



27-year-old vaccination nurse Zahra prepares her vaccines cold box at a health facility in Mazar-e-Sharif, Afghanistan. ©UNICEF/UN0866506/Khayyam

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Afghanistan

Humanitarian Situation Report

1 – 31 May 2026

Report #5

Reporting Period: 1 – 31 May 2026

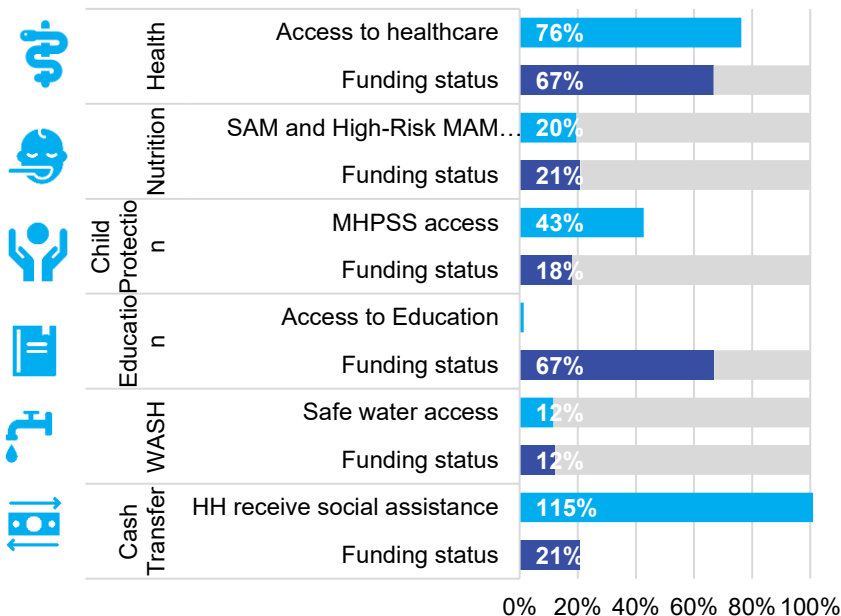
Highlights

- UNICEF continued supporting the delivery of **essential health services across all 34 provinces** through 2,393 static and 16 mobile health facilities, enabling more than **6.5 million people** to access essential health services.
- UNICEF strengthened **nutrition services** through more than 3,500 service delivery points, admitting **25,738 children** with severe and moderate wasting for treatment.
- UNICEF supported approximately **42,987 children**, including 60 per cent girls, through **community-driven education** initiatives.
- UNICEF and partners provided **child protection and gender-based violence services to 229,053 individuals**, including mental health and psychosocial support, case management and family reunification services.
- Cash assistance reached 20,821 households** in four provinces, benefiting 132,103 individuals, including 84,988 children and 1,114 people with disabilities.

Situation in Numbers

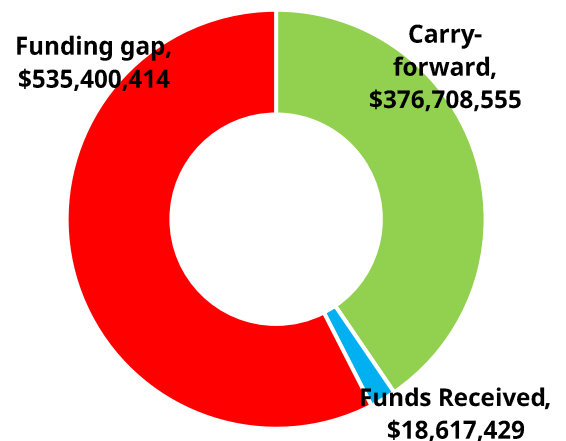
- 21.9 M** People in need of humanitarian assistance (HNRP 2026)
- 11.6 M** Children in need of humanitarian assistance (HNRP 2026)
- 942,000** Children under 5 expected to need treatment for severe acute malnutrition (HNRP 2026)
- 14.4 M** People in need of humanitarian health assistance (HNRP 2026)

UNICEF's Response and Funding Status*



UNICEF Appeal 2026

US\$ 949,074,566



Funding Overview and Partnerships

UNICEF Afghanistan expresses its sincere gratitude to all public and private sector donors for the contributions received. As of 31 May 2026, the Humanitarian Action for Children (HAC) appeal for 2026 requiring an overall budget of USD 949.1 million is 44 per cent funded. UNICEF is grateful to the United Kingdom and UNICEF's extensive family of National Committees for new contributions awarded in May.

