Alia, a 13-year-old fourth-grade student, with her friends, happy to receive clean, safe water at Want High School, Nuristan Province, Afghanistan. ©UNICEF/UN0863579/Azizi

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Afghanistan

Humanitarian Situation Report
1 January – 30 June 2026
Report #6

Reporting Period: 1 January – 30 June 2026

Highlights

- More than **18.9 million people** accessed **essential health services** through UNICEF-supported health facilities across all 34 provinces.
- UNICEF screened **6.8 million children** for **wasting** and provided **treatment to 363,810 children** with severe wasting and high-risk moderate wasting.
- UNICEF supported **55,937 vulnerable children** through community-based education and temporary learning spaces, including returnee and out-of-school children, **67 per cent of whom were girls.**
- UNICEF's Mother and Child **Cash Transfer programme** reached **65,162 households**, benefiting **576,279 people**, with evidence showing improvements in food security and maternal and child health outcomes.

Situation in Numbers

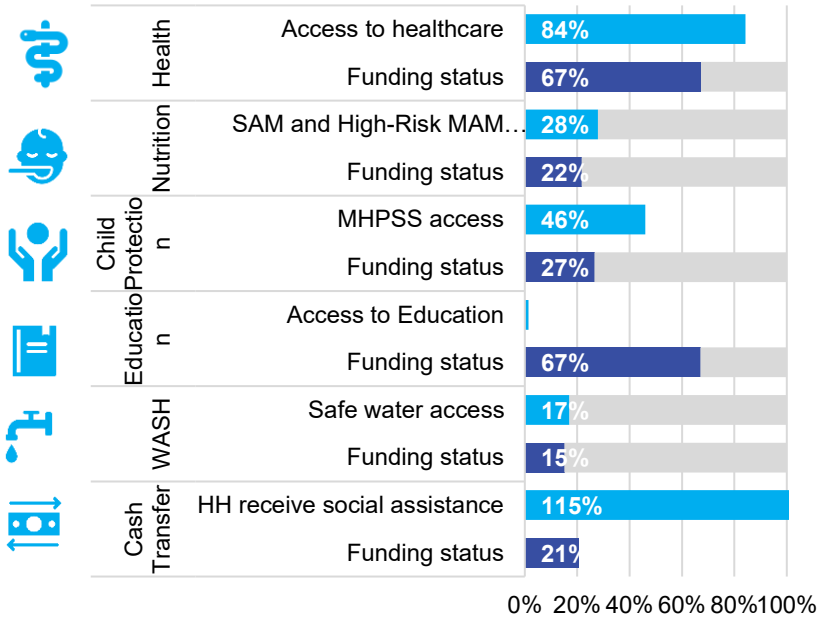
21.9 M
People in need of humanitarian assistance (HNRP 2026)

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)

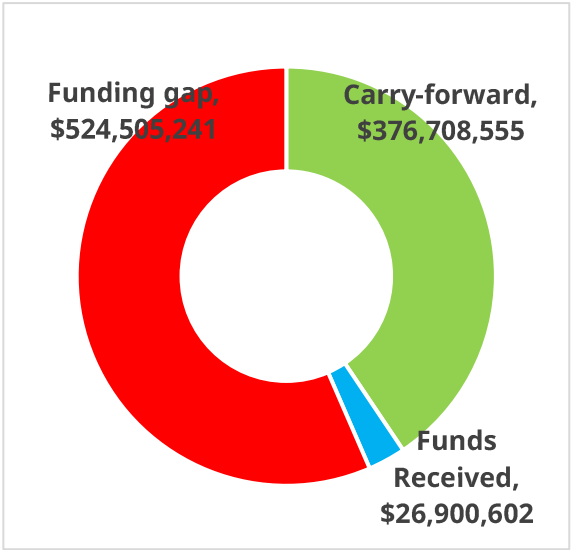
14.4 M
People in need of humanitarian health assistance (HNRP 2026).

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 30 June 2026, the Humanitarian Action for Children (HAC) appeal for 2026 requiring an overall budget of USD 949.1 million is 45 per cent funded. UNICEF is grateful to the Republic of Korea as well as UNICEF's family of National Committees for new contributions awarded in June.

UNICEF also extends its appreciation to all partners that have supported interventions under the HAC 2026, including through longer-term funding granted in previous years that continued to support implementation in 2026. These include 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 Government of the People's Republic of China through the UNICEF China Country Office, France, His Highness Sheikh Mohamed bin Zayed Al Nahya, 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.

UNICEF further acknowledges flexible contributions provided by Belgium, Denmark, Norway, Sweden, Switzerland, the United Kingdom, and the family of National Committees for UNICEF as well as private sector partners, which enable UNICEF to timely respond to sudden and underfunded needs.

UNICEF Afghanistan deeply appreciates the continued support by donors to the response in the country. Throughout 2026, with both humanitarian and basic human needs at dire levels, our unwavering shared commitment to the people of Afghanistan will be crucial to alleviate acute suffering and to reduce preventable deaths, particularly among children and women.

