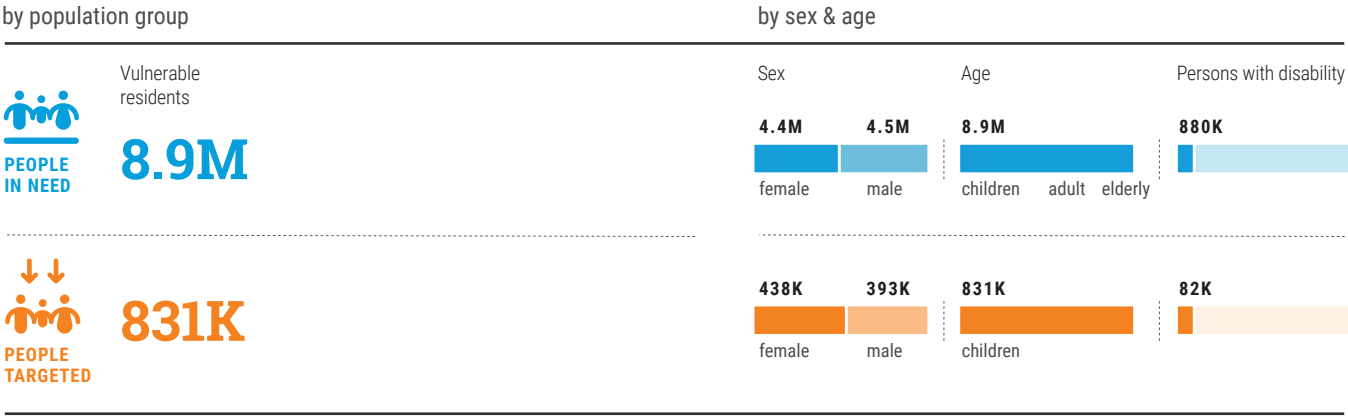


PHOTO: LYNSEY ADDARIO

provincial and district levels to reduce access constraints and provide the cluster with a strategic advantage in negotiating the participation of women in key activities such as assessments and program monitoring.

Cost of the response

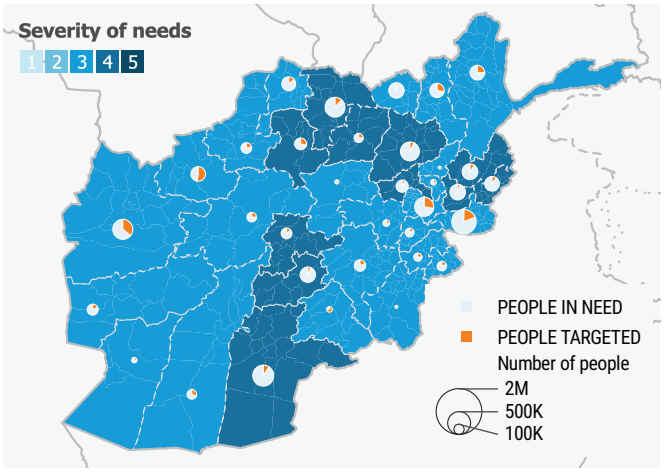
In 2025, the Education cluster is seeking $93.3 million to deliver a comprehensive range of educational activities to 831,000 children. These include providing teaching and learning materials, training for teachers and Shuras, the establishment of temporary learning centers (TLCs) and sustaining support to CBE classes that are unable to transition. The estimated cost per beneficiary in 2025 is $112, a figure that remains largely consistent with previous years, with slight increases to support interventions launched in 2023 and 2024 and to cover additional costs for mahrams and include third-party women monitors of CBE programmes, particularly after the PVPV law. The Education cluster will collaborate with government and development partners through the Education Strategic Thematic Working Group (E-STWG) to ensure a more sustainable approach to covering underfunded activities and to align the nexus programming to address long-term educational needs.

Access the cluster page
humanitarianaction.info

3.2 Emergency Shelter and NFI

PEOPLE IN NEED	PEOPLE TARGETED
5.8M	1.1M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
78	48	$179.1M



Humanitarian need

In 2024, over 18,400 families affected by floods remain in tents or damaged homes due to limited resources for repairs. Additionally, more than 734,000 individuals returned to Afghanistan, with 33 per cent arriving since January 2024, and 87 per cent of these families identifying shelter as their primary need. Furthermore, despite a reduction in informal settlements over the past two years, it is estimated that as of mid-2024, around 1.7 million people reside in 871 settlements across 24 provinces (111 districts). These settlements are predominantly located in or near major urban centers, with many IDP families residing in inadequate shelter, with limited access to basic services, and facing insecure land tenure, heightening their risk of eviction. The settlements have also received a considerable influx of recent returnees from Pakistan, particularly in Balkh, Herat, Kabul, Kandahar and Nangarhar provinces. In Kabul, around 950 IDP families have indicated a willingness to voluntarily return to their place of origin, with a further 14,000 families expected in 2025, requiring immediate and ongoing reintegration support.

The 2024 WoAA revealed a notable rise in proportion of households reporting shelter as a priority need, increasing from 4 per cent in 2023 to 12 per cent in 2024, along with an increase in households without adequate winter clothing, rising from 39 per cent to 57 per cent. These needs are particularly pressing for female-headed households, returnees and IDPs, who face systemic obstacles in accessing adequate shelter and essential services. Female-headed households report higher incidences of inadequate shelters and face greater eviction risks due to insecure tenure. A total of 17 per cent of households headed by persons with disabilities report non-functional shelters (as compared to 8 per cent overall).

In rural areas, 16 per cent rely on inadequate heating sources, compared to only 4 per cent among male-headed households. In urban settings, women struggle to access winter clothing, while 34 per cent report difficulties with personal hygiene in their homes, particularly in Nangarhar (76 per cent) and Paktika (78 per cent). These factors collectively impact the adequacy of shelter and overall living conditions - necessitating a coordinated and gender-sensitive approach to meet the shelter and NFI needs of the most vulnerable populations.

Response strategy

The ES/NFI Cluster will continue all its core activities, ensuring that crisis-affected populations of all genders and diversities—including those with specific protection needs and persons with disabilities—receive timely and adequate access to emergency shelter, non-food items, transitional shelter, repairs, and seasonal winter assistance.

To address widening gender disparities, the Cluster will prioritize shelter solutions, focusing on repair, retrofitting, and transitional options tailored for vulnerable groups, particularly women, girls, and other

persons with specific needs, including persons with disabilities.

Given the frequent occurrence of climate and natural-related disasters, such as floods, earthquakes, landslides, the Cluster will continue to include anticipatory action as part of its overall strategy developing contingency plans and advocating for the prepositioning and replenishment of emergency shelter and NFI stockpiles.

The Shelter Cluster also recognizes the significance of integrating long-term solutions with immediate humanitarian assistance to address underlying vulnerabilities. To this end, the Cluster will work closely with Basic Human Needs (BHN) partners to harmonize shelter strategies, support referral mechanisms and develop cohesive approaches for long-term needs. Additionally, disaster preparedness and risk reduction efforts will focus on early warning systems, safe site selection, settlement planning, and climate-adaptive designs, particularly in high-risk areas.

The Shelter Cluster further underscores the importance of involving women and girls in all stages of the response. A key focus will be on enhancing gender responsive programming and advocating for the participation of female humanitarian workers to effectively address the specific needs of women, girls, and other vulnerable groups.

Ongoing collaboration with the de-facto Ministry of Refugees and Repatriation, the Durable Solutions Working Group, and the Camp Coordination and Camp Management Working Group, as key members of the Technical Committee, will be essential to support the dignified and voluntary return and reintegration of displaced persons.

Targeting and prioritization

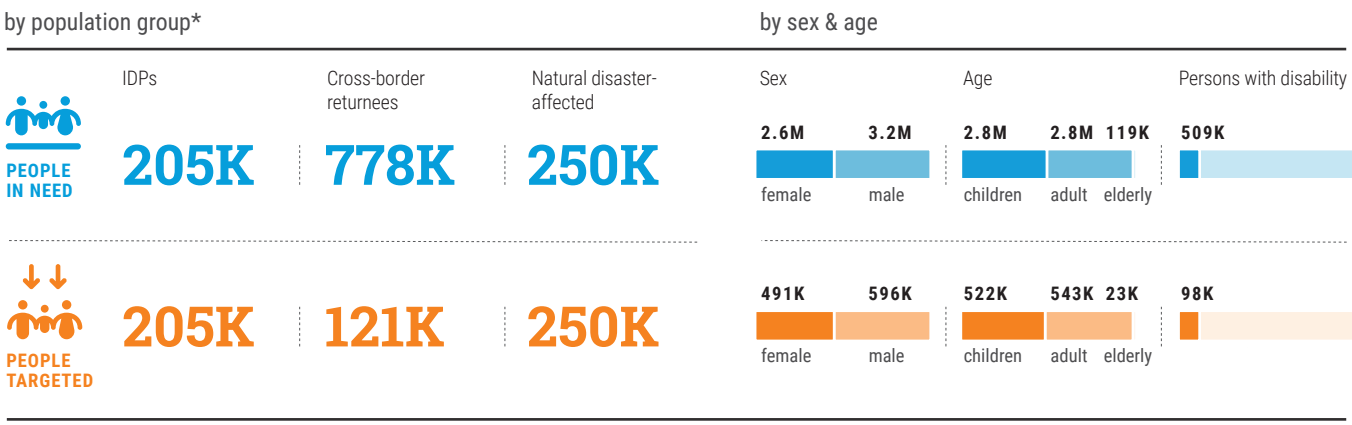
In 2025, the Shelter Cluster aims to support 1.1 million people with emergency and transitional shelter, non-food items (NFIs), and seasonal assistance, for which $179 million is required. The primary focus will be on addressing immediate, lifesaving needs to ensure safety, protection, and safeguard lives, prioritizing communities affected by sudden-onset disasters, high-altitude regions facing harsh winters, recent returnees from Pakistan, and IDPs in ISET voluntary planning to return to their places of origin.

Assistance will be provided across all 34 provinces, in both rural and urban areas, through the delivery of emergency shelter and NFI items, essential winter supplies, repair services, and transitional shelter support.

Transitional shelter, repair, upgrade shelter solutions will be prioritized for persons with specific needs (PSNs), particularly those living in makeshift or damaged homes under severe (phase 4) or catastrophic (phase 5) conditions.

The response will be adapted based on crisis type, local context, displacement phase, security of tenure and

PiN and target breakdown



*An additional 4.5M vulnerable people are in need and 512K people are targeted who do not fall into specific population groups.

vulnerability level, drawing on lessons learnt, partners' extensive contextual knowledge, existing contingency plans, and the Cluster's established standards.

If only 50 per cent of the required funding is secured, the Cluster will focus on immediate, life-saving shelter and sustainable support for half the target population. With just 25 per cent funding, over 750,000 people will lack critical shelter and winter assistance, heightening risks for persons with disabilities and exacerbating gender disparities. Women and girls, particularly those in inadequate or non-functional shelters, will face increased eviction risks and may resort to unsafe heating sources, such as wastepaper or plastic, or be left without any heating options during winter.

Promoting accountable, quality and inclusive programming

The Shelter cluster in Afghanistan will integrate protection principles across all stages of the humanitarian program cycle, operating through a coordinated structure at national, subnational and provincial levels. It will actively contribute to the HCT, ICCT, R-ICCGs, and OCTs, prioritizing shelter needs within the age, gender, and diversity (AGD) framework. Regular engagement with authorities will aim to address operational challenges and enhance the delivery of assistance, while standardized needs assessments, indicators and tools, will guide Shelter/NFI responses.

Shelter cluster partners will be expected to follow Minimum Standards for quality programming and adhere to cluster-specific guidelines. Affected communities, including persons with disabilities and their representative organizations (OPDs) will actively participate in implementing shelter and NFI activities, with interventions targeted to the most vulnerable, in alignment with the Cluster Vulnerability Criteria. Where possible, shelter projects will be implemented through owner-driven approaches that encourage community involvement and provide beneficiaries with flexibility and choice.

To address access barriers, especially for female-headed households and individuals with disabilities, the Cluster will promote technical support for PSNs, covering labor, transport, design modifications and ensure distribution sites prioritize safety and accessibility. Specific actions will include dedicating 15 per cent of resources to vulnerable households, partnering with women's organizations and OPDs, prioritizing funding for these groups, and collecting sex-, age- and disability disaggregated data.

The Cluster will continue to collaborate with AAP, DIWG, GiHA, HAWG and the PSEA Network to ensure quality support for vulnerable populations, appointing dedicated focal points, through regional capacity building initiatives, and engaging with AWAAZ on community feedback mechanisms that are accessible for all.

Monitoring and reporting through tools like Report Hub will track progress and identify gaps, while PDM and other feedback mechanisms will inform future programming. Cross-cluster collaboration, particularly with Protection, Food Security, Health, WASH, CCCM, and the HLP Task Force, will support a holistic approach to addressing protection concerns, eviction prevention, site planning, and referral of assistance for families with cross cutting needs.

Cost of the response

In 2025, the ES/NFI Cluster seeks $179 million to support 1.1 million individuals, at an average cost of $165 per person, a 22% increase from 2024. This rise reflects expanded transitional shelter targets addressing acute needs and tailored support for PSNs, requiring skilled labor, design adaptations, and safer construction techniques. Costs also include securing land tenure to prevent evictions and assisting IDPs in informal settlements during voluntary returns.