In addition, UNICEF wishes to reiterate its appreciation to all partners who provided funding for interventions as outlined in the HAC 2026, including through important longer-term funding granted in previous years that continued to support implementation in 2026, namely the Asian Development Bank, the World Bank and the Islamic Development Bank as the trustee of the Afghanistan Humanitarian Trust Fund with contributions from the Kuwait Society for Relief and the Saudi Fund for Development, the European Union (Humanitarian Aid), the People and the Governments of the People of China through the UNICEF China Country Office, France, His Highness Sheikh Mohamed bin Zayed Al Nahyan, President of the United Arab Emirates and Ruler of Abu Dhabi, Japan, the Republic of Korea, Sweden, the United Kingdom, the Global Partnership for Education and UNESCO, the Gates Foundation, the Afghanistan Humanitarian Fund (AHF) and the Central Emergency Response Fund (CERF) administered by UN OCHA, as well as UNICEF's extensive family of National Committees.

Special appreciation is extended to Belgium, Denmark, Norway, Sweden, Switzerland, the United Kingdom, and the family of National Committees, as well as private sector partners, for providing flexible resources that enable a timely response to sudden and underfunded needs.

Continued donor support to the response in Afghanistan is deeply appreciated. Throughout 2026, with both humanitarian and basic human needs at dire levels, sustained collective commitment to the people of Afghanistan will be crucial to alleviate acute suffering and reduce preventable deaths, particularly among children and women.

Situation Overview and Humanitarian Needs

Afghanistan's humanitarian situation remains critical, with humanitarian needs continuing to outpace available resources. An estimated 21.9 million people, including 11.6 million children, require humanitarian assistance in 2026. Despite humanitarian partners reaching 4.7 million people with at least one form of assistance during the first quarter of the year, severe funding shortfalls are constraining the response. As of May 2026, the Humanitarian Needs and Response Plan received only US\$269 million against requirements of US\$1.71 billion, leaving a funding gap of US\$1.44 billion. Humanitarian actors are increasingly forced to scale back programmes, reduce geographic coverage and prioritize life-saving interventions, raising concerns that many vulnerable families may not receive the assistance they need. Women and girls continue to be disproportionately affected by restrictions on education, employment and participation in public life, further deepening existing vulnerabilities and limiting access to essential services.

Humanitarian needs have been further exacerbated by multiple and overlapping shocks, including conflict, displacement, climate-related hazards, disease outbreaks, natural disasters and large-scale population movements. Communities in eastern Afghanistan continue to face the combined impacts of insecurity, displacement, flooding and the lingering effects of previous earthquakes. In Nangarhar

and Kunar provinces, damaged infrastructure, population displacement and pressure on already overstretched health and social services have increased humanitarian needs, while seasonal flooding has damaged homes, livelihoods, agricultural land and water sources. At the same time, humanitarian organizations report that funding constraints are reducing their ability to respond effectively to concurrent emergencies and to invest in recovery and resilience-building activities, leaving affected communities increasingly vulnerable.¹²

Population returns from neighbouring countries remain one of the most significant humanitarian developments in Afghanistan. Since September 2023, approximately 6.04 million Afghans have returned from the Islamic Republic of Iran and Pakistan, driven largely by deportation and return policies implemented in both countries. The scale and pace of returns have placed considerable pressure on border crossings, reception facilities, basic services and host communities, particularly in western and eastern regions. Many returnees arrive after exhausting journeys and require immediate assistance, including food, water, health care, protection and temporary shelter. Vulnerable groups, including women-headed households, unaccompanied and separated children, persons with disabilities and families lacking civil documentation, face heightened protection risks. Beyond immediate humanitarian needs, many returnees encounter significant challenges accessing housing, livelihoods, education, documentation and social services, underscoring the importance of strengthened reintegration support and community-based interventions to promote social cohesion and resilience.³

Afghanistan's economy remained relatively stable in May 2026, with the Afghani maintaining its value against the US dollar, supported by remittance inflows and increased use of the national currency. However, ongoing border disruptions with Pakistan and regional instability affecting traditional trade routes continued to alter trade patterns, increasing reliance on Central Asian and western corridors characterized by higher transportation costs and longer delivery times. Combined with growing demand associated with large-scale returnee arrivals, these factors contributed to rising inflation, which reached 8.6 per cent year-on-year in April 2026. Prices of key food and non-food commodities, including cereals, edible oils, housing, health services and transport, continued to increase, further eroding household purchasing power. Given Afghanistan's dependence on imports and external markets, the country remains highly vulnerable to regional instability, trade disruptions and economic shocks, all of which continue to affect livelihoods and the ability of vulnerable households to meet their basic needs.⁴