Situation Overview and Humanitarian Needs

Afghanistan remains one of the world's largest humanitarian crises during the first half of 2026. According to the 2026 Humanitarian Needs and Response Plan (HNRP), an estimated 21.9[1] million people, representing 45 per cent of the population, require humanitarian assistance, including 11.6 million children. Humanitarian partners aim to reach 17.5 million people through a response requiring US$1.71 billion, yet severe funding shortfalls continued to constrain humanitarian operations throughout the reporting period. Humanitarian needs remained driven by the cumulative effects of protracted economic fragility, chronic poverty, food insecurity, climate-related shocks, recurrent disease outbreaks, population movements and restrictions affecting women and girls. By June, the HNRP had received only US$239 million[2], leaving a funding gap of approximately US$1.47 billion and forcing humanitarian actors to reduce activities and further prioritize life-saving interventions.[3]

The first six months of 2026 were characterized by the convergence of multiple shocks that further eroded household resilience and increased pressure on basic services. Food insecurity remained one of the principal drivers of humanitarian need. The latest IPC analysis projected 17.4 million people

[1] OCHA, Afghanistan Humanitarian Needs and Response Plan (HNRP) 2026

[2] OCHA, Afghanistan Humanitarian Update, May 2026

[3] OCHA, Financial Tracking Service (FTS), June 2026

facing acute food insecurity (IPC Phase 3 or above), including 4.7 million people in IPC Phase 4 (Emergency), representing a deterioration compared with the previous year's projections[4][5]. Economic vulnerability remained widespread, with large segments of the population dependent on daily labour, subsistence agriculture and informal livelihoods highly exposed to seasonal and market shocks. Rising inflation, increasing transportation costs, reduced purchasing power and continued regional trade disruptions further constrained households' ability to meet their basic needs.

The nutrition situation remained critical throughout the reporting period. In 2026, an estimated 3.7 million children under five years of age are expected to suffer acute malnutrition, including approximately 942,000 children with severe acute malnutrition, while 1.2 million pregnant and breastfeeding women are projected to be acutely malnourished[1]. Nutrition concerns intensified in several provinces, with Faryab and Paktika projected to face critical levels of acute malnutrition. In February, cross-border hostilities disrupted nutrition services in affected eastern provinces, leading to the temporary suspension of 16 nutrition sites and reducing access to treatment for more than 1,000 children and 200 pregnant and breastfeeding women[6]. Since April 2026, shortages of supplementary feeding commodities and interruptions in the Ready-to-Use Therapeutic Food (RUTF) supply pipeline have reduced admissions to treatment programmes, while increasing numbers of children requiring inpatient care highlighted worsening nutrition conditions and delayed access to treatment.

The operating environment deteriorated significantly during the first quarter following the escalation of tensions between Afghanistan and Pakistan. Beginning in late February, airstrikes, artillery fire and border clashes affected at least ten provinces, resulting in civilian casualties, displacement and damage to civilian infrastructure. By March, humanitarian reporting indicated approximately 289 civilian casualties and an estimated 115,000 people displaced, while border closures and insecurity disrupted markets, humanitarian access and supply chains[6]. The escalation contributed to increases in food prices, interruptions in health, nutrition and education services, and heightened protection concerns, particularly for women and children.

Climate-related shocks and natural disasters further compounded humanitarian needs during the second quarter of the year. From March onwards, heavy rainfall, flash floods and landslides affected 31 of Afghanistan's 34 provinces, impacting more than 73,000 people, causing casualties, damaging or destroying thousands of houses and affecting agricultural land, roads, bridges and water infrastructure[6]. The eastern, southern and western regions were among the most severely affected. In addition to flooding, recurrent drought conditions continued to affect livelihoods, agricultural production and water availability, with 12 provinces identified as severely affected by drought[4]. These overlapping climate shocks further increased food insecurity and humanitarian dependency among rural populations.

Public health concerns remained significant throughout the reporting period. Recurrent outbreaks of communicable diseases, particularly acute watery diarrhoea (AWD) and measles, continued to affect vulnerable communities, especially children under five. According to the World Health Organization (WHO), between January and June 2026 Afghanistan recorded 60,155 cases of AWD with dehydration and 14,841 suspected measles cases, with measles transmission increasing sharply during the first quarter of the year[7]. At the same time, Afghanistan's health system faced increasing challenges due to insecurity and funding constraints. Cross-border hostilities and resource shortages resulted in the suspension, closure or partial operation of at least 19 health facilities, limiting access to healthcare for

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[4] OCHA, Afghanistan Humanitarian Needs and Response Plan 2026 Summary

[5] March–April 2025: 12.6 million people were in IPC Phase 3 or above, including 1.95 million in IPC Phase 4.
May–October 2025: 9.5 million people were projected to be in IPC Phase 3 or above.

[6] OCHA, Afghanistan Humanitarian Update, March-April 2026

[7] World Health Organization (WHO), Afghanistan Emergency Situation Report, Issue No. 65

an estimated 78,000 people[6]. The situation was further exacerbated by flood-related damage to health infrastructure and continued shortages of female health personnel, affecting women's access to care and reducing the availability of essential health services in several parts of the country.

Large-scale population movements remained a major humanitarian concern during the first half of 2026. Returns from neighbouring countries continued throughout the reporting period, placing considerable pressure on already overstretched services, livelihoods and host communities. According to UNHCR and IOM, more than 900,000 Afghans returned from Iran and Pakistan during the first six months of 2026, with returns accelerating significantly during the second quarter due to evolving policies and enforcement measures in neighbouring countries[8]. The scale and pace of returns increased pressure on border reception facilities, humanitarian services and basic infrastructure, particularly in eastern, western and urban areas of return. Since September 2023, approximately 6.04 million Afghans have returned from Pakistan and Iran, making population movements one of the most significant humanitarian developments affecting Afghanistan and further straining local absorption capacities and access to basic services[9].

The returnee situation was further shaped by evolving policy measures in neighbouring countries. In Pakistan, the implementation of the Illegal Foreigners Repatriation Plan (IFRP) continued to drive returns throughout the reporting period. On 28 June 2026, the Government of Pakistan announced a directive requiring the arrest of Afghan nationals lacking valid visas beginning 10 July 2026, increasing uncertainty among Afghan communities and further heightening expectations of additional return movements during the second half of the year[8]. Although returns slowed temporarily in June due to Muharram[10]-related border closures, humanitarian partners reported continued protection concerns and increased intentions to return among undocumented Afghan households.