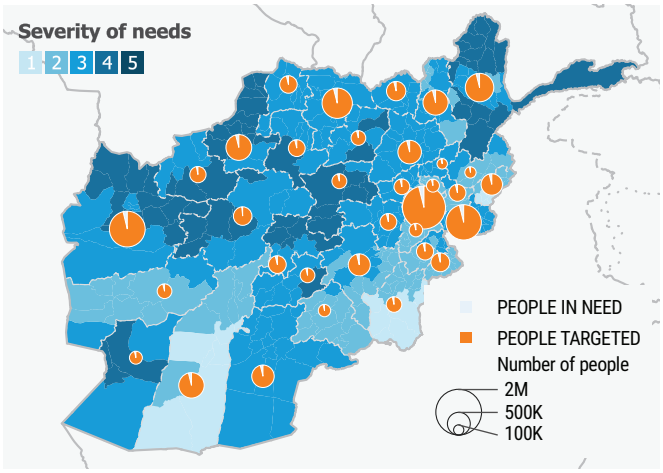
Additional expenses stem from gender-sensitive measures, such as segregated spaces and female staff participation, and higher transport costs to reach remote areas. These efforts ensure an inclusive, safe, and accessible shelter/NFI response.

Access the cluster page
humanitarianaction.info

3.3 Food Security and Agriculture (FSAC)

PEOPLE IN NEED	PEOPLE TARGETED
14.8M	14.2M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
263	94	$1.09B



Humanitarian need

Afghanistan continues to experience marginal improvement in the food security situation since 2021, despite significant challenges including the political transition in August 2021, influx of Afghan returnees from neighboring regions, and multiple natural disasters like floods, earthquakes and droughts, all of which continue to impact food security.

According to the October 2024 IPC analysis results, during the projection period from November 2024 to March 2025—which coincides with the peak of the lean season, around 14.8 million people (32 per cent of the total population) are food insecure, classified in IPC Phase 3 (Crisis) or above. This includes 3.1 million people (7 per cent of the total population) classified in IPC Phase 4 (Emergency). Overall, the number of people projected to be food-insecure has reduced by 1.1 million compared to the same period last year (November 2023 to March 2024), including a reduction of half a million in IPC Phase 4 (Emergency).

Among the provinces indicating relatively higher prevalence of food insecurity and severity include Badakhshan, Bamyan, Daikundi, Faryah, Hirat and Nangarhar. The most impacted populations include shock-affected communities, refugees, returnees and displaced communities. Amongst them, persons with disability and female-headed households are more vulnerable to food insecurity, especially given the further restrictions on women to work and movement as well as the different environmental, institutional and attitudinal barriers persons with disabilities face with respect to accessing employment. Children are also among the most vulnerable in the communities.

Despite improvements, Afghanistan still faces a wheat deficit of two million metric tons. Anticipated La Niña conditions from October 2024 to May 2025, are expected to further strain agricultural productivity, due to diminished precipitations and water availability for both crops and livestock, worsening food security.

Response strategy

FSAC's response addresses food insecurity through food assistance and emergency agriculture, targeting 14.2 million and 7.1 million people, respectively, out of 14.8 million in IPC Phase 3 and above. Populations assisted include natural disaster-affected communities, refugees, returnees, persons with disabilities, female-headed households and children, all highly vulnerable due to restrictions on movement and work.

Food assistance partners led by WFP will monitor hotspot areas, providing food assistance during emergencies and in areas of significant deterioration. FAO-led emergency agriculture activities for 2025 prioritize wheat cultivation, livestock protection and backyard vegetable cultivation. These initiatives protect productive assets, generate income and address seasonal food gaps for the most vulnerable households. Food assistance will scale up during the lean winter season when needs are highest. Together, food aid and emergency agriculture improve food consumption, dietary diversity and nutrition while reducing protection risks.

Due to the high prevalence of plant pests and animal disease outbreaks, such as Lumpy Skin Disease and locust infestations, containment measures are planned for 2025. Anticipatory actions will integrate early warning systems to address shocks proactively.

Half of the response will be delivered through CVA, with the remainder in-kind. Life-saving humanitarian activities will continue, while BHN initiatives will focus on resilience-building. FSAC will coordinate humanitarian and BHN efforts through working groups, ensuring effective resource allocation and synergy. This integrated approach addresses immediate needs while supporting long-term food security and livelihood stability for vulnerable populations.

Targeting and prioritization

FSAC targets vulnerable populations in IPC AFI Phase 3 and 4 across urban and rural Afghanistan, with all 34 provinces experiencing food security challenges. Geographic targeting focuses on areas with high IPC 3 and 4 prevalence, significant numbers of returnees or displaced people and regions impacted by shocks. Given resource constraints, FSAC has developed a plan to maximize efficiency, spreading resources to assist the most vulnerable. Food assistance will be provided at a 50 per cent ration for up to six rounds for regular caseloads. During the lean/winter seasons (January–March 2025 and November 2025–March 2026), humanitarian food assistance will be scaled up. Outside the lean season, spring and summer efforts will target the most vulnerable, including female-headed households and households headed by persons with disabilities, those in new emergencies, and locations with deteriorated food security identified through hotspot monitoring and other tools.

FSAC will closely monitor the funding levels and adjust its targeting strategies accordingly. If only 50 per cent funding is received, FSAC will reconsider and reduce the number of rounds to be provided to the regular caseloads.

FSAC's strategy is critical to prevent populations in IPC Phase 3 from declining into IPC Phase 4 and to avert IPC Phase 5 (catastrophe) in hotspots. Monitoring mechanisms, including hotspot monitoring and Data in Emergencies (DIEM), will guide interventions. Emergency agriculture activities prioritize winter wheat packages, livestock support, backyard vegetable cultivation, and emergency responses to pest and disease outbreaks. These initiatives aim to safeguard livelihoods alongside food assistance.

Promoting accountable, quality and inclusive programming

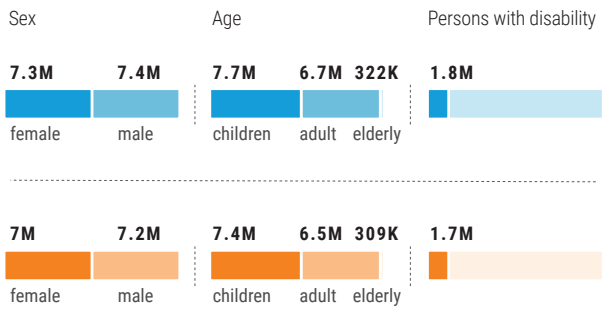
FSAC and its partners are mainstreaming accountability and feedback to affected people by partners substantively engaging beneficiaries in all project phases. Feedback from the affected population is addressed through various assessments and community engagement activities conducted

PiN and target breakdown

by population group*

	IDPs	Cross-border returnees	Natural disaster-affected
PEOPLE IN NEED	205K	517K	591K
PEOPLE TARGETED	205K	517K	591K

by sex & age



*An additional 13.4M vulnerable people (under IPC 3+) are in need and 12.9M people are targeted who do not fall into specific population groups.

by partners. FSAC will ensure that partners consider the specific needs of vulnerable populations and that interventions are designed and delivered without harm including for marginalized groups, persons with disabilities, women-headed HHs and other vulnerable groups. To strengthen AAP, FSAC collaborates with AWAAZ, establishing a referral pathway for complaints. FSAC partners have robust complaints and feedback mechanisms that consider beneficiaries views and aim to ensure that assistance is provided in the most dignified manner possible.

FSAC partners will fully integrate gender and disability inclusion considerations in the implementation of its response. This is achieved through gender- and disability-sensitive and responsive vulnerability criteria, which ensure targeted assistance to diverse beneficiaries. FSAC partners will systematically apply safe distribution practices in all distributions, such as separate waiting areas for male and female beneficiaries and availability of both male and female distribution staff as well as the engagement of persons with disabilities in the response, wherever possible. FSAC partners will follow the Do No Harm principle and strive to ensure assistance does not exacerbate GBV and ensure beneficiaries' safe, dignified and unhindered access to assistance. FSAC encourages partners to organize focus group discussions with beneficiary communities, post-distribution monitoring surveys and rapid protection assessments to for feedback to ensure humanitarian assistance in a safe, dignified and inclusive manner. FSAC will provide capacity building opportunities to partners for mainstreaming key protection-related areas and key cross-cutting themes such as gender, AAP, Disability Inclusion, PSEA and Child Protection.

Cost of the response

For 2025, FSAC requires $1.1 billion to support 14.2 million people needing humanitarian food assistance and emergency agriculture in Afghanistan. Funding is based on unit costs: $16/person/month for food assistance and $238/household for emergency agriculture, with unit cost ranges of 186.98 - 324.68 USD/HH depending on the activity. Food prices have declined due to deflation and currency appreciation but remain above pre-COVID-19 levels. Agriculture input prices are expected to rise slightly (by less than 5 per cent) during the lean season, with stable supply levels. Seasonal increases in food prices are anticipated until February 2025, but the Afghani appreciation and cereal availability in import countries are likely to moderate these rises.

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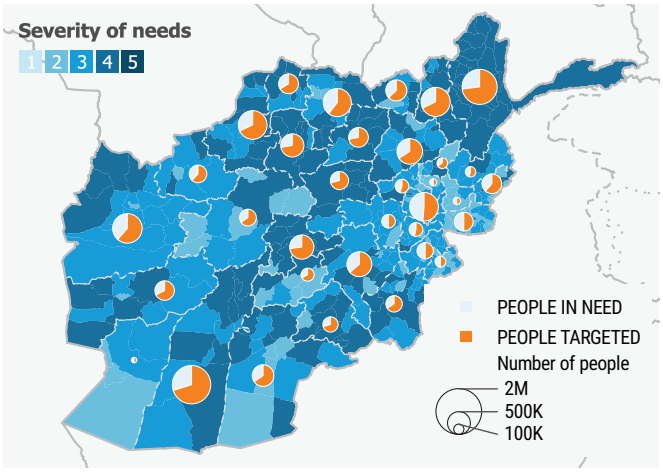
3.4 Health

PEOPLE IN NEED	PEOPLE TARGETED
14.3M	9.3M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
39	39	$279.7M



Summary of needs

Afghanistan faces multiple, compounding shocks – natural disasters, climate changes, ongoing geopolitical and economic challenges and frequent communicable disease outbreaks that have significantly impacted health needs. As of 26 October 2024, the country has reported 155,383 cases of AWD, 71,794 Malaria, 51,229 measles, 3,263 dengue, 1,148 Crimean Congo Hemorrhagic Fever (CCHF), and six poliovirus type 1 through the surveillance system in 613 sentinel sites.[61] The malnutrition rate remains high at 11.1 per cent and poor access to safe water and sanitation continues to drive morbidity and mortality. Seasonal changes further worsen health conditions, with winter respiratory infections and summer water bone diseases.

The healthcare system remains fragile, marked by insufficient infrastructure, inadequate funding and a shortage of healthcare professionals. In 2024, the closure of 288 primary healthcare facilities, including Mobile Health and Nutrition Teams (MHNT), affected access to services for 3.3 million people. Key health indicators are concerning, with only 67.5 per cent of deliveries attended by skilled birth attendants and only 18.9 per cent of women of reproductive age using contraception. Adolescent pregnancy rate is concerning with 16.3 per cent of women aged 20-24 years had a live birth by age 18.[62] Pregnancy complications and unsafe abortions were responsible for 64 per cent of female deaths among 15-19-year-olds and 70 per cent among 20-24-year-olds.[63] Immunization rates are low – 36.6 per cent of children aged 12-23 months receive basic immunization and only 16.2 per cent of children aged 24-35 months are fully immunized. The Maternal Mortality Rate (MMR) is 620 per 100,000 live births,[64] the under-five mortality rate is 55 per 1,000 live births, and the neonatal mortality rate is 24 per 1,000 live births.[65] Additionally, non-communicable diseases account for 52 per cent of all deaths.[66] The most severe needs are in underserved areas and among vulnerable groups, particularly women, children, adolescent girls, displaced populations and persons with disabilities. The severity of needs has deepened over the past year, highlighting the urgent need for improved health infrastructure, greater access to services and tailored responses for vulnerable populations. Seasonal planning will be critical for responding to ongoing and future shocks in 2025.

Response strategy

In 2025, the Health Cluster will prioritize strengthening access to primary healthcare services in hard-to-reach areas, referral pathways and monitoring the health status of the affected population, including disease outbreak preparedness and response. Specific focus will also be given to services for persons with disabilities, rehabilitative care and treatment of trauma cases resulting from ERW. Access will be enhanced through training healthcare workers, providing essential medicines and equipment, allocating human resources, and repairing and rehabilitating health facilities. MHNTs will be deployed to hard-to-reach areas, especially those experiencing acute

emergencies. These teams will be equipped with medical supplies, vehicles and trained personnel. Currently, 50 trauma cases from ERW are reported monthly, with numbers expected to increase as displaced populations return home.

Findings from spatial analysis conducted by WHO revealed that more than 10 million people live more than 5 km from the nearest health facility, often requiring long walks through difficult terrain. This is particularly challenging for vulnerable groups like pregnant women, older persons, children and persons with disabilities. There are no plans from BHN actors or donors to expand health services to these areas. Therefore, MHNTs are essential until more health facilities can be constructed in remote locations, though no donors have committed funding for this infrastructure. Additionally, efforts will be made to ensure adolescent-friendly health services, especially for adolescent girls, including the provision of empowering young people through equipping them with knowledge, and skills on healthy lifestyles.