Summary Analysis of Programme Response

Health

In May 2026, UNICEF continued supporting the delivery of essential health services across all 34 provinces through 2,393 static and 16 mobile health facilities. Through support to 28,359 health workers, including 39 per cent women, more than 6.5 million people accessed essential health services. UNICEF also strengthened emergency preparedness and response through the provision of critical

¹ OCHA, Afghanistan: Humanitarian Update, May 2026

² MSF, 25 June 2026: Afghanistan: Alarming increase in admissions of severely malnourished children in south - Afghanistan | ReliefWeb

³ IOM - Afghanistan — Returnee Resilience Overview (Round 2, June 2026)

⁴ WFP - Afghanistan: Monthly Market Report Issue 72: May 2026

supplies, additional human resources and the installation of five emergency oxygen plants in Ghazni, Nangarhar, Khost, Kandahar and Balkh to ensure uninterrupted oxygen supply for critically ill patients.

Health services were provided to returnees at Torkham, Spin Boldak, Milak and Islam Qala border points, as well as to earthquake-affected communities in eastern Afghanistan. Communities affected by the August 2025 earthquake in Kunar continued to rely on temporary health camps and UNICEF-supported facilities while recovery efforts progressed. During the reporting period, health teams provided more than 4,000 primary health care consultations in earthquake-affected areas and over 4,100 outpatient consultations for Afghan returnees at Torkham, including maternal and child health services and immunization.

A total of 198 disease outbreaks were reported and responded to nationwide. While acute respiratory infections showed a declining trend, acute diarrheal disease cases continued to increase, reaching nearly 300,000 reported cases. In addition, 137 cases of Crimean-Congo Hemorrhagic Fever (CCHF) were reported. In response, UNICEF strengthened AWD/cholera preparedness through contingency funding, prepositioning of supplies and training of nearly 5,800 health workers and community health workers on AWD management. AWD/cholera awareness campaigns reached more than 1 million people with key prevention messages.

Routine immunization services continued across the country, with 142,295 children under five vaccinated against measles, 178,799 children receiving their third dose of pentavalent vaccine, and 9,252 high-risk individuals vaccinated against COVID-19. UNICEF also continued supporting the strengthening of immunization systems, including cold chain infrastructure and the expansion of the Electronic Logistics Management Information System (eLMIS) to improve the management and digitization of the national vaccine supply chain.

UNICEF reached more than 101,000 people, including 48 per cent women and girls, with lifesaving information on AWD prevention and safe hygiene practices through the dissemination of information, education and communication materials. An additional 107,500 people were engaged through community platforms, including religious leaders, youth groups, community health workers and social mobilizers. Community feedback mechanisms continued to inform programming, while targeted awareness campaigns were implemented in response to identified gaps in knowledge and preventive behaviours.

Findings from a U-Report poll conducted in 10 high-risk provinces highlighted high AWD incidence and important gaps in awareness of oral rehydration therapy, handwashing at critical times and safe water practices. In response, UNICEF and partners launched targeted risk communication campaigns to promote preventive behaviours and timely care-seeking.

UNICEF also supported community engagement and mass media campaigns to address the risk of Crimean-Congo Hemorrhagic Fever (CCHF), targeting high-risk groups and the general population. During Eid El Adha, nationwide public awareness campaigns reached an estimated 8.9 million people through radio and television messaging, promoting preventive measures and early health-seeking behaviour.

Nutrition

UNICEF continued strengthening nutrition services across Afghanistan through more than 3,500 service delivery points providing treatment for severe and high-risk moderate wasting among children

under five years of age. In May, 25,738 children with severe and moderate wasting were admitted for inpatient and outpatient treatment. To help prevent malnutrition, 211,566 caregivers of young children received counselling on Maternal, Infant and Young Child Nutrition (MIYCN), 160,994 children under five received multiple micronutrient supplementation, and 192,716 pregnant women received multiple micronutrient supplements (MMS).

In coordination with Nutrition Cluster partners, UNICEF continued providing nutrition services to returnee families at border crossings, transit centres and areas of return. In May, 8,475 returnee children were screened for wasting, with 282 children with severe wasting admitted for treatment. A total of 4,738 returnee children received vitamin A supplementation, 3,263 children received micronutrient powders (MNPs), and more than 1,869 caregivers and mothers received nutrition counselling and nutritional supplements.

As part of the earthquake response in the eastern and northern regions, 2,804 children were screened for malnutrition, and 45 children were treated for severe acute malnutrition (SAM). In addition, 48 children received vitamin A supplementation, 310 children received micronutrient powders (MNPs), 333 pregnant women received multiple micronutrient supplements (MMS), and 815 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling.