Women and girls continued to face disproportionate humanitarian impacts. Persistent restrictions on education, employment and participation in public life further deepened vulnerabilities, limited livelihood opportunities and constrained access to essential services. According to OCHA, more than 10.7 million women and girls require humanitarian assistance in 2026.[11] Humanitarian actors also raised concerns regarding the long-term effects of these restrictions on the health and education systems, including the future availability of qualified female professionals.

Overall, the first half of 2026 was characterized by a combination of worsening food insecurity, acute malnutrition, conflict-related shocks, natural disasters, disease outbreaks, funding shortfalls and unprecedented population movements. These interconnected crises continued to strain humanitarian response capacities and increase vulnerabilities among children, women and other at-risk populations. As Afghanistan enters the second half of the year, sustained humanitarian assistance and adequate funding will be critical to address growing needs and prevent further deterioration of humanitarian conditions.

Summary Analysis of Programme Response

Health

[8] UNHCR, Afghanistan Situation Regional Update, June 2026
[9] IOM, Afghanistan Returnee Resilience Overview, June 2026
[10] The month of Muharram or the 10th of Muharram is known as the Day of Ashura, a major holy day in the Islamic calendar that marks the saving of Prophet Moses and the martyrdom of Imam Hussein.
[11] OCHA, Afghanistan HNRP 2026

During the first half of 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, 39 per cent women, over 18.9 million people accessed essential health services, of whom 28 per cent were children. UNICEF also scaled up support in response to flooding, cross-border tensions, population movements, and ongoing recovery efforts in earthquake-affected areas.

Disease surveillance and outbreak response remained a priority. During the reporting period, 947 disease outbreaks were detected and responded to across the country. More than 827,000 cases of epidemic-prone and communicable diseases were reported, including acute respiratory infections, acute watery diarrhoea (AWD), COVID-19, malaria, measles, Crimean-Congo haemorrhagic fever (CCHF), and dengue fever. To strengthen preparedness and response capacity, UNICEF supported the pre-positioning of emergency supplies and trained 5,798 health workers, including Community Health Workers (CHWs), on AWD case management and outbreak response. UNICEF-supported health facilities provided treatment to nearly 653,000 AWD patients during outbreaks and health emergencies, while AWD prevention and response campaigns reached more than 1.05 million people. In addition, more than 10 million health promotion messages on handwashing and oral rehydration solution (ORS) use were disseminated through the U-Report platform.

Health services were provided to Afghan returnees at key border crossing points, including Torkham, Spin Boldak, Milak and Islam Qala, while temporary health camps and UNICEF-supported facilities continued delivering services in areas affected by the August 2025 Kunar earthquake. At Torkham, more than 4,100 people have received outpatient consultations, alongside vaccination and primary health care services for women and young children.

To strengthen emergency preparedness and critical care capacity, five containerized oxygen plants were installed and handed over to health facilities in Balkh, Ghazni, Kandahar, Khost and Nangarhar provinces. In addition, 12 X-ray machines and trauma care equipment packages were provided to strategically selected facilities in high-risk locations. UNICEF also supported emergency trauma care services in provinces affected by humanitarian emergencies, including along the Afghanistan-Pakistan border and at referral hospitals in Kabul.

Through routine immunization services, 1.07 million children under five years of age were vaccinated against measles, nearly 990,000 children received the third dose of pentavalent vaccine, and more than 83,000 high-risk individuals were vaccinated against COVID-19. To strengthen vaccine storage capacity, 116 solar direct-drive refrigerators were installed in health facilities across the country.

The Electronic Logistics Management Information System (eLMIS), based on the open mSupply platform, continued to support the digitization of the Expanded Programme on Immunization (EPI) supply chain and is now operational at national, regional and provincial vaccine stores. A total of 116 cold chain personnel were trained on eLMIS, while additional EPI staff received training on vaccine management and immunization waste management. Construction and rehabilitation of EPI infrastructure, including warehouses, management facilities and waste treatment sites, continued in multiple provinces.

UNICEF also strengthened maternal and newborn health services through capacity building, equipment provision and support to health facilities. A total of 1,235 health workers received training on advanced newborn care, oxygen therapy, management of obstetric and neonatal complications,

and Maternal and Neonatal Death Surveillance and Response (MNDSR). Eight maternal, newborn and child health skills laboratories were established, Continuous Positive Airway Pressure (CPAP) machines were installed in five provincial hospitals, and a Kangaroo Mother Care (KMC) unit was established in Paktia province. In addition, 43 health facilities in 10 provinces were supported to implement high-impact interventions aimed at reducing maternal and newborn mortality. More than one million Maternal and Child Health Handbooks, newborn care supplies and Community Health Worker kits were distributed, strengthening service delivery nationwide.

A UNICEF U-Report poll conducted across ten high-risk provinces for AWD identified important gaps in prevention and response, including low ORS awareness (43%), limited household water treatment practices, inconsistent handwashing behaviours, and barriers to accessing soap, safe water and timely healthcare. The findings informed the prioritization and adaptation of response activities, leading to intensified community awareness campaigns that reached 1.05 million people, training and orientation of 62,893 health workers and community health workers, treatment of 653,000 AWD cases, distribution of 5.63 million water treatment tablets, 13,785 soap bars and 1,433 hygiene kits, as well as chlorination of 70 community water points in affected areas. These targeted interventions helped address key behavioural and environmental risk factors identified through community feedback and strengthen AWD prevention, early care-seeking and case management in high-risk locations.