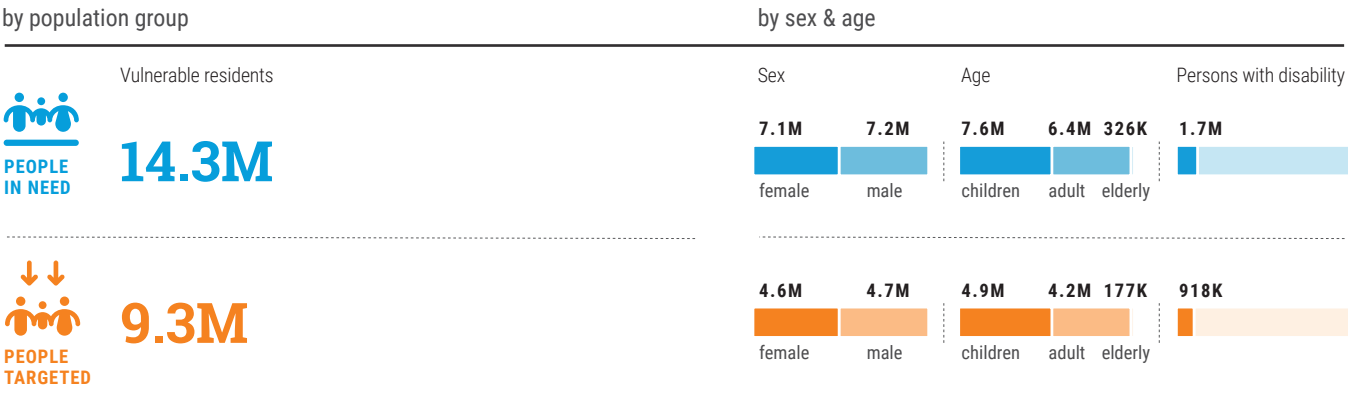
Targeting and prioritization

The identification of people in need and targets was based on severity classification using 11 indicators. A total of 158 districts in severity classification 4 and 169 districts in severity classification 3 were selected based on factors such as access to health care, service coverage, health status of the population, incidence of epidemic-prone disease (including AWD with dehydration, malaria, measles, Acute Respiratory Tract Infection, CCHF and Dengue) and population vulnerability (including malnutrition, lifesaving maternal and reproductive health services and access to safe water). The total number of PiN for the 2025 HNRP is 14.3 million, with a target of reaching 9.3 million individuals, of whom 23.2 per cent are women, 53 per cent children, 45 per cent adults, 1.9 per cent older persons and 9.9 per cent persons with disabilities. In the event of limited funding for the health cluster response, priorities will be given to strengthening selected primary healthcare services including safe deliveries and lifesaving maternal reproductive health services, in the most underserved districts. This will include linking with mobile health teams and reinforcing community-based health care, including referral systems, to ensure continued access to healthcare for vulnerable populations.

Promoting accountable, quality and inclusive programming

The Health cluster has adopted a new approach to accountability by regularly consulting communities to inform decision-making and course correction. Since February 2024, the revised Client and Patient Satisfaction assessment has been implemented to better track patients' experiences to, through and after the healthcare system. Based on feedback gathered from 4,300 sex-and-age disaggregated patients, we learnt that 75 per cent of people find it easy to access information about health services, 63 per cent find it easy to access the health facility and 77 per cent feel safe travelling to the health facility. However, over half found transport costs to be somewhat burdensome. These findings influenced the cluster's decision to enhance information provision, expanding accessibility through the rationalized MHNT strategy and piloting

PiN and target breakdown



innovative community-led solutions. While 83 per cent of patients feel safe using the facility, fewer felt comfortable. Additionally, 78 per cent were satisfied with the healthcare workers' behaviour. For Preventing and Responding to Sexual Exploitation, Abuse and Harassment (PRSEAH) efforts, 8 per cent did not find the services completely free; 10 per cent said the same for medication. Only 50 per cent knew how to file a complaint, and 56 per cent were completely confident that their complaint would be taken seriously. These findings were shared with the cluster partners in late 2024, prompting immediate course corrections. In 2025, the cluster will strengthen accountability measures, improve accessible complaint and feedback mechanisms and pilot a national snapshot using the Client and Patient Satisfaction tool. The cluster will also provide wide-reaching and accessible training on key thematic issues, empower communities to access healthcare and amplify the voices of the most vulnerable.

Cost of the response

The Health Cluster's cost estimates for primary health care services are based on unit cost per consultation, while for other services they are based on unit cost per patient. For MHNTs, the unit cost of running an MHNT is per year. The detailed cost breakdown is as follows:

- Primary healthcare at static facilities: $166.561 million
- Primary healthcare through MHNTs: $30 million
- Essential secondary care services for referrals: $19.247million
- Disease outbreak preparedness and response: $58 million
- Risk Communication and Community Engagement (RCCE) activities: $5.3 million
- Specific services for survivors of violence and disability rehabilitation: Included within total cost
- The total projected cost for comprehensive healthcare interventions across targeted regions is $279.7 million.

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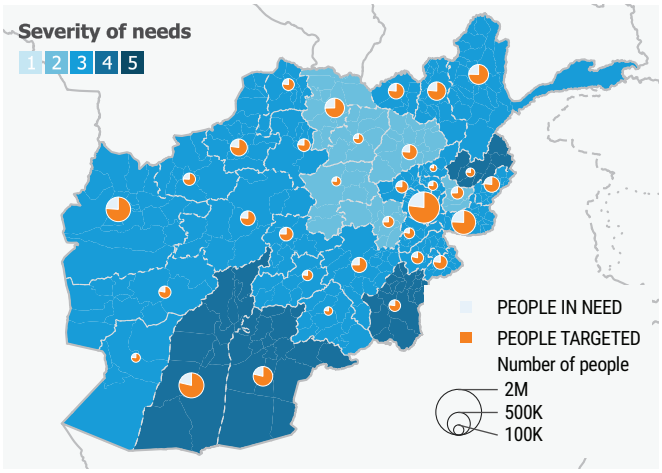
3.5 Nutrition

PEOPLE IN NEED	PEOPLE TARGETED
7.8M	6M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
83	83	$296.4M



Summary of needs

For five consecutive years, acute malnutrition among children under five remains at approximately 3 million, with projections rising to 3.5 million in 2025, including 857,000 children with severe acute malnutrition. Maternal malnutrition persists, with over 1 million acutely malnourished PLWs. The 2024 IPC Acute Malnutrition (AMN) analysis shows the deterioration in 10 provinces compared to the 2022 IPC AMN.

The 2024 IPC report on AMN highlights ongoing risk factors, including food insecurity, poor child diets and caring practices, high morbidity, low immunization coverage, poor WASH conditions and reduced access to healthcare services. Measles vaccination coverage remained sub-optimal with a total of 52,009 suspected measles cases and 7,020 positive cases in the period between January and November 2024. A surge in AWD affected more than 155,000 people across 398 districts, contributing to 50 per cent of undernourishment. Restrictions on community-based health and nutrition services, especially for women and female workers, have further exacerbated malnutrition. In 2024, MHNTs reduced by 52 per cent compared to 2023 and about 450 nutrition sites were closed, limiting access to critical health and nutrition services.

The 2024 IPC AMN also reported a 50 per cent reduction in the Blanket Supplementary Feeding Programme (BSFP) coverage, exacerbating acute malnutrition among children under five and PLWs. The winter and rainy season (November 2024 to April 2025) is expected to worsen acute malnutrition due to reduced economic activities, limited agricultural output, and restricted access and utilization of services caused by adverse weather conditions.

Response strategy

In 2025, the Nutrition cluster aims to provide life-saving preventive and curative services to 6 million children under five and PLWs across all provinces. The plan focuses on providing a cost-effective package of nutrition interventions, tailored to local needs, to address the rising levels of acute malnutrition.

To address gaps identified in 2024, the Cluster will improve access to life-saving nutrition services for the early detection, referral and treatment of acute malnutrition among affected children and PLWs. Preventive measures will complement treatment to break the cycle of malnutrition, including Maternal Infant and Young Child Nutrition counselling to promote exclusive breastfeeding for children 0-6 months and a balanced, diversified and nutritious diet for children aged 6-23 months and the BSFP to children under five and PLW in IPC AFI 3+ areas.

The cluster will collaborate with BHN partners for community level nutrition activities such as early detection and referral services, vitamin A and micronutrient powders for children aged 6-59 months and Micronutrient Supplementation for PLWs. A multi-sectoral approach with the health, WASH and FSAC clusters remains critical to address underlying causes of malnutrition and to improve nutrition outcomes. Considerable number of girls and women that come

through the nutrition sites, presents an opportunity for GBV referrals for those that might require the services. Health and nutrition staff will be targeted for GBV sensitization and training to facilitate the referrals in coordination with GBV AoR.

Additionally, through the recently launched UNICEF-WFP strategy on addressing wasting it offers a significant opportunity for Afghanistan, which is one of the 15 countries with high burden of AMN.

Targeting and prioritization

Failing to address urgent needs could result in a disaster, significantly increasing child mortality. Malnutrition is a leading cause of death among children under five, with those suffering from Severe Acute Malnutrition facing a twelvefold increased risk of death and those with Moderate Acute Malnutrition facing a threefold increase compared to well-nourished children. Given that no other program in Afghanistan provides treatment for acute malnutrition, the Nutrition Cluster is targeting all provinces to deliver these essential services.

Key recommendations from a June 2024 deep dive analysis of the treatment coverage have informed the cluster strategy to scale up treatment services through Family Health House (FHH) predominantly in white areas. Reactivation of nutrition services in populous urban areas such as Kabul, Nangahar and Herat will be a priority. In parallel, the Cluster will continue advocating for the removal of restrictions on community level health and nutrition services, particularly those affecting women and female workers and explore innovative approaches to improve access to nutrition services.

Delay or insufficient funds will limit the number of women and children reached by the end of the year.

% OF FUNDING AVAILABLE			
25%	**50%**	**75%**	**100%**
Services: treatment U5 and PLW, IYCF,	**Services:** treatment U5 and PLW, IYCF, BSFP for U5	**Services:** treatment U5 and PLW, IYCF, BSFP for U5 and PLWs	**Services:** treatment U5 and PLW, IYCF, BSFP for U5 and PLWs
Geographic areas: Current or projected IPC Phase 4	**Geographic areas:** Current or projected IPC Phase 4	**Geographic areas:** Current or projected IPC Phase 3 & Phase 4.	**Geographic areas:** All provinces.

Promoting accountable, quality and inclusive programming

Accessing women and children for nutrition services may be challenged by gender and culture restrictions. To overcome these challenges, all Integrated Management of Acute Malnutrition (IMAM) activities - ranging from community sensitization to the delivery of quality lifesaving nutrition services – will be carried out by trained facility and community frontline male and female workers, in line with the national IMAM guidelines. Advocacy will continue at the various level

PiN and target breakdown

by population group*

by sex & age

	IDPs	Cross-border returnees	Natural disaster-affected	Sex	Age	Persons with disability
PEOPLE IN NEED	35K	66K	213K	6M female / 1.8M male	3.5M children / 4.3M adult	-
PEOPLE TARGETED	27K	51K	163K	4.6M female / 1.4M male	2.7M children / 3.3M adult	-

*An additional 7.5M vulnerable people are in need and 5.7M people are targeted who do not fall into specific population groups.

for female worker involvement in both facility and community-based service delivery.

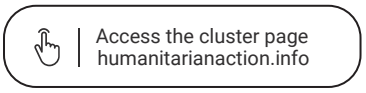
Community outreach and sensitization will be key components of AAP work, raising awareness and encouraging participation as per national nutrition guidelines, together with the counselling of PLW on Infant and Young Child Feeding (IYCF) through mother-to-mother support groups, and community-based counselors will contribute to empowering women for effective meaningful participation.

The Nutrition Cluster targets children under five and PLW, addressing extreme needs focusing on households with multiple vulnerabilities. As financial hardship increases, and women continue to face restrictions to their freedom of movement, the cluster will emphasize decentralized, community-based activities to reach those in need. In 2023, the cluster revised its country-specific guidance on protection mainstreaming and partners will be oriented accordingly. This was a participatory exercise whereby children and PLW at risk have been identified and specific risk mitigation measures recommended. Children with disabilities are more likely to have reported symptoms of ARI, episodes of diarrhea and fever than children without disabilities. The measures will be closely monitored at national and subnational levels to ensure compliance with guidance and effective delivery of services, particularly for those facing multiple vulnerabilities.

Cost of the response

The Nutrition cluster utilized established unit costs to estimate the total resources required for the 2025 response plan. Cost considerations for the response include the procurement, delivery, and storage of ready-to-use specialized foods, essential medicines for treating wasting, prevention of acute malnutrition through community-based preventative services, including micronutrient supplementation, BSFP, promotion and counselling of optimum child feeding practices, and operational expenses for program delivery. In 2025, there have been no changes to output costing.

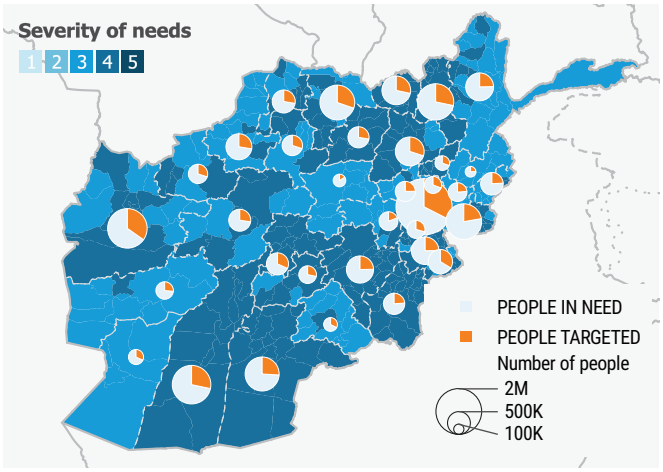
To scale up efforts and enhance efficiency, the cluster is leveraging existing platforms such as (FHH), Day care centres , joint MHNTs and the Community-Based Vaccinations Centers in collaboration with Health Cluster partners to enhance coverage for the treatment of acute malnutrition.