Community-based nutrition surveillance continued across 451 sites in all 34 provinces, generating real-time data to monitor malnutrition trends and programme performance.

Education

Ongoing population movements, including the influx of returnees from Iran, combined with insecurity linked to cross-border hostilities with Pakistan, continued to disrupt children's access to education, placing additional pressure on already overstretched services in high-return areas. In response, UNICEF scaled up Education in Emergencies support, including the establishment of more than 1,600 Temporary Learning Spaces (TLS), provision of essential learning materials, and integration of child protection and psychosocial support services to address heightened vulnerabilities.

In May UNICEF supported approximately 42,987 children, including 60 per cent girls, through community-driven education initiatives. This included 14,300 children enrolled in the community-based education (CBE) programme and 28,687 children accessing learning opportunities through TLSs established to support returnee children arriving from Iran and Pakistan. TLSs are currently operational in 15 provinces, while the CBE programme is active in six provinces. During the reporting period, more than 3,022 children, including 35 per cent girls, also received essential education supplies.

Child Protection, Gender-Based Violence in Emergencies (GBViE) and PSEA

In May, UNICEF and implementing partners continued providing critical child protection and gender-based violence (GBV) prevention, risk mitigation and response services, reaching 229,053 individuals, including 58,444 girls.

Efforts to strengthen emotional wellbeing, reduce distress and reinforce community support systems continued across targeted areas. Structured mental health and psychosocial support (MHPSS) services reached 8,392 children and caregivers, including 4,067 girls and 4,325 boys. Case management and

specialized services, including family tracing and reunification, individual counselling, and referrals to specialized mental health services, were provided to 3,757 children, including 1,455 girls and 2,302 boys.

GBV prevention, response and risk mitigation activities reached 34,312 individuals, including 7,523 girls, 7,764 boys, 7,725 women and 11,300 men.

Communities across Afghanistan continue to face significant risks from landmines and unexploded ordnance. In May, Explosive Ordnance Risk Education (EORE) activities reached 50,737 people, including 16,807 girls, 24,038 boys, 6,397 women and 3,495 men, strengthening awareness of safe practices and reducing exposure to explosive hazards.

Awareness activities also focused on strengthening community understanding of protection risks and promoting positive and supportive behaviours among children and families. During the reporting period, awareness sessions on violence against children and psychosocial wellbeing reached 99,527 individuals, including 26,025 girls, 37,235 boys, 20,707 women and 15,560 men.

UNICEF continued strengthening the integration of Protection from Sexual Exploitation and Abuse and Sexual Harassment (PSEA/SH) and safeguarding measures across emergency programmes through partnership management processes and third-party monitoring mechanisms. Capacity-building activities reached 113 implementing partner staff and frontline workers, including 59 women and 54 men. Training covered data collection on sensitive issues for third-party monitoring teams, refresher sessions for implementing partner PSEA focal points, and Training of Trainers sessions for medical frontline workers on gender, GBV and PSEA in Jalalabad and Mazar-e-Sharif, with subsequent cascading to additional frontline personnel.

Water, Sanitation and Hygiene (WASH)

An increase in acute watery diarrhoea (AWD) cases, including confirmed cholera cases, was reported in Parwan Province, exceeding the outbreak threshold. In response, UNICEF and implementing partners launched an integrated response focused on hygiene promotion, community engagement and the distribution of essential WASH supplies to affected populations.

Large-scale returnee movements from the Islamic Republic of Iran and Pakistan continued to place significant pressure on border reception facilities and basic services. In May, more than 32,000 returnees crossed through Islam Qala, over 45,000 through Milak, and more than 13,000 through Spin Boldak. Following the withdrawal of a WASH partner at Islam Qala, UNICEF assumed responsibility for maintaining critical WASH services at the border. Across key border crossings, UNICEF supported access to safe water through solar-powered water systems and water treatment solutions, while maintaining sanitation facilities, hygiene services and solid waste management systems for returnees.

During May, 17,472 people in Nangarhar, Badakhshan, Samangan, Hirat, Nimroz and Badghis provinces benefited from safe drinking water services through the construction and rehabilitation of durable water supply systems, including solar-powered water systems, upgrades to existing facilities and expansion of water distribution networks. In addition, 48,196 people benefited from improved sanitation services through the construction, rehabilitation and upgrading of household and emergency sanitation facilities.