Nutrition

During the first half of 2026, UNICEF delivered quality preventive and treatment nutrition services through 3,500 health facilities and 15,000 community health posts across Afghanistan.

Over the reporting period, UNICEF and its partners screened 6.8 million children for wasting. Of these, 363,810 children with severe wasting and high-risk moderate wasting were admitted for treatment, including 258,323 children with severe wasting who received life-saving treatment. UNICEF delivered a comprehensive package of preventive nutrition interventions. A total of 1.2 million caregivers received counselling on Maternal, Infant and Young Child Nutrition (MIYCN), while 633,423 pregnant women received Multiple Micronutrient Supplements (MMS). In addition, 2.9 million children under five received micronutrient supplementation, and 2.3 million adolescent girls benefited from Weekly Iron and Folic Acid Supplementation (WIFS). Through the National Immunization Days (NIDs), 10.3 million children aged 6–59 months received vitamin A supplementation.

UNICEF provided emergency nutrition services for returnee families at border crossings, transit centres and areas of reintegration. During the reporting period, 55,000 returnee children were screened for wasting, with more than 2,000 children admitted for treatment. Returnee children also received vitamin A supplementation and micronutrient support, while more than 21,000 caregivers benefited from nutrition counselling and related services.

Nutrition services were further expanded in response to the earthquakes that affected eastern and northern Afghanistan where nearly 39,000 children were screened for malnutrition out of which 787 children received treatment for wasting, and over 19,000 caregivers received Infant and Young Child Feeding in Emergencies (IYCF-E) counselling. In addition, 390 infants who had lost their mothers during the earthquake received Ready-to-Use Infant Formula (RUIF).

UNICEF also advanced the integration of Early Childhood Development (ECD) into nutrition services as part of its Child Nutrition and Development strategy. During the reporting period, ECD and Social and Behaviour Change (SBC) interventions were integrated into 131 service delivery points, and 233 frontline workers were trained on the integrated ECD package. Integrated nutrition, nurturing care

and early stimulation services were delivered through 50 Child Nutrition and Development Counselling Centres (CNDCCs) in Kabul. In addition, 35 new Child Nutrition and Development Centres were established across the four southern provinces of Kandahar, Helmand, Uruzgan and Zabul, expanding access to integrated nutrition, nurturing care and early stimulation services for young children and their caregivers.

To strengthen nutrition monitoring, community-based nutrition surveillance continued across 465 sentinel sites in all 34 provinces, providing real-time information on malnutrition trends to support timely decision-making and response.

Education

During the first half of 2026, UNICEF supported education interventions in a challenging humanitarian context characterized by large-scale returnee movements, cross-border hostilities, flooding, and persistent barriers to education access. An estimated 7.1 million children required education assistance, including approximately 900,000 returnee children facing overcrowded classrooms, shortages of learning materials, and difficulties integrating into schools. UNICEF prioritized Education in Emergencies (EiE) interventions through Temporary Learning Spaces (TLS) and community-based learning approaches, with girls representing around 60 per cent of beneficiaries.

To support the educational needs of returnee children, UNICEF established 1,600 Temporary Learning Spaces, reaching 30,888 children, including 51 per cent girls. Following placement assessments, 25,319 children (50 per cent girls) were integrated into public schools. UNICEF also supported 21,771 out-of-school children, including 74 per cent girls, through Community-Based Education (CBE) programmes, which provided learning opportunities, teacher support, community engagement, and essential learning materials. In addition, the pilot phase of the Community-Based School (CBS) programme was launched to expand access to education for out-of-school children, reaching 7,422 children, including 60 per cent girls.

UNICEF supported 285 female pre-service teacher trainees through the Girls' Access to Teacher Education (GATE) initiative, helping increase the availability of qualified female teachers and sustain access to education for girls.

Education services were repeatedly affected by humanitarian emergencies during the reporting period. Cross-border hostilities disrupted learning in several provinces, while floods in April damaged schools and Temporary Learning Spaces. In the southern region, 55 schools were affected, disrupting learning for more than 24,000 children, with additional education facilities damaged in Nangarhar and Laghman provinces. Education partners identified urgent requirements for rehabilitation of learning spaces, teaching and learning materials, psychosocial support, and additional Temporary Learning Spaces.

UNICEF continued to work closely with education authorities, implementing partners, and communities to support attendance, retention, and continuity of learning, particularly for girls, children with disabilities, and returnee children. However, continued population movements placed significant pressure on already overstretched education services, contributing to overcrowded classrooms, shortages of qualified teachers, inadequate infrastructure, and increased resource needs across affected areas.

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

Between January and June 2026, UNICEF and its implementing partners strengthened child protection services across Afghanistan, reaching 1.16 million people, including children, caregivers, and community members, through integrated child protection, gender-based violence (GBV) prevention, risk mitigation, and response interventions.

To support mental health and emotional well-being, nearly 69,000 children and caregivers accessed structured mental health and psychosocial support (MHPSS) services. In addition, more than 22,600 vulnerable children, including unaccompanied and separated children and survivors or those at risk of violence, exploitation, and abuse, received case management and specialized child protection services, including family tracing and reunification, individual counselling, and referrals to specialized services.

UNICEF continued to strengthen GBV prevention, risk mitigation, and response services, reaching more than 166,000 people during the reporting period. Efforts focused on increasing access to information, strengthening community-based protection mechanisms, and supporting vulnerable women, girls, and children affected by humanitarian crises.