3.6 Protection

PEOPLE IN NEED	PEOPLE TARGETED
22.3M	6.3M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
181	91	$149.4M



Summary of needs

The protection environment in Afghanistan in 2025 remains deeply fragile, driven by restrictive DfA measures that disproportionally affect women and girls, severely limiting their rights and participation in public, economic and social life. The protection situation is further aggravated by prolonged displacement, large-scale returns, widespread EO contamination and recurrent natural disasters and climate-related shocks, all of which undermine the resilience of households and push them towards negative coping strategies. Persons with disabilities, children, adolescent girls, women-headed households and widows are faced with multiple institutional and environmental barriers and limited social protections, heightening their protection risks.

The large scale of returns from Pakistan since late 2023, as well as the steady returns from Iran, have placed immense pressure on already limited resources and services. Policies of both neighboring Pakistan and Iran continue to perpetuate forced displacement risks and threaten a renewed returnee crisis; Pakistan's policy targeting the deportation of undocumented Afghans continues to threaten displacement, while Iranian authorities have recently announced the planned deportation of some 2 million undocumented Afghans in the coming year. More than 1 million people have returned to Afghanistan in 2024, including some 117,000 people from Pakistan and an estimated 926,600 people from Iran.[67] Against this backdrop, million of Afghans are facing protracted displacement.

Women and girls remain among the most vulnerable groups in Afghanistan, which is ranked as the worst performing country for women's inclusion, justice, access and security.[68] Women face heightened risk of GBV, including early and forced marriages, rape, battery, honor killings, with the lack of formal justice systems prompting survivors to turn to informal justice systems, which often fail to deliver justice. Additionally, natural disasters, such as droughts and floods, disproportionately affect women and girls, who often bear the brunt of the resulting economic and social hardship. The protection situation has led to immense psychological distress among women and girls, with women and children, particularly in rural and women-headed households, facing increased vulnerability. An estimated 57 per cent of households report that a member has experienced psychological distress, according to Protection Cluster monitoring.[69]

Children in Afghanistan continue to be subjected to grave violations of their rights, exacerbated by a combination of frequent natural disasters, cross-border displacement, and socio-economic instability. CP AoR analysis shows deepening child risks in 32 out of 34 provinces, with 231 of 401 districts classified as critical or extreme in need. Vulnerable children, particularly those from female-headed households, families with disabilities, or newly displaced individuals, face an increased risk of exploitation, including child labor (19.4 per cent) and child marriage (38.9 per cent).[70] Moreover, according to Protection Monitoring, 55 per cent of affected children lack access to psychosocial support, and 56 per cent do not have birth registration, which further limits their access to essential services. According to the UN Country Task Force on Monitoring and Reporting (CTFMR), an alarming number of children face violations such as denial of humanitarian access, recruitment into armed groups, killing and maiming, and exposure to explosive hazards. Children account for 80 per cent of the casualties caused by EO. Between January and December 2023, over 1,860 grave violations against children were reported.[71] An

estimated 5.6 million children aged 6-17 will be out of school in 2025, with barriers such as distance from schools, poverty and child marriage.

Afghanistan remains one of the most heavily contaminated countries in the world by EO. Approximately two-thirds of Afghanistan's 401 districts are affected by EO, with over 3.3 million people living within one kilometer of these hazards. EO continues to pose a deadly threat, especially to children, who account for 80 per cent of civilian casualties from ERW. Each month, some 55 civilians are killed or injured by these hazards. These explosive remnants not only cause injury, disability and death but also hinder access to essential resources such as agricultural land, water sources, and roads, limiting economic recovery and impeding the safe return of displaced populations.

The lack of civil documentation continues to be a significant issue for vulnerable segments of the population, limiting access to basic services and exacerbating protection risks. According to data from the Protection Cluster's monitoring from January to October 2024,[72] 57 per cent of households reported that at least one family member lacked civil documents, with women and girls disproportionately affected. This issue stems from a combination of factors, including a legal void, insufficient information and access, financial constraints and lengthy, complex administrative procedures.

HLP insecurity remains a significant issue for many Afghans, particularly returnees and IDPs. Legal ambiguity, inconsistent court operations, replacement of judges with appointees and reduced transparency of customary justice systems have left many households struggling to secure property rights, particularly women and girls who face obstacles to access legal avenues. The requirement for a mahram also complicates dispute resolution with male relatives, as the disputing male is often the woman's mahram.

Adolescents and youth in Afghanistan face significant protection challenges driven by ongoing crises, political instability, and restrictive cultural norms. Barriers to education, skills development, and meaningful participation heighten their vulnerability to harmful coping mechanisms, including drug addiction, violent extremism, child labor, and economic exploitation. High rates of child marriage further compound these challenges, increasing the prevalence of gender-based violence, limiting personal agency, and resulting in adolescent pregnancies and associated health complications. The lack of mental health services and safe spaces exacerbates these struggles, leaving many to confront trauma without support.

Addressing these protection needs requires a multi-sectoral, people-centered approach that prioritizes the rights and needs of the most vulnerable populations.

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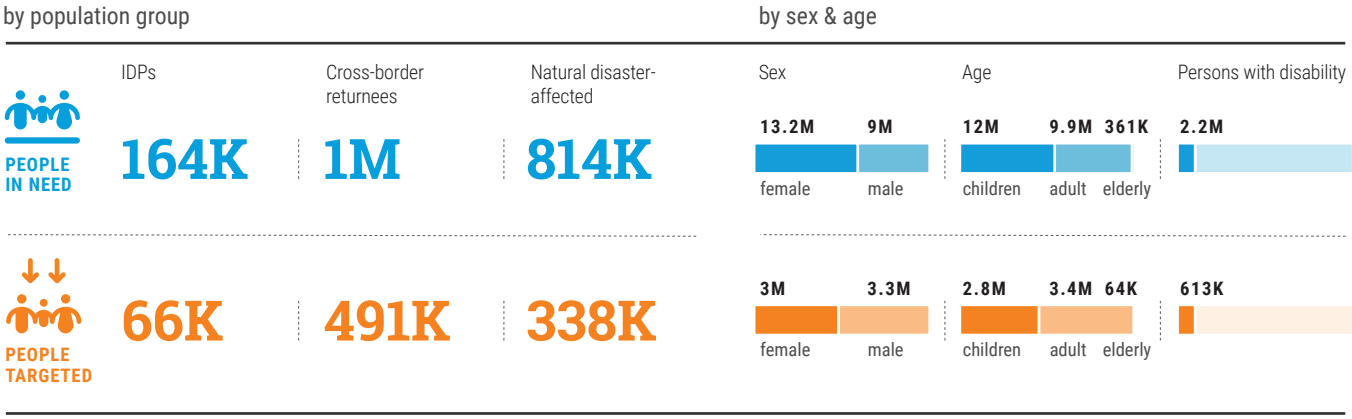
PiN and target breakdown

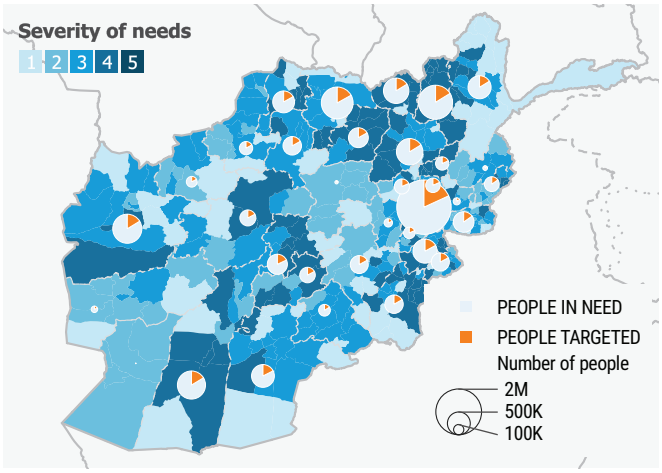


*An additional 20.3M vulnerable people are in need and 5.4M people are targeted who do not fall into specific population groups.
**The overall protection cluster targets are calculated by selecting the highest number of disaggregated target populations by gender and age per district (max approach). This methodology results in a higher targeted number of men and boys as compared to women and girls. However, the actual overall absolute target for the protection cluster in 2025 is 3.5 million women and girls and 2.8 million men and boys. Similarly, the number of persons with disabilities targeted by the protection cluster in absolute numbers, without applying the maximum approach, is 1,008,000 persons (representing 16 % of the target population for protection cluster).

3.6.1 Protection: General Protection

PEOPLE IN NEED	PEOPLE TARGETED
14.2M	2.4M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
54	13	$37.8M



Response strategy

In 2025, General Protection will focus on delivering specialized support to individuals with specific protection needs, including cash-based interventions, in-kind assistance, referrals and psychosocial support. Partners will strengthen community-based protection (CBP) by supporting community-led risk mitigation initiatives and raising awareness to prevent and address protection risks. Services will include protection case management, legal aid and counseling and support for civil documentation, especially for returnees and those who lose documents during natural disasters. Protection monitoring and assessments will guide advocacy and quality humanitarian programming, with an additional protection monitoring tool that will focus on women. The cluster will prioritize capacity building, protection mainstreaming, integrated approaches to reach beneficiaries at community resource centers as well as strengthening referral systems. Additionally, the cluster will continue engagement with national and sub-national authorities to enhance their understanding of protection and facilitate approval of MoUs for protection partners.

Targeting and prioritization

Based on protection risk analysis, the General Protection partners will prioritize areas with the highest severity of needs, focusing primarily on the most vulnerable, at-risk individuals. While the cluster reached 50 per cent of the targeted population across 389 districts in 2024, for the coming year, efforts will concentrate on 110 districts within 14 provinces with the highest severity.

If only 50 per cent of the required funding is received, target levels for prioritized areas and populations will be reduced and the cluster will focus on IDPs, undocumented returnees, refugee returnees, and those with critical protection needs, prioritizing immediate, life-saving activities over longer-term programming. If only 25 per cent of funding is available, interventions will target the most marginalized areas and focus on the most vulnerable groups facing multiple protection risks, such as children, persons with disabilities, older individuals, victims of ERW incidents, and survivors of violence, abuse, and exploitation.

Inclusive and quality programming

For the 2025 HNRP, the Protection cluster has conducted extensive consultations with partners across all regions to gather detailed information on needs, activities, and indicators that will enrich the Cluster's response strategy. The Cluster will continue using results from the AAI to strengthen AAP efforts, with a focus on not only mainstreaming but also advancing a more people-centered and inclusive humanitarian response. AAP's role will extend beyond providing lifesaving information to safeguarding basic rights, supporting meaningful participation, amplifying the voices of vulnerable groups and empowering people to provide feedback and hold service providers accountable. The Protection cluster will also maintain a strong emphasis on gender, age, disability and other

diversities, collaborating with the DIWG on capacity-building and tool reviews. Meaningful engagement of young people in protection responses will be ensured through collaboration with the Adolescent and Youth Working Group (A&YWG), alongside capacity-building initiatives on youth-responsive humanitarian action in alignment with the IASC Youth Guidelines. Additionally, the cluster will continue coordinating with the PSEA Network to ensure survivors of sexual exploitation and abuse can access necessary services, while expanding knowledge on prevention and response among protection partners.

Cost of the response

In 2025, the General Protection Cluster will require $37.8 million to support 2.7 million people. The average cost per person for protection services is $14, with primary cost drivers including community-led protection, cash assistance for protection, case management, civil documentation, legal assistance and protection monitoring. Cluster partners will continue to expand protection services to all areas, with a particular focus on those with the highest severity of needs.

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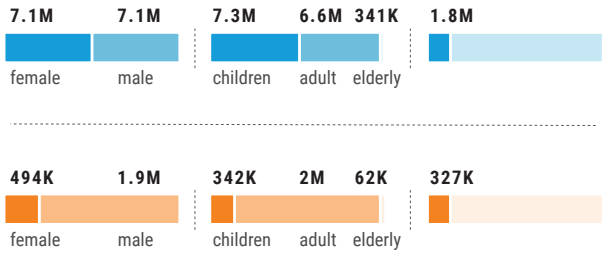
PiN and target breakdown

by population group

	IDPs	Cross-border returnees	Natural disaster-affected
PEOPLE IN NEED	16K	464K	395K
PEOPLE TARGETED	6K	206K	198K

by sex & age

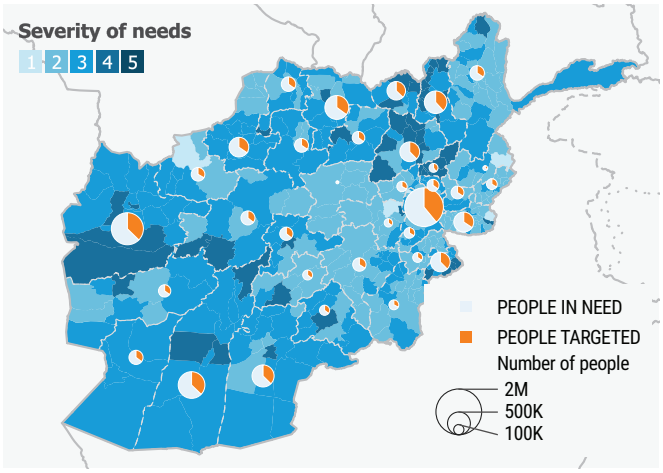


*An additional 13.3M vulnerable people are in need and 2M people are targeted who do not fall into specific population groups.

