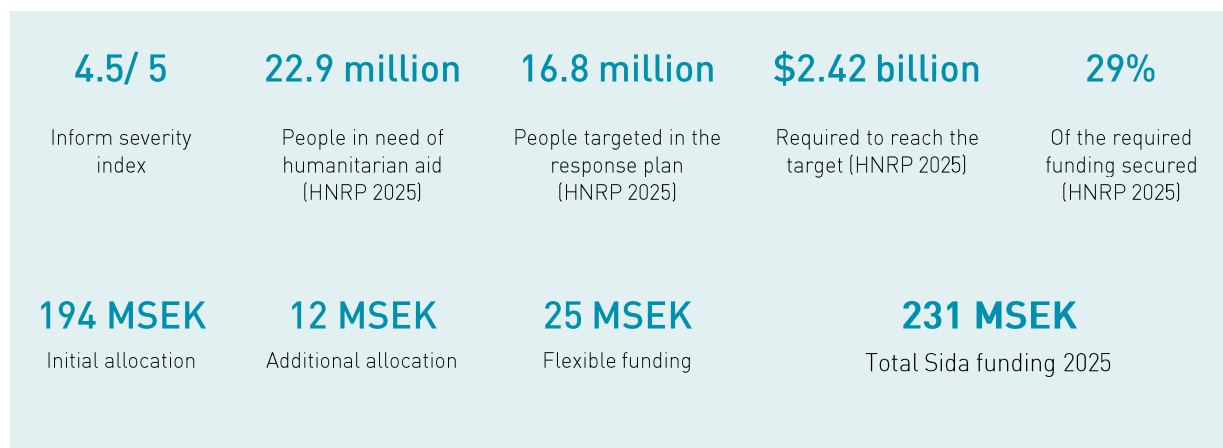


30 September 2025

1. Crisis overviewⁱ



Afghanistan continues to grapple with forty years of conflict, political turmoil, poverty, widespread explosive ordnance contamination, food insecurity, malnutrition, gender crisis, displacement, recurrent natural disasters, including flash floods and droughts, water scarcity, and failing access to basic services. The Humanitarian Needs and Response Plan (HNRP) for 2025 has identified 22.9 million Afghans in need of humanitarian assistance, of whom the 16.8 million most vulnerable are prioritised for the humanitarian response. This makes Afghanistan one of the world's largest humanitarian crises. Needs in Water, Sanitation & Hygiene (WASH), Protection, and Food Security and Agriculture (FSAC) are the largest drivers of the overall figure of people in need (PiN). Acute malnutrition rates among children under five, as well as pregnant or lactating women are increasing.

The crisis is further compounded by the mass returns of over 2 million Afghans from neighboring countries in 2025, with many more at risk of forced expulsion. This is putting immense pressure on communities and basic services, and has led to the abrupt curtailing of vital remittances. Meanwhile, northern and western provinces face one of the most severe droughts in recent memory, while a devastating earthquake in the east has intensified humanitarian needs. The de facto authority's (DfA) regulations and restrictions continue to heighten protection risks and limit access to education. Partners report that the current humanitarian, political, and social context have sparked an acute mental health crisis. The protection of vulnerable groups, especially women, girls, boys, and those living with disabilities, remains paramount.

Humanitarian access, which initially improved as the conflict lessened in 2021, has since deteriorated, largely due to the persistent interference by the DfA, compounded by bureaucratic impediments and restrictions. In 2024, the DfA issued a new law “Propagation of Virtue and Prevention of Vice” (PVPV), which codifies almost all existing restrictions, broadens some and adds new ones. Although the law is inconsistently enforced, data, including the perspectives of Afghan women, clearly show that the situation for women and girls are deteriorating.

2. Humanitarian needs & affected population

Afghanistan remains heavily dependent on agriculture, but successive floods and droughts have destroyed fields, produce and pasture. For 2025, the PiN figure for FSAC has seen a reduction of one million people from the previous year (-6.7 per cent). This has contributed to a decreased overall PiN figure by six per cent for 2025. Nevertheless, the situation remains alarming as a third of Afghanistan’s population (14.8 million people) remains food insecure in 2025. Some 3.1 million people are in the Emergency Phase (Phase 4), according to the Integrated Food Security Phase Classification (IPC), a majority of whom are located in Badakhshan, Nuristan and Nimroz. Food insecurity is driven by high debts, unemployment, and low incomes, affecting food access for the most vulnerable going into the lean season. In addition, La Nina conditions will likely lead to below-harvest conditions and deteriorated livestock conditions in 2025.