Given the continued threat posed by landmines and explosive remnants of war, UNICEF supported Explosive Ordnance Risk Education (EORE) activities that reached nearly 369,000 children and caregivers, promoting safer behaviours and reducing exposure to explosive hazards. In parallel, community awareness and social and behaviour change interventions reached more than 530,000 people with messages on child protection, violence prevention, psychosocial well-being, and positive caregiving practices.

UNICEF continued strengthening prevention, reporting and response of SEA and Sexual Harassment (SH) and Safeguarding issues through capacity building, integration into the programme/activities, reinforcing reporting channels and their accessibilities as well as case handling. A total of 476 frontline workers/partner staff and UNICEF staff (250 female and 226 male) were trained on PSEA/SH and Safeguarding between January and June 2026 – including Child Protection frontline workers, community engagement and feedback mechanism and community mobilisers that have close contact with vulnerable children and communities. UNICEF also engaged with consultants to start DEI (Dignity, Equity and Inclusion) initiative to prepare the in-depth analysis and training for UNICEF staff. Approximately 119,000 community members were reached with awareness raising through Child Protection programme on safe reporting as well as PSEA/Safeguarding principles. Nealy 114,000 people reached out to UNICEF's feedback mechanism that prove they have safe access to report concerns.

Water, Sanitation and Hygiene (WASH)

During the first half of 2026, UNICEF delivered lifesaving water, sanitation and hygiene (WASH) services to communities affected by natural disasters, disease outbreaks and large-scale population movements across Afghanistan. The programme contributed to improved access to safe drinking water, basic sanitation, healthier environments and improved hygiene practices in underserved and emergency-affected areas.

Between January and June, 493,460 people gained access to safe drinking water, while 334,385 people accessed basic sanitation services through the construction or rehabilitation of sanitation facilities and community-led sanitation initiatives. In addition, 830,296 people received essential WASH supplies, including hygiene kits, water kits and water treatment products, while 810,061 people were reached through hygiene promotion and behaviour change activities.

UNICEF supported preparedness and response efforts for Acute Watery Diarrhoea (AWD) outbreaks through hygiene promotion, water quality monitoring, chlorination, community engagement, environmental sanitation improvements and the distribution of emergency WASH supplies. These interventions were implemented in collaboration with de-facto line deportments and partners to reduce disease transmission risks in affected and high-risk communities. Coordination efforts continued to strengthen AWD preparedness and response capacities, although funding constraints limited the expansion of partner support in some outbreak-affected areas.

Large-scale returns from the Islamic Republic of Iran and Pakistan continued to place significant pressure on essential services at border crossings and in areas of return. During June, more than 106,000 people returned through major border crossings (72,908 through Torkham, 26,137 through Milak, 5,685 through Spin Boldak and 1,591 through Bahramcha), increasing demand for safe water, sanitation and hygiene services. UNICEF maintained critical WASH services at key border points, including safe water supply, sanitation facilities, hygiene promotion and solid waste management services, helping meet the immediate needs of returnees and host communities.

To strengthen access to WASH services in institutions, UNICEF supported the rehabilitation and construction of water and sanitation infrastructure in 32 health facilities, benefiting 94,540 people, including patients, healthcare workers and surrounding communities. In addition, improved water supply systems, handwashing facilities and sanitation infrastructure were provided in 15 schools in Laghman, Kunar, Parwan, Ghor, Takhar, Baghlan and Nangarhar provinces, benefiting 14,733 students and teachers.

Despite significant achievements, the WASH response continued to face challenges, including funding shortages, technical capacity constraints, limited groundwater data, climate-related shocks and the increasing demands generated by simultaneous humanitarian emergencies and population movements.

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

During the first half of 2026, UNICEF reached more than 9.2 million people, including approximately 49 per cent women and girls, with lifesaving information on nutrition, exclusive breastfeeding, immunization, disease prevention, mental well-being, and safe hygiene practices. Through community structures and outreach activities, an additional 2.3 million people were engaged with information on immunization, disease prevention, and hygiene promotion, while nearly one million people received awareness messages through information, education and communication (IEC) materials.

UNICEF strengthened accountability to affected populations through its Community Feedback Management System, which recorded 113,661 pieces of community feedback, of which 53 per cent were submitted by women. The feedback highlighted persistent barriers to accessing essential services, particularly health care, safe drinking water, education, child protection services, and social support. Concerns related to economic hardship, shortages of nutrition supplies for children and pregnant women, and unmet humanitarian needs accounted for more than 60 per cent of feedback received.

The UNICEF Call Centre received 11,120 calls, providing an additional channel for communities to seek information, raise concerns, and access referral services.

Through U-Report Afghanistan, UNICEF sent and received approximately 50 million messages and engaged adolescents and young people through targeted campaigns and interactive polls. More than 2.17 million U-Reporters, including 38 per cent adolescent girls and women, participated in one or more campaigns during the reporting period. Key initiatives included the dissemination of 10 million messages on Early Childhood Development (ECD) and 5 million messages on Acute Watery Diarrhoea (AWD) prevention, promoting positive childcare practices, oral rehydration therapy, and safe hygiene behaviours.

Gender and Adolescent Development and Participation

During the first half of 2026, UNICEF, in partnership with implementing partners and women-led and women-focused organizations, continued to strengthen access to gender-responsive services for women, adolescent girls, men and boys across Afghanistan. A total of 102,834 women and adolescent girls accessed integrated services through women and girls safe spaces (WGSS), These services included psychosocial support, digital learning opportunities, life skills training, and other empowerment interventions, as well as referral to health, nutrition, immunization, and GBV response services.