3.6.2 Protection: Child Protection

PEOPLE IN NEED	PEOPLE TARGETED
9.4M	3.4M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
39	39	$36.2M



Response strategy

The Child Protection Area of Responsibility (CP AoR) will address children and their families' evolving needs through prevention, mitigation and response activities. This includes integrated case management and individualized support, such as cash for protection and family tracing services. Mental health and psychosocial support services will be offered through child-friendly spaces and community-based services, along with referrals to specialized care. Awareness campaigns and community mobilization will raise awareness of child protection issues, through dialogues, media, and limited virtual support through child call centres. The CP AoR will train humanitarian actors and community volunteers on child protection standards, as well as strengthen coordination at the national and sub-national levels to improve service delivery, integration and referral pathways. Centrality of protection will be supported by integrating with other clusters and working groups such as education, health, GBV, adolescent and youth, mine action, nutrition and WASH. Moreover, collaboration with BHN actors will be enhanced to build formal child protection systems and address the root causes of child protection risks.

Targeting and prioritization

The CP AoR will target 35 per cent of its PiN, with 80 per cent children and 20 per cent adults. Special attention will be given to female-headed households, refugees, IDPs and children with disabilities. Priority will be given to severity 3 and 4 districts with the highest child protection risks. Vulnerable groups, such as unaccompanied children, girls, and those in high-risk environments, will receive tailored support.

If only 50 per cent of funding is received, CP AoR will focus on lifesaving case management services for 35,000 children, structured psychosocial support (PSS) for 135,000 children, and parenting sessions for 312,500 caregivers, while training 225 humanitarian workers. With 25 per cent funding, 28,000 children will receive case management services and 67,500 will receive PSS, while 187,500 caregivers will receive parenting sessions. This strategic approach ensures that the most vulnerable children receive necessary support despite funding limitations.

Quality and inclusive programming

The CP AoR will engage communities, particularly children and caregivers, to gather feedback on needs and services. These consultations allow partners to tailor their services to the most vulnerable populations, including female-headed households facing restricted movement and exposure to violence, as well as households headed by persons with disabilities. Capacity-building efforts will enhance field teams' skills in monitoring program quality and inclusiveness. The Awaaz hotline will be used for community feedback to ensure their voices are integrated into decision-making, while regular monitoring and gender and disability inclusion assessments will identify specific risks, barriers and gaps and inform program adjustments. The CP AoR will prioritize delivering services closer to female beneficiaries by recruiting

more women staff and volunteers. Efforts will be made to ensure meaningful youth engagement in the delivery of child protection services by engaging youth volunteers. Additionally, partners will raise community awareness of PSEA and work with authorities to secure necessary permissions. Efforts will focus on mainstreaming child protection across sectors and improving coordination with local partners to enhance access to services in restricted areas and ensure accurate monitoring and reporting within the child protection sector.

Cost of the response

The CP AoR requires $36.2 million in 2025 to reach 3.4 million people, with an average cost of $11 per beneficiary. Key cost drivers for cluster activities include reintegration of children who have suffered grave child rights violations, case management and child-friendly spaces. Consultations and analyses from the DIWG indicate a potential 20 per cent increase in activity costs in 2025 to address disability and gender-specific needs, while operational costs also account for restrictions on women staff. Additionally, separate funds have been allocated for children's winter clothing as part of in-kind assistance, following a standard winter needs package. This approach ensures comprehensive support for all vulnerable groups.

Access the cluster page
humanitarianaction.info

PiN and target breakdown

by population group

	IDPs	Cross-border returnees	Natural disaster-affected
PEOPLE IN NEED	111K	355K	645K
PEOPLE TARGETED	46K	142K	258K

by sex & age

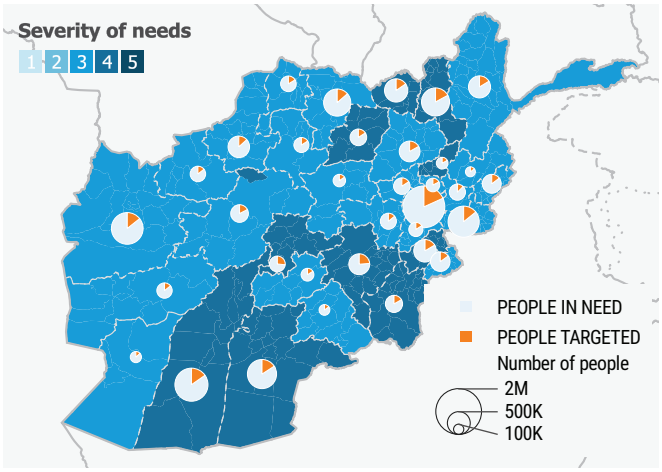
	Sex		Age		Persons with disability
PEOPLE IN NEED	4.5M female	4.9M male	7.3M children	2.1M adult	1.4M
PEOPLE TARGETED	1.6M female	1.8M male	2.6M children	773K adult	421K

*An additional 8.2M vulnerable people are in need and 3M people are targeted who do not fall into specific population groups.

⚥ 3.6.3 Protection: Gender-Based Violence

PEOPLE IN NEED	PEOPLE TARGETED
14.2M	2.3M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
54	54	$48.8M



Response strategy

The GBV AoR will focus on four strategic priorities: enhancing access to coordinated, multisectoral life-saving case management, MHPSS, health services and safe referrals for vulnerable populations. GBV risk mitigation efforts will include dignity kits, cash assistance and the integration of GBV actions across cluster programs. Additionally, the GBV AoR will prioritize building partners' capacity to deliver standardized, high-quality services, conducting information sessions on available services and improving case reporting. To support evidence-based programming and advocacy, the availability of both qualitative and quantitative data will be strengthened, focusing on key GBV issues impacting vulnerable groups, including women, girls, boys, men, persons with disabilities and female-headed households. GBV coordination will also be improved to address gaps and prevent duplication of efforts. The response will include both static and mobile service delivery, offering frontline services, cash assistance and in-kind support for case management, MHPSS and health needs. GBV services will continue to be integrated within the Health Cluster for clinical management of rape (CMR), MHPSS and strengthening referral systems.

Targeting and prioritization

The GBV AoR aims to reach 2.3 million beneficiaries in 2025, focusing on districts with severity classifications of 3 and 4 as identified by the Protection Risk analysis.[73] Prioritization will be based on the severity of needs, partner capacity, vulnerable populations and available resources to ensure effective allocation to the most affected areas. This approach will also consider cluster-specific boundaries from the 2024 mid-year response gap analysis and revised targeting for 2025, aligning with regional needs and challenges.

In the event of insufficient funding, the GBV AoR will adjust the targets and activities accordingly to maximize the quality and effectiveness of service delivery to communities in need. If only 50 per cent of the required funding is received, priority will be given to life-saving health services, case management and referrals, MPHSS and wellbeing support for 793,500 women and 184,000 girls in high-severity areas, leaving half of the women and girls in need without critical support. If only 25 per cent of the required funding is received, partners will focus on 575,000 of the most vulnerable groups of women, girls, persons with disabilities, and women-headed households, leaving around 75 per cent of people in need without GBV services.

Quality and inclusive programming

The GBV AoR response strategy emphasizes a people-centered approach by actively involving affected communities in the project design and implementation phases, ensuring their voices are integral to the process. This strategy prioritizes the unique needs of women and girls, including those with disabilities who face heightened vulnerabilities to gender-based violence. The GBV AoR will incorporate GBV-related AAP outputs and indicators in the project results

framework and consult affected populations to gather their insights on the GBV-related services they receive from partners, sharing the findings with communities. By incorporating feedback mechanisms and evidence-based programming, partners will enhance the effectiveness of GBV services. PSEA initiatives will be integrated into GBV coordination activities, prioritizing a survivor-centered approach. The GBV AoR will ensure representation in the national and regional level PSEA Network meetings, advocate for consistent reporting of SEA incidents, support capacity building among partners, and encourage the use of community-based complaints mechanisms to empower individuals in seeking support. Additionally, the GBV AoR will make efforts to ensure meaningful engagement of young people in the response by collaborating with the A&YWG.

Cost of the response

The response will require a total funding of $48.8 million to reach 2.3 million people. The GBV AoR costing methodology incorporates direct and indirect costs, emphasizing cost-effectiveness to optimize resource use. The average cost per person is $21, with the drivers of the cost case management, health services, MHPSS, and the procurement and distribution of dignity kits. Regular reassessment of budget allocations and funding mechanisms, combined with continuous monitoring and evaluation, will help ensure resources are distributed effectively to address the evolving needs of affected groups and communities while maintaining quality and timely service delivery.

Access the cluster page
humanitarianaction.info

PiN and target breakdown

by population group

	IDPs	Cross-border returnees	Natural disaster-affected
PEOPLE IN NEED	34K	202K	228K
PEOPLE TARGETED	9K	32K	57K

by sex & age

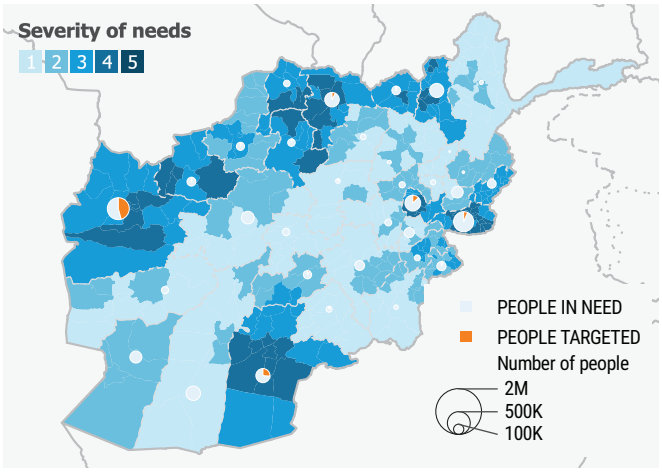
	Sex		Age		Persons with disability
PEOPLE IN NEED	12.9M female	1.3M male	7.4M children	6.8M adult	-
PEOPLE TARGETED	2M female	324K male	548K children	1.7M adult	-

*An additional 13.7M vulnerable people are in need and 2.2M people are targeted who do not fall into specific population groups.

3.6.4 Protection: Housing, Land and Property

PEOPLE IN NEED	PEOPLE TARGETED
3.4M	354.2M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
4	4	$4.7M



Response strategy

The 2025 HLP response plan will prioritize legal support for individuals facing land conflicts, eviction, or return to their places of origin. This will include legal awareness, advocacy with authorities, eviction monitoring, land rights verification and capacity building for humanitarian actors and other stakeholders. Efforts will also focus on strengthening communal HLP rights in informal settlements through community mapping, planning with authorities, and investments in key infrastructure that integrate HLP, climate resilience, and GBV risk mitigation. Capacity-building efforts will extend to both informal and, where possible, formal justice actors, supporting them in high-return areas through legal assistance and land rights strengthening activities, such as mapping and infrastructure investments. In consultation with partners, HLP will also develop advocacy materials focused on the HLP rights of vulnerable groups, especially women. Response strategies will ensure gender and disability inclusivity by employing female staff, conducting assessments and outreach via phone and coordinating with local leaders and community councils to reach all affected individuals.

Targeting and prioritization

HLP partners will focus their response on 15 provinces with critical HLP needs, prioritizing vulnerable groups such as residents of informal settlements, returnees, and households headed by single women, older persons, people with chronic illness, and individuals with disabilities. Key areas of focus include provinces with large informal settlement populations, border points with high returnee flows (e.g., Islam Qala), and regions with high rates of IDPs and returnees returning to their places of origin. In all cases, assistance will prioritize women-headed households and women in male-headed households.

If 50 per cent of funding is not secured, half as many people with severe HLP needs will not be reached, leaving affected populations at greater risk of eviction and further restricting access to land and housing. Beyond the immediate humanitarian impact, the failure to secure HLP rights will have long-term consequences, as investments in meeting basic needs will be hindered without secure land and property rights.

Quality and inclusive programming

HLP partners will prioritize the inclusion of women and girls, people with disabilities and other vulnerable groups in the response. Female staff will support women and girls through needs assessments, awareness raising, counseling and legal assistance. Partners will reach women and girls in their communities through direct visits or phone-based activities and will leverage existing coordination with community leaders, religious figures, informal justice actors and Community Development Councils to access the most vulnerable members of communities. In implementation, partners will work closely with Community-Based Organizations (CBOs) to ensure projects align with community needs and adjust as necessary. Partners will be encouraged to establish

face-to-face feedback mechanisms to improve accessibility, especially for women and those without phone access. The HLP AoR has worked with GiHA to develop gender-sensitive HLP approaches, ensuring gender-sensitive land use and urban planning that incorporate safe spaces for women, as well as women's equal access to land. HLP partners will also align their reporting procedures with the PSEA Task Force's protocol, ensuring compliance with established reporting mechanisms. In addition, strong coordination with other humanitarian stakeholders such as I/NGOs and UN agencies will ensure referrals are made to HLP partners for the required assistance.

Cost of the response

In 2025, HLP will require $4.6 million to target 354,200 people. The average cost per person is $13. Unit costs were determined for HLP activities through consultations with implementing partners. Key drivers of costs include information sharing, the provision of counselling and legal services, documenting land rights and capacity building of duty bearers, such as community representatives and legal stakeholders.