In 2025, severe hunger (IPC 4) has surged to 30 per cent from near zero. This year also marks the highest increase in child malnutrition cases ever recorded in the country. Afghanistan now ranks as the country with the third highest number of children with acute malnutrition globally. Compared to last year, the IPC projects that Acute Malnutrition (AMN) has deteriorated, with children and pregnant and lactating women (PLW) bearing the brunt of the crisis. The number of children in need of treatment have increased by 20 per cent. Around 3.5 million children under the age of five years are acutely malnourished. This is an estimated 572,122 more children compared to last year. Moreover, 1.2 million PLW need nutrition treatment in 2025 (a six per cent increase). Poor child diets, high levels of disease, sub-optimal immunisation coverage, food insecurity and poor WASH conditions are key drivers. The highest prevalence of malnutrition has been reported in Helmand, Nuristan, Paktika and Kandahar (all of which are in IPC AMN Phase 4.)

WASH infrastructure, especially in previously inaccessible areas of Afghanistan faced decades of underinvestment, disruption, and destruction. Combined with the depletion and overexploitation of water resources caused by rapid urbanisation and climate change, WASH services are unable to satisfy the needs. UNICEF reports that all groundwater is projected to be depleted in Kabul by 2030. Already in 2025, an estimated 21 million people are in need of humanitarian WASH assistance. Women and children are the most affected, with the burden of water ferrying also falling disproportionately on them.

In 2025, an estimated 5.8 million people in need of shelter and non-food items. Priority is given to areas frequently hit by natural disasters and harsh winter conditions, those with high returnee numbers, districts with severe winter conditions, and districts with IDPs at risk of eviction.

In 2025, nearly half of the Afghan population, 19.9 million people, are in need of protection support. Continued restrictions on women and girls' freedom of movement have resulted in discrimination, and denial of access to services, resources, and humanitarian assistance. This includes a ban on girls' education, leading to a projected 5.6 million children/girls out of school, resulting in multiple protection risks and rights violations. Disasters compounded by economic deterioration result in harmful coping mechanisms, particularly for women and child headed household, and children. The protection cluster reports a high level of threat of forced evictions, gender-based violence (GBV), child labour, trafficking, exposure to explosive ordnance (EO) contamination and increased casualties. Moreover, violence against the Hazara ethnic and religious minorities persists in the country. Many Afghan nationals, including refugees and those in refugee-like situations, have been pushed back from Pakistan and Iran to Afghanistan, often with little to no resources. This exacerbates the vulnerabilities of the returnee population, impacts their coping capacities, and increases their exposure to protection risks. Approximately half of the returnees from Pakistan are women, and yet only a third of female returnees possess adequate civil documentation (compared to nearly two thirds among male returnees), as per IOM Displacement Tracking Matrix data. This disparity highlights the gender gap in access to civil documentation. Lack of civil documentation means that returnees, especially women, have limited opportunity to participate in the formal economy or access public services (e.g. healthcare and education), and barriers in humanitarian assistance.

The proportion of Afghanistan's youth population is among the highest in the world. UNFPA reports that approximately 63 per cent of the population (27.5 million) are below 25 years of age and 46 per cent (11.7 million) are under 15 years. They grapple with issues such as lack of education, unemployment, poverty, child marriage, early pregnancy, GBV, and poor mental health. Afghan boys suffer from many of the risks found among girls, including GBV. Both girls and boys are also exposed to unsafe labour practices and exposure to EO. Further, Afghanistan has one of the world's highest proportions of the population living with some form of disability. Afghan women and girls with disabilities face extreme barriers, entrenched discrimination, and harassment in accessing assistance and services.

The ongoing health emergency in Afghanistan is taking an especially heavy toll on women and children, who are already among the most vulnerable. The compounded effects of conflict, economic instability, and displacement have left them with limited access to healthcare services, exacerbating the challenges they face. Tragically, Afghanistan bears one of the world's highest global maternal and child mortality rates, with preventable deaths claiming the lives of 24 mothers and 167 infants every single day, according to WHO.

3. The humanitarian response

The 2025 HNRP is based on a country-wide needs assessment. This was followed by a lengthy boundary setting and prioritisation exercise which resulted in a reduction of the PiN and a reduced target and budget for 2025 compared to 2024. This includes a clearer definition of affected populations to inform PiN calculation, a geographic focus on areas with highest severity, a strict exclusion of activities that fall under basic human needs (BHN) programmes, and a realistic targeting based on partners' capacity. The 2025 HNRP focuses on those who have been affected by, or are at risk of experiencing, one of the identified shocks such as natural disasters, climate change, disrupted access to water, cross-border movements, or sudden economic shock. This include drought-affected populations in the North-Western, Northern, and North-Eastern regions. The plan addresses both residual and anticipated needs due to flooding in the Northern, Eastern, and Central regions, as well as prioritises needs in areas of return across provinces such as Kandahar, Helmand, Nangarhar, Kunduz, and Kabul.