A total of 182,736 people in Badghis, Balkh, Bamyán, Daykundi, Ghazni, Hirat, Kabul, Kandahar, Khost, Kunar, Laghman, Logar, Maidan Wardak, Nangarhar, Nimroz, Nuristan, Panjsher, Samangan, Uruzgan and Zabul provinces were reached through hygiene-promotion activities. Of those reached, 166,975 were returnees or people affected by earthquakes and floods. Key messages focused on handwashing with soap, personal hygiene, safe transport, storage and use of drinking water, and the appropriate use and maintenance of WASH facilities.

During the reporting period, 245,127 people in Badghis, Balkh, Bamyán, Daykundi, Ghazni, Ghor, Hilmand, Hirat, Kabul, Kandahar, Khost, Kunar, Laghman, Logar, Maidan Wardak, Nangarhar, Nimroz, Paktika, Panjsher, Samangan and Uruzgan provinces received essential WASH supplies, including hygiene kits, water kits and water treatment products. Priority was given to returnees, populations affected by natural disasters and households with malnourished children. In addition, 25,014 people benefited from improved WASH services in eight healthcare facilities through the rehabilitation and construction of water and sanitation infrastructure for patients, healthcare workers and surrounding communities.

Community Engagement and Participation (CEP) and Accountability to Affected Populations (AAP)

UNICEF reached more than 1.18 million people, approximately 57 per cent of whom were women and girls, with lifesaving information on nutrition, exclusive breastfeeding, immunization, mental wellbeing, disease prevention and safe hygiene practices. In addition, 409,596 people, 55 per cent of whom were female, were engaged through community platforms, including religious leaders' networks, youth groups, grandmother groups, community health workers, Child Protection Action Networks (CPANs), Community-Led Total Sanitation (CLTS) groups and School Management Shuras (SMSs).

UNICEF strengthened accountability to affected populations through its Community Feedback Mechanism (CFM), which documented 19,109 pieces of community feedback in May, 56 per cent of which were submitted by women. Requests for assistance accounted for 66 per cent of all feedback received. UNICEF and partners closed 94 per cent of reported cases, while the remaining cases were under follow-up with relevant programme sections and humanitarian clusters. In addition, UNICEF's Grievance Redress Mechanism (GRM) call centre received 1,397 calls, including 38 per cent from women, primarily related to cash assistance, education, health and child protection services.

Community feedback highlighted persistent concerns related to economic hardship, access to basic services, education opportunities, and water, sanitation and hygiene conditions. These insights continue to inform programme adaptation, strengthen follow-up with partners and clusters, and support more responsive and accountable interventions.

As an active member of the Accountability and Disability Inclusion Working Group (ADIWG), UNICEF continued sharing community feedback analysis to support collective humanitarian decision-making and ensure that the priorities and concerns of affected populations are reflected in response planning.

As part of Risk Communication and Community Engagement (RCCE) efforts under the Acute Watery Diarrhoea (AWD) Taskforce, U-Report Afghanistan disseminated more than 1 million prevention and call-to-action messages, targeting an audience of whom 37 per cent were women. Messages promoted

handwashing with soap, safe water handling and hygiene practices, while also providing information on oral rehydration solution (ORS), its safe preparation at household level, and referral pathways for severe AWD cases requiring urgent care.

Gender and Adolescent Development and Participation

In May 2026, UNICEF, in collaboration with implementing partners, reached 10,400 women and adolescent girls through Women's and Girls' Safe Spaces across the central and northern regions of Afghanistan. These spaces provided access to integrated services, including referrals to health, nutrition, immunization and gender-based violence (GBV) services, as well as psychosocial support, digital resources and skills development opportunities, helping strengthen community-based access to essential services.

During the reporting period, 5,702 adolescent girls participated in life skills training through the safe spaces. In addition, 1,906 men and boys engaged in Men and Boys Networks that promote positive masculinity, gender equality and awareness of harmful gender norms and practices, contributing to safer and more supportive environments for women and girls.

UNICEF also strengthened institutional capacity by supporting the development of training packages on gender-responsive healthcare, adolescent-friendly health and nutrition services, GBV prevention and response, and protection from sexual exploitation and abuse and sexual harassment (PSEA/SH). During the reporting period, 65 healthcare providers were trained on these approaches to enhance the quality and inclusiveness of services.

Social Protection and Humanitarian Cash Transfers (HCT)

In May, UNICEF provided cash assistance to 20,821 households in four provinces, benefiting 132,103 individuals, including 84,988 children and 1,114 people with disabilities. Each household received the Afghani equivalent of USD 60. Of the households reached, 2,738 households with pregnant and lactating women and children under two years of age in Kunar and Samangan provinces received the fifth instalment of assistance, while 16,686 households in Badghis province received the sixth and final instalment.