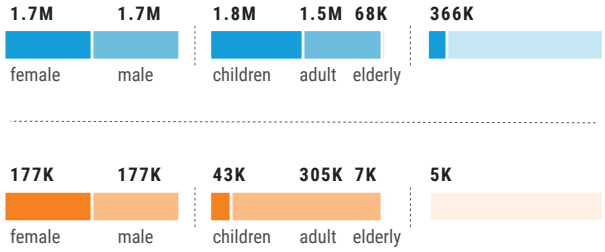
Access the cluster page
humanitarianaction.info

PiN and target breakdown

by population group*

	IDPs	Cross-border returnees	Vulnerable residents
PEOPLE IN NEED	51K	552K	2.8M
PEOPLE TARGETED	15K	119K	220K

by sex & age

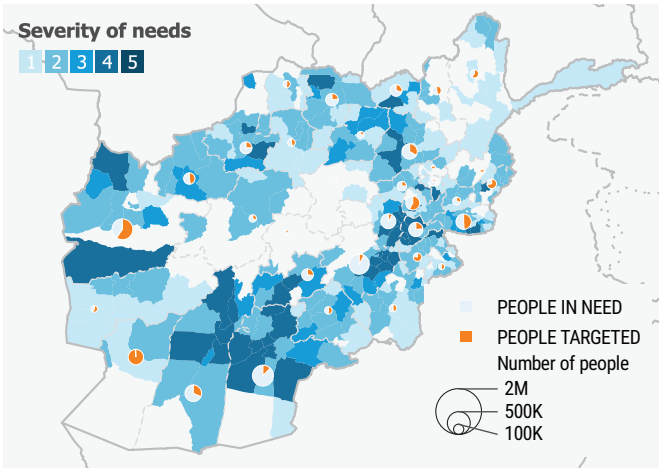


*An additional 2.8M vulnerable people are in need and 220K people are targeted who do not fall into specific population groups.

3.6.5 Protection: Mine Action

PEOPLE IN NEED	PEOPLE TARGETED
4.4M	1.7M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
15	12	$21.9M



Response strategy

In 2025, Mine Action partners will prioritize Explosive Ordnance Risk Education (EORE), surveyance of districts in former conflict zones and Explosive Ordnance Disposal (EOD) operations. Efforts will focus on raising awareness and promoting safety among communities affected by EO, particularly targeting returnees and IDPs. Surveys will be conducted in previously unassessed districts to expand the Mine Action database and clearance operations will be carried out by quick-response teams to address urgent requests, including those submitted through the Awaaz hotline. Mine action will also continue to coordinate with BHN actors, particularly in assessment and clearance in EO contamination during project planning.

Targeting and prioritization

Mine Action partners will focus on vulnerable groups such as farmers, returnees, IDPs, shepherds, herders, and scrap metal collectors—especially children. A prioritization model will be used to guide planning and land release efforts, based on data from critical indicators such as EO hazards, civilian casualties and community needs. Priority will be given to provinces with the highest impacted provinces in terms of civilian casualties resulted from EO including Faryab, Ghazni, Helmand, Hirat, Kandahar, Kunar, Maidan Wardak, Nangarhar and Zabul as identified in the national mine action database.

In the event of a funding shortfall, as experienced in 2024 (a 55 percent shortfall), Mine Action will prioritize critical survey and EOD activities. If 75 per cent of the requested funding is secured, Mine Action will support approximately 1.2 million people, including 204,000 through Survey and EOD activities, 470,000 through clearance efforts and 526,000 through EORE. With 50 percent or less funding, Mine Action will still prioritize 204,000 people for survey and EOD but will significantly scale back victim assistance, clearance efforts and EORE, putting civilians at greater risk of EO and generating further needs.

Quality and inclusive programming

Mine Action partners ensure community engagement during surveys, gathering data to inform decision-making and record it in the national mine action database. Victim assistance remains a crucial component of operations, supporting the reintegration of survivors through physical rehabilitation services and referrals. Mobile EORE teams will conduct outreach to persons with disabilities, refer them to essential services and support access to rehabilitation centres. To address gender barriers, Mine Action promotes the inclusion of women through mixed-gender teams, female trainers and the employment of female focal points to reach women and girls, who often have unique information needs. The AoR will also promote gender-sensitive policies for safe working environments and raise awareness about the importance of women's participation in improving healthcare access and victim assistance services

for women and girls with disabilities. Grievance mechanisms to address sexual exploitation and abuse, along with Sex and Age Disaggregated Data (SADD), are in place to monitor progress and ensure equitable access, particularly for women and girls.

Cost of the response

The total funding required for Mine Action efforts in 2025 is $21.8 million, which will enable support for 1.6 million people. Key factors driving cost variations include victim assistance and explosive hazard clearance efforts. Victim assistance encompasses a range of physical rehabilitation services, including prosthetics, orthotics, physiotherapy, and referrals, each of which incurs distinct costs. Clearance costs vary depending on population density and proximity to hazardous areas. Mine Action's continued efforts are essential and lifesaving, particularly for rural households. The program's impact not only saves lives but also facilitates access to critical resources and contributes to long-term recovery and stability in Afghanistan.

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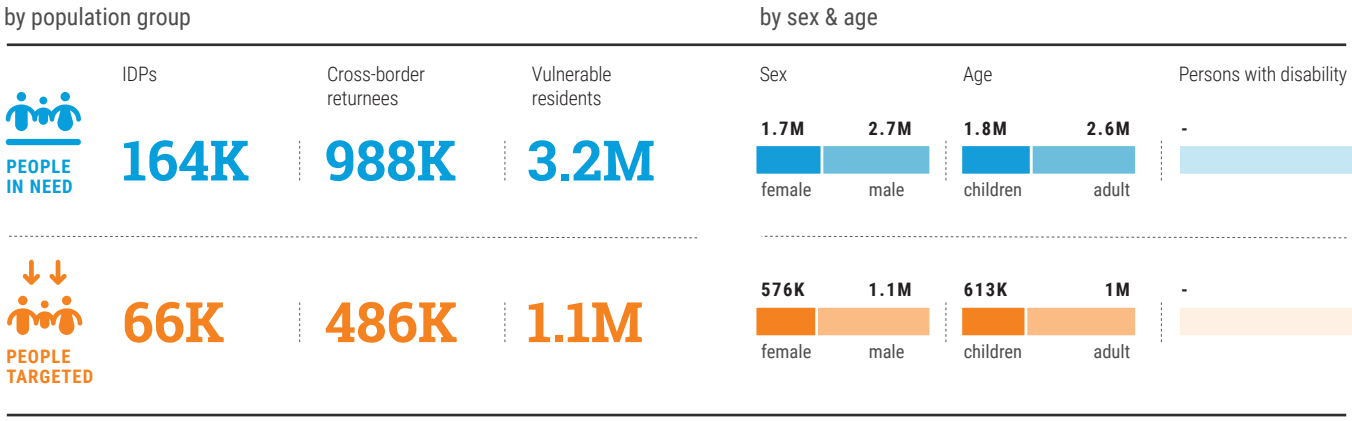
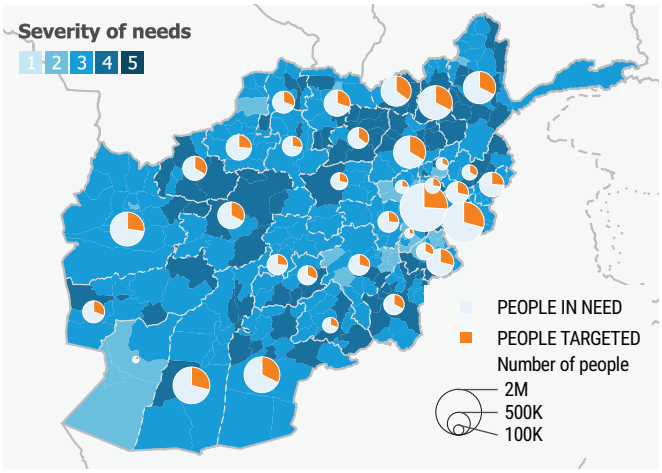
PiN and target breakdown



3.7 Water, Sanitation and Hygiene

PEOPLE IN NEED	PEOPLE TARGETED
21M	6.3M

PARTNERS	ACTIVE PARTNERS	REQUIREMENTS (US$)
75	32	$264.3M



Summary of needs

The shocks driving WASH needs are both prolonged and short-term with climate vulnerabilities, droughts, and economic shocks persisting year-round, while seasonal events such as floods and AWD outbreaks predominantly impacting populations during the spring and summer months. The 2024 WoAA sheds light on the pressing WASH needs indicating that 41 per cent of rural households have endured severe drought, impacting 20 provinces and straining WASH services in rural and urban areas alike.[74] Insufficient water access is particularly acute in drought-affected rural areas, where soap and hygiene supplies remain inadequate, elevating sanitation needs. Vulnerable groups, including women and persons with disabilities, continue to experience disproportionate impacts from inadequate WASH services, with 21 provinces reporting severe access constraints for women-headed households.

The spread of AWD/cholera remains a pressing threat, with 135,493 cases and 63 deaths recorded in September 2024 across 343 districts in all 34 provinces, affecting children under five disproportionally (55 per cent). Catastrophic AWD severity level has been reported in 54 districts.[75] Declining infrastructure and non-functional water systems continue to exacerbate conditions, particularly in regions with high numbers of returnees.

As of 2024, 23 per cent of households rely on unimproved water sources, with 39 per cent of households at the district level reporting insufficient access due to dried-up sources, distance to water points and economic barriers. Twenty-eight per cent of households rely on unimproved latrines, while 9 per cent of households are still practicing open defecation. Limited capacity of water and sanitation authorities resulted in 59 per cent non-functional water systems, negatively impacting over 10 million people in urban and peri-urban areas.

Response strategy

The WASH Cluster's 2025 response plan prioritizes three key areas: (1) enhancing safe water supply for domestic use, water quality monitoring, household water treatment, network rehabilitation, and rainwater harvesting; (2) promoting hygiene practices through handwashing, personal hygiene and culturally appropriate NFI distribution, supported by behaviour-change communication; and (3) ensuring safe sanitation through emergency latrines and environmental sanitation.

The response will target high- and medium-priority drought-affected provinces, prioritizing access to safe drinking water, sanitation facilities and hygiene promotion. Support for AWD cases will be concentrated in hotspot areas identified by health cluster data. The response will target drought-affected populations, returnees, communities impacted by natural disasters, PLWD and women-headed households, with particular attention to marginalised groups. Gender parity and inclusive humanitarian

action will be supported through community consultations and feedback mechanisms that address GBV risks and ensure inclusive WASH infrastructure, ramps and accessible handwashing stations.

To address operational challenges, the WASH cluster will employ cash and voucher assistance where feasible, particularly for hygiene kits and water treatments. In areas facing access constraints or funding gaps, multi-sectoral collaborations with health and nutrition clusters will help maintain service continuity. To ensure consistent delivery, contingency plans will be developed to respond to evolving circumstances, including the impacts of DfA decrees and PVPV law. WASH interventions will complement BHN initiatives, enabling integrated service delivery at health facilities, schools and border crossing points. The pre-positioning key of essential supplies, such as soap, chlorine, water purification tablets and hygiene kits, will strengthen rapid response capabilities, particularly for AWD prevention in high-risk border areas like Takhar and Spin Boldak, which remain vulnerable due to ongoing population influxes.

Targeting and prioritization

In 2025, the WASH Cluster will prioritise districts with severity levels 3 and 4 which face extreme drought and flood risks compounded by limited access to safe water and sanitation. Particular focus will be given to AMA and AWD hotspots based on service gap mapping and partner reports that are in line with the latest needs analysis. Vulnerable groups—women, children, and persons with disabilities—will be prioritized to ensure equitable access to WASH services.

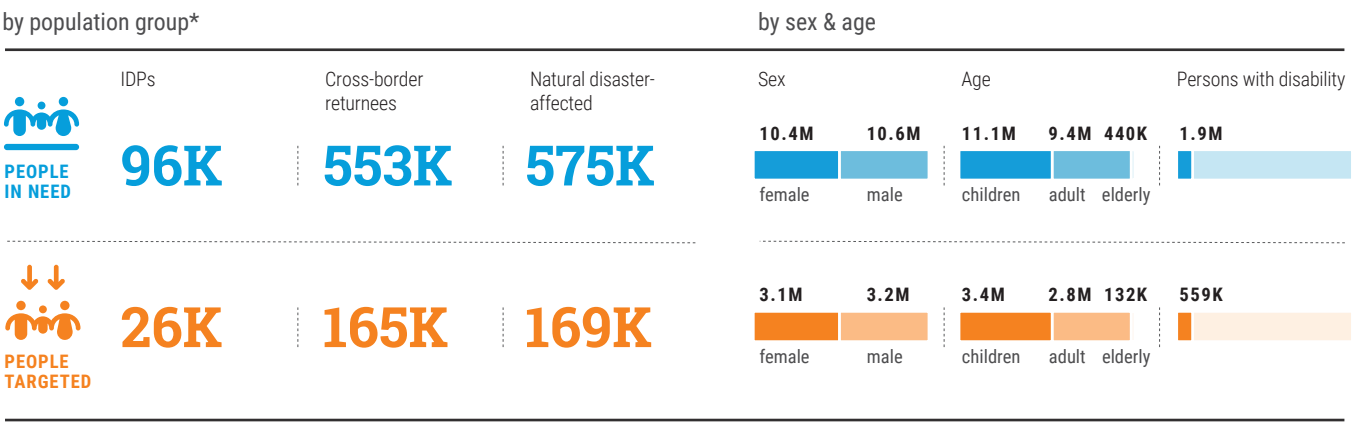
Boundary-setting will rely on severity assessments, drought and flood risk mapping and AWD data, with high-water facility dysfunction areas (59 per cent non-functional or dried up) targeted to prevent further deterioration. Poorly supported urban water networks and weak maintenance of water plants present collapse risks that could leave millions in critical need.