Women and Girls' Safe Spaces (WGSS) remained a key platform for delivering community-based support services, reaching 55,187 women and adolescent girls with safe and supportive environments and improved access to essential services. In addition, 25,531 adolescent girls participated in life skills and learning programmes focused on transferable skills, digital literacy, vocational skills and personal development, strengthening their resilience, and meaningful participation in their communities.

UNICEF also continued to engage men and boys as allies for promoting positive social norms through Men and Boys Networks. During the reporting period, 20,655 men and boys participated in activities promoting positive social norms, gender equality and the prevention of harmful practices. These initiatives contributed to creating safer and more supportive environments for women and girls while encouraging equitable attitudes and behaviours within families and communities.

To strengthen the quality and inclusiveness of service delivery, UNICEF supported the development of guidance and training materials 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). As a result, 1,117 healthcare providers and frontline workers were trained to deliver more inclusive, survivor-centred and gender-responsive services for women, girls and vulnerable populations across Afghanistan.

Social Protection and Humanitarian Cash Transfers (HCT)

During the first half of 2026, UNICEF successfully concluded the Mother and Child Cash Transfer (MCCT) programme in Badghis, Kunar, Samangan and Zabul provinces. Targeting pregnant and lactating women and households with children under two years of age, the programme provided six rounds of quarterly cash assistance to 65,162 households, benefiting 576,279 people. Through a women-friendly and risk-informed delivery model, the programme helped vulnerable families meet essential needs during the critical first 1,000 days of a child's life. Beneficiaries included 2,889 persons with disabilities and 19,720 returnees and internally displaced persons (IDPs).

Midline findings from the impact evaluation of UNICEF's Mother and Child Cash Transfer programme provide robust evidence that the cash transfers improved food security, as measured by the food consumption score[12], and increased the proportion of mothers reporting exclusive breastfeeding of their infant child. Analysis of secondary administrative data also indicates positive treatment effects on antenatal care, growth monitoring and promotion uptake, and vaccination.[13]

Under the First Foods Initiative, UNICEF provided one-off cash assistance to 9,343 households across eight districts in Faryab, Ghor, Herat, Logar, Nangarhar, Paktika and Zabul provinces. Households with children aged 6 to 12 months received cash assistance, supporting immediate food and nutritional

[12] The food consumption score for the treatment group receiving cash, social and behaviour change interventions, and household nudges grew 5.8 points more than the food consumption score for the control group.

[13] UNICEF Afghanistan. (2026). Impact evaluation of Mother and Child Transfer Programme 2024-2026. Midline Report. Available at: https://www.unicef.org/evaluation/reports#/

needs of young children. The intervention benefited 64,649 people, including 4,000 persons with disabilities and 2,818 returnees and internally displaced persons.

Humanitarian Leadership, Coordination and Strategy

UNICEF continued to lead the Nutrition, WASH and Education Clusters and the Child Protection Workstream within the broader Protection Coordination Group, supporting coordinated humanitarian action in response to increasing needs across Afghanistan.

Following the implementation of the Humanitarian Reset, humanitarian and Basic Human Needs (BHN) coordination arrangements continued to evolve to strengthen efficiency, localization, evidence-based prioritization and complementarity between humanitarian and longer-term responses. The revised aid architecture introduced joint coordination platforms while maintaining distinct humanitarian coordination structures and accountabilities.

At the sub-national level, the Area-Based Coordination approach continued to be rolled out through five Regional Teams (RTs) and 34 Operational Coordination Teams (OCTs). OCTs remained the primary mechanism for operational humanitarian coordination and emergency response at provincial level and were operational across all regions. Progress was also made in the transition of Regional Durable Solutions Working Groups (R-DSWGs) into Regional Teams, strengthening links between humanitarian action, durable solutions and Basic Human Needs programming.

By the end of the reporting period, Regional Teams had become operational in some regions while transition processes continued elsewhere. Efforts during the second half of 2026 will focus on completing the transition, strengthening regional analysis and planning, enhancing information-sharing between coordination structures, and further promoting local partner participation and leadership within the revised architecture.

Nutrition Cluster

During the first half of 2026, the Nutrition Cluster prioritized the response in 342 districts across 27 provinces classified under Integrated Food Security Phase Classification (IPC) severity levels 3 and 4. A total of 1.65 million people were reached with life-saving nutrition services, representing 29 per cent of the annual target. Beneficiaries included more than 533,000 children under five years of age and 1.16 million pregnant and breastfeeding women.

Nutrition Cluster partners provided treatment services through fixed and mobile nutrition facilities across the country. During the reporting period, 227,621 children with severe acute malnutrition (SAM) received outpatient treatment, 26,216 children with SAM complications received inpatient care, and 105,096 children with high-risk moderate acute malnutrition (MAM) were treated. In addition, more than 1.03 million caregivers and pregnant and breastfeeding women received Maternal, Infant and Young Child Nutrition (MIYCN) counselling.

The nutrition situation continued to deteriorate across much of the country. Community Nutrition Sentinel Site Surveillance data indicated worsening wasting levels in 26 provinces compared with the same period in 2025, with conditions deteriorating before the peak wasting season. Global Acute Malnutrition rates increased in both the first and second quarters of 2026, while children under two

years remained disproportionately affected, accounting for the majority of severe and moderate acute malnutrition cases.

Despite operational challenges, treatment outcomes for SAM remained within Sphere standards, with a national cure rate of 77.4 per cent. However, performance of MAM programmes was affected by increasing supply and funding constraints.

Nutrition Cluster partners continued to strengthen emergency preparedness and response, including support to returnees, internally displaced populations, and communities affected by earthquakes and other shocks. During the reporting period, more than 99,000 children and pregnant and lactating women were screened for acute malnutrition in emergency settings, resulting in the identification and treatment of children with severe and moderate acute malnutrition and the provision of Infant and Young Child Feeding counselling to more than 22,700 caregivers.