The global freeze and scale-back of US humanitarian funding announced in January 2025 is having major consequences on aid operations, and the Humanitarian Country Team is adapting the response in light of the new funding landscape. The situation is especially dire for people in rural, remote and historically underserved areas, especially those prone to drought, where alternative sources of income and access to basic services are scarce or non-existent. Numerous humanitarian staff are being laid off. Of the total dedicated cluster capacity in Afghanistan, 65 per cent of coordination positions at the national level and sub-national level are impacted by the suspension. According to the OCHA Global Survey results for Afghanistan, 68 per cent of partners have reduced their target, 45 per cent have reduced their geographical coverage and 42 per cent have reduced their staff, with national NGOs being most impacted.

Further, cluster targeting has been informed by assessments on the feasibility of the humanitarian response. The mid-year inter-sectoral reach analysis (January to June) reveal that partners presence does not always correlate with response implementation, due to e.g. underreach and closure of service sites due to underfunding and/or access constraints. The gap analysis reveals that in 136 districts across 25 provinces classified as severity 3 or 4 (on a scale to 5), less than 25 per cent of the population in need have been reached.

Gaps in WASH and health are particularly alarming. The gap analysis reveals that 165 districts across 29 provinces experienced a complete response gap in terms of access to safe water and sanitation services. This has left millions of people vulnerable to health and protection risks. Among these, 72 districts are classified as severity level 4, indicating extreme levels of need. Nine million people in 271 districts across 33 provinces are without the minimum standard of 15 litres of safe drinking water per person per day. 6.5 million people, including nearly 5 million women and children, lack access to safe water. This represents a significant portion of the population, particularly in rural areas, where 74 per cent of communities are affected, while 78 districts across 23 provinces have a complete response gap in health services, of which 15 districts are categorised as severity 4. This underscores the urgent need to scale up aid in underserved regions and expand multisectoral response, particularly in remote rural areas.

As further response to critical funding gaps, the humanitarian community has agreed on focusing on seasonal packages to reflect changing needs and allow for response efficiency. Partners will also work with inter-sectoral approaches to ensure comprehensive response and cost-sharing by integrating a multi-sector approach. In addition, cross-cutting areas will be ensured to enhance quality of the humanitarian response e.g., through mainstreaming protection, GBV, gender equality, prevention of sexual exploitation, abuse and harassment, Accountability to Affected People, disability inclusion, and cash-based interventions. On gender equality and women's rights, the humanitarian community will continue advocacy for women's meaningful and comprehensive participation and access in all sectors and services, and for full rights to education, freedom of movement, and work. Humanitarian actors are monitoring the impact of the PVPV law to ensure continued principled delivery and access. This requires costing for gender-responsive programmes, including budgeting for male chaperons (*mahram*) and ensuring segregated office spaces and costs to enable work from home.

4. Sida's humanitarian allocation

The focus of the Sida funding will remain on addressing to the most acute humanitarian needs, in line with the 2025 HNRP for Afghanistan. For 2025, Sida initially allocated SEK 194 million. This is a reduction of almost 25 per cent compared to 2024. This has resulted in reduced funding for UN partners. Given the deteriorating situation in nutrition, health and WASH, Sida has identified a new NGO partner in the initial allocation to scale up response in an underserved IPC AMN 4 area. In September 2025, Sida allocated an additional 12 MSEK in an end of year allocation to Afghanistan.

INITIAL ALLOCATION (SEK)		
PARTNER	SECTOR	INITIAL ALLOCATION
AHF	Multi-sector	46 000 000
FAO	Food Security & Emergency Agriculture	25 000 000
ICRC	Health, Protection & Livelihoods	30,000,000
Islamic Relief	WASH, Protection, Cash and livelihoods	15,000,000
NRC	Protection, ICLA, Cash and Livelihoods, WASH, Shelter, NFI and education	15,000,000
PUI	Health, Nutrition, WASH	14,000,000
UNICEF	Nutrition, Protection, WASH, Education & Health	25,000,000
WFP	Food Security & Livelihoods	24,000,000
TOTAL		194,000,000

FLEXIBLE FUNDING & ADDITIONAL ALLOCATIONS (SEK)		
PARTNER	FLEXIBLE FUNDING ^[1]	ADDITIONAL ALLOCATION
IRC	5,637,450	-
Swedish Red Cross	2,000,000	-
Save the Children	3,745,000	-
Danish Refugee Council	3,706,028	-
MSB	830,000	-
OCHA Field Office	7,000,000	-
Action Against Hunger	2,000,000	-
WFP	-	12,000,000
TOTAL	24,918,478	12,000,000

¹ The 2025 initial allocation of humanitarian funding is based on Sida's humanitarian allocation analysis methodology. The analysis reflects the current humanitarian situation across crises and is being updated continuously with the latest available data. The information in the HCA is based on reports, data, and information from partner organisations and other entities, as well as observations from field visits and dialogue with partners.

^[1] Flexible funding includes a mix of allocations such as Rapid Response Mechanism and other flexible funding mechanisms.