With 50 per cent funding, efforts will focus on sustaining water supply in severity 3 and 4 areas, scaling up hygiene promotion, and improving sanitation. However, this level of funding would leave 11 million people without safe drinking water, 9.4 million without adequate sanitation, and 15 million without essential hygiene services, impacting 5.1 million women, 11.6 million children and 1.9 million persons with disabilities.

With only 25 per cent funding, critical activities, such as emergency water trucking and essential sanitation in AWD hotspots, will be implemented, resulting in severe gaps in both urban and rural areas. An estimated 11.5 million people (25 per cent) may face displacement due to drought, with heightened risks of cholera and AWD outbreaks.

Insufficient funding will restrict water system repairs, heightening the risk of waterborne diseases and forcing communities to adopt negative coping

PiN and target breakdown



*An additional 19.7M vulnerable people are in need and 5.9M people are targeted who do not fall into specific population groups.

mechanisms. In 2024, only 5 out of more than 70 partners were able to respond to AWD/cholera cases, leaving nearly half a million people unassisted due to funding shortages.

Promoting accountable, quality and inclusive programming

The 2025 strategy is informed by community consultations, particularly in high-severity areas (levels 3 and 4) where women and girls reported safety concerns at water points and latrines. Targeting 24 provinces, including Badakhshan, Kabul and Kandahar, and guided by the 2024 WoAA survey, the strategy emphasizes accountability through the Gender & Protection Technical Working Group, which will follow GIHA WG guidance to ensure women's involvement in decision-making. Women and girls will play central roles in designing WASH infrastructure and determining hygiene kit contents, supported by female hygiene promoters to ensure safe engagement. Community feedback gathered through AAP platforms will enable response adjustment based on community concerns.

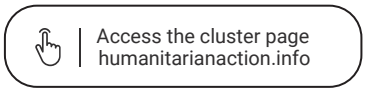
WASH interventions will prioritize the needs of women, girls, persons with disabilities and other vulnerable groups. Women-led consultations will facilitate participation in WASH decision-making. Infrastructure, such as toilets, showers and handwashing stations, will be designed for safety, privacy, and cultural considerations. Tailored hygiene kits will be distributed, with female hygiene promoters delivering key hygiene messages. Accessibility will be ensured with ramps, handrails, wide doorways, low-level taps and clear signage for persons with disabilities. Disaggregated data and KAP surveys will guide tailored interventions for these populations.

The WASH Cluster will integrate PSEA into the response, using a victim-centred approach. Partners will receive training to identify and confidentially refer SEA cases, with GBV risk mitigation embedded across all WASH interventions. Facilities will be designed to mitigate GBV risks, providing separate, well-lit spaces for men and women.

Cost of the response

The WASH cluster in Afghanistan employs a bottom-up costing approach that aligns with local market conditions for supplies, personnel and logistics, ensuring financial transparency and adaptability. By reflecting local cost variations and logistical challenges, this methodology enables precise budgeting and resource allocation. Regular cost-benefit analyses prioritize scalable WASH interventions with high returns on investment, emphasising preventive measures to reduce long-term costs.

In response to the volatile operating environment, including inflation and supply chain disruptions, the cluster adapts budgets by seeking innovative logistical solutions, such as partnerships with local suppliers and cost-efficient transportation options. Collaboration with sectors like health and shelter further supports shared costing practices, particularly in urban areas. This integrated approach enhances cost-efficiency, transparency, and accountability, while joint funding proposals promote streamlined resource use across sectors.



3.8 Coordination and Common Services

OVERALL REQUIREMENTS (US$)
$65.1M

AAP	OCHA	DTM(IOM)
$5.1M	$12.5M	$6.5M

IMMAP	REACH	GENDER
$650K	$4M	$1.72M

PSEA	DIWG	UNHAS
$1.2K	$870K	$31M

Coordination (OCHA)

OCHA leads coordination of the humanitarian response in liaison with the DfA and between international and national humanitarian actors through the HCT at the strategic level and the ICCT at the operational level both in Kabul and in the field. OCHA Afghanistan will continue to ensure a well-coordinated response addresses needs arising from shocks, including natural disasters. OCHA leads on the Humanitarian Programme Cycle, including response planning through the ICCT and regional and provincial coordination platforms and continues to support humanitarian partners with joint advocacy and access.

The regional coordination mechanisms include Regional Humanitarian Teams, ICCG, and Operational Coordination Teams for the Central region, including the Central Highlands, and the Eastern, Southern, Western, Northern and North-Eastern regions.

OCHA's unique information management capacity allows real-time sharing of situation and response analysis with donors and partners to inform planning, programming and advocacy. OCHA also continues to expand its regional and local coordination support – engaging on a more local level with de facto authorities and communities.

The AHF supported 59 projects in 2024, totalling $38 million. With another $20 million allocation in the making, the number of projects may rise to 90 by December 2024. The AHF made solid advancement in localization through direct funding to NGOs, NGO capacity building programs focusing on women-led and women's-rights organizations, promoting the participation and inclusion of local women's rights and women-led organizations in the AHF governance structure, as well as initiated an AHF new eligibility process prioritizing WLOs, OPDs, and local/national NGOs with a thematic focus (e.g. protection). With the available AHF balance of $30 million, the fund is currently preparing for a joint Anticipatory Action allocation with the CERF in Afghanistan ($10 million). In addition, an upcoming allocation of $5 million will support the operational humanitarian work of WLOs in their communities by addressing multi-sector needs, leveraging on consortium approaches amongst NGOs–WLOs that foster partnerships and comprehensive assistance, to strengthen impact and reach people in need. These advancements coupled with robust risk management, project monitoring and real-time information sharing provided to donors, maintained the AHF's ability to be highly flexible and thereby fit for purpose in Afghanistan's changing environment.

To support coordination in 2025, OCHA requires $12.5 million.

Gender

The GiHA WG serves as an inter-agency and inter-cluster coordination mechanism that offers technical, advisory and support services. In 2025, GiHA will continue to support both national and sub-national coordination in Kabul and five regions, emphasizing collaboration with WLOs. The working group will continue to track the impact of the bans and other restrictions on women and girls, perceptions surveys on people's access to assistance and accountability to women and girls, humanitarian response snapshots

looking at the response composition and women's participation; and thematic studies, including on the ability of women organizations to continue operating in the current context. Moreover, GiHA will monitor gender-related HNRP indicators and support clusters and partners to support the recruitment and retention of women staff, adhere to gender minimum standards and enhance gender-responsive programming that adequately identifies and addresses the needs of women and girls. GiHA will require $1.72 million in 2025 for coordination, information management, gender analysis and assessments.

AAP

The AAP Working Group continues to support a humanitarian response that considers the voices of affected people, their communication and response preferences and their feedback received through collective mechanisms. In 2025, the AAP WG plans to scale-up the Afghanistan Community Voices and Accountability Platform through improvement of monitoring corrective actions and community-level data validation. The WG will continue to support the interagency helpline system Awaaz to ensure continued information sharing and feedback mechanism with affected communities response-wide, while strengthening the capacity of clusters and partners to improve information-sharing with affected populations through mixed media approaches and based on their preferred channels and languages. The WG will also continue community perception monitoring and improve field operations support at the sub-national level. To support this collective AAP effort, $5.1 million is required for 2025.

PSEA

An additional $850,000 is required for PSEA to proactively reduce SEA risks, ensure effective incident responses, create referral pathways to victim services, and increase awareness and capacity among partners. The Network leads annual mapping and quarterly community assessments throughout the country, supporting organizations in collectively allocating scarce resources and prioritizing interventions that deliver impactful assistance to victims. The Network also conducts risk assessments, engages with communities, runs information campaigns, and strengthens Standard Operating Procedures (SOPs) with linked referral and protection systems. Emphasizing collective, evidence-based programming ensures that funds are used efficiently, providing both immediate and long-term support during times of crisis.

DIWG

In 2025, the DIWG requires $870,000 to enhance disability inclusion within humanitarian action by providing technical support, training and coaching to humanitarian actors, aligning with the IASC Guidelines. This includes collaboration with Clusters to develop resources that mainstream disability considerations, monitoring activities and field visits, and supporting Clusters to conduct disaggregated data using the Washington Group Short Set of Questions. The budget will support research on disability prevalence and barriers, facilitating accessible meetings and ensuring meaningful participation of persons with disabilities and their organizations through capacity building and reasonable accommodations. Additionally, communication and advocacy efforts will promote awareness, including the observation of important days and campaigns such as the International Day of Persons with Disabilities and International Women's Day.

Evidence-based response

IOM/DTM

IOM's DTM requests $6.5 million to continue its flow monitoring of Afghans at formal and informal border crossing points with Iran and Pakistan, which will facilitate a better understanding of the mobility dynamics at the border and amongst vulnerable returnee populations, provide opportunities to refer individuals in need to assistance providers, and generate information that can inform and improve referral mechanisms. DTM will also implement a Community-Level Mobility Baseline Assessment to build upon mapping of mobile population groups conducted in 2024. The budget will also support a multi-sectoral needs assessment focused on areas of return and areas affected by natural disasters.

iMMAP

iMMAP requests $650,000 to continue regional information management coordination, capacity strengthening for localization and information systems deployment. In 2025, iMMAP plans to bolster regional-level inter-cluster information management support through the creation of Regional Humanitarian Information Management and Analysis Cells. Additional initiatives include the expansion of IM and GIS training to improve humanitarian emergency analysis and disaster response mapping for informed decision-making. iMMAP also plans to develop a Localization Toolbox to support monitoring, evaluation, accountability and learning (MEAL) for local partners.

REACH Initiative

REACH Initiative is requesting $4 million to sustain its analysis efforts, including monitoring humanitarian needs and tracking economic and environmental shocks in urban and rural settings. REACH will also oversee market monitoring to strengthen cash and voucher programming. In parallel, REACH will support the AAWG by advancing assessment harmonization, capacity building, and real-time monitoring and continue to actively contribute to working groups and clusters through providing analytical support.

UNHAS

UNHAS requires $31 million for 2025 to maintain its provision of sustainable, cost-efficient and reliable air transportation for humanitarian personnel and cargo. This will allow UNHAS to continue its regular domestic and international operations, including the two air bridges from Islamabad and Dushanbe. Given the lack of suitable commercial alternatives out of the main regional airports (Herat, Kandahar, Mazar), UNHAS is often the only feasible option to reach remote locations in Afghanistan. Moreover, the budget also includes medical evacuation services for UN agency, NGO and diplomatic personnel, supporting them to stay and deliver.

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Part 4: Refugee needs and response plan

PHOTO: UNICEF/AHF

4.1 Refugee response plan

PEOPLE IN NEED	PEOPLE TARGETED
35K	35K

REQUIREMENTS (US$)
$8M

Strategic objectives

The refugee response plan (RRP) will maintain an area-based approach that considers 1) the priority needs of both refugees and other affected populations living in the same areas and 2) advocacy efforts regarding Afghanistan's responsibilities under international legal frameworks. As a cross-cutting objective, the plan will prioritize the specific needs of refugee women and girls and persons with disabilities. In line with the HNRP, the RRP will monitor, mitigate and address protection risks of refugees, as well as build resilience.

Overview

Refugees continued to seek asylum in Afghanistan in 2024, primarily from Iran and from Pakistan, due to complex political reasons and/or a membership to particular social groups. Despite challenges faced in Afghanistan, women and girls were forced to flee to Afghanistan where an effective access to territory and cross border community ties offered the only alternative to risks faced in the countries of origin. Due to the lack of national framework and system on asylum in Afghanistan, refugees remain one of the most vulnerable groups in Afghanistan. Overall, Afghanistan hosts approximately 35,000 refugees and asylum seekers, including almost 20,000 children, most of whom were displaced from Pakistan to Afghanistan in 2014 and are currently dispersed across urban and rural locations in Khost and Paktika provinces. Additionally, some 460 refugees and asylum seekers from various nationalities reside in urban areas in Kabul and Herat provinces.

Humanitarian needs

Refugees in Afghanistan are exposed to a lack of documentation, with 94 per cent of refugee households interviewed between January and August 2024 reporting an absence of civil documentation.[76] This gap restricts access to basic services, education and freedom of movement. The absence of state-issued documentation and of a legally recognized right to work limited refugees' access to employment with direct consequences in terms of access to food, housing, healthcare, legal assistance and mental health and psychosocial support needs. Between January and August 2024, 38% of interviewed refugee households were not able to access food assistance, 69% healthcare services, 25% drinking water and 94% psychosocial support services. Refugee households also pointed at challenges with housing, including absence of safety due to the location or insecure shelters for 62% of households interviewed and overcrowding for 50%.[77]

Over 53% of all refugees and asylum-seekers were women and girls. In the absence of legal framework on refugees and since the adoption of the PVPV law, the needs of refugee women have increased due to restrictions on movement, education and employment.

The needs of refugees living in urban areas, including in Herat and Kabul, are particularly severe due to high costs of living. In rural areas facing acute food insecurity, including Paktika and Khost, refugees face multiple deprivations resulting in extreme food insecurity outcomes.