Funding shortages remain a major constraint to the nutrition response. As of June 2026, only 43 per cent of the US$298 million required under the Humanitarian Needs and Response Plan (HNRP) had been secured, leaving a funding gap of approximately US$171 million. As a result, nutrition service availability continued to decline, with the closure of nutrition sites and Mobile Health and Nutrition Teams, further reducing access to life-saving services for vulnerable children and pregnant and breastfeeding women.

Education Cluster

During the first half of 2026, Education Cluster partners reached 192,861 children, including 116,471 girls, through Temporary Learning Spaces (TLS) and Community-Based Education/Community-Based Schools (CBE/CBS) programmes. Efforts focused on sustaining access to learning for crisis-affected, out-of-school and marginalized children. Expansion of the Community-Based School programme progressed more slowly than anticipated due to delays in finalizing the new model with the Ministry of Education; however, following agreement on the model, additional classes are expected to be established during the second half of the year.

The delivery of teaching and learning materials remained affected by delays in the clearance and transportation of education supplies, limiting the scale-up of support in some crisis-affected areas. Education partners continued advocacy efforts to facilitate the release and distribution of essential materials.

Population movements continued to place pressure on education services in areas of return. During the reporting period, Education Cluster partners provided information on available education services and enrolment pathways to returning children and their families at key border crossings, supporting access to education in areas of return and reintegration.

Looking ahead, a further increase in returnee movements is expected to heighten demand for education services, particularly in high-return provinces. Additional investment will be required to expand learning spaces, recruit and support teachers, provide teaching and learning materials, and strengthen Education in Emergencies (EiE) interventions to ensure continued access to learning for vulnerable children.

Child Protection Workstream (CPWS)

During the first half of 2026, Child Protection Workstream partners delivered services across 172 districts in all 34 provinces, reaching 139,916 people, including 109,619 children and 30,297 caregivers.

Efforts focused on addressing the growing protection needs of vulnerable children affected by displacement, return movements, and other humanitarian crises.

A total of 2,526 vulnerable children, including 1,185 girls, received case management and specialized child protection services. This included support for unaccompanied and separated children (UASC), survivors of violence and children at risk of abuse, exploitation and neglect. Family tracing and reunification services supported the reunification of 2,409 children with their families, while 576 children received interim care and 65 children received cash assistance as part of case management support. Approximately 80 per cent of children receiving these services were returnees from the Islamic Republic of Iran and Pakistan, highlighting the significant protection needs associated with large-scale cross-border population movements.

Mental Health and Psychosocial Support (MHPSS) services reached 37,733 people, including 32,414 children (16,401 girls), primarily at border crossings, transit centres and areas of return. In addition, 903 children were referred to specialized mental health services. Community awareness activities on the prevention of violence against children reached 73,657 people, contributing to increased awareness of child protection risks and available support services.

UNICEF and partners continued to provide protection services through Interim Care Centres at major border crossings, including Herat, Torkham, Spin Boldak and Milak, where growing returnee movements continued to generate significant child protection needs.

To strengthen the quality of protection services, more than 181 child protection workers and 530 community volunteers received training on child protection standards, risk identification and referral pathways. Child protection information management systems were further strengthened through the Child Protection Information Management System Plus (CPIMS+), with more than 22,610 cases cumulatively documented by 21 partner organizations.

WASH Cluster

During the first half of 2026, WASH Cluster partners delivered life-saving WASH assistance to populations affected by drought, floods, earthquakes, Acute Watery Diarrhoea (AWD) outbreaks, displacement, and increasing return movements from the Islamic Republic of Iran and Pakistan. Cluster partners supported 2.34 million people to access sufficient quantities of safe water for drinking, cooking and personal hygiene, while 1.16 million people gained access to gender- and disability-sensitive sanitation facilities. In addition, 1.66 million people were reached with hygiene promotion activities, 1.40 million people received critical WASH supplies, and 777,153 people benefited from improved WASH services in schools, health facilities and nutrition centres. Partners also rehabilitated and expanded climate-resilient water infrastructure to improve sustainable access to safe water and strengthen community resilience to recurrent climate-related shocks.

Partners maintained emergency WASH services at key border reception points to support increasing returnee movements while expanding access to safe water, sanitation, hygiene promotion and essential WASH supplies in affected communities. Efforts also focused on strengthening AWD preparedness and response through water quality monitoring, hygiene promotion, and coordination with health partners. The Cluster also supported contingency planning and preparedness for disease outbreaks, climate-related shocks and population movements (returnees). Increasing temperatures, prolonged drought conditions and growing pressure on limited water resources continued to heighten humanitarian needs and increase the risk of waterborne disease outbreaks.

The WASH Cluster continued to work closely with government counterparts, humanitarian partners and inter-sector coordination mechanisms through national and sub-national coordination platforms, AWD Taskforce meetings, donor engagement and border response coordination to strengthen preparedness for population movements, improve coordination, address operational bottlenecks and support the continuity of essential WASH services. Advocacy efforts focused on facilitating operational approvals, resource mobilization, strengthening partner presence in high-need areas and maximizing available resources.

Despite sustained response efforts, significant funding shortfalls, rising operational costs, limited emergency supplies and administrative constraints continued to affect the scale of interventions. Continued returnee movements, worsening drought conditions and heightened AWD risks are expected to place additional pressure on response capacities, underscoring the need for sustained donor support and strengthened operational partnerships. Continued investment in preparedness and climate-resilient WASH interventions will be critical to mitigate future humanitarian risks and sustain essential services.