Over the 18-month programme period, more than 65,000 households across four provinces are expected to benefit. By combining cash assistance with community engagement, the programme aims to reduce demand-side barriers, strengthen the uptake of maternal and child health and nutrition services, and generate evidence to inform the design of future social protection programmes.

In addition, through its First Food Initiative, UNICEF reached 1,351 households with children aged 6–12 months in Lalpur district of Nangarhar province through a one-off cash transfer. The initiative forms part of a broader joint programme with WFP and FAO to address child food poverty by strengthening food, health, education, WASH and social protection systems. While nutrition supplements and WASH supplies provide immediate support, cash assistance plays a critical role in helping families access nutritious first foods and overcome financial barriers to meeting the nutritional needs of young children.

Humanitarian Leadership, Coordination and Strategy

Following the Humanitarian Reset⁵, UNICEF continued leading the Nutrition, WASH and Education Clusters, and the Child Protection Workstream within the broader Protection Coordination Group. At sub-national level, the adoption of the Area-Based Coordination (ABC)⁶ model through the establishment of integrated – humanitarian and Basic Human Needs – Regional Teams and emergency focused Operational Coordination Teams continued to strengthen complementarity between humanitarian and Basic Human Needs (BHN) coordination.

Nutrition Cluster

The Nutrition Cluster continued strengthening preparedness, coordination and localization efforts during May 2026. A key milestone was the completion of Regional Emergency Response Plans (ERPs), providing a harmonized framework for preparedness and emergency nutrition response across all regions. The plans define coordination arrangements, response triggers, surge mechanisms and priority actions to support timely and effective interventions during emergencies.

In collaboration with the Global Nutrition Cluster, national and international partners, the Nutrition Cluster finalized its Localization Strategy and Action Plan, aimed at strengthening local leadership, promoting more equitable partnerships and increasing the participation of national actors in cluster governance and decision-making structures. The strategy is scheduled for endorsement by the Strategic Advisory Group and Nutrition Cluster partners in June 2026.

The Nutrition Cluster, in collaboration with UNICEF, also completed the transition to the new National Nutrition Information System (NIS), replacing the legacy database with a unified reporting platform to strengthen the quality, timeliness and accessibility of nutrition response data and support evidence-based decision-making.

Despite challenges associated with the system transition and ongoing supply constraints, Nutrition Cluster partners reached 1.1 million beneficiaries between January and April 2026, including the treatment of 147,000 children with severe acute malnutrition and 159,000 children with moderate acute malnutrition. Nutrition supplies remained critically constrained, with shortages of specialized nutritious foods and funding gaps affecting the availability of treatment supplies in several parts of the country.

Education Cluster

The Education Cluster continued coordinating the education response across all regions of Afghanistan. As of May 2026, 21 partners were contributing to the response, reaching approximately 146,000 children, including 89,000 girls, through community-based education and Temporary Learning Spaces (TLS).

Monitoring visits conducted during the reporting period identified continuing education and service gaps affecting returnee and displaced children. In Maidan Wardak transit camp, the absence of nearby primary schools has limited access to education for first-time learners, highlighting the need for

⁵ The “Humanitarian Reset” refers to a global reform initiative led by the Inter-Agency Standing Committee (IASC) to reshape the humanitarian system in response to growing funding shortfalls and operational pressures, with the aim of making humanitarian action lighter, more efficient, locally led, protection-centered, and accountable to affected populations. Afghanistan is among the countries implementing elements of this reform agenda. See: [IASC Humanitarian Reset](#)

⁶ Idib

additional education support and transitional learning opportunities. Concerns were also identified regarding inadequate WASH facilities for learners and surrounding communities.

The Education Cluster also continued advancing preparedness and localization efforts, including the development of a localization action plan and ongoing planning under the Education Cannot Wait (ECW) programme to strengthen coordinated education responses for vulnerable children.

Child Protection Workstream (CPWS)

In May, Child Protection Workstream partners delivered services across 174 districts in all 34 provinces, reaching 165,298 individuals, including 123,259 children and 42,039 caregivers. Services included case management for 2,249 vulnerable children, approximately 80 per cent of whom were returnee children from Iran and Pakistan, highlighting the significant protection needs associated with large-scale cross-border population movements. Structured mental health and psychosocial support (MHPSS) services reached 48,663 children at border crossings, transit centres and return areas, while 706 children were referred to specialized mental health services.

UNICEF and partners continued providing protection services for unaccompanied and separated children (UASC) through Interim Care Centres at the Herat, Torkham, Spin Boldak and Milak border crossings, where increasing return movements continue to generate significant child protection needs. During the reporting period, 437 UASC received care and protection services, while family tracing and reunification efforts successfully reunified 912 children, primarily in the western, eastern and central regions. In addition, 801 children received cash assistance as part of case management support during the reunification process.