Response strategy

Approach: The RRP will target all refugees, using an area-based approach responding to the needs of all individuals irrespective of their status.

Prioritization: Considering the protracted situation of the vast majority of refugees, the RRP will prioritize activities that support refugees' immediate needs while also enhancing economic self-reliance, ensuring that the refugee population becomes a part of the broader community and identify durable solutions. To that aim, the RRP will prioritize support to legal

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assistance services, including increasing access to civil documentation; child protection; women protection and MHPSS. RRP partners will continue to advocate for the regularization of the legal status of asylum-seekers and refugees, with the aim to provide greater legal protection and social rights and to facilitate solutions via civil documentation, education, livelihood and employment.

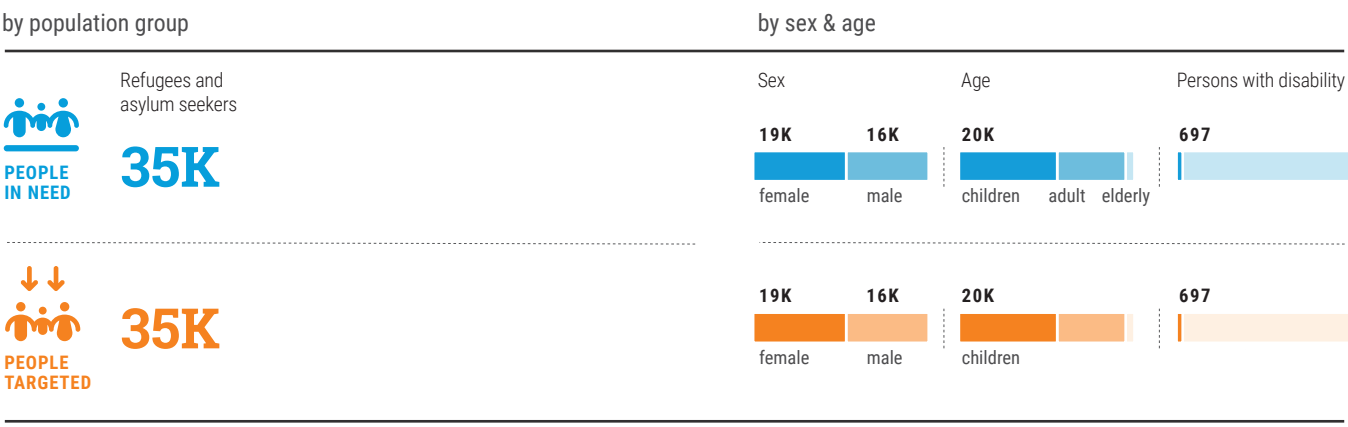
Age, Gender and Diversity: The specific needs of women and children will continue to be identified upon registration and documentation by UNHCR, ensuring adequate referrals and case management.

Coordination: UNHCR will continue to lead and coordinate the implementation of the inter-agency RRP in line with the Refugee Coordination Model, collaborating and consulting with all RRP partners.

Operational environment

It is expected that the RRP will continue to be implemented in the absence of a national framework and system on refugees, hindering the capacity of RRP partners to build a longer-and rights-based resilience.

PiN and target breakdown



In the absence of legally recognized rights, the overall economic situation will disproportionally impact refugees due to high costs of living, lack of access to support systems and limited community support.

Cost of the response

In 2025, the total cost of the response to refugees in Afghanistan is $8 million. This includes $2.3 million for multi-purpose cash assistance, $1.7 million for community engagement and MPHSS, $1.6 million for food assistance, $1 million for livelihood support, $920,000 for women and child protection, $518,000 for durable solutions, $55,000 for access to documentation and legal assistance.

These needs cover activities implemented by Community Action For Healing Poverty Organization (CAHPO), UNHCR and WFP. In line with inter-agency guidelines, these budget estimates consider the additional costs required to ensure programming interventions are inclusive and accessible to all community members. This includes mahram support costs, transportation arrangements for women and girls, accessibility and reasonable accommodation measures and assistive devices for persons with disabilities.

Inclusive and quality programming

The integration of protection principles throughout all programmatic activities will be a central pillar of the plan. RRP partners will be responsible for ensuring the safety, dignity and meaningful access of refugees and asylum-seekers to humanitarian programs irrespective of their gender, age, disability or displacement status.

To inform and adjust the strategy and ensure accountability, RRP partners will continue to consult and communicate with refuges via existing complaint and feedback mechanisms, including the inter-agency Awaaz humanitarian helpline and UNHCR's Complaint and Feedback Mechanism. The participation and empowerment of refugees will be further strengthened through their inclusion in protection monitoring systems, community engagement activities and participatory assessments, providing opportunities to voice needs, feedback and concerns. Specific focus will be placed on the meaningful engagement of youth, women and girls as well persons with disabilities.

Ensuring safe, accessible and confidential reporting channels that correspond to community preferences will be key to operationalize the joint commitment to PSEA. RRP partners will also engage in continued analysis of SEA risks, as well as dedicated prevention and risk mitigation activities, including awareness raising on reporting channels and safe referrals.

Monitoring

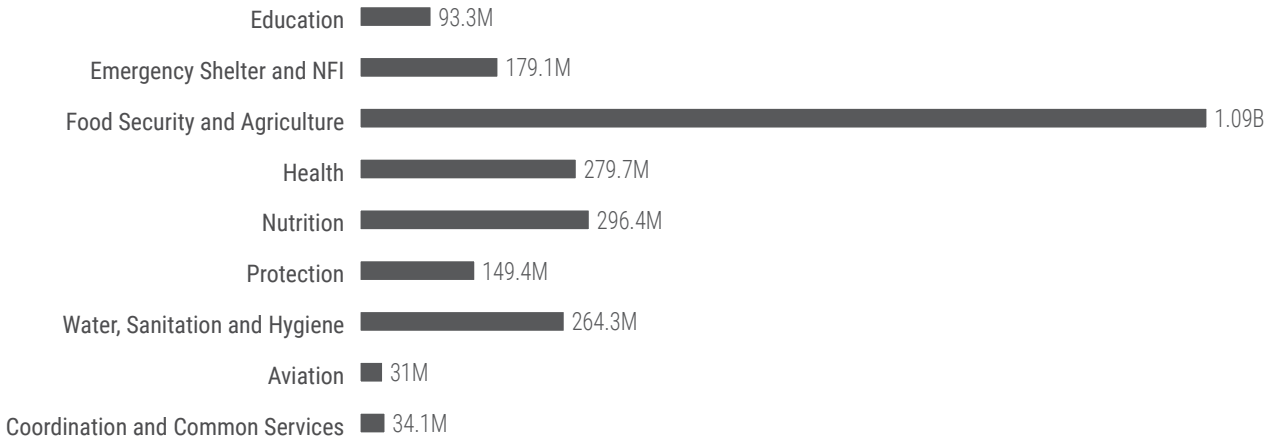
A set of common indicators agreed between RRP partners will ensure the tracking of progress toward the strategic objectives in a consistent manner. Achievements will be monitored through an online system "Activity Info" where partners report on relevant indicators with disaggregation of results by gender, age and disability. These results will be made available via the online Activity Info dashboard.

Annex - Refugee response plan financial requirements breakdown

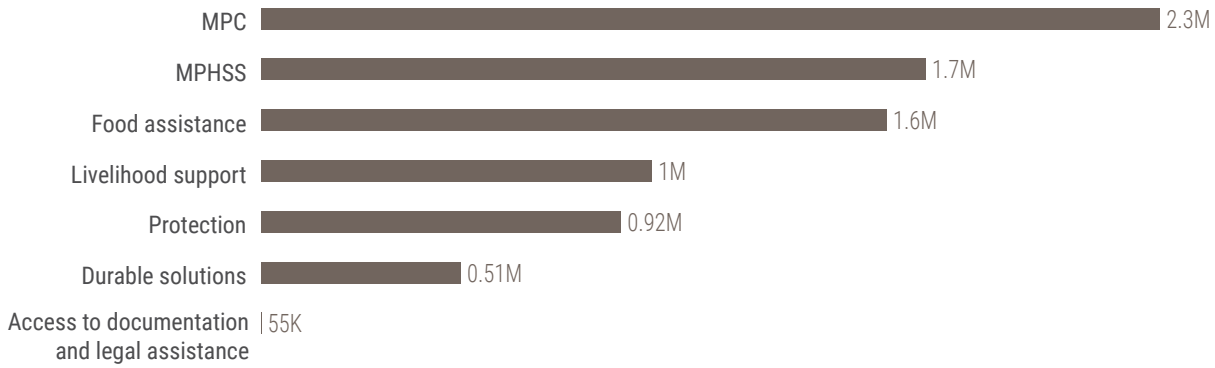
HNRP Financial requirements

TOTAL FINANCIAL REQUIREMENTS:
$2.42B

Sector/cluster response $2.41B



Refugee response $8M



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Acronyms

A&YWG	Adolescent and Youth Working Group
AAI	Afghanistan Accountability Index
AAP	Accountability to Affected People
AAWG	Assessment and Analysis Working Group
AFN	Afghani (currency)
AGD	Age, Gender and Diversity
AHF	Afghanistan Humanitarian Fund
AMN	Acute Malnutrition
AoR	Area of Responsibility
ARI	Acute Respiratory Infection
AMRF	Access Monitoring and Reporting Framework
AWD	Acute Watery Diarrhea
BAI	Bureaucratic and Administrative Impediments
BHN	Basic Human Needs
BSFP	Blanket Supplementary Feeding Programme
CAHPO	Community Action For Healing Poverty Organization
CBE	Community-Based Education
CBOs	Community-Based Organizations
CBPM	Community-Based Protection Monitoring
CCHF	Crimean Congo Haemorrhagic Fever
CMR	Clinical Management of Rape
CP	Child Protection
CTFMR	Country Task Force on Monitoring and Reporting
CVA	Cash and voucher assistance
CWG	Cash Working Group
DfA	De-facto Authorities
DHIS2	District Health Information Software 2
DI	Disability and Inclusion
DiEM	Data in Emergencies Monitoring
DRR	Disaster Risk Reduction
DTM	Displacement Tracking Matrix
E-STWG	Education Strategic Thematic Working Group
EiE	Education in Emergencies
EO	Explosive Ordnance
EOD	Explosive Ordnance Disposal
EORE	Explosive Ordnance Risk Education
ERW	Explosive Remnants of War
ES/NFI	Emergency Shelter/Non-Food Items
FHH	Family Health House
FSAC	Food Security and Agriculture Cluster
FSP	Financial Service Provider
FTS	Financial Tracking Service
GBV	Gender-based Violence
GiHA	Gender in Humanitarian Action
HAWG	Humanitarian Access Working Group
HCT	Humanitarian Country Team
HeRAMS	Health Resources and Services Availability Monitoring System
HHs	Households
HLP	Housing, Land and Property
HMIS	Health Management Information Systems
HNRP	Humanitarian Needs and Response Plan
HSM	Humanitarian Situation Monitoring

IASC	Inter-Agency Standing Committee
ICCG	Inter-Cluster Coordination Group
ICCT	Inter-Cluster Coordination Team
IDP	Internally Displaced Person
IEA	Islamic Emirate of Afghanistan
IED	Improvised Explosive Device
IMAM	Integrated Management of Acute Malnutrition
IMSMA	Information Management System for Mine Action
IMWG	Information Management Working Group
INGO	International Non-Governmental Organization
IPC	Integrated Food Security Phase Classification
IPC AFI	IPC Acute Food Insecurity
ISETS	Informal settlements
ISG	Implementation Support Group
ISK	Islamic State of Khorasan
IYCF	Infant and Young Child Feeding
JIAF	Joint Intersectoral Analysis Framework
JMMI	Joint Market Monitoring
KAP	Knowledge, Attitudes, Practices
MCBP	Maternal Child Benefit Programme
MCCT	Maternal and Child Cash Transfer Programme
MEAL	Monitoring, Evaluation, Accountability and Learning
MEB	Minimum Expenditure Basket
MHNT	Mobile Health and Nutrition Team
MHPSS	Mental Health and Psychosocial Support
MMR	Maternal Mortality Rate
MoEc	Ministry of Economy
MoPH	Ministry of Public Health
MoPVPV	Ministry for the Propagation of Virtue and Prevention of Vice
MoU	Memorandum of Understanding
MPC	Multi-Purpose Cash
OCTs	Operational Coordination Teams
OPDs	Organizations of Persons with Disabilities
PDM	Post-distribution Monitoring
PED	Provincial Education Directorate
PiN	People in need
PLW	Pregnant and Lactating Women
PRSEAH	Preventing and Responding to Sexual Exploitation, Abuse and Harassment
PSEA	Protection from Sexual Exploitation and Abuse
PSNs	Persons with Specific Needs
PSS	Psychosocial Support
PVPV	Promoting Virtue and Preventing Vice
RCCE	Risk Communication and Community Engagement
RRP	Refugee Response Plan
SADD	Sex and Age Disaggregated Data
SEARO	Sexual Exploitation and Abuse Risk Overview
SMART	Standardized Monitoring and Assessment of Relief and Transition
SOPs	Standard Operating Procedures
TLCs	Temporary Learning Centers
TLM	Teaching and Learning Materials
TLS	Temporary Learning Spaces
ToR	Terms of Reference
UN	United Nations
UNAMA	United Nations Assistance Mission in Afghanistan
UXO	unexploded ordnance
WASH	Water, Sanitation and Hygiene
WGs	Working Groups
WLOs	Women-led Organizations
WoAA	Whole of Afghanistan Assessment

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