External Media, Statements & Human-Interest Stories

Highlights from 1 January – 30 June 2026

To highlight the situation of children in Afghanistan and the positive impact of support from UNICEF's donors and partners, the communication & advocacy section produced 11 social media videos, 6 human-interest stories, and issued 10 press releases in the first half of 2026. Some highlights below:

Social Media posts:

- Video: With @ADB_HQ, UNICEF supports health workers like her across 2,400 facilities.
- Video: With support from @FCDOGovUK, health workers like Basgul are reaching over 678,000 people across 25 centres in Daikundi and Paktia.
- Video: @UNICEFAfg is supporting families with warm clothing, clean water, cash, child-friendly and temporary learning spaces.
- Video: Our sincere thanks to @ECHO_Asia @eu_echo for standing with children in #Afghanistan.
- Video: Grateful to @FCDOGovUKv @UK4Afghanistan for supporting @UNICEFAfg to airlift essential supplies into #Afghanistan and help sustain treatment for #children affected by #malnutrition.
- Video: Thanks to the EU and ECHO, @UNICEFAfg can provide essential care to children in need in Afghanistan.

Human Interest Stories:

- A mother's resolve to protect every child from polio.
- Making learning fun at schools in Afghanistan with support from UNICEF.
- 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 August 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 (January - June 2026)	Change ▲▼	2026 Target	Total Results (Jan – June 2026)	Change ▲▼
Health							
Children aged 6-59 months vaccinated against measles, including in humanitarian situations	1,700,000	1,700,000	1,020,779	167,676			
Number of people accessing health care in priority provinces through UNICEF-supported health facilities	13,880,144	12,000,000	10,110,494	962,320			
Nutrition							
Number of children 6-59 months with Severe Wasting and High-Risk MAM admitted for treatment	1,649,427	1,304,000	363,810	108,051	1,290,435	358,933[14]	81,738
Number of primary caregivers of children aged 0 to 23 months who received IYCF counselling	3,304,503	2,625,000	1,231,843	269,203	2,278,785	1,030,479[15]	185,821
Child Protection, GBViE and PSEA							
Number of children and caregivers accessing structured Mental Health and Psychosocial Support (MHPSS)	703,971	150,000	68,950	4,920	205,200	236,743	71.443
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	22,654	6,002	53,200	21,070	2,526
mber of women, girls, boys and men accessing Gender Based Violence (GBV) response, risk mitigation and prevention interventions		220,000	166,206	0			
Number of children and caregivers accessing Explosive Ordnance Risk Education (EORE)		500,000	368,904	121,542			
Number of people reached through UNICEF supported awareness activities and community mobilisation interventions on PSEA		1,500,000	118,706	118,706			
Number of individuals (UNICEF & Implementing partners) trained on SEA prevention, risk mitigation and SEA reporting mechanisms		900	370	0			
Education							
Number of vulnerable school-aged children (girls and boys) provided with community-driven education initiatives	461,000	181,300	69,671	2,070	461,000	157,551	2,169

14 Nutrition cluster target only severity 3 and 4 provinces.
15 Nutrition cluster target only severity 4 and 5 provinces.

Number of children in public education (including shock affected/vulnerable girls and boys) reached with emergency education support	7,084,000	5,680,000	14,254	910	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	493,460	156,113	4,393,589	2,342,944	707,701
Number people who gained access to gender and disability-sensitive sanitation facilities	7,189,006	2,300,000	334,385	47,606	2,432,861	1,159,437	279,864
Number of people reached with hygiene promotion programmes	14,215,579	6,200,000	810,061[16]	79,899	7,838,434	1,657,758	357,940
Number of people reached with critical WASH supplies	10,107,833	1,750,000	830,296	61,160	2,887,935	1,399,015	159,965
Number of individuals accessing basic WASH services in schools, health and nutrition facilities	4,706,836	284[17]	109,273	75,964	297,047	777,153	291,502
HCT/Social Policy							
Number of households reached with UNICEF funded social assistance		65,000	74,505[18]	0			
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	9,198,733	403,354			
Number of children, caregivers and community members engaged in participatory behaviour change interventions (disaggregated by gender and age)		2,450,000	2,322,437	587,904			
Number of people who shared their concerns and asked questions/clarifications to address their needs through established feedback mechanisms		210,000	113,661	27,640			
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	1,117[19]	770			
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[20]			

[16] Targets were delayed by emergencies and funding gaps. Year-end progress depends on evolving needs and resources, while efforts continue to improve efficiency and delivery.

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

[18] 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.

[19] The ToT sessions for healthcare providers and frontline workers have been completed, and a cascade training plan has been developed. According to the agreed plan, the cascade training will be completed by the end of November 2026.

[20] The reported value is 0, as no emergency situation requiring activation of the rapid response mechanism occurred during the reporting period, while preparations are under way for the upcoming winter season.

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	2,608,364	198,401,999	1,230,438	98,294,681	33%
Nutrition	180,158,182	9,334,974	27,952,613	1,719,791	141,150,803	78%
Child protection, GBViE and PSEA	29,848,031	1,748,875	1,943,863	4,242,175	21,913,118	73%
Education	192,557,324	229,961	123,589,098	5,149,619	63,588,646	33%
Water, sanitation, and hygiene	179,563,554	10,202,083	14,767,943	2,061,791	152,531,737	85%
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	2,115,967	4,617,107	4,824,510	12,467,328	52%
Gender, adolescents, and youth development	4,728,787		-	23,175	4,705,612	100%
Total	**949,074,566**	**26,900,602**	**376,708,555**	**20,960,168**	**524,505,241**	**55%**

*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.