To strengthen prevention, mitigation and response to violence against children, more than 430 child protection workers and community volunteers across all 34 provinces received capacity-building training on child protection standards, identification of protection risks and referral pathways. Child protection information management systems also continued to be strengthened, with more than 16,500 cases cumulatively documented through the Child Protection Information Management System Plus (CPIMS+) by 20 NGO partners.

During the reporting period, the Child Protection Workstream finalized and disseminated Standard Operating Procedures for the harmonization and operationalization of Child Friendly Spaces (also referred to as Child Care Centres) in Afghanistan. Developed in coordination with the Ministry of Labour and Social Affairs (MoLSA) and with technical support from the UNICEF Regional Office, the SOPs are expected to strengthen the quality and consistency of MHPSS services and facilitate the approval of partnership agreements for implementing organizations.

WASH Cluster

In May, WASH Cluster partners delivered emergency and resilience-focused interventions across 147 districts in 32 provinces affected by acute watery diarrhoea (AWD), drought, flooding and earthquakes. During the reporting period, partners provided safe water services to 267,750 people, supported access to sanitation facilities for 131,408 people, distributed essential WASH supplies to 277,402 people, and reached 256,000 people with hygiene-promotion activities. In addition, 79,511 people benefited from basic WASH services in schools, health facilities and nutrition centres.

AWD preparedness and response remained a priority, with partners implementing hygiene-promotion activities, water quality monitoring and coordinated response measures in affected areas. Alongside emergency interventions, partners continued investing in climate-resilient water and sanitation infrastructure to strengthen community resilience and reduce vulnerability to future shocks.

The WASH Cluster continued coordinating the response with government counterparts and humanitarian partners at national and sub-national levels. Discussions focused on operational challenges, response gaps, partner coordination and measures to strengthen implementation. The cluster also continued participating in AWD Taskforce meetings to support preparedness and response efforts and engaged in inter-cluster discussions on localization to strengthen the participation of national organizations in humanitarian coordination and response.

External Media, Statements & Human-Interest Stories

Social Media posts:

- [With support from @ADB_HQ, this treatment is reaching children across Afghanistan.](#)
- [With support from @ADB_HQ and @FCDOGovUK, 260 temporary learning spaces help returnee children continue learning until school enrolment.](#)
- [Thanks to @gavi we're strengthening vaccinators workforce to reach the last mile across #Afghanistan.](#)
- [Together with @EUinAfghanistan and @ECHO_Asia, we continue delivering life-saving assistance and services to children across the country.](#)
- [With support from the Afghanistan Humanitarian Trust Fund, @isdb_group, @OIC_OCI, @SaudiFund_Dev and @ksrcharity, 8 schools were rebuilt, 1,300 staff trained and 239,100 children received learning kits.](#)
- [in Zabul, Kunar, Samangan and Badghis, where malnutrition rates are higher than other parts of the country, 66,000 families are receiving cash assistance to meet their nutrition needs, with support from @ADB_HQ.](#)
- [With @JapanGov, @Rotary and @CanadaDev, we reach families like theirs across Afghanistan to #EndPolio.](#)
- [With support from @EUinAfghanistan, RUTF is reaching children in Afghanistan who need it most.](#)
- [With @WorldBankGroup, @ADB_HQ and @GPforEducation, we're making sure school supplies reach children across Afghanistan.](#)
- [Video: Karima, a midwife in Herat, delivers up to 40 babies a month. With @ADB_HQ, we support health workers like her across 2,400 facilities.](#)
- [With support from @WorldBankGroup, we are bringing quality maternal and child health services and malnutrition treatment closer to communities across Afghanistan.](#)
- [With support from @FCDOGovUK, we are upgrading WASH services across 25 health and nutrition centres in Daikundi and Paktia.](#)
- [With thanks to @WorldBank & @ADB_HQ support, @UNICEFAfg reached over 20 million Afghans last year & sustained 2,400 health facilities across #Afghanistan.](#)
- [With support from @OCHAFunds, solar-powered systems and boreholes are bringing safe water to children and families like Asma's.](#)
- [With support from @ADB_HQ, child-friendly spaces across Afghanistan provide them with safe places to play, learn and talk to counsellors when they need.](#)
- [With support from @EUinAfghanistan, health workers like Palwasha make sure supplements like iron and folic acid reach girls and women who need them most.](#)

Human Interest Stories:

- [UNICEF with Support from GAVI strengthens the vaccinators workforce to improve the immunization status of children and families in Afghanistan.](#)
- [Preventing Malnutrition through Clean Water, Sanitation, and Hygiene in Daikundi's Central Highlands.](#)

Next SitRep: 25 July 2026

UNICEF Afghanistan Humanitarian Action for Children Appeal: <https://www.unicef.org/appeals/>

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Annex A: Summary of Programme Results

Sector / Indicator	Total Needs 2026	UNICEF and IPs Response			Cluster/Sector Response		
		2026 Target	Total Results (Jan-May 2026)	Change ▲▼	2026 Target	Total Results (Jan - May 2026)	Change ▲▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700,000	853,103	160,923			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	12,000,000	9,148,174	0			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	255,759	91,271	1,290,435	222,073 ⁷	162,821
Number of primary caregivers of children aged 0 to 23 months who received IYCF counselling	3,304,503	2,625,000	962,640	211,867	2,278,785	866,013 ⁸	322,832
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	703,971	150,000	64,030	168	205,200	165,298	70,503
Number of girls and boys, victims or at risk of violence, including unaccompanied and separated children & survivors of grave violations who received case management services	96,408	45,000	16,652	10,758	53,200	18,544	2,249
Number of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	169,036	33,575			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	247,362	50,502			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		1,500,000	0	0			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA reporting mechanisms		900	370	144			
Education							
Number of vulnerable school-aged children (girls and boys) provided with community-driven education initiatives	461,000	181,300	67,601	0	461,000	157,551	2,169
Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	7,084,000	5,680,000	13,344	0	120,000	0	0
WASH							
Number of people accessing sufficient quantity of safe water for drinking, cooking and personal hygiene	14,215,579	2,900,000	337,347	59,085	4,393,589	1,635,243	267,750
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	286,779	46,999	2,432,861	879,573	131,408
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	730,162	150,624	7,838,434	1,299,818	256,736

⁷ Nutrition cluster target only severity 3 and 4 provinces.

⁸ Nutrition cluster target only severity 4 and 5 provinces.

Number of people reached with critical WASH supplies	10,107,833	1,750,000	769,136	176,180	2,887,935	1,239,050	277,402
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284 ⁹	33,309	25,359	297,047	485,651	79,511
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	74,505 ¹⁰	1,397			
CEP and AAP							
Number of at-risk and affected populations reached with timely, appropriate, gender/age-sensitive life-saving information on humanitarian situations and outbreak, disaggregated by sex		10,000,000	8,795,379	2,497,523			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	1,734,533	430,626			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	86,021	16,689			
Gender, Youth, and Adolescent Development							
Number of UNICEF and implementing partner programme staff and frontline workers trained to deliver rights-based, gender and adolescent responsive, and disability-inclusive programmes at scale		15,300	347	92			
Number of knowledge products, tools and plans completed to inform evidence-based programming and advance gender equality and adolescent girls' programming.		12	5	2			
Emergency Preparedness and Response							
Number of households reached with UNICEF-funded humanitarian cash assistance		35,000	0	0			

⁹ This figure refers to the number of facilities, while the WASH cluster figures refer to targets and results.

¹⁰ The over achievement is mainly due to the implementation of Cash for First Food which was not budgeted and planned for during the beginning of the year.

Annex B: Funding Status

Appeal Sector	2026 HAC Requirements (US\$)	Funds available			2026 Funding Gap	
		Humanitarian resources received in 2026	Resources available from 2025 (carry -over)	Other resources available used for HAC in 2026	\$	Per cent
Health	300,535,482	943,396	198,401,999	1,218,438	99,971,649	33%
Nutrition	180,158,182	7,962,436	27,952,613	1,719,791	142,523,341	79%
Child protection, GBVIE and PSEA	29,848,031	1,748,699	1,943,863	1,692,175	24,463,294	82%
Education	192,557,324	222,773	123,589,098	5,089,619	63,655,834	33%
Water, sanitation, and hygiene	179,563,554	5,282,321	14,767,943	1,921,791	157,591,499	88%
Social protection	37,658,295	660,377	5,435,932	1,708,669	29,853,316	79%
Cross-sectoral (HCT, SBC, RCCE and AAP)	24,024,911	1,797,427	4,617,107	4,974,510	12,635,868	53%
Gender, adolescents, and youth development	4,728,787		-	23,175	4,705,612	100%
Total	949,074,566	18,617,429	376,708,555	18,348,168	535,400,414	56%

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

** To more accurately reflect the level of funding for the response, funds from other sources that also contribute to the emergency response in 2026, including those carried over from 2025, are